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REPORTS

ON THE

Public Health Progress

OF

TWENTY-NINE COUNTRIES

(Thirty-five Public Health Administrations)

IN 1927.

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III. HEALTH

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PREFACE TO THE FIRST ANNUAL VOLUME.

The Health Organisation of the League of Nations has already issued a number of handbooks dealing with the organisation of the public health services of different countries, and several others are in course of preparation. The preparation of these reports has in each case been entrusted to a specially qualified member of the Health Administration concerned. These series of reports, when complete, will supply information regarding national activities in all branches of public health endeavour, a detailed knowledge of which forms the basis of all effective, international health work.

The development of public health activity, however, is rapid, and changes in legislation and procedure are constantly taking place. For these reasons it has been thought well to supplement the information contained in the handbook by the issue of an annual progress report, in which the more important developments during the preceding twelve months will be briefly reviewed.

In the preparation of this volume, the first of such progress reports, the Health Organisation of the League of Nations has received the collaboration of the Health Administrations of the twenty-two countries whose activities are described. For this much valued assistance our best thanks are due.

The first issue of a report such as this must be more or less experimental. Experience gained during its compilation has already indicated changes which might with advantage be introduced in subsequent issues. In spite of imperfections, it is thought that the information contained in this volume will prove of value and interest to Health Administrations and workers in many countries.

HEALTH SECTION OF THE SECRETARIAT
OF THE LEAGUE OF NATIONS.

December 1925.

PREFACE TO THE FOURTH VOLUME:

The present volume differs from the three preceding ones, mainly in regard to the form in which the vital and nosological statistics of the majority of the reports are presented.

We have prepared twenty-eight standard tables in order to present to the reader—as we said in the preface to the third volume—"the minimum of vital statistics necessary to allow him to interpret correctly the information relating to health conditions in the country under consideration, and to compare the health conditions of the various countries". Some difficulty was experienced in selecting the tables, and it was impossible to estimate how many countries would be able to furnish the required data. These standard tables must be considered as an experiment. The information obtained has been of the greatest value to us in these respects and will serve as a guide in the preparation of future volumes.

The number of health administrations which have used the tables has exceeded our expectations. Since the development of statistical organisation has proceeded in each country on more or less independent lines, it was hardly to be expected that the returns would be to any great extent comparable.

Seven health administrations, *i.e.*, those of Australia, Czechoslovakia, Estonia, Germany, Japan, Norway and Spain, preferred to present their statistics in tables especially prepared by themselves, which consequently bear consecutive numbers and form a series which does not correspond to the series of the standard tables. With the exception of these seven reports we have kept throughout the volume to the original numbering of the standard tables; that is to say, that Table 18, for instance, everywhere refers to mortality from puerperal diseases.

The twenty-eight standard tables fall into seven groups, divided as follows:

1. *General Demography* (4 tables).

Table No. 1.—Area and population according to the results of the last two censuses.

Table No. 2.—Density of population and excess of one sex over the other, according to the results of the last two censuses.

Table No. 3.—Distribution of the population by age and sex, according to the results of the last census and estimate of this distribution for 192... (last estimate).

Table No. 4.—Survey of the movement of the population, 1922 to 1927.

2. *Birth Rates* (5 tables).

Table No. 5.—Geographical distribution of births in 1926 and 1927.

Table No. 6.—Number of births according to sex and vitality, 1922 to 1927.

Table No. 7.—Births and abortions in certain districts.

Table No. 8.—Legitimacy and illegitimacy of births for the years 1922 to 1927.

Table No. 9.—Monthly number of live births, legitimate and illegitimate, in 1925, 1926 and 1927.

3. *General Death Rate* (4 tables).

Table No. 10.—Geographical distribution of general death rate in 1926 and 1927.

Table No. 11.—Death rate according to sex for the years 1922 to 1926.

Table No. 12.—Death rate according to age and sex, 1925 and 1926.

Table No. 13.—Seasonal distribution of deaths in 1926 and 1927.

4. *Causes of Deaths* (6 tables).

Table No. 14.—Mortality, incidence and case fatality of certain infectious diseases in 1926 and 1927.

Table No. 15.—Death rate from tuberculosis according to age and sex in 1926.

Table No. 16.—Death rate from tumours, 1925 to 1927.

Table No. 17.—Death rate from organic diseases, for the years 1925 to 1927.

Table No. 18.—Deaths from puerperal diseases, for the years 1925 to 1927.

Table No. 19.—Death rate from external causes and general death rate from natural causes from 1925 to 1927.

5. *Infant Mortality* (3 tables).

Table No. 20.—Infant mortality according to days and months of age, sex and legitimacy in 1925 to 1926.

Table No. 21.—Seasonal variations in the death rate of legitimate and illegitimate children under 1 year of age in 1925 and 1926.

Table No. 22.—Infant mortality according to causes of death in 1925 and 1926.

6. *Public Health Statistics* (3 tables).

Table No. 23.—Public Health Legislation in 1927.

Table No. 24.—Institutions for the campaign against social diseases.

Table No. 25.—Institutions for the protection of mothers and children, in 1925, 1926 and 1927.

7. *Data on Curative Medicine* (3 tables).

Table No. 26.—Statistics of hospitals, etc., in 1925, 1926 and 1927.

Table No. 27.—Statistics of sanitary personnel in 1925, 1926 and 1927.

Table No. 28.—Statistics of Health Insurance Funds in 1925, 1926 and 1927.

Throughout these tables, the sign — means “nil” and blanks indicate that information is not available.

Many of the countries which have used our standard tables have not been able to fill up all of them, and this, of course, involves gaps in the numbering. It will be seen, however, that even the tables filled in by this group of countries are not always strictly “standard”.

In order to help the reader to recognise at a glance those tables which correspond to the standard tables, not only in regard to the subject dealt with but also in their arrangement, the serial numbers of these tables are marked with an asterisk. For instance, all the Tables 15* contain data on the distribution of mortality from tuberculosis according to age and sex arranged in the same manner, and are consequently comparable with one another.

But even these are not always strictly comparable; frequently, although the presentation of the data is very similar, it is not absolutely identical (different years, absence of certain particulars, etc.). In all such cases the reader's attention is drawn to these small divergencies by references and footnotes.

The attempt to enlist the help of a large number of health administrations in giving as complete a survey as possible of health conditions throughout the world has not, of course, met with complete success; but we shall endeavour to make good these deficiencies in the next volume, in particular as regards the South American countries and the colonies.

We would take this opportunity of expressing our sincerest thanks to all who have given us their valuable assistance.

HEALTH SECTION OF THE LEAGUE OF NATIONS
SECRETARIAT.

May 1929.

AUSTRALIA

Report prepared by the Commonwealth Department
of Health, Canberra.

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I. GENERAL INTRODUCTION.

1. AREA.

The total area of the Commonwealth of Australia is 2,974,581 square miles. The areas of the component States and Territories are as follows :

	Square miles
New South Wales	309,432
Victoria	87,884
Queensland	670,500
South Australia	380,070
Western Australia	975,920
Tasmania	26,215
North and Central Australia	523,620
Federal Capital Territory	940

2. VITAL AND PUBLIC HEALTH STATISTICS.

(a) Population.

The following tables show the distribution of the population within the States and Territories, grouped according to residence in urban and rural areas and also by age distribution as recorded at the last Census on April 4th, 1921. Features of the recent movement of population are the urbanisation of the population (43 per cent of the total population are resident in metropolitan areas) and the changing of the age and sex constitution to proportions comparable with those of older countries. There is thus passing the excess masculinity and the youthful communities that characterised the early phases of colonisation.

Table No. 1.

POPULATION OF STATES AND TERRITORIES AT CENSUS OF 1921, RURAL AND URBAN.

States	Urban		Rural	Migratory	Total
	Metropolitan	Provincial			
New South Wales	899,059	525,007	664,590	11,715	2,100,371
Victoria	766,465	187,490	571,577	5,748	1,531,280
Queensland	209,946	183,720	359,014	3,292	755,972
South Australia	255,375	41,637	195,054	3,094	495,160
Western Australia	154,873	42,571	130,098	5,190	332,732
Tasmania	52,361	55,644	105,123	652	213,780
Northern Territory		1,399	2,403	65	3,867
Federal Capital Territory			2,563	9	2,572
Commonwealth	2,338,079	1,037,468	2,030,422	29,765	5,435,734

Table No. 2.

POPULATION OF AUSTRALIA AT CENSUS OF 1921 IN AGE-GROUPS.

Ages	Males	Females	Persons	Proportion per cent
Under 5 years ..	305,522	294,684	600,206	11.0
5-14	569,576	555,222	1,124,798	20.7
15-24	453,786	460,953	914,739	16.9
25-34	451,408	456,925	908,333	16.7
35-44	365,918	349,935	715,853	13.2
45-54	279,747	254,666	534,413	9.8
55-64	206,152	177,634	383,786	7.1
65 and over	122,841	116,555	239,396	4.4
Unspecified	7,920	6,290	14,210	0.2
Total	2,762,870	2,672,864	5,435,734	100.0

Between the Census year of 1921 and 1927 it was estimated that the population of the Commonwealth increased from the 5,435,734 enumerated in 1921 to an estimated total of 6,169,643 in 1927. The distribution of this population is indicated in Table 3, which also shows data relating to the elements that have contributed to this increased population. There is in Australia a steady immigration together with a natural increase that is assisted by falling infantile mortality and general death rates, despite a lessening birth rate.

Table No. 3.

POPULATION RECORDS OF STATES AND TERRITORIES, 1927.

State	Estimated mean population 1927			Rate of natural increase ¹		Percentage annual rate of increase		
	Male	Female	Total	1926	1927	1926	1927	Decennial 1917-27
New South Wales ..	1,209,461	1,163,270	2,372,731	13.34	13.10	2.15	2.26	2.24
Victoria	859,938	867,387	1,727,325	11.21	10.59	1.65	2.08	1.73
Queensland	471,091	420,817	891,908	13.20	13.18	2.44	2.74	1.93
South Australia ..	295,613	275,485	571,098	11.82	11.14	2.68	2.57	1.66
Western Australia ..	207,133	177,878	385,011	13.20	13.22	1.76	2.49	3.58
Tasmania	104,170	105,824	209,994	14.56	13.33	1.05	0.87	0.51
Northern and Central Australia	3,047	1,187	4,234	2.39	1.89	6.62	0.97	11.88
Federal Capital Territory	4,566	2,776	7,342	5.57	3.41	25.03	10.55	16.56
Total	3,155,019	3,014,624	6,169,643	12.60	12.22	1.98	2.27	2.03

¹ Excess of births over deaths per 1,000 of mean population.

(b) *Births and Deaths.*

Like many other countries, the birth rate in Australia showed a temporary increase after the war and in 1920 the crude birth rate (births per 1,000 mean population) reached 25.45 ; this rate has declined steadily to 22.02 in 1926 and 21.67 in 1927. Nevertheless, there has been maintained a steady rate of natural increase (excess of births over deaths). This has been contributed to by a falling crude death rate which, from a rate of 12.69 per 1,000 in 1919, the year of pandemic influenza, has declined to remain fairly steady at 9.20 in 1925, 9.42 in 1926 and 9.45 in 1927.

(c) *Deaths from Principal Causes.*

There were no outstanding features in the trend of mortality during 1927. The characteristics of recent years were, however, reproduced in the rising ratio of deaths from cancer and diseases of the heart. During 1926 there was a total of 56,952 deaths registered, and in 1927 a total of 58,282 deaths were distributed according to principal causes of death (Abridged Classification) as follows :

Table No. 4.

CAUSES OF DEATH (ABRIDGED CLASSIFICATION), 1926 AND 1927.

Abridged Classification	Number of deaths		Rate per 100,000 ¹	
	1926	1927	1926	1927
1. Typhoid fever	183	161	3	1
2. Typhus fever	2	2		
3. Malaria	25	29		
4. Smallpox	1	0		
5. Measles	108	113	2	2
6. Scarlet fever	81	159	1	3
7. Whooping-cough	340	377	6	6
8. Diphtheria	322	388	5	6
9a. Influenza—Pneumonic	470	238	8	4
9b. Influenza—Other	285	189	5	3
10. Asiatic cholera	0	0	0	0
11. Cholera nostras	2			0
12. Other epidemic diseases	526	321	9	5
13. Tuberculosis of the respiratory system	3,142	3,030	52	49
14. Tubercular meningitis	166	179	3	3
15. Other forms of tuberculosis	237	232	4	4
16. Cancer and other malignant tumours	5,700	5,758	95	93
17. Meningitis	276	273	5	4
18. Cerebral hæmorrhage, embolism and softening	3,149	3,257	52	53
19. Diseases of the heart	7,692	8,393	128	136
20. Acute bronchitis	248	344	4	6

¹ The sign—indicates a rate less than 1 per 100,000.

Table No. 4 (concluded).

Abridged Classification	Number of deaths		Rate per 100,000	
	1926	1927	1926	1927
1. Chronic bronchitis	766	790	13	13
2. Pneumonia	2,469	2,779	41	45
3. Other diseases of the respiratory system (tuberculosis excepted)	2,534	2,769	42	45
24. Diseases of the stomach (cancer excepted)	529	534	8	9
25a. Diarrhœa and enteritis (under 2 years of age)	1,614	1,330	27	22
25b. Diarrhœa (2 years and over)	549	513	9	8
26. Appendicitis and typhlitis	476	483	8	8
27. Hernia, intestinal obstruction	578	517	10	8
28. Cirrhosis of the liver	312	321	5	5
29. Acute and chronic nephritis	2,989	3,098	50	50
30. Non-cancerous tumours and other diseases of the female genital organs	169	181	3	3
31. Puerperal septicæmia (puerperal fever, peritonitis)	218	288	4	5
32. Other puerperal accidents of pregnancy and labour	488	504	8	8
33. Congenital debility and malformations ..	3,717	3,784	62	61
34. Senility	3,562	3,623	59	59
35. Violent deaths (suicide excepted):				
(a) Homicides	103	110	2	2
(b) Other accidental deaths	3,393	3,520	56	57
36. Suicide	711	740	12	12
37. Other diseases	8,130	8,387	135	136
38. Unspecified or ill-defined diseases	690	570	11	9
Total	56,952	58,282	942	944

(d) *Infant Mortality.*

The number of deaths of infants under 1 year of age per 1,000 births was 54.47 in 1927, compared with a rate of 53.99 in 1926 and 53.40 in 1925. In Western Australia the rate was 45.86, and the highest rate of 56.05 amongst the States prevailed in Victoria. The experience of the distribution of infant deaths was similar to that of previous years. Thus in 1926 the ex-nuptial rate was 101.86, compared with the total rate of 53.99. Of the 7,170 infant deaths in 1926, a total of 3,040 (or 42 per cent) occurred during the first week and 5,164 (72 per cent) within the first four months of life.

(e) *Notifiable Infectious Diseases.*

The lists of infectious diseases notifiable under the State Health Acts are not identical in any two States. The diseases that are notifiable at the present time in each State and the recent course of the more important infectious diseases are indicated in the following tables :

Table No. 5.

INFECTIOUS DISEASES NOTIFIED IN THE SEVERAL STATES, 1927.¹

Disease	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania
Ankylostomiasis	×	Nil	4	×	Nil	×
Anthrax	×	Nil	×	Nil	Nil	Nil
Beriberi	×	×	×	×	11	×
Bilharziasis	×	Nil	Nil	Nil	1	Nil
Cerebro-spinal fever .. .	24	10	14	8	2	3
Dengue fever	×	×	×	×	29	×
Diphtheria	4,260	3,254	2,084	362	273	507
Dysentery	×	36	18	×	26	×
Encephalitis lethargica ..	3	13	Nil	1	2	2
Erysipelas	×	×	94	172	61	×
Favus	×	×	×	Nil	×	×
Hydatid	×	14	×	×	×	×
Influenza	×	×	×	49	×	×
Leprosy	2	1	5	Nil	4	Nil
Malaria	×	Nil	Nil	1	11	Nil
Measles	×	×	×	2,899	×	×
Poliomyelitis	29	16	3	23	2	Nil
Puerperal fever	×	34	36	102	17	21
Purulent ophthalmia .. .	×	×	×	×	2	×
Pyæmia	×	×	×	×	3	×
Scarlet fever	8,619	2,290	1,014	418	282	91
Septicæmia	×	×	×	×	×	×
Tetanus	×	6	×	×	2	×
Trichinosis	×	×	×	Nil	×	×
Pulmonary tuberculosis ..	1,094	1,044	347	467	409	171
Typhoid fever	481	200	178	80	160	77
Typhus, endemic	×	×	×	×	14	×
Varicella	×	×	×	612	×	×
Whooping-cough	×	×	×	2,905	×	×

¹ The sign × indicates that the disease is not notifiable in the state concerned.

Table No. 6.

INFECTIOUS DISEASES IN THE SEVERAL STATES:
NOTIFICATION RATES PER 100,000 MEAN POPULATION, 1925 TO 1927.

Disease	Year	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania
Diphtheria	1925	133	157	142	75	96	221
	1926	161	146	213	100	68	166
	1927	180	188	234	63	71	242
Poliomyelitis	1925	2	8	4	2	6	1
	1926	3	2	4	1	4	1
	1927	1	1	1	4	1	Nil
Scarlet fever	1925	133	80	42	50	33	135
	1926	212	68	50	63	60	90
	1927	363	133	114	73	73	43
Pulmonary tuberculosis	1925	62 ²	64	36	99	109	86
	1926	58 ²	61	45	86	111	82
	1927	55 ²	60	39	82	106	82
Typhoid fever	1925	23	11	33	18	61	23
	1926	29	17	36	18	38	38
	1927	20	12	20	14	42	37

¹ Less than one.

² Pulmonary tuberculosis is only notifiable in certain proclaimed areas.

II. BUDGET.

In view of the number of authorities concerned, it is not possible to give any comprehensive statement of a public health budget for the whole of Australia. The Commonwealth Bureau of Census and Statistics does, however, compile and publish in the *Official Year-Book* various tables that summarise the outstanding public health expenditures. Some main items of general interest might be quoted:

COMMONWEALTH DEPARTMENT OF HEALTH: EXPENDITURE.

Details	1923-24	1924-25
Central administration	£ 9,898	£ 12,432
Salaries, contingencies, etc. .. .	125,186	116,291
Interest on Treasury bills .. .	1,804	2,083
Interest on transferred properties ..	7,466	7,674
Rents and repairs	15,292	12,697
Miscellaneous	8,271	36,622 ¹
Total	£167,917	£187,799
New Works	£21,104	£10,139

¹ Includes an expenditure of £22,488 in connection with the rinderpest outbreak in Western Australia.

COMMONWEALTH TREASURY DEPARTMENT.

(a) *Old-Age and Invalid Pensions.*

Financial year ended June 30th	Number of pensioners			Amount paid in pensions	Amount paid to asylums for maintenance of pensioners	Total payment to pensioners and asylums	Cost of administration	Cost of administration per £100 paid to pensioners and asylums		
	Old-Age	Invalid	Total							
1923-24 ..	113,054	42,617	155,671	£ 6,426,752	£ 97,129	£ 6,523,881	£ 92,366	£ 1	s. 8	d. 4
1924-25 ..	117,516	44,840	162,356	£ 6,896,401	£ 96,504	£ 6,992,905	£ 94,486	£ 1	s. 7	d. 0

(b) *Maternity Allowance*

Year	Claims paid	Claims registered	Amount paid	Cost of administration	Cost per £100 of allowance paid
1923-24	134,035	432	£ 670,175	£ 14,770	£ 2 s. 4 d. 1
1924-25	137,641	455	£ 688,205	£ 16,425	£ 2 s. 7 d. 9

STATE EXPENDITURE : MEDICAL AND CHARITABLE, 1924-25.

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania
Amount	£ 1,871,371	£ 1,136,190	£ 795,418	£ 435,855	£ 440,004	£ 175,276
Per head of population ..	£ s. d. 0 16 7	£ s. d. 0 13 9	£ s. d. 0 19 1	£ s. d. 0 16 2	£ s. d. 1 4 2	£ s. d. 0 16 1.
Percentage of total State expenditure	% 4.73	% 4.70	% 5.34	% 4.50	% 5.21	% 6.55

It is not possible to record in a comparable or concise manner the expenditure of local government bodies on matters of local health administration and sanitation, or of the local boards or bodies which are the responsible authorities for water supply and sewerage. The State Loan Expenditure for the fiscal year 1924-25 for the item "Water Supply, Sewerage and Water Conservation" is summarised as follows :

New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania
£ 2,539,275	£ 1,471,567	£ 131,595	£ 917,742	£ 650,295	£ ¹

¹ Not available

III. GENERAL ORGANISATION AND ADMINISTRATION.

A broad outline of the organisation of public health and collateral medical services in Australia is available in *Public Health Services in Australia* (document C.H.404) published by the Health Organisation of the League of Nations. It might be briefly stated that the constitutional powers of the Commonwealth in regard to the public health relate to quarantine and certain functions under the Navigation Act, but for administrative reasons there has developed a considerable extension of health duties performed by the Commonwealth. The administration of domestic sanitation and hygiene generally is a function of each State, which delegates (whilst retaining certain supervisory powers) matters of local sanitation to the local government authorities of cities, municipalities, districts or shires.

An outstanding feature of recent years has been the development of a co-ordination and interchange of experience between the authorities of the several States and the Commonwealth. This was furthered by the Royal Commission on National Health appointed in 1925 by the Commonwealth Government, on whose recommendation there was created the Federal Health Council, representative of all the States and the Commonwealth.

1. THE ROYAL COMMISSION ON NATIONAL HEALTH.

This Commission was appointed in January 1925, and, after a full year of enquiry throughout the Commonwealth, published, in 1926, a valuable report. This report summarised the evidence gathered and made specific recommendations in regard to each aspect of the terms of reference to the Royal Commission—"to enquire into and report upon public health as a matter for legislation and administration by the Commonwealth, in conjunction with the States where necessary, and more particularly with respect to :

- " (a) The co-ordination of medical services of Commonwealth Departments in regard to all matters affecting public health ;
- " (b) The co-operation of Commonwealth and State health authorities ;
- " (c) The prevention of the outbreak, development or spread of disease in the Commonwealth ;
- " (d) The prevention of venereal disease and the exercise of control over, and the treatment of, persons suffering from venereal disease ;
- " (e) Uniform legislation with regard to purity of food and drugs ;
- " (f) Maternity hygiene and child welfare ;
- " (g) Industrial hygiene ;
- " (h) The encouragement and development of research work ;
- " (i) The relationship which should exist between public health authorities and medical practitioners in regard to the prevention of disease ;
- " (j) The relationship which should exist between public health authorities and other public authorities rendering medical services ; and
- " (k) The publication of information relating to matters concerning public health. "

2. THE FEDERAL HEALTH COUNCIL.

This Council is constituted by three representatives of the Commonwealth, including the Director-General of Health, who is *ex officio* Chairman, and the official head of the Health Department in each State. The Council meets not less than once in every calendar year, and its functions are defined as follows :

“ To advise the Commonwealth and State Governments on health questions generally, and as to measures which should be adopted for the co-operation of Commonwealth with States, and of States with States, and for the promotion of uniformity of legislation and administration, where advisable, in matters concerning the health of the people. ”

The first session of the Council was held at Melbourne in January 1927. This session had to concern itself primarily with the recommendations of the Royal Commission on National Health. It was found on examination of these recommendations that they outlined a progressive policy contemplating steady advance through several years, and involved the necessity for the collection of much information and discussion with officers concerned on many details of administration. Action along these lines was initiated.

An understanding was arrived at during the discussions on many other points of administration, especially in regard to such matters as the adhesion of Australia to the International Sanitary Convention of 1926, the distribution of information as to scientific progress abroad, the treatment of venereal disease amongst seamen in the mercantile marine, action to be taken in the event of local epidemics, investigation into the previous history of and subsequent developments in cancer patients treated in hospitals, the establishment of venereal disease clinics and standards for food and drugs. Arrangements were further made for the collection of information and the critical examination of the actual position with regard to general public health administration, infectious diseases, tuberculosis, venereal diseases, maternal and infant welfare, etc.

Other decisions related to the collection of all information as to accumulated experience on such matters as vaccination against typhoid, the results of the Schick testing campaign, and similar matters, having as their object a critical review at the next session of the progress in respect of these and similar methods of control of disease.

3. THE COMMONWEALTH DEPARTMENT OF HEALTH.

This Department is the Federal health authority and was formed in 1921 by the extension and development of the Commonwealth Quarantine Service. The Department is charged with the following functions as gazetted at the time of its inception :

- (i) The administration of the Quarantine Act.
- (ii) The investigation of causes of disease and death ; the establishment and control of laboratories for this purpose. The control of the Commonwealth Serum Laboratories and the commercial distribution of the products manufactured in the laboratories.
- (iii) The methods of prevention of disease.

- (iv) The collection of sanitary data and the investigation of all factors affecting health in industries.
- (v) The education of the public in matters of public health.
- (vi) The administration of any subsidy made by the Commonwealth with the object of assisting any effort made by any State Government or public authority directed towards the eradication, prevention or control of any disease.
- (vii) The conducting of campaigns of prevention of disease in which more than one State is interested.
- (viii) The administrative control of the Australian Institute of Tropical Medicine.
- (ix) The administrative control of infectious disease amongst discharged members of the Australian Imperial Force.
- (x) Generally to inspire and co-ordinate public health measures.
- (xi) Any other functions which may be consigned to it.

These functions and duties are cited as indicating the lines along which work has progressed in recent years. These activities are divided, for administrative purposes, between Divisions of the Department, namely, Marine Hygiene, Laboratories, Tropical Hygiene, Industrial Hygiene and Public Health Engineering. To these were added in the latter part of 1926 Divisions to deal with Veterinary Hygiene and Plant Quarantine. In 1927, Divisions of Tuberculosis, Venereal Disease and Epidemiology were established. These newer Divisions function largely along lines approved by the Federal Health Council :

“ These Divisional Directors should, in consultation with the State Health authorities, prepare schemes of action in their respective subjects, for the consideration of the Council. After adoption of such schemes, with any modification considered necessary, the Divisional Directors should visit each State periodically, consult with the officers concerned, advise wherever possible, and prepare a report upon the conditions found. This report will be presented to this Council at the first succeeding session, and the findings of the Council will be communicated to the administrations concerned.”

International relationships in regard to health have assumed increasing importance and scope within recent years. The Commonwealth Department of Health acts as the central body in Australia in regard to the obligations assumed as a signatory to the International Sanitary Convention and to the League of Nations Pact. In these matters a close relationship is maintained with the Office international d'hygiène publique at Paris and the Health Organisation of the League of Nations at Geneva. Representation is maintained by the Chief Medical Officer on the staff of the High Commissioner for Australia in London, this officer being an officer of the Commonwealth Department of Health on special duty. He also represents the Director-General of Health, who was appointed during the year 1927 as an expert covenant assessor on the Health Committee of the League of Nations. A further important function of this officer is the transmission of general information on matters of public health and medical interest. This information, at the request of the Federal Health Council, is then circulated to the Health Department in each State or other interested bodies.

4. STATE AND LOCAL GOVERNMENT AUTHORITIES.

The recent trend of public health administration in Australia is generally towards an increased local responsibility, with a specialised central Department co-ordinating activities in each sphere.

In *New South Wales*, the public health service is controlled by the Board of Health, the President of which is also Director-General of Public Health and Chief Executive Officer. He is assisted by various staffs — medical, bacteriological, chemical, veterinary, dairy and meat inspection, sanitary, pure food and clerical. Recent extension has been in the direction of maternal and baby welfare and industrial hygiene. A Tuberculosis Division was also created in 1927. The introduction of the Workers' Compensation Act, 1926, has entailed the establishment of a special commission under the control of the Director-General of Public Health.

In *Victoria*, there is a Commission of Public Health, which consists of the Chief Health Officer and six members appointed by the Governor-in-Council. The Chief Health Officer is the permanent head of the Department of Public Health. The State is divided into seven health districts, two of which are metropolitan; each district is in charge of a district health officer, whose duties include co-operation with the medical officers of health appointed by the local municipal councils. The Medical Officer of Health for the City of Melbourne is a whole-time officer; all others are part-time, appointed from the ranks of local medical practitioners. The work of the central Department has recently been extended by the appointment of an infant-welfare officer, an industrial-hygiene officer and a Director of Tuberculosis who is co-ordinating on expert lines all State activities for the prevention and treatment of tuberculosis.

In *Queensland*, the Health Act is administered by the Commissioner of Public Health in the Home Secretary's Department. A function of the central administration is the stimulation and education of the local sanitary authorities on all matters pertaining to the public health. A recent trend has been the grouping of local authorities for health purposes with a jointly supported qualified health inspector. In the latter part of 1926, a special Ordinance created a Health Department, under a full-time medical officer of health, for Greater Brisbane.

In *South Australia*, the Central Board of Health is entrusted with the control of the public health, local boards being responsible in each district.

In *Western Australia*, the Commissioner of Public Health has complete control of all matters appertaining to health under the Health Act. Recent years have seen a steady advance along recognised, and in some cases ingenious, lines.

In *Tasmania*, there is a Department of Public Health, under a medical director or a secretary who may act as a deputy head of the Department.

In the *Northern Territory*, health is a function of the local Administration, which is responsible to the Commonwealth Department of Home and Territories.

In the *Federal Capital Territory*, all matters concerned with the administration, control and construction of the Federal Capital of Canberra are entrusted to a Commission. A medical officer, who is also medical officer of health, acts in an advisory capacity to the Commission.

5. THE INTERNATIONAL PACIFIC HEALTH CONFERENCE, 1926.

There has been within recent years in Australia an increasing realisation of responsibilities towards the peoples of the islands of the South Pacific Ocean. This may be said to have culminated in a resolution submitted by the sections of Hygiene and Anthropology and adopted by the full meeting of the Pan-Pacific Science Congress at Melbourne in 1923 :

“ That the scientific problem of the Pacific which stands first in order of urgency is the preservation of the health and life of the native races by the application of the principles of the sciences of preventive medicine and anthropology. ”

The Commonwealth Government, in an examination of the problems in connection with the Australian responsibilities in Papua, New Guinea and Nauru, has for some time considered the probability that a Conference between representatives of the different countries having interests in the Pacific would certainly give indications of directions in which action could be taken for improvement in the standard of health, not only of the native inhabitants themselves, but also of all persons resident in the islands. Moreover, there was considered the probability that the possible dangers of the introduction of diseases now non-existent in these islands might be anticipated by international action and co-operation, a feature that was emphasised by a Conference on quarantine matters attended in November 1925 by the Commonwealth Director-General of Health and the Chief Medical Officers of the Administrations of Papua, New Guinea and the British Solomon Islands Protectorate.

Moved by these considerations, the Commonwealth Government in August 1925 requested the British Government to issue invitations to the various countries having possessions in the Pacific to send representatives to a Conference in Melbourne. The French, American, Japanese and Netherlands Governments, the Government of New Zealand and the League of Nations were also approached. The response was cordial and a very successful Conference assembled at Melbourne in December 1926. Resolutions were adopted along three lines.

An *Intelligence Service* was proposed for an Austral Pacific Zone south of the Equator and between the lines of 140° East and West. During 1927, this service came into operation, as agreed upon, by organising the necessary arrangements through the Commonwealth Department of Health.

Quarantine Co-operation was the subject of specific recommendations and has resulted in a definite spirit of co-ordination between the various Administrations in the Pacific. Whilst the principles of the International Sanitary Convention of 1926 form the basis of these proposals, the local conditions require cognisance of diseases that lie outside the scope of the Paris Convention but are of a definite local importance.

The question of *Research* was examined and the Health Organisation of the League of Nations having been approached, there was considered and approved during 1927 a programme for a preliminary survey of certain of the island groups.

6. VITAL STATISTICS.

The collection, compilation and publication of the vital statistics of Australia are not functions of the health authorities. Under the provisions of the Federal

Constitution, the item "Census and Statistics" is not allocated exclusively to the Federal Parliament, but is one of those matters in connection with which powers may be exercised conveniently by State and Federal Legislatures. In the matter of the Census, the States have ceased to function since the Commonwealth undertook the work. In the field of General Statistics (which includes vital statistics), there are now bureaux operating in each State, whilst the Commonwealth Bureau of Census and Statistics is responsible for the presentation of records for Australia as a whole.

Various Conferences between representatives of States and Commonwealth have been held, and in many cases have been attended by a representative of New Zealand. These Conferences have been marked with great cordiality and have resulted in a satisfactory degree of uniformity, interchange of data and avoidance of overlapping. The Conference which assembled in Perth in August 1926 adopted recommendations (reaffirmed in Conference at Hobart in January 1928) for a uniform system of registration of still-births, a system at present only in force in Western Australia. At the session of the Federal Health Council in March 1928, a feature was a joint session with the Commonwealth Statistician and the Statistician in each State. There is therefore established and increasing a useful liaison between Health Departments and Statistical Bureaux throughout Australia.

October 1928.

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AUSTRIA

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I. VITAL AND PUBLIC HEALTH STATISTICS.¹

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION² ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1923 AND 1920.

Original sources : *Beiträge zur Statistik der Republik Österreichs*, No. 7, *Statistisches Handbuch der Republik Österreich*, Vol. VIII.

Date of census	Area in square kilometers	Present population		
		Males	Females	Total
1	2	3	4	5
March 7th, 1923 ³	83,833 ⁵	3,147,404	3,387,077	6,534,481
January 31st, 1920 ⁴	79,866 ⁵	3,006,260	3,242,612	6,248,872
	79,633 ⁵	2,935,730	3,195,715	6,131,445
Increase (+) or decrease (—) in 1923, compared with 1920 :				
(a) Actual		+ 70,530	+ 46,897	+ 117,427
(b) Yearly average		+ 22,751	+ 15,128	+ 37,879
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period)		+ 7.7	+ 4.7	+ 6.1

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE-SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1923 AND 1920.

Original source : Own calculations, using the sources mentioned in Table No. 1.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the present population	Excess of females over males Present population	
		Actual figures	Per 1,000 males
1	2	3	4
1923	78.0	239,673	76.1
1920	78.2 ⁵	236,352	78.6
	77.0 ⁵	59,985	88.5
Increase (+) or decrease (—) in 1923 as compared with 1920	+ 1.2	— 23,633	— 9.9

¹ The majority of the sources only furnish provisional data which accounts for certain discrepancies between the figures.

² The resident population was not counted either in 1920 or 1923.

³ Year of last census.

⁴ Year of previous census.

⁵ Without the Burgenland.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE¹ AND SEX ACCORDING TO THE RESULTS OF THE 1920 CENSUS AND ESTIMATE OF THIS DISTRIBUTION FOR 1923.

Original source : See Table No. 1.

A. Actual Figures.

Ages and age-groups in years	I. 1920 Census Actual population (without Burgenland)				II. Estimate for 1923		
	Males	Females		Total	Males	Females	Total
		Total	Married				
1	2	3	4	5	6	7	8
0	52,680	50,853	—	103,533			
1	34,491	34,191	—	68,682			
2	32,318	31,608	—	63,926			
3	34,315	33,661	—	67,976			
4	40,158	40,178	—	80,336			
0-4	193,962	190,491	—	384,453	218,519	274,861	556,380
5-9	287,419	286,005	—	573,424	225,747	224,914	450,661
10-14	301,154	297,022	—	598,176	314,937	312,439	627,376
15-19	310,557	308,177	3,919 ²	618,734	318,000	315,782	633,782
20-24	261,789	293,208	33,034 ³	554,997	301,672	311,234	612,906
25-29	217,669	266,592	123,897 ⁴	484,261	248,718	289,279	537,997
30-34	212,016	256,266	306,034	468,282	222,488	262,843	485,331
35-39	207,696	235,481		443,177	216,495	251,489	467,984
40-44	200,943	225,467	282,422	426,410	206,845	233,218	440,063
45-49	178,753	191,011	183,124	369,764	194,808	215,472	410,280
50-54	156,195	165,973		322,168	168,995	179,833	348,828
55-59	133,608	144,912	278,520	144,708	155,906	300,614	
60-64	105,697	120,550	88,222	226,247	116,760	130,568	247,328
65-69	78,901	95,214		174,115	85,690	99,991	185,681
70-74	49,408	62,982	112,390				
75-79	26,738	36,600	23,729	63,338	100,955	129,197	230,152
80-84	9,980	14,395		24,375			
85-89	2,636	4,353	6,989				
90 and over ..	403	798	1,201				
Unknown ..	206	218	424				
Total ..	2,935,730	3,195,715	1,044,381	6,131,445	3,148,337	3,387,026	6,535,363

¹ The distribution of the population in age-groups was not worked out for all the provinces at the 1923 census.

² 14-19 years.

³ 20-23 years.

⁴ 24-29 years.

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1920 census Actual population (without Burgenland)							II. Esti- mate of the age distri- bution for 1923	
	Males	Females	Males	Females	Total	Married	Women	Both males and females per 1,000 inhabitants (total po- pulation of all ages)	
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age- group	Per 1,000 inhabitants (total popu- lation of all ages)		
	Male	Female							
1	2	3	4	5	6	7	8	9	
0	18.0	15.9	8.6	8.3	16.9	—	—		
1	11.7	10.7	5.6	5.6	11.2	—	—		
2	11.0	9.9	5.3	5.2	10.4	—	—		
3	11.7	10.5	5.6	5.5	11.1	—	—		
4	13.7	12.6	6.5	6.5	13.1	—	—		
0-4	66.1	59.6	31.6	31.1	62.7	—	—	85.1	
5-9	97.9	89.5	46.9	46.6	93.5	—	—	69.0	
10-14	102.6	92.9	49.1	48.4	97.6	—	—	96.0	
15-19	105.8	96.4	50.8	50.3	101.0	10.7 ¹	0.6 ¹	97.0	
20-24	89.2	91.8	42.7	47.8	90.5	140.0 ²	5.2 ²	93.8	
25-29	74.1	83.4	35.5	43.5	79.0	380.3 ³	20.2 ³	82.3	
30-34	72.2	80.2	34.6	41.8	76.4	622.3	49.9	74.3	
35-39	70.7	73.7	33.9	38.4	72.3				71.6
40-44	68.4	70.6	32.8	36.8	69.5	678.1	46.1	67.3	
45-49	60.9	59.8	29.2	31.2	60.3				62.8
50-54	53.2	51.9	25.4	27.1	52.5			589.0	29.9	53.4
55-59	45.5	45.3	21.8	23.6	45.4		46.0		
60-64	36.0	37.7	17.2	19.7	36.9	408.9	14.4	37.6	
65-69	26.9	29.8	12.9	15.5	28.4				28.4
70-74	16.8	19.7	8.1	10.3	18.3				
75-79	9.1	11.5	4.4	6.0	10.3	199.2	3.9		
80-84	3.4	4.5	1.6	2.3	4.0				35.2
85-89	0.9	1.4	0.4	0.7	1.1				
90 and over ..	0.1	0.2	0.1	0.1	0.2				
Unknown ..	0.1	0.1	0.0	0.0	0.1	—			
Total ..	1,000	1,000	478.7	521.3	1,000	326.8	170.2	1,000	

¹14-19 years.
²20-23 years.
³24-29 years.

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Original sources : *Statistisches Handbuch der Republik Österreich*, Vol. VIII, for the years 1922-25 ; manuscript of the Public Health Office for the year 1927. *Statistische Nachrichten*, 1928, for the year 1926 ; manuscript of the Federal Statistical Office for the year 1926.

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of			
							Births (col. 5) over deaths	Deaths over births		
1	2	3	4	5	6	7	8	9		
A. Actual Figures.										
1922 ..	6,525	74,274	5,394	150,958	4,746	113,467	37,491			
1923 ..	6,599	56,594	5,336	146,885	4,879	99,924	46,961			
1924 ..	6,583	52,845	5,508	142,141	4,728	98,055	44,086			
1925 ..	6,622	50,842	5,350	135,841	4,132	94,988	40,853			
1926 ..	6,652	47,886		127,250	3,908	98,905	28,345			
Average : 1922-26	6,596	56,488		140,615	4,479	101,068	39,547			
1927 ..	6,676	48,523		119,058	3,670	99,330	19,728			
B. Proportion per 1,000 of Average Population.										
1922 ..		11.4	0.8	23.2	0.7	17.4	5.8			
1923 ..		8.7	0.8	22.5	0.7	15.3	7.2			
1924 ..		8.1	0.8	21.7	0.7	15.0	6.7			
1925 ..		7.7	0.8	20.6	0.6	14.4	6.2			
1926 ..		7.2		19.1	0.6	14.9	4.2			
Average : 1922-26		8.6		21.4	0.7	15.4	6.0			
1927 ..		7.3		17.8	0.5	14.9	2.9			
Table of Migration										
Immigration	Emigration		Excess of		Immigration	Emigration		Excess of		
	Total	Overseas	Immigration over emigration	Emigration over immigration		Total	Overseas	Immigration over emigration	Emigration over immigration	
10	11	12	13	14	15	16	17	18	19	
A. Actual Figures.									B. Proportion per 1,000 of Average Population.	
1922 ..	Unknown		10,579							
1923 ..			15,497							
1924 ..			2,650							
1925 ..		4,429		4,627	—	198	0.7	0.7	—	0.0
1926 ..		3,871		3,895	—	24	0.6	0.6	—	0.0
Average : 1922-26			7,450							

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.

Original source : *Statistische Nachrichten*, July, 1928.

Provinces	Average population (1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
1. Vienna	1,869	1,866	21,223	20,888	11.4	11.2
2. Lower Austria	1,508	1,514	29,452	26,300	19.5	17.3
3. Upper Austria	894	899	19,504	18,292	21.8	20.3
4. Salzburg	229	230	4,997	4,833	21.8	20.9
5. Styria	999	1,004	22,238	21,093	22.2	21.0
6. Carinthia	383	387	10,330	9,776	26.8	25.2
7. Tyrol	324	326	7,629	7,244	23.5	22.1
8. Vorarlberg	144	145	3,396	3,108	23.5	21.3
9. Burgenland	290	293	8,340	7,524	28.6	25.6
Total	6,640	6,664	127,109	119,058	19.1	17.8

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1927.

Original sources : *Statistisches Handbuch*, Vol. VIII ; and for 1927 : *Statistische Nachrichten*, July 1928.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922 . . .	77,830	73,128	150,958	2,752	1,994	4,746	80,582	75,122	155,704
1923 . . .	75,511	71,374	146,885	2,759	2,120	4,879	78,270	73,494	151,764
1924 . . .	73,610	68,531	142,141	2,629	2,099	4,728	76,239	70,630	146,869
1925 . . .	70,019	65,822	135,841	2,389	1,743	4,132	72,408	67,565	139,973
1926 . . .	65,665	61,589	127,254	2,258	1,644	3,902	67,923	63,233	131,156
Average : 1922-26 . . .	72,527	68,089	140,616	2,557	1,920	4,477	75,084	70,009	145,093
1927 . . .			119,058			3,670			122,728
	Excess of male births per 100 female births among children					Still-born children per 100 births of the same sex (live-born and still-born children together)			
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922 . . .	6.43	38.01	7.27	3.42	2.65	3.05			
1923 . . .	5.80	30.14	6.50	3.52	2.88	3.22			
1924 . . .	7.41	25.25	7.94	3.45	2.97	3.22			
1925 . . .	6.38	37.06	7.17	3.30	2.58	2.95			
1926 . . .	6.62	37.35	7.42	3.32	2.60	2.98			
Average : 1922-26 . . .	6.52	33.18	7.25	3.41	2.74	3.09			
1927 . . .						2.99			

Table No. 7.*

BIRTHS AND ABORTIONS.

Original sources : *Statistisches Handbuch*, Vol. VIII; and, for 1927, reports not yet published.

A. Actual Figures.

Year	Average population (in 1,000's)	Children		Abortions notified				Total number of conceptions (col. 3 + 4 + 8)
		Live-born	Still-born	By hospitals	By doctors	By midwives	Total	
1	2	3	4	5	6	7	8	9
1924 ..	6,583	142,121	4,728	1,491				148,360
1925 ..	6,622	135,841	4,132	6,222				146,195
1926 ..	6,652	127,254	3,902	7,017				138,173
1927 ..	6,676	119,058	3,670	7,546				130,274

B. Proportional Figures.

Year	Children		Total abortions notified	Total conceptions	Children		Abortions	Abortions per 100 births notified to the Registry of Births, Marriages and Deaths (col. 3 and 4 of Table 7A)
	Live-born	Still-born			Live-born	Still-born		
	Per 1,000 of average population				Per 100 conceptions (col. 9 of Table 7 A)			
1	2	3	4	5	6	7	8	9
1924 ..	21.7	0.7	0.2	22.6	95.8	3.2	1.0	1.02
1925 ..	20.6	0.6	0.9	22.1	92.9	2.8	4.3	4.44
1926 ..	19.1	0.6	1.1	20.8	92.1	2.8	5.1	5.35
1927 ..	17.8	0.5	1.1	19.5	91.4	2.8	5.7	6.10

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS, 1922 TO 1927.

Original sources : *Mitteilungen des Volksgesundheitsamtes* ; and for 1926 : *Statistische Nachrichten*, July 1928.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	Figures unknown		124,516	Figures unknown		31,188	150,958	4,746	155,704
1923 ..			121,492			30,272	146,885	4,879	151,764
1924 ..			115,464			31,405	142,141	4,728	146,869
1925 ..			108,616			31,357	135,841	4,132	139,973
1926 ..	96,822	2,782	99,604	30,428	1,126	31,554	127,250	3,908	131,158
Average : 1922-26 ..			113,938			31,155	140,625	4,479	145,124
1927 ..			92,593			30,135	119,058	3,670	122,728

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
				Legitimate	Illegitimate	Total	Legitimate	Illegitimate
	Live-born (col. A.8)	Still-born (col. A.9)	Total (col. A.10)	Per 100 live-born and still-born children			Per 1,000 average population	
				Legitimate (col. A.4)	Illegitimate (col. A.7)	Total (col. A.10)		
1	2	3	4	5	6	7	8	9
1922 ..			200.3			3.05		
1923 ..			199.5			3.21		
1924 ..			213.8			3.22		
1925 ..			224.0			2.95		
1926 ..	238.6	288.1	240.6	2.79	3.57	2.98	14.56	4.42
Average : 1922-26 ..			214.7			3.09		
1927 ..			245.5			2.99		

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926 AND 1927.

Original source : *Statistische Nachrichten*, July, 1928.

Provinces	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
The Republic	98,905	99,330	14.9	14.9	+ 0.5	± 0.0
1. Vienna	25,482	26,462	13.7	14.2	+ 0.6	+ 0.5
2. Lower Austria	21,051	20,631	13.9	13.6	+ 0.8	- 0.3
3. Upper Austria	14,647	14,303	16.3	15.9	+ 0.6	- 0.4
4. Salzburg	3,552	3,610	15.5	15.6	+ 0.4	+ 0.1
5. Styria	16,174	15,965	16.1	15.9	+ 0.4	- 0.2
6. Carinthia	6,214	6,459	16.1	16.6	+ 0.4	+ 0.5
7. Tyrol	4,965	5,032	15.3	15.4	+ 0.7	+ 0.1
8. Vararberg	1,905	1,998	13.2	13.7	- 1.2	+ 0.5
9. Burgenland	4,915	4,870	16.9	16.6	+ 0.4	- 0.3

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1926.

Original sources : *Statistisches Handbuch*, 1927, and own calculations.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	3,142	3,383	57,020	56,447	18.1	16.7	+ 1.4
1923	3,178	3,421	50,843	49,081	16.0	14.3	+ 1.7
1924	3,170	3,413	50,214	47,841	15.8	14.0	+ 1.8
1925	3,189	3,433	48,644	46,344	15.3	13.5	+ 1.8
1926	3,204	3,448	50,445	48,589	15.7	14.1	+ 1.6
Average : 1922-26	3,177		51,433	49,660	16.2	14.5	+ 1.7

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1926.

Original source: Manuscript (not yet published) of the Federal Statistical Office.

A. Actual Figures.

Ages and age-groups	Total deaths		
	Males	Females	Total
1	2	3	4
0	8,984	6,828	15,812
1	1,067	953	2,020
2	412	392	804
3	282	268	550
4	207	179	386
0-4	10,952	8,620	19,572
5-9	497	458	955
10-14	467	456	923
15-19	1,002	1,003	2,005
20-24	1,462	1,262	2,724
25-29	1,324	1,404	2,728
30-34	1,243	1,329	2,572
35-39	1,379	1,409	2,788
40-44	1,824	1,612	3,436
45-49	2,334	1,957	4,291
50-54	2,873	2,383	5,256
55-59	3,379	2,961	6,340
60-64	4,149	3,736	7,885
65-69	4,694	4,704	9,398
70-74	4,930	5,269	10,199
75-79	4,150	4,884	9,034
80-84	2,558	3,260	5,818
85-89	931	1,377	2,308
90 and over	230	384	623
Unknown	—	—	—
Total	50,387	48,468	98,855

Table No. 12* (concluded).

B. Proportional Figures.

Ages and age-groups	Mortality per 1,000 persons of the same age and sex.					
	In 1925			In 1926		
	Males	Females	Total	Males	Female	Total
1	2	3	4	5	6	7
0 ..						
1 ..						
2 ..						
3 ..						
4 ..						
0-4 ..			35.54	38.90	31.36	35.17
5-9 ..			1.87	2.22	2.04	2.12
10-14 ..				1.48	1.46	1.47
15-19 ..				3.15	3.18	3.17
20-24 ..			4.22	4.85	4.05	4.44
25-29 ..				5.32	4.85	5.07
30-34 ..				5.59	5.06	5.30
35-39 ..				6.37	5.60	5.96
40-44 ..			7.04	8.82	6.91	7.81
45-49 ..				11.98	9.09	10.96
50-54 ..				17.00	13.25	15.07
55-59 ..				23.35	18.99	21.85
60-64 ..			25.28	35.53	28.62	31.88
65-69 ..				54.78	47.04	50.61
70-74 ..						
75-79 ..						
80-84 ..			110.71	126.87	117.45	123.75
85-89 ..						
90 and over						
Unknown			—	—	—	—
Total ..			14.21	15.82	13.97	14.86

Table No. 13.*

SEASONAL¹ DISTRIBUTION OF DEATHS, 1926 AND 1927.

Original sources : *Mitteilungen des Volksgesundheitsamtes* for 1926 ; unpublished Reports for 1927.

Month	Total deaths (not including still-births)				Increase (+) or decrease (—) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
	<i>Per Quarter.</i>				
1st Quarter ..	27,888	30,146	16.8	18.1	+ 1.3
2nd Quarter ..	27,556	25,646	16.6	15.4	— 1.2
3rd Quarter ..	21,012	20,699	12.6	12.5	— 0.1
4th Quarter ..	22,306	22,606	13.4	13.5	+ 0.1
Total ..	98,762	99,098	14.9	14.9	± 0.0

¹ Figures according to months are not available.

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES,
1926 AND 1927.Original sources : *Mitteilungen des Volksgesundheitsamtes* and manuscript not yet published.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics
			Actual figures	Per 10,000 of average population	Cases		Deaths			
					Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
1a	Typhoid fever	1926	202	0.3	1,721	2.6	152	8.8	11.7	75.2
		1927	201	0.3	1,254	1.9	138	11.0	16.0	68.7
1b	Paratyphoid fever ..	1926	2 ¹	0.0	635	1.0	12	1.9	0.3	600.0
		1927	20 ¹	0.0	732	1.1	23	3.1	2.7	115.0
2	Typhus	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
3	Relapsing fever ..	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
5	Malarial fever or cachexia	1926	—	—	5	0.0	—	—	—	—
		1927	—	—	—	—	—	—	—	—
6	Smallpox	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
7	Measles	1926	144	0.2	—	—	—	—	—	—
		1927	306	0.5	—	—	—	—	—	—
8	Scarlet fever .. .	1926	77	0.1	5,310	8.0	73	1.37	1.4	94.8
		1927	104	0.2	6,227	9.3	87	1.40	1.7	83.7
9	Whooping-cough ..	1926	439	0.7	—	—	—	—	—	—
		1927	633	1.0	—	—	—	—	—	—
10	Diphtheria	1926	256	0.4	3,751	5.6	195	5.20	6.8	76.2
		1927	474	0.7	6,619	9.9	358	5.41	7.2	75.5
11a	Influenza	1926	1,564	2.4	—	—	—	—	—	—
11b		1927	1,669	2.5	—	—	—	—	—	—
14	Asiatic cholera .. .	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—

¹ Part of the deaths due to paratyphoid fever has been entered under typhoid fever.

Table No. 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases:				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics
			Actual figures	Per 10,000 of average population	Cases		Deaths			
					Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
16	Dysentery.. ..	1926	49	0.07	201	0.3	40	19.90	24.4	81.6
		1927	67	0.1	230	0.3	54	23.48	29.1	80.9
17	Plague	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
18	Yellow fever	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
20	Leprosy	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
21	Erysipelas.. ..	1926	61	0.09	—	—	—	—	—	—
		1927	84	0.13	—	—	—	—	—	—
22	Acute poliomyelitis ..	1926	17	0.03	47	0.07	9	19.15	36.2	52.9
		1927	15	0.02	150	0.2	14	9.33	10.0	93.3
23	Encephalitis lethargica	1926	43	0.06	14	0.02	1	7.14	307.1	2.3
		1927	52	0.08	40	0.06	20	50.0	130.0	38.5
24	Epidemic cerebrospinal meningitis..	1926	69	0.1	37	0.06	23	62.16	186.5	33.3
		1927	45	0.06	37	0.06	18	48.65	121.6	22.2
26	Glanders and farcy. ..	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
27	Malignant pustule and anthrax.. ..	1926	1	0.00	2	0.00	—	—	50.0	—
		1927	—	—	6	0.00	—	—	—	—
28	Rabies	1926	2	0.00	17	0.00	8	47.06	11.8	400.0
		1927	6	0.00	5	0.00	5	100	120.0	81.7
32	Tuberculosis	1926	11,636	17.5	—	—	—	—	—	—
33		1927	11,061	16.6	—	—	—	—	—	—
38	Syphilis	1926	361	0.5	—	—	—	—	—	—
		1927	460	0.7	—	—	—	—	—	—
39	Soft chancre	1926	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—
40	Gonorrhoea	1926	—	—	—	—	—	—	—	—
		1927	1	0.00	—	—	—	—	—	—

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1926.

Original source : Manuscript not yet published.

Age-groups	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0 ..	204	174	378			
1-4 ..	292	257	549			
0-4 ..	496	431	927	17.62	15.68	16.66
5-9 ..	87	91	178	3.85	4.05	3.95
10-14 ..	103	185	288	3.27	5.92	4.59
15-19 ..	331	521	852	10.41	16.50	13.44
20-24 ..	568	631	1,199	18.83	20.27	19.56
25-29 ..	571	676	1,247	22.96	23.37	23.18
30-34 ..	518	487	1,005	23.28	18.53	20.71
35-39 ..	494	399	893	22.82	15.87	19.08
40-44 ..	512	350	862	24.74	15.01	19.59
45-49 ..	570	306	876	29.26	14.20	21.35
50-54 ..	520	271	791	30.77	15.07	22.68
55-59 ..	445	282	727	30.75	18.09	24.18
60-64 ..	376	246	622	32.20	18.84	25.15
65-69 ..	284	207	491	33.14	20.70	26.44
70-74 ..	154	154	308			
75-79 ..	75	77	152			
80-84 ..	22	25	47	25.36	20.26	22.51
85-89 ..	2	4	6			
90 and over	3	2	5			
Unknown	—	—	—	—	—	—
Total..	6,131	5,345	11,476	19.25	15.41	17.24

Table No. 16.

DEATH RATE FROM TUMOURS, 1925 TO 1927.

Original sources : *Mitteilungen des Volksgesundheitsamtes* and reports not yet published.

Year	Cancer or other malignant tumours (No. 43-49 of the International List)		
	1	2	3
	A. Actual Number of Deaths.		B. Proportional Figures per 10,000 of Average Population.
1925	9,146	13.8	
1926	9,676	14.5	
1927	9,894	14.8	

Table No. 17.

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927.

Original sources : *Mitteilungen des Volksgesundheitsamtes* and reports not yet published.

Year	Classification according to International List (3rd Revision, 1920)		
	I. Classes of Disease		
	Affections of the circulatory system (No. 87-96)	Cerebral hæmorrhage, apoplexy (No. 74)	Pneumonia (No. 100,101)
1	2	3	4
	A. Actual Number of Deaths.		
1925.. .. .	13,434	5,552	7,544
1926.. .. .	14,748	5,975	8,619
1927.. .. .	15,283	5,775	8,638
	B. Proportional Figures per 10,000 of Average Population.		
1925.. .. .	20.3	8.4	11.4
1926.. .. .	22.2	9.0	12.9
1927.. .. .	22.9	8.6	12.9

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925 TO 1927.

Original sources : *Mitteilungen des Volksgesundheitsamtes* and *Statistische Nachrichten*, July 1928.

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from						
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases		
					Rate per 10,000				
			Actual figures		Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)	
1	2	3	4	5	6	7	8	9	
1925 ..		139,674	299			21.4			
1926 ..		131,003	209			16.0			
1927 ..		122,728	249			20.4			

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1925 TO 1927.

Original sources : *Mitteilungen des Volksgesundheitsamtes* and reports not yet published.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
Deaths by suicide	2,129	2,266	2,169	3.2	3.4	3.2
Other external causes	2,669	2,517	2,892	4.0	3.8	4.3
Total deaths from external causes	4,788	4,783	5,061	7.2	7.2	7.6
Total deaths from all causes	94,900	98,764	99,098	143.1	148.5	148.4
Total deaths, excluding deaths due to external causes (natural mortality)	90,112	93,981	94,037	135.9	141.3	140.9

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE, SEX AND LEGITIMACY, 1926.
Original source : Unpublished Manuscript of the Federal Statistical Office.

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legiti- mate	Illegiti- mate	Males	Females	Total	Legiti- mate	Illegiti- mate
1	2	3	4	5	6	7	8	9	10	11
(a) Days of age :										
0..	1,284	913	2,197	1,546	651	19.55	14.83	17.27	159.6	21.39
1..	322	258	580	406	174	4.90	4.19	4.56	4.19	5.72
2..	257	175	432	301	131	3.91	2.84	3.39	3.11	4.31
3..	150	114	264	176	88	2.28	1.85	2.07	1.82	2.89
4..	107	68	175	135	40	1.63	1.10	1.38	1.39	1.31
5..	104	73	177	130	47	1.58	1.19	1.39	1.34	1.54
6..	120	74	194	134	60	1.83	1.20	1.52	1.38	1.97
7..	121	81	202	145	57	1.84	1.32	1.59	1.50	1.87
8..	97	75	172	124	48	1.48	1.22	1.37	1.28	1.58
9..	69	60	129	94	35	1.05	0.97	1.01	0.97	1.15
10..	82	64	146	108	38	1.25	1.04	1.15	1.12	1.25
11..	67	54	121	81	40	1.02	0.88	0.95	0.84	1.31
12..	75	65	140	103	37	1.14	1.06	1.10	1.06	1.22
13..	79	52	131	97	34	1.20	0.84	1.03	1.00	1.12
14..	90	60	150	100	50	1.37	0.97	1.18	1.03	1.64
15..	52	64	116	84	32	0.79	1.04	0.91	0.87	1.05
16..	63	57	120	88	32	0.96	0.93	0.94	0.91	1.05
17..	59	48	107	78	29	0.90	0.78	0.84	0.81	0.95
18..	64	41	105	66	39	0.97	0.67	0.82	0.68	1.28
19..	80	53	133	100	33	1.22	0.86	1.05	1.03	1.08
20..	67	42	109	78	31	1.02	0.68	0.86	0.81	1.02
21..	57	52	109	78	31	0.87	0.84	0.86	0.81	1.02
22..	48	33	81	55	26	0.73	0.54	0.64	0.57	0.85
23..	42	30	72	53	19	0.64	0.48	0.56	0.55	0.62
24..	40	37	77	57	20	0.61	0.60	0.61	0.59	0.66
25..	42	40	82	46	36	0.64	0.65	0.64	0.48	1.18
26..	34	39	73	52	21	0.52	0.63	0.57	0.54	0.69
27..	40	27	67	52	15	0.61	0.44	0.53	0.54	0.49
28..	45	22	67	47	20	0.69	0.36	0.53	0.49	0.66
29..	27	34	61	40	21	0.41	0.55	0.48	0.41	0.69
(b) Months of age :										
0..	3,784	2,805	6,589	4,654	1,935	57.62	45.55	51.78	48.07	63.59
1..	989	780	1,769	1,207	562	15.06	12.67	13.90	12.47	18.47
2..	904	580	1,484	1,018	466	13.77	9.42	11.66	10.51	15.31
3..	714	498	1,212	827	385	10.87	8.09	9.52	8.54	12.65
4..	536	430	966	685	281	8.16	6.98	7.59	7.07	9.23
5..	423	350	773	540	233	6.44	5.68	6.07	5.58	7.66
6..	390	315	705	509	196	5.94	5.12	5.54	5.26	6.44
7..	320	257	577	441	136	4.87	4.17	4.53	4.55	4.47
8..	287	230	517	380	137	4.37	3.73	4.06	3.92	4.50
9..	222	222	444	328	116	3.38	3.61	3.49	3.39	3.81
10..	213	165	378	295	83	3.24	2.68	2.97	3.05	2.73
11..	202	196	398	277	121	3.08	3.16	3.13	2.86	3.98
Total (under 1 year) ..	8,984	6,828	15,812	11,161	4,651	136.81	110.88	124.26	115.27	152.85

6. PUBLIC HEALTH STATISTICS.

Table No. 23.*

PUBLIC HEALTH LEGISLATION, 1927.

Date	Authority	Scope of the Law or Decree	Published in
		<i>Campaign against Social Diseases.</i>	
13.6.27	Federal Ministry for Social Affairs.	(a) Tuberculosis : Tuberculous patients sent to the welfare centres by the out-patient departments of hospitals.	<i>Mitteilungen des Volksgesundheitsamtes</i> , No. 7, 1927.
13.5.27	Government of the Province of Styria.	(b) Venereal Diseases : Notification of cases of syphilis among pregnant women.	<i>Mitteilungen des Volksgesundheitsamtes</i> , No. 6, 1927.
		<i>Campaign against Infectious Diseases.</i>	
11.1.27	Federal Ministry for Social Affairs.	Compulsory notification of poliomyelitis and encephalitis lethargica.	<i>Bundesgesetzblatt</i> , No. 38, 1927. <i>Mitteilungen des Volksgesundheitsamtes</i> , No. 2, 1927.
20.6.27	Federal Ministry for Social Affairs.	Isolation of persons suffering from infectious diseases.	<i>Bundesgesetzblatt</i> , No. 20, 1927. <i>Mitteilungen des Volksgesundheitsamtes</i> , No. 7, 1927.
20.10.27	Federal Ministry for Social Affairs.	Measures against rabies.	<i>Mitteilungen des Volksgesundheitsamtes</i> , No. 12, 1927.
11.10.27	Federal Ministry for Social Affairs.	Prevention of poliomyelitis and encephalitis and campaign against these diseases.	<i>Mitteilungen des Volksgesundheitsamtes</i> , No. 11, 1927.
		<i>Public Health in general.</i>	
30.8.27	Federal Ministry for Social Affairs.	Further employment of workmen suffering from lead poisoning.	<i>Mitteilungen des Volksgesundheitsamtes</i> , No. 9, 1927.

Table No. 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis.—Survey of Anti-Tuberculosis Institutions, 1925 to 1927.

Original source : Reports of the Public Health Office.

Designation of the institutions	Number of institutions			Number of beds			Number of tuberculous patients admitted during the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. Anti-tuberculosis dispensaries	61	64	68	—	—	—	28,940	31,315	31,641
II. Tuberculosis sanatoria :									
(a) For children suffering from pulmonary tuberculosis	2	2	2	200	200	200	346 ¹	633 ¹	670 ¹
(b) For children suffering from surgical tuberculosis	4	4	4	313	313	313	860 ²	990 ²	1,079 ²
(c) For children suffering from tuberculosis of a mixed type	—	—	—	—	—	—	—	—	—
(d) Total for children ³	6	6	6	513	513	513	1,206	1,623	1,749
(e) For adults suffering from pulmonary tuberculosis	25	26	26	3,447	3,799	3,937	8,766 ³	11,018 ³	11,429 ⁴
(f) For adults suffering from tuberculosis of a surgical type	5	5	5	347	347	340	641 ²	678 ²	992 ²
(g) Total for adults	30	31	31	3,794	4,146	4,277	9,107	11,696	12,421
(a-g) Total number of sanatoria	36	37	37	4,307	4,659	4,790	10,313	13,319	13,170
III. Tuberculosis hospitals ⁵ :									
(a) For pulmonary tuberculosis									
(b) For surgical tuberculosis									
(a-b) Total number of hospitals									
IV. Other institutions (convalescent homes, preventoria, etc.)	34	34	34	3,885	3,885	3,885			

¹ Only 1 sanatorium.² Only 3 sanatoria.³ Only 11 sanatoria.⁴ Only 13 sanatoria.⁵ Children are also admitted to some of the sanatoria under (e) to (g).

* Austria does not possess any tuberculosis hospitals properly so called, but, in addition to the tuberculosis sanatoria, there are special tuberculosis departments and wards in the general hospitals. (Cf. special tuberculosis report.)

Table No. 24* (concluded).

B. Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases, 1925 to 1927.

Original source : Reports of the Public Health Office.

Designation of the institutions	Number of institutions			Number of patients suffering from venereal diseases admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Consultation centres for persons suffering from venereal diseases		1	1		160	117
II. Venereal dispensaries		11	11		3,609 ¹	4,039
III. Homes for the treatment of hereditary syphilis		—	—		—	—
IV. Other institutions (hospital with 220 beds for women suffering from venereal diseases)	1	1	1	1,106	1,014	893

C. Alcoholism.—Survey of the Institutions for the Campaign against Alcoholism, 1925 to 1927.

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Centres for persons suffering from alcoholism						
II. Anti-alcoholic dispensaries						
III. Sanatoria for alcoholic persons	1	1	1			

¹This figure refers to 10 institutions only.

Table No. 25.*

INSTITUTIONS FOR THE PROTECTION OF MOTHERS AND CHILDREN, 1925 TO 1927.

Original source : Reports of the Public Health Office.

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Consultation centres for expectant mothers	472	475	475			
II. Special obstetrical hospitals ¹	7	8	9			
Number of beds	1,120	1,200	1,239			
III. Dispensaries for mothers and infants	(Included under I)					
IV. Special hospitals for infants	2	2	2			
V. Other important institutions	—	—	—	—	—	—

¹Obstetrical clinics form part of the general hospitals.

7. DATA ON CURATIVE MEDICINE.

Table No. 26.*

STATISTICS OF HOSPITALS¹, ETC., 1925 TO 1927.

A. Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds (for patients)					
				Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals ² ..	204	205	209	25,937	27,291	29,565	39	41	44
II. Mental hospitals ..	12	12	12	10,050	10,178	10,391	16	17	16
III. Hospitals for the treatment of nervous diseases :									
(a) Homes for epileptics ..	—	—	—	—	—	—	—	—	—
(b) Sanatoria for alcoholics ..	1	1	1						
IV. Homes for idiots and imbeciles (included under II) ..	—	—	—	—	—	—	—	—	—
V. Infants' hospitals ..	9	7	7	1,111	1,013	1,013	2	2	2
VI. Children's hospitals ..	—	—	—	—	—	—	—	—	—
VII. Hospitals for cripples ..	—	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ..	15	13	17	2,470	2,283	2,607	4	3	4
IX. Tuberculosis hospitals ³ ..	—	—	—	—	—	—	—	—	—
X. Homes for lepers ..	—	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical hospitals ⁴ ..	4	3	9	186	302	1,239	0.3	0.5	2
XII. Maternity hospitals ..	—	—	—	—	—	—	—	—	—
XIII. Eye hospitals ..	—	—	—	—	—	—	—	—	—
XIV. Homes for incurables ..	—	—	—	—	—	—	—	—	—
Total ..	38	37	31	2,139	1,650	1,634	3	3	3

¹ Only the institutions whose reports could be fully utilised are mentioned here.² In addition, there are sanatoria.³ Sanatoria.⁴ Obstetrical clinics are attached to the general hospitals.

Table No. 26* (continued).

B. Movement of Patients and Duration of Disease.

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figure	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
Year 1925.								
I. General hospitals ¹ ..	19,497	293,201	312,698	292,925	17,280	5.9	7,494,250	24
II. Mental hospitals ..	8,883	8,105	16,988	7,369	1,216	16.5	3,544,804	209
III. Hospitals for the treatment of nervous diseases ..	—	—	—	—	—	—	—	—
IV. Homes for idiots and feeble-minded (included under II) ..	—	—	—	—	—	—	—	—
V. Infants' hospitals ..	718	10,931	11,649	10,882	1,038	9.5	310,732	27
VI. Children's hospitals ..	—	—	—	—	—	—	—	—
VII. Hospitals for cripples ..	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ..	—	—	—	—	—	—	—	—
IX. Tuberculosis hospitals ²	1,765	9,569	11,334	8,991	161	1.8	430,989	42
X. Homes for lepers ..	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical clinics ..	118	5,696	5,814	5,683	48	0.9	52,146	9
XII. Maternity hospitals ..	—	—	—	—	—	—	—	—
XIII. Eye hospitals ..	—	—	—	—	—	—	—	—
XIV. Homes for incurables ..	—	—	—	—	—	—	—	—
Total	1,667	19,938	21,605	19,885	476	2.4	355,794	16

¹ In addition, there are sanatoria.
² Sanatoria.

Table No. 26* (continued).

B. Movement of Patients and Duration of Disease (continued).

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the begin- ning of the year	Admit- ted	Treated (col. 2 + 3)	Dis- charged	Deceased		Actual figures	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
Year 1926.								
I. General hospitals ¹ ..	25,332	308,594	333,926	308,012	18,872	6.1	7,834,258	23
II. Mental hospitals ..	9,629	8,405	18,034	7,729	1,362	17.6	3,771,936	209
III. Hospitals for the treatment of ner- vous diseases ..	—	—	—	—	—	—	—	—
IV. Homes for idiots and feeble-minded (in- cluded under II) ..	—	—	—	—	—	—	—	—
V. Infants' hospitals ..	694	9,441	10,135	9,386	928	9.9	276,089	27
VI. Children's hospitals ..	—	—	—	—	—	—	—	—
VII. Hospitals for cripples	—	—	—	—	—	—	—	—
VIII. Hospitals for conta- gious diseases	—	—	—	—	—	—	—	—
IX. Tuberculosis hospitals ^a	1,749	10,513	12,262	10,323	23	0.2	667,668	54
X. Homes for lepers ..	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical clinics ..	94	4,957	5,051	4,937	27	0.5	26,431	5
XII. Maternity hospitals ..	—	—	—	—	—	—	—	—
XIII. Eye hospitals ..	—	—	—	—	—	—	—	—
XIV. Homes for incurables	—	—	—	—	—	—	—	—
Total	730	17,276	18,006	17,165	412	2.4	422,040	23

¹ In addition, there are sanatoria.
^a Sanatoria.

Table No. 26* (concluded).

B. Movement of Patients and Duration of Disease. (concluded).

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figure	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
Year 1927.								
I. General hospitals ¹ ..	20,653	342,327	362,980	341,723	19,764	5.8	8,665,677	24
II. Mental hospitals ..	10,311	7,869 ²	17,708 ²	7,418 ²	1,363 ²	18.4	3,869,742 ²	218
III. Hospitals for the treatment of nervous diseases ..	—	—	—	—	—	—	—	—
IV. Homes for idiots and feeble-minded (included under II) ..	—	—	—	—	—	—	—	—
V. Infants' hospitals ..	749	11,597	12,346	11,558	1,080	9.3	307,716	25
VI. Children's hospitals ..	—	—	—	—	—	—	—	—
VII. Hospitals for cripples ..	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ..	—	—	—	—	—	—	—	—
IX. Tuberculosis hospitals ³ ..	2,039	10,224	12,263	10,289	39	0.4	847,807	69
X. Homes for lepers ..	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical clinics ..	675	20,981	21,656	21,128	106	0.5	247,393	11
XII. Maternity hospitals ..	—	—	—	—	—	—	—	—
XIII. Eye hospitals ..	—	—	—	—	—	—	—	—
XIV. Homes for incurables ..	?	?	?	?	?	?	?	?
Total	1,307	18,916	20,223	18,886	543	2.9	274,901	13

¹ In addition, there are sanatoria.² No figures available for one of these institutions.³ Sanatoria.

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL, 1925 TO 1927.

Original sources : Official Census of Health Personnel of May 2nd, 1928 ; Reports of the Universities.

Sanitary personnel	M. = Males F. = Females T. = Total	Actual figures						Rate (males and females together) per 10,000 of the average population		
		1924	1925	1925	1926	1926	1927	1925	1926	1927
1	2	3	4	5		6	7	8		
I. Medical students	M. F. T.	3,303 495 3,798	3,014 448 3,462	2,965 434 3,399	2,784 432 3,216	3,481 3,438	5.5	5.0		
II. Doctors graduated during the year	M. F. T.	660 83 743 ²	582 70 652 ³			699 ⁴	1.1	1.0	1.0	
III. Doctors (total)	T.	7,438				8,041 ⁵	11.2		12.0	
IV. Dental students	T.									
V. Dentists graduated during the year, technical dentists, not dental surgeons ; the latter are included under III	T.									
VI. Dentists (total)	T.					3,177 ⁵			4.8	
VII. Pharmacists	T.					607 ⁵			0.9	
VIII. Assistant Pharmacists	T.					971 ⁵			1.5	
IX. Midwives	T.					4,345			6.5	
X. Doctors' assistants (Feldschers) (surgeons included under III) . .	T.					24			0.0	

* The first figures (col. 3-5) refer to the winter half-yearly terms of 1924-25, 1925-26, 1926-27. The second row of figures refers to the summer half-yearly term of 1925, 1926 and 1927.

² Including 364 foreigners.

³ Including 323 foreigners.

⁴ Including 349 foreigners.

⁵ According to the census of May 2nd, 1928.

Table No. 28.*

STATISTICS OF HEALTH INSURANCE FUNDS, 1925 TO 1927.

Original sources: *Amtliche Nachrichten* of the Federal Ministry for Social Affairs and a communication of the Federal Ministry of Agriculture and Forests.

A. Number of Funds and Membership.

Category of fund	Number of funds			Membership					
	1925	1926	1927	1925		1926		1927	
				Males	Females	Males	Females	Males	Females
1	2	3	4	5	6	7	8	9	10
1. District sickness insurance fund. . .	65	61		321,733	233,112	334,324	224,561		
2. Factory sickness insurance funds	31	29		24,198	10,484	23,203	11,077		
3. Co-operative societies' sickness insurance funds	49	42		172,754	89,926	159,949	83,638		
4. Associations' sickness insurance funds	27	27		255,010	119,608	256,197	117,738		
5. Total 1 to 4	172 ¹	159 ²		773,695	453,200	773,673	437,014		
6. Miners' sickness insurance funds	26	26		22,250	991	20,172	967		
7. Agricultural sickness insurance funds (excluding Salzburg and Upper Austria)	7	7	7	100,151	65,971	109,451	71,024	109,264	71,742
Total	377	351		896,096	520,162	903,296	509,005		
For both sexes . .				1,416,258		1,412,301			

¹ 14 others which do not publish reports.
² 16 others which do not publish reports.

Table No. 28* (concluded).

B. Number of Sick Members and Duration of Sickness.

Category of fund	Number of sick members						Number of days of illness					
	1925		1926		1927		1925		1926		1927	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1	2	3	4	5	6	7	8	9	10	11	12	13
1. District sickness insurance funds	18,2382	95,672	182,097	96,567			4,547,879	3,365,663	4,402,786	3,168,662		
2. Factory sickness insurance funds	11,937	6,668	11,704	7,242			345,253	232,788	356,926	260,356		
3. Co-operative societies' sickness insurance funds	58,769	41,881	53,658	35,464			1,747,579	1,376,672	1,623,588	1,197,249		
4. Associations' sickness insurance funds	116,406	55,533	117,951	52,998			3,217,506	2,096,256	3,212,197	1,735,043		
5. Total 1 to 4	369,494	199,754	365,410	192,271			9,858,217	7,071,379	9,595,497	6,361,310		
6. Miners' sickness insurance funds	17,486	856	16,886	773			447,425	34,183	453,852	26,868		
7. Agricultural sickness insurance funds ¹	21,287	11,226	29,731	12,143	33,766	13,533	500,396	326,222	691,254	353,782	794,618	442,371
Total	408,267	211,836	412,027	205,187			10,806,038	7,431,784	10,740,603	6,741,960		
For both sexes	622,838		619,703				18,286,505		17,533,882			

C. Proportional Figures for the Total Number of Funds.

Year	Number of members per 1,000 of average population of the same sex			Percentage of members of each sex			Rate of morbidity per 100 members of same sex			Average duration of illness (in days) for					
										One case			One member		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1925	281	152	214	63.3	36.7	100.0	46.2	41.6	44.0	20.4	27.1	22.6	12.2	14.7	12.9
1926	282	148	212	64.0	36.0	100.0	46.2	41.2	43.9	20.2	26.0	22.1	12.1	13.5	12.4

¹ One fund does not give figures according to sex.

The number of cases of sickness necessary for the calculation of the duration of illness, but not included in the table, is given here.

The figures for cases of sickness do not include maternity cases and the days' sickness benefit paid on this account.

In addition to these sickness insurance funds, there are three large compulsory insurance funds (for the Federal employees, the Federal Railways and the Vienna Municipality) which do not pay daily benefits; the number of sick members incapacitated for work and the number of days illness are therefore unknown.

Category of fund	Number of sick members					
	1925		1926		1927	
	Males	Females	Males	Females	Males	Females
1. District sickness insurance funds	238,776	124,968	231,433	119,342		
2. Factory sickness insurance funds	16,568	10,213	16,333	11,601		
3. Co-operative societies' insurance funds	75,091	50,660	66,550	43,996		
4. Associations' sickness insurance funds	153,337	74,840	153,627	68,911		
Total 1 to 4	478,772	260,681	467,943	243,850		
Miners' sickness insurance funds	27,738	1,491	27,138	1,216		
Agricultural sickness insurance funds	24,425	12,414	35,360	14,340	41,149	16,874
Total	530,935	274,586	530,441	259,406		
Per 100 members	60.0	53.9	59.6	52.1		
Both sexes	57.1		56.1			

B. CHRONIC DISEASES.

1. Tuberculosis.

Due attention was also devoted during 1927 to the anti-tuberculosis campaign. The work in this field is perhaps best illustrated by an account of the work of the anti-tuberculosis centres. There were 68 such centres in existence at the end of 1927, as compared with 63 at the end of 1926. These newly established centres did not, it is true, extend the geographical area covered by the work of welfare centres, because these new centres, with the exception of the one at Felzbach, are situated within areas already provided with such organisations. The purpose was rather to reduce the administrative area of the individual anti-tuberculosis centres. The administrative units are mainly, as in the past, private societies.

ADMINISTRATIVE UNITS.

Province	Number of anti-tuberculosis centres	Administrative unit				
		Private societies	Communes	Local ad hoc committee	Sickness insurance funds	Industrial undertakings
Vienna	21	7	10	—	4	—
Lower Austria	15	11	3	1	—	—
Upper Austria	6	5	—	1	—	—
Salzburg	2	2	—	—	—	—
Styria	21	10	7	1	—	3
Carinthia	2	1	—	1	—	—
Tyrol	1	1	—	—	—	—
Total at the end of 1927	68	37	20	4	4	3
Working at the end of 1926	63	37	17	3	3	3

The increasing activity of the anti-tuberculosis centres is evident from the following figures :

	1925	1926	1927
New cases	33,070	37,652	39,412
Percentage of the population in the area provided with treatment facilities	0.9	1.1	1.1
Number of new cases regarded as serious	2,995	3,448	2,811
Percentage of new cases	9.1	9.2	7.1
Distribution of new cases :			
(a) According to sex :			
Male	13,191 = 39.9 %	15,272 = 40.6 %	16,449 = 41.7 %
Female	19,879 = 60.1 %	22,380 = 59.4 %	22,963 = 58.3 %
(b) According to age :			
0 to 6 years	3,212 = 9.7 %	4,152 = 11.0 %	4,052 = 10.3 %
6 to 14 years	9,004 = 27.2 %	10,101 = 26.8 %	10,181 = 25.8 %
14 to 18 years	2,937 = 8.9 %	3,261 = 8.7 %	3,451 = 8.8 %
Over 18 years	17,917 = 54.2 %	20,138 = 53.5 %	21,728 = 55.1 %
New cases regarded as <i>serious</i> classified by age-groups :			
0 to 6 years	97 = 3.2 %	81 = 2.3 %	49 = 1.8 %
6 to 14 years	290 = 9.7 %	359 = 10.4 %	175 = 6.2 %
14 to 18 years	240 = 8.0 %	251 = 7.3 %	186 = 6.6 %
Over 18 years	2,368 = 79.1 %	2,757 = 80.0 %	2,401 = 85.4 %
Number of new cases among the compulsorily insured	14,451 = 43.7 %	15,894 = 42.2 %	17,889 = 45.4 %
Total number of visits to centres	177,450	219,803	251,731
Number of persons under the care of the centres at the end of the year	80,877	124,469	108,534
Method of admission to the centres:			
Personal application	9,044 = 27.3 %	10,641 = 28.3 %	11,513 = 29.2 %
Referred to the centres at the instance of various authorities, i.e. :	21,025 = 63.6 %	24,087 = 63.9 %	25,606 = 65.0 %
General practitioners	2,149 = 6.5 %	2,136 = 5.7 %	2,193 = 5.6 %
Hospitals and dispensaries	2,422 = 7.3 %	2,633 = 7.0 %	2,474 = 6.3 %
Sickness insurance funds	5,465 = 16.6 %	5,740 = 15.2 %	7,403 = 18.8 %
Schools and colleges	3,446 = 10.4 %	4,041 = 10.7 %	4,118 = 10.4 %
Offices and official bodies	1,624 = 4.9 %	1,542 = 4.1 %	1,488 = 3.8 %
Visiting nurses	5,919 = 17.9 %	7,995 = 21.2 %	7,930 = 20.1 %
Under the system of compulsory notification	1,149 = 3.5 %	1,556 = 4.1 %	1,335 = 3.4 %
Other methods	1,852 = 5.6 %	1,368 = 3.7 %	958 = 2.4 %

One of the chief tasks of the anti-tuberculosis centres is to search out and register as fully as possible all the tubercular patients residing in its area. This work is facilitated so far as possible by official measures and decrees, in particular by the following :

1. The Executive Regulation of the Austrian State Department of Public Health dated February 24th, 1919 (Statute Book No. 151), concerning the compulsory notification of tuberculosis, repeated by the Order of the Federal Ministry for Social Welfare dated November 21st, 1925 (Zl. 69048).

2. The Order of the Federal Ministry for Social Welfare dated May 17th, 1923 (Zl. 27610), concerning the notification of anti-tuberculosis centres by hospitals discharging tubercular patients, repeated at intervals—the last time being March 12th, 1926 (Zl. 8713)—and extended by the Order of June 13th, 1927 (Zl. 41557), to tubercular patients treated by the out-patient departments of hospitals.

3. The Order of the Federal Ministry for Social Welfare dated April 7th, 1926 (Zl. 1116), instructing the political authorities to forward quarterly reports to the anti-tuberculosis centres showing the deaths from tuberculosis in the administrative areas of such centres.

As the foregoing survey shows, the execution of these official measures and decrees was greatly facilitated by the institution of a school medical service and by the work and enquiries of the visiting nurses. Public confidence in the anti-tuberculosis centres is shown by the annual increase in the number of persons who present themselves at these centres of their own accord.

	1925	1926	1927
Entire families in the care of the centres	1,744	1,660	1,219
Members of such families	6,011	5,875	4,448

When a tubercular patient is reported to the centre, his family is also brought under observation. This is often the only way of reaching serious cases (tuberculosis in an infectious stage). Even though the number of entire families in the care of the centres is decreasing year by year, this must not be attributed to a falling-off in the work of the anti-tuberculosis centres, for it must be remembered how difficult it is to induce all the members of a household—family, domestic servants, lodgers, etc.—to let themselves be examined by the doctor at the centre. For only complete households which have thus been medically examined are regarded as “entire” families in the care of the centres. It is, however, a well-known fact that the families in which all but one member of the family have been medically examined by far outnumber those shown as “entire” families under observation.

WORK OF THE ANTI-TUBERCULOSIS CENTRES, 1925-1927.

	1925	1926	1927
Medical examinations	140,125	159,044	179,341
First examinations included	34,251 = 24.4 %	38,540 = 24.2 %	40,311 = 22.5 %
Examination of sputa	7,969	9,123	10,068
Positive	1,621 = 20.3 %	1,621 = 17.8 %	1,577 = 15.7 %
Biological reactions	13,275	19,038	18,971
Positive	7,671 = 55.5 %	10,606 = 55.7 %	8,457 = 44.6 %
Radioscopic examinations	7,096	8,134	10,045
Persons treated :	9,367	9,467	9,076
Specifically	4,346 = 46.5 %	4,476 = 47.3 %	2,906 = 32.0 %
Physically	1,015 = 10.8 %	1,017 = 10.7 %	1,269 = 14.8 %
Surgically	29 = 0.3 %	109 = 1.2 %	95 = 1.0 %
Otherwise	3,977 = 42.5 %	3,865 = 40.8 %	4,806 = 53.0 %

The development of the *Sanatoria system* is progressing satisfactorily. The Grimmerstein sanatorium of the Central Institution of Insured Employees (formerly an institute for pensioned employees), which was referred to in Volume III of the *International Health Year-Book*, has been enlarged, the number of beds being increased from 177 to 246. Similarly, the sanatorium of the Sickness Insurance Fund of the Municipal Tramways at Strengberg, on the Schneeberg Railway, has been finished and opened. This sanatorium has accommodation for 138 patients. The children's convalescent home built by the Anti-Tuberculosis Association in the district of Guttenstein at Wolfskogel, near Pernitz (Lower Austria), has been completed and has started work. Building operations on the tuberculosis shelter of the province of Lower Austria in the neighbourhood of the public sanatorium of the Austrian Red Cross Society at Grimmerstein, with accommodation for 70 patients, have been completed. Attention must also be drawn to the construction of a new sanatorium by the Association of Sickness Insurance Funds of Upper Austria. The Association has built a sanatorium for consumptives in place of the convalescent home at Christkindl, in Styria, which was burnt down in the spring of 1927. The province of Styria is also contemplating the extension of the Styrian sanatorium for sunlight treatment on the Stolzalpe, near Murau. Work on the Carinthian sanatorium at Laas, near Kötschach, will probably be finished in 1929.

2. Venereal Diseases.

The recrudescence of venereal diseases observed by various Vienna specialists in venereal diseases during the last quarter of 1926 was confirmed by the 1927 statistics showing increased attendance at the Vienna dispensaries for indigent persons suffering from these diseases. By the beginning of 1927, only four official dispensaries of the type obliged to make attendance returns were still open. In 1926, these four dispensaries were visited by 4,284 persons in all, of whom 2,887 suffered from venereal disease, and 1,407 from non-venereal skin disease, whereas in 1927 they were visited by 5,882 persons in all, of whom 3,411 were suffering from venereal disease and 2,471 from skin disease of non-venereal origin.

We therefore find that the total number of visits has increased by about 37 per cent. The increase in the number of patients suffering from venereal disease is approximately 18.56 per cent. The higher attendance and percentage of cases of venereal disease are, however, to be noted only in the Viennese dispensaries. Attendance in the provinces fell off during 1927, the decrease being mainly due to the drop in the number of cases of venereal disease.

At the consulting-room of the Municipal Health Office in Vienna, a total of 445 persons received advice during 1927 (as compared with 456 in 1926), and only 117 of these, or approximately 27.3 per cent, were found to be suffering from venereal disease (in 1926, the figure was 160, or 35.1 per cent).

The following statistics are furnished by the Viennese Federal Police Department in connection with the supervision of prostitutes. At the end of 1927, the number of women in Vienna under the supervision of the Public Morality Police was 985 (in 1926, 1,030); of these, 69 came under police supervision for the first time in 1927 (as compared with 58 in 1926). The section of the Viennese Police Department responsible for the suppression of the traffic in women and children and of venereal disease and the district police authorities arrested, in 1927, 3,786 clandestine prostitutes (compared with 4,319 in 1926). Of these, 3,786 women arrested, 512, or 13.52 per cent, were found to be suffering from venereal disease (in 1926, 731, or 16.92 per cent,

of the 4,319 women arrested were found to be suffering from venereal disease). Of the arrested women, 380, or 10 per cent, were minors under 18 years of age, and 89, or 23.4 per cent, of these were found to be suffering from venereal disease (the corresponding figures for 1926 were 314 minors, or 7.04 per cent, of those arrested, of whom 114, or 37.3 per cent, were venereal cases).

These data show that there has been :

- (1) A further increase in the number of prostitutes under supervision ;
- (2) A decrease in the number of arrests of clandestine prostitutes ;
- (3) A numerical and relative decrease in the number of cases of venereal disease amongst those arrested ;
- (4) A numerical and relative increase in the number of minors amongst those arrested ;
- (5) A marked numerical and relative decrease in the number of cases of venereal disease among the arrested minors.

In 1927, the hospitals of the Federation had under treatment or discharged 5,502 cases of syphilis and 5,838 cases of other venereal diseases (the corresponding figures for 1926 being 5,706 cases of syphilis and 5,747 of other venereal diseases) ; in 1927, the deaths in hospital from syphilis numbered 159 and from other venereal diseases or from their after-effects 16 ; whilst, in 1926, the figures were 194 from syphilis and 4 from other venereal diseases. There has therefore been a decrease in the incidence of syphilis and an increase in that of other venereal diseases among hospital cases.

3. *Alcoholism.*

During the year under survey, the work of enlightening the public with regard to the harmful effects of alcoholism was carried on by various temperance societies, which organised exhibitions and lectures. This propaganda work included lectures and practical courses on the employment of unfermented fruit-juices. The societies were helped in this work by grants-in-aid from the Federal Ministry for Social Welfare.

Certain societies, in their more restricted sphere of action, also provided advice and assistance for persons in danger of becoming alcoholic addicts ; unfortunately, no reliable figures are available for this kind of work. Such figures can only be given in respect of the work done in this field by the Welfare Section of the Viennese Federal Police Department.

During 1927, the 20 welfare centres for persons in danger of becoming alcohol addicts, under the Federal Police Department at Vienna, were open on 739 days and gave advice or treatment to 6,132 persons. Of these, 253, or 4.12 per cent, relapsed again during 1927 (in 1926, on 844 working days, 6,101 persons received advice or treatment ; 290, or 4.75 per cent, of these relapsed into drunkenness). In all, 10,123 persons were summoned to attend the centres, of whom 60.57 per cent responded (in 1926, 59 per cent).

The district police authorities reported 16,898 cases of infractions of police regulations by intoxicated persons ; these cases involved 13,124 persons, 3,774 of whom were previous offenders (in 1926, there were 17,682 cases ; 4,038 of these concerned the same persons, so that altogether only 13,644 persons were involved). Of these 13,124 persons, only 6,132 came to the welfare centres for consultation ; 6,992 could therefore not be dealt with ; these included persons resident outside Vienna, tramps, persons in hospital or under arrest, and also those excluded from the centres

on principle, such as prostitutes and their followers and dangerous drunkards, and, above all, those persons who did not respond to the invitation to attend the centre. It is a striking fact that 25.54 per cent of the persons who did not come for advice or assistance relapsed into drunkenness (in 1926, 25 per cent), whereas among the persons cared for at the welfare centres, only 4.12 per cent relapsed (in 1926, 4.75 per cent).

The 1927 statistics giving the summonses and arrests in Vienna in which the abuse of alcohol can be shown to be a contributory factor are as follows :

	1927	1926
Total number of summonses	32,036	39,946
For drunkenness	18,134	20,312
Percentage of summonses for drunkenness	50.60 %	58.12 %
Number of minors summoned (under 18 years of age)	812	876
Percentage of minors summoned to total of persons summoned	2.53 %	2.51 %
Number of intoxicated minors	190	142
Percentage of intoxicated minors to all persons summoned for drunkenness ..	1.04 %	0.69 %

III. PUBLIC HEALTH ACTIVITIES.

1. *The Campaign against Infant Mortality.*

Under the Federal Constitution of Austria, the Federation is responsible both for the enactment and administration of all laws relating to public health. In the matter of maternity and infant welfare and the care of youth, however, the Federation is only responsible for the enactment of the fundamental legislation, whilst the various provinces are responsible for its application.

Under this provision of the Constitution, the legal, economic and, to some extent, the educational aspects of child welfare must be dealt with by the provinces, which in most cases have set up their own provincial child welfare departments. Matters of public health, however, are under the direct supervision of the Federation. Since the war, nearly 500 maternity welfare centres have been set up to promote public health. The Federation (Public Health Department) contributes one-third of the cost of upkeep of the majority of these centres. The provincial child welfare departments contribute another third of the cost of upkeep of the maternity welfare centres, since their staff, and in particular their nurses, are responsible for health welfare work at the maternity welfare centres and for the necessary visiting, in order to ascertain health conditions. This work is additional to their specific duties as guardians, as the persons responsible for the protection and care of illegitimate and neglected children. The remaining third is borne by the communes or by private parties, who provide the premises and equipment and the upkeep of the latter.

This co-operation between the Federation and the provinces in the campaign against infant mortality suggested the expediency of establishing a joint working organisation.

2. Supervision of Foodstuffs.

Codex alimentarius austriacus.

The work of revising the official *Austrian Foodstuffs Code* was proceeded with in 1927, so that a series of new chapters of the second edition of the *Codex alimentarius austriacus* was completed.

During 1927, the following booklets were issued :

- IV-VI : " Bread and Bakers' Wares, Baking Powder, Yeast ;
- VII : " Petroleum " ;
- VIII : " Beer " ;
- IX and X : " Tea and Maté " ;
- XI and XII : " Cooking Fats, including Margarine and Salad Oils ".

The booklet number IV-VI mentioned above is of more general interest because it states the conditions under which foodstuffs described as containing vitamins may be placed on the market.

According to these regulations, such a description is only permissible if the vitamin in question is clearly designated on the wrapper or by means of stamping, and, furthermore, absolute proof of the nature of the preparation must be furnished. A reference to the vitamin content of vegetable and animal foodstuffs, as established by various research workers in their laboratories, is not regarded as adequate proof. It must be conclusively proved by the methods employed in recognised scientific institutions that the products offered for sale actually contain vitamins in excess of those found in ordinary foodstuffs.

The institutions in question will be specified from time to time by the Public Health Department of the Federal Ministry for Social Welfare.

3. Narcotic Drugs.

The abuse of narcotic drugs (cocaine, heroin, etc.), with its deleterious effect on health, led the Government to take action in the interests of the public and establish a central office to supervise the traffic in dangerous drugs.

To this end the Federal Chancellery set up a narcotic drugs office attached to the Central Police Department at Vienna, and the provincial governments and the Federal police authorities of their capitals were called upon to assist in the campaign against these drugs, experts being placed at their disposal for this purpose.

The growth of this vice can only be checked by enforcing with the utmost stringency and vigour the statutory regulations concerning the illicit traffic in dangerous drugs, whether by authorised or unauthorised dealers. This is one of the main duties of the central office.

It also collects statistical data concerning all cases in which persons are proceeded against or convicted for infringements of the regulations dealing with narcotics, and the necessary particulars concerning persons under treatment in public or private hospitals for illness due to the drug habit.

The permanent contact between this office and authorities of other countries engaged in the anti-drug campaign should be particularly valuable in cases concerning foreign countries, since it facilitates the adoption of quick and effective measures.

The amendment of the Dangerous Drugs Order, which is now under consideration, and which will be issued as an Executive Decree annexed to the Law concerning Poisonous Substances, will make adequate provision for the suppression of any unauthorised traffic in dangerous drugs, and there is therefore every reason to expect that this abuse will be stopped.

IV. CURATIVE MEDICINE.

I. *Medico-Climatological Work of the Public Health Department.*

The Public Health Department has established medico-climatological stations for the following purposes :

1. To investigate the therapeutic effects of the climate in certain places which, according to their situation, should be suitable for health resorts but which have not hitherto been used for this purpose.

2. To investigate the climate of places which are now frequented as health resorts but of whose climate no records, or inadequate records, exist.

As this work develops, the Department will also extend its investigations to places which the population considers to be particularly healthy but which have never yet been examined by experts.

Attention will also be given to holiday resorts in the widest sense of the term.

These places include climatological stations fully equipped with the following instruments :

1. Photographic sunshine recorders.
2. Thermohygrographs.
3. Dry-bulb thermometers.
4. Hygrometers.
5. Rain-gauge and snow-gauge.
6. Low-temperature thermometer or cryometers.
7. Hand anemometers, simple anemographs or registering apparatus.
8. Eder-Hecht wedge-photometers ("Graukeil") and Linke cyanometers.

At other places, photographic sunshine recorders and snow-gauges are to be established.

When this work is completed, it should be possible to draw up a "sunshine chart" for Austria.

The system adopted is to provide these stations with apparatus lent by the Public Health Department of the Federal Ministry for Public Health.

The climatological station reports will in future be published regularly.

2. *Medical Studies.*

As a result of the recent consultations held at the Federal Ministry of Education between the interested parties, the long-prepared reform of the curriculum of medical studies and of the conditions for obtaining doctors' degrees, applicable to students at the three Austrian faculties of medicine is expected to come into operation before long (probably during the next academic year). The chief difference between the new and old courses is that the former will require eleven half-yearly terms instead of ten,

and that the so-called "hospital year" will be included, so that a certain period will be devoted to practical training *before* the students take their degrees. Students can, it is true, include six months within the actual study course (during the long vacations after the sixth and eighth terms). Thus, in point of fact, the total period of study covers not less than twelve half-yearly terms.

During the academic year 1926-27, there were altogether 6,919 medical students attending the Austrian faculties of medicine. The following table classifies them according to the place of study, the term and country of origin (whether nationals or foreigners).

Place	Winter term 1926-27			Summer term 1927			Academic year 1926-27		
	Nation-als	Foreign-ers	Total	Nation-als	Foreign-ers	Total	Nation-als	Foreign-ers	Total
Vienna	1,210	1,299	2,509	1,073	1,371	2,444	2,283	2,670	4,953
Graz	259	351	610	237	334	571	496	685	1,181
Innsbruck	182	180	362	169	254	423	351	434	785
Total	1,651	1,830	3,481	1,479	1,959	3,438	3,130	3,789	6,919

November 1928.

BELGIUM

BY

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of the Interior and Public Health (Brussels).**

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES,
TAKEN IN 1920 AND 1910.

Date of Census	Area in square kilometers	Present population			Resident population		
		Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8
1920 ¹	30,444				3,673,433	3,792,349	7,465,782 ³
1910 ²	29,451				3,680,790	3,742,994	7,423,784
Increase (+) or decrease (—) in 1920 compared with 1910							
(a) Actual	+ 993				— 7,357	+ 49,355	+ 41,998
(b) Yearly average ⁴							
(c) Yearly average per 1,000 inhabitants ⁴ (average population during the inter-census period)							

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER, ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1920 AND 1910.

Year of last two Censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of Females over Males				
			Present population		Resident population		
	Present	Resident	Actual figures	Per 1,000 Males	Actual figures	Per 1,000 Males	
1	2	3	4	5	6	7	
1920		245				118,916	1,032
1910		252				62,204	1,011
Increase (+) or decrease (—) in 1920 as compared with 1910			— 7			+ 56,712	+ 21

¹ Year of last Census.

² Year of previous Census.

³ Including the population of the restored territories (see *International Health Year-Book*, 1927, Vol. III, page 49, footnote).

⁴ It would be useless to compute these averages, as their value would be distorted by the influence of the war period.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE LAST CENSUS (1920) AND ESTIMATE¹ OF THIS DISTRIBUTION FOR 1927 (LAST ESTIMATE).

A. Actual Figures.

Age and age-groups in years	I. 1920 Census. Actual population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	76,813	74,280		151,093
1	57,337	55,515		112,852
2	40,580	39,921		80,501
3	40,166	39,890		80,056
4	45,170	44,193		89,363
0-4	260,066	253,799		513,865
5-9	320,465	318,461		638,926
10-14	349,295	347,464	2	696,759
15-19	364,161	363,494	8,046	727,655
20-24	341,854	344,733	103,774	686,587
25-29	292,053	308,511	180,684	600,564
30-34	271,507	282,100	203,353	553,607
35-39	267,439	271,148	210,097	538,587
40-44	250,498	254,414	198,263	504,912
45-49	227,612	232,217	176,396	459,829
50-54	194,748	201,175	142,913	395,923
55-59	160,322	169,988	108,924	330,310
60-64	128,401	142,948	78,159	271,349
65-69	90,386	107,382	45,684	197,768
70-74	61,700	76,787	23,889	138,487
75-79	39,083	50,936	10,411	90,019
80-84	16,053	23,398	2,876	39,451
85-89	4,744	7,318	506	12,062
90 and over	915	1,712	133	2,627
Unknown	3,686	3,226	932	7,012
Total	3,644,988	3,761,311	1,495,042	7,406,299

¹ These data are not available because, since the distribution of the population by age in 1920 was influenced by war casualties and by the exceptional increase in the birth rate after the war, the figures of the last Census are so abnormal as to invalidate any estimate for 1927.

Table No. 3* (concluded).

B. Proportional Figures.

Age and age-groups in years	I. 1920 Census. Actual population						
	Males	Females	Males	Females	Total	Married Women	
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)
	Male	Female					
1	2	3	4	5	6	7	8
0	21	20	508	492			
1	16	15	508	492			
2	11	10	504	496			
3	11	10	501	499			
4	12	12	505	495			
0-4	71	67	506	494			
5-9	88	85	501	499			
10-14	96	92	501	499		0	0
15-19	100	97	505	495		22	1.1
20-24	94	92	498	502		301	9.0
25-29	80	82	487	513		586	14.0
30-34	75	75	490	510		720	24.4
35-39	73	72	496	504		775	27.4
40-44	69	68	496	504		779	28.2
45-49	63	62	495	505		760	26.8
50-54	53	53	492	508		710	23.8
55-59	44	45	485	515		641	19.3
60-64	35	38	473	527		547	19.3
65-69	25	29	451	549		425	14.7
70-74	17	20	445	555		311	10.5
75-79	11	14	434	566		204	6.1
80-84	4	6	407	593		123	3.2
85-89	1	2	389	611		69	1.4
90 and over	1	1	478	522		26	0.3
Unknown							
Total	1,000	1,000					

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children (including children who died before registration)	Deaths (excluding still-births)	Excess of			
							Births (col. 5) over deaths	Deaths over births		
1	2	3	4	5	6	7	8	9		
A. Actual Figures.										
1922.. .. .	7,540	82,806	3,718	153,611	7,782	106,615	46,996	—		
1923.. .. .	7,607	79,786	3,253	155,474	7,514	100,084	55,390	—		
1924.. .. .	7,684	80,088	2,956	153,138	7,023	99,653	53,485	—		
1925.. .. .	7,812	74,761	2,503	154,298	6,656	102,189	52,109	—		
1926.. .. .	7,875	72,517	2,349	149,943	6,436	104,742	45,201	—		
Average 1922-26	7,704	77,992	2,956	153,293	7,082	102,657	50,636	—		
1927.. .. .	7,932	71,921	2,351	145,275	6,127	106,751	38,524	—		
B. Proportion per 1,000 of Average Population.										
1922.. .. .		10.98	0.49	20.37	1.03	14.14	6.23	—		
1923.. .. .		10.49	0.43	20.44	0.99	13.16	7.28	—		
1924.. .. .		10.42	0.38	19.93	0.92	12.96	6.97	—		
1925.. .. .		9.57	0.32	19.75	0.85	13.08	6.67	—		
1926.. .. .		9.21	0.30	19.04	0.82	13.30	5.74	—		
Average 1922-26		10.12	0.38	19.89	0.92	13.32	6.57	—		
1927.. .. .		9.07	0.30	18.32	0.77	13.46	4.86	—		
C. Migration and Excess of Births and Deaths.										
	Immigration	Emigration		Excess of		Immigration	Emigration		Excess of	
		Total	Overseas	Immigration over emigration	Emigration over immigration		Total	Overseas	Immigration over emigration	Emigration over immigration
	10'	11'	12'	13'	14'	15'	16'	17'	18'	19'
A. Actual Figures.										
1922.. .. .	30,610	32,604	4,034	—	1,194	4.1	4.3	0.5	—	—
1923.. .. .	34,744	31,090	—	3,654	—	4.5	4.1	0.4	—	—
1924.. .. .	51,276	31,887	4,371	19,389	—	6.6	4.1	0.5	0.4	—
1925.. .. .	46,920	35,271	4,028	11,649	—	6.0	4.5	0.4	2.5	—
1926.. .. .	44,525	36,150	3,755	8,375	—	5.6	4.6	0.5	1.5	—
Average 1922-26	41,614	33,400	3,891	—	—	5.4	4.2	0.5	1.1	—
1927.. .. .	41,169	29,941	—	—	—	—	—	—	—	—
B. Proportion per 1,000 of Average Population.										

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, IN 1926 AND 1927.

Province	Average population (1,000's)		Live births			
			Actual figures		Rate per 1,000 inhab- itants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
1. Antwerp	1,122	1,138	23,993	23,797	21.4	20.9
2. Brabant	1,628	1,643	26,980	25,554	16.6	15.6
3. Western Flanders	868	873	19,897	19,189	22.9	22.0
4. Eastern Flanders	1,125	1,129	22,839	21,620	20.3	19.2
5. Hainaut	1,261	1,263	20,404	19,732	16.2	15.6
6. Liège	954	959	15,054	14,614	15.8	15.2
7. Limburg	341	351	9,996	10,325	29.3	29.4
8. Luxemburg	223	223	4,391	4,370	19.7	19.6
9. Namur	353	353	6,389	6,074	18.1	17.2
The Kingdom	7,875	7,932	149,943	145,275	19.0	18.3
Communes ¹ of:						
Less than 2,000 inhabitants	1,702	1,705	35,918	35,138	21.11	20.60
2,000 to less than 5,000 inhabitants	1,625	1,642	35,605	34,331	21.90	20.91
5,000 to less than 25,000 inhabitants	2,492	2,521	47,341	45,973	19.00	18.24
Over 25,000 inhabitants	2,056	2,064	31,079	29,833	15.12	14.46

¹ Classified according to the results of the General Census of December 31st, 1920.

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1927.

Year	Live births			Still-births ¹			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922	78,732	74,879	153,611	4,460	3,322	7,782	83,192	78,201	161,393
1923	79,736	75,738	155,474	4,313	3,201	7,514	84,049	78,939	162,988
1924	78,258	74,880	153,138	4,015	3,008	7,023	82,273	77,888	160,161
1925	78,779	75,519	154,298	3,829	2,827	6,656	82,608	78,346	160,954
1926	76,473	73,470	149,943	3,727	2,709	6,436	80,200	76,179	156,379
Average:									
1922-26	78,396	74,697	153,293	4,069	3,013	7,082	82,465	77,910	160,375
1927	74,280	70,995	145,275	3,463	2,664	6,127	77,743	73,659	151,402
	Excess of Male births per 100 Female births, among children			Still-born children per 100 births of the same sex (live-born and still-born children together)					
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922	4.89	25.51	6.00	5.36	4.24	4.82			
1923	5.01	25.78	6.07	5.13	4.08	4.67			
1924	4.32	25.08	5.33	4.90	3.86	4.39			
1925	4.14	26.17	5.16	4.63	3.60	4.13			
1926	3.93	27.31	5.01	4.64	3.55	4.11			
Average:									
1922-26	4.46	25.95	5.52	4.93	3.87	4.41			
1927	4.42	23.07	5.25	4.47	3.61	4.04			

¹ Including children who died before registration.

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS, 1922 TO 1927.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live born	Still-born ¹	Total	Live-born	Still-born ¹	Total	Live-born	Still-born ¹	Total
1	2	3	4	5	6	7	8	9	10
1922	144,393	7,004	151,397	9,218	778	9,996	153,611	7,782	161,393
1923	146,160	6,858	153,618	8,714	656	9,370	155,474	7,514	162,988
1924	145,044	6,432	151,476	8,094	591	8,685	153,138	7,023	160,161
1925	146,615	6,131	152,746	7,683	525	8,208	154,298	6,656	160,954
1926	142,933	5,941	148,874	7,010	495	7,505	149,943	6,436	156,379
Average : 1922-26 ..	145,149	6,473	151,622	8,144	609	8,753	153,293	7,082	160,375
1927	138,720	5,713	144,433	6,555	414	6,969	145,275	6,127	151,402

B. Proportional Figures.

Year	Illegitimate children per 1,000 births ¹			Still-born children			Live-born children		
	Live-born (col. A 8)	Still-born (col. A 9)	Total (col. A 10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	
				Per 100 live-born and still-born children					
				Legitimate (col. A 4)	Illegitimate (col. A 7)	Total (col. A 10)	Per 1,000 average population		
1	2	3	4	5	6	7	8	9	
1922	60.0	99.0	61.9	4.7	7.0	4.8	19.1	1.2	
1923	56.0	87.3	57.4	4.4	7.0	4.6	19.3	1.1	
1924	52.8	84.1	54.3	4.2	6.8	4.4	18.8	1.0	
1925	49.8	78.8	50.9	4.0	6.4	4.1	18.7	0.9	
1926	46.6	76.9	47.1	4.0	6.6	4.1	18.1	0.8	
Average : 1922-26 ..	53.1	84.5	54.7	4.2	7.0	4.4	18.8	1.0	
1927	45.1	67.5	46.1	4.0	5.9	4.0	17.4	0.8	

¹ Including children who died before registration.

Table No. 9.

MONTHLY NUMBER OF BIRTHS, 1925 TO 1927.

Month	1925			1926			1927		
	Live births (legitimate and illegitimate)	Still-births and other children registered after death (legitimate and illegitimate)	Number of live births among 100 total births in the year	Live births (legitimate and illegitimate)	Still-births and other children registered after death (legitimate and illegitimate)	Number of live births among 100 total births in the year	Live births (legitimate and illegitimate)	Still-births and other children registered after death (legitimate and illegitimate)	Number of live births among 100 total births in the year
1	2	3	4	5	6	7	8	9	10
January ..	13,389	630	8.3	12,618	607	8.3	12,576	570	8.3
February ..	12,527	548	7.8	12,454	535	7.9	11,683	495	7.7
March ..	14,271	632	8.9	13,648	584	8.7	12,888	544	8.5
April ..	13,507	556	8.4	12,932	583	8.3	12,240	523	8.1
May ..	13,741	584	8.5	12,941	534	8.3	12,977	581	8.5
June ..	13,077	551	8.1	12,516	527	8.0	12,408	513	8.1
July ..	12,996	503	8.1	12,690	512	8.1	12,449	489	8.2
August ..	12,513	519	7.8	12,644	522	8.1	12,157	513	8.0
September	11,967	511	7.4	11,703	455	7.4	11,221	460	7.4
October ..	12,269	553	7.6	11,993	488	7.6	11,273	490	7.4
November ..	11,835	506	7.3	11,465	516	7.3	11,306	477	7.0
December ..	12,206	563	7.5	12,339	573	7.8	12,097	472	7.9
Total ..	154,298	6,656	95.7	149,943	6,436	95.8	145,275	6,127	95.1

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, IN 1926 AND 1927.

Province	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		1926	1927
	1926	1927	1926	1927		
					As compared with	
				1925	1926	
1	2	3	4	5	6	7
1. Antwerp	13,353	13,355	11.91	11.73	+ 0.31	- 0.18
2. Brabant	20,960	20,863	12.87	12.70	+ 0.41	- 0.17
3. Western Flanders	11,936	11,782	13.75	13.49	+ 0.25	- 0.26
4. Eastern Flanders	14,462	14,791	12.86	13.11	- 0.15	+ 0.25
5. Hainaut	18,095	18,962	14.35	15.01	+ 0.47	+ 0.66
6. Liège	12,988	13,733	13.62	14.33	+ 0.17	+ 0.71
7. Limburg	4,332	4,622	12.69	13.17	- 0.56	+ 0.48
8. Luxemburg	3,183	3,173	14.30	14.23	+ 0.28	- 0.07
9. Namur	5,433	5,470	15.37	15.48	+ 0.21	+ 0.11
The Kingdom	104,742	106,751	13.30	13.46	+ 0.22	+ 0.16
Communes ¹ of :						
Less than 2,000 inhabitants ..	23,550	24,325	13.84	14.26	+ 0.05	+ 0.42
2,000 to less than 5,000 inhabitants ..	21,153	21,676	13.01	13.20	+ 0.13	+ 0.19
5,000 to less than 25,000 inhabitants ..	31,304	32,387	12.56	12.85	+ 0.05	+ 0.29
Over 25,000 inhabitants	28,735	28,363	13.98	13.74	+ 0.64	- 0.24

* Classified according to the results of the General Census of December 31st, 1920.

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1927.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between Male and Female death rates (Difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922.. ..	3,714	3,826	54,301	52,314	14.62	13.67	+ 0.95
1923.. ..	3,749	3,857	51,615	48,469	13.77	12.57	+ 1.20
1924.. ..	3,793	3,891	51,550	48,103	13.59	12.36	+ 1.23
1925.. ..	3,860	3,952	52,845	49,344	13.69	12.49	+ 1.20
1926.. ..	3,893	3,982	54,115	50,627	13.90	12.71	+ 1.19
Average :							
1922-26 ..	3,802	3,902	52,885	49,771	13.91	12.76	+ 1.15
1927.. ..	3,923	4,009	54,900	51,851	13.99	12.93	+ 1.06

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 AND 1926.

A. Actual Figures.

Age and age-groups	Total deaths					
	In 1925			In 1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	8,228	6,225	14,453	8,373	6,236	14,609
1	1,436	1,346	2,782	1,449	1,364	2,813
2	534	476	1,010	517	473	990
3	360	319	679	332	305	637
4	265	241	506	260	230	490
0-4	10,823	8,607	19,430	10,931	8,608	19,539
5-9	541	434	975	566	522	1,088
10-14	501	572	1,073	467	545	1,012
15-19	1,087	1,175	2,262	1,109	1,101	2,210
20-24	1,931	1,531	3,462	1,708	1,450	3,158
25-29	1,663	1,480	3,143	1,585	1,477	3,062
30-34	1,413	1,287	2,700	1,381	1,349	2,730
35-39	1,463	1,338	2,801	1,409	1,390	2,799
40-44	1,689	1,382	3,071	1,794	1,509	3,303
45-49	2,115	1,771	3,886	2,291	1,851	4,142
50-54	2,688	2,276	4,964	2,909	2,259	5,168
55-59	3,365	2,742	6,107	3,455	2,922	6,377
60-64	4,027	3,537	7,564	4,221	3,550	7,771
65-69	4,640	4,337	8,977	4,926	4,537	9,463
70-74	4,998	5,035	10,033	4,999	5,112	10,111
75-79	4,554	4,895	9,449	4,705	4,992	9,697
80-84	3,482	4,147	7,629	3,535	4,405	7,940
85-89	1,450	2,115	3,565	1,646	2,297	3,943
90 and over	380	679	1,059	453	746	1,199
Unknown	35	4	39	25	5	30
Total	52,845	49,344	102,189	54,115	50,627	104,742

Table No. 12* (concluded).

B. Proportional Figures.

Age and age-groups	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (—) in mortality in 1926 compared with 1925		
	In 1925			In 1926			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0..	155.71	126.16	141.42	154.74	123.18	139.48	— 0.97	— 2.98	— 1.94
1..	27.17	27.28	27.22	26.78	26.94	26.86	— 0.39	— 0.34	— 0.36
2..	10.11	9.65	9.88	9.55	9.34	9.45	— 0.56	— 0.31	— 0.43
3..	6.81	6.46	6.65	6.14	6.03	6.08	— 0.67	— 0.43	— 0.57
4..	5.01	4.88	4.95	4.80	4.54	4.68	— 0.21	— 0.34	— 0.27
0-4..	204.81	174.43	190.12	202.01	170.03	186.55	— 2.80	— 4.40	— 3.57
5-9..	10.24	8.80	9.54	10.46	10.30	10.39	+ 0.22	+ 1.50	+ 0.85
10-14..	9.47	11.59	10.50	8.63	10.76	9.66	— 0.84	— 0.83	— 0.84
15-19..	20.57	23.81	22.14	20.50	21.75	21.10	— 0.07	— 2.06	— 1.04
20-24..	36.55	31.02	33.88	31.56	28.63	30.15	— 4.99	— 1.84	— 3.73
25-29..	31.46	30.00	30.76	29.29	29.18	29.23	— 2.17	— 1.37	— 1.53
30-34..	26.75	26.07	26.43	25.52	26.64	26.06	— 1.23	+ 0.57	— 0.37
35-39..	27.67	27.13	27.41	26.04	27.46	26.72	— 1.63	+ 0.33	— 0.69
40-44..	31.96	28.02	30.04	33.15	29.82	31.53	+ 1.19	+ 1.80	+ 1.49
45-49..	40.02	35.89	38.03	42.34	36.56	39.55	+ 2.32	+ 0.67	+ 1.52
50-54..	50.87	46.12	48.58	53.76	44.62	49.34	+ 2.89	— 1.50	+ 0.76
55-59..	63.68	55.57	59.77	63.83	57.72	60.88	+ 0.15	+ 2.15	+ 1.11
60-64..	76.20	71.68	74.02	78.00	70.12	74.19	+ 1.80	— 1.56	+ 0.17
65-69..	87.80	87.89	87.85	91.02	89.62	90.35	+ 3.22	+ 1.73	+ 2.50
70-74..	94.59	102.03	98.18	92.38	100.97	96.53	— 2.21	— 1.06	— 1.65
75-79..	86.18	99.19	92.46	86.95	98.60	92.58	+ 0.77	— 0.59	+ 0.12
80-84..	65.89	84.04	74.66	65.32	87.01	75.81	— 0.57	+ 2.97	+ 1.15
85-89..	27.44	42.87	34.89	30.41	45.37	37.65	+ 2.97	+ 2.50	+ 2.76
90 and over..	7.19	13.77	10.36	8.37	14.74	11.44	+ 1.18	+ 0.97	+ 1.08
Unknown	0.66	0.08	0.38	0.46	0.10	0.29	— 0.20	+ 0.02	— 0.09

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1926 AND 1927.

Month	Total deaths (not including still-births)				Increase (+) or decrease (—) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
<i>A. Per Month.</i>					
January	9,518	13,801	12.09	17.40	+ 5.31
February	8,688	9,786	11.03	12.34	+ 1.31
March	10,657	9,737	13.53	12.28	— 1.25
April	10,085	8,681	12.81	10.94	— 1.87
May	8,773	8,831	11.14	11.13	— 0.01
June	7,645	7,762	9.71	9.79	+ 0.08
July	7,414	7,193	9.41	9.07	— 0.34
August	7,098	7,021	9.01	8.85	— 0.16
September	7,355	6,883	9.34	8.68	— 0.66
October	8,068	8,063	10.24	10.16	— 0.08
November	8,239	8,002	10.46	10.09	— 0.37
December	11,202	10,991	14.22	13.86	— 0.36
Total	104,742	106,751	13.30	13.46	+ 0.16
<i>B. Per Quarter.</i>					
1st Quarter	28,863	33,324	36.65	42.02	+ 5.37
2nd Quarter	26,503	25,274	33.66	31.86	— 1.80
3rd Quarter	21,867	21,097	27.76	26.60	— 1.16
4th Quarter	27,509	27,056	34.92	34.11	— 0.81
Total	104,742	106,751	13.30	13.46	+ 0.16

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY¹ OF CERTAIN INFECTIOUS DISEASES, 1926 AND 1927.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics	
			Actual figures	Per 10,000 of average population
1	2	3	4	5
1a	Typhoid fever	1926	297	0.38
		1927	224	0.28
1b	Paratyphoid fever	1926	—	—
		1927	—	—
2	Typhus	1926	—	—
		1927	—	—
3	Relapsing fever	1926	—	—
		1927	—	—
5	Malarial fever or cachexia	1926	26	0.03
		1927	25	0.03
6	Smallpox	1926	—	—
		1927	—	—
7	Measles	1926	735	0.93
		1927	679	0.86
8	Scarlet fever	1926	105	0.13
		1927	118	0.15
9	Whooping-cough	1926	827	1.05
		1927	863	1.09
10	Diphtheria	1926	279	0.35
		1927	254	0.32
11a	Influenza with pulmonary compli- cations	1926	2,695	3.42
		1927	2,530	3.19
11b	Influenza without pulmonary compli- cations	1926	—	—
		1927	—	—
14	Asiatic cholera	1926	—	—
		1927	—	—

¹ Incidence and case-fatality figures not available.

Table No. 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics	
			Actual figures	Per 10,000 of average population
1	2	3	4	5
15	Cholera nostras	1926 1927	207 185	0.26 0.23
17	Plague	1926 1927	— —	— —
18	Yellow fever	1926 1927	— —	— —
20	Leprosy	1926 1927	— —	— —
21	Erysipelas	1926 1927	— —	— —
22	Acute poliomyelitis	1926 1927	— —	— —
23	Encephalitis lethargica	1926 1927	— —	— —
24	Epidemic cerebro-spinal meningitis..	1926 1927	273 272	0.35 0.34
26	Glanders and farcy	1926 1927	— —	— —
27	Malignant pustule and anthrax ..	1926 1927	— —	— —
28	Rabies	1926 1927	1 1	0.00 0.00
31	Tuberculosis of the respiratory system	1926 1927	5,326 5,432	6.76 6.85
32	Tuberculosis of the meninges or tuber- culosis of the central nervous system	1926 1927	679 739	0.86 0.93
33	Tuberculosis of other organs	1926 1927	1,504 1,525	1.91 1.92
38	Syphilis	1926 1927	— —	— —
39	Soft chancre	1926 1927	— —	— —
40	Gonorrhoea	1926 1927	— —	— —

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927.

Classification according to International List (3rd Revision, 1920)									
I. Classes of Disease									
Year	Affections								
	Of the nervous system and organs of special sense No. 70-86	Of the circulatory system No. 87-96	Of the respiratory system No. 97-107	Of the digestive system No. 108-127	Non-venereal diseases of genito-urinary system No. 128-142	Of the skin and cellular tissue No. 151-155	Of the bones and organs of locomotion No. 156-158		
1	2	3	4	5	6	7	8		
<i>A. Actual Number of Deaths.</i>									
1925..	8,883	15,163	14,151	8,817					
1926..	9,006	16,260	15,133	9,432					
1927..	9,277	17,092	16,596	8,655					
<i>B. Proportional Figures per 10,000 of Average Population.</i>									
1925..	11.37	19.41	18.12	11.29					
1926..	11.44	20.65	19.22	11.97					
1927..	11.70	21.55	20.93	10.91					
II. Various Important Diseases									
Year	Cerebral hæmorrhage, apoplexy No. 74	Diseases of the heart No. 87-90	Acute and chronic bronchitis No. 99	Pneumonia No. 100, 101	Diarrhoea and enteritis (all ages) No. 113, 114	Cirrhosis of the liver No. 122	Acute and chronic nephritis No. 128, 129	Old age No. 164	Unknown or ill-defined diseases No. 204, 205
	9	10	11	12	13	14	15	16	17
<i>A. Actual Number of Deaths.</i>									
1925 ..	3,540	12,051	4,530	6,959	3,667	941	1,232	10,707	4,146
1926 ..	3,826	13,831	4,722	7,828	3,992	1,053	1,425	10,399	4,618
1927 ..	3,810	14,167	5,060	8,364	3,054	1,019	1,481	11,399	4,542
<i>B. Proportional Figures per 10,000 of Average Population.</i>									
1925 ..	4.53	15.43	5.80	8.91	4.70	1.18	1.58	13.71	5.31
1926 ..	4.86	17.56	6.00	9.94	5.07	1.34	1.81	13.21	5.87
1927 ..	4.80	17.86	6.38	10.55	3.85	1.29	1.87	14.37	5.73

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925 TO 1927.

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1925..		160,954	437	337		27.1		20.9
1926..		156,379	470	452		30.0		28.8
1927..		151,402	447	382		29.5		25.2

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1925 TO 1927.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
	2	3	4	5	6	7
Deaths by suicide	1,074	1,197	1,231	1.37	1.52	1.55
Other external causes	2,729	2,739	2,613	3.50	3.48	3.30
Total deaths from external causes ..	3,803	3,936	3,844	4.87	5.00	4.85
Total deaths from all causes	102,189	104,742	106,751	130.82	133.02	134.60
Total deaths excluding deaths due to external causes (natural mortality)	98,386	100,806	102,907	125.95	128.02	129.75

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE, SEX AND LEGITIMACY
IN 1925, 1926 AND 1927.¹

Age	Number of deaths among children under 1 year				
	Actual figures				
	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6
(a) Days of age:	Year 1925.				
0	137	99	236	221	15
1	244	187	431	408	23
2	230	181	411	383	28
3					
4	304	236	540	502	38
5					
6					
7	371	285	656	607	49
8					
9					
10					
11					
12	339	244	583	529	54
13					
14					
15					
16					
17	271	213	484	438	46
18					
19					
20					
21					
22	214	200	414	374	40
23					
24					
25					
26					
27	209	147	356	322	34
28					
29					
(b) Months of age:					
0					
1	2,319	1,792	4,111	3,784	327
2	923	629	1,552	1,380	172
3	876	637	1,513	1,391	122
4					
5	1,918	1,353	3,271	3,002	269
6					
7					
8					
9	2,192	1,814	4,006	3,723	283
10					
11					
Total (under 1 year)	8,228	6,225	14,453	13,280	1,173

¹ Proportional figures not available.

Table No. 20* (continued).

Age	Number of deaths among children under 1 year				
	Actual figures				
	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6
(a) Days of age :	Year 1926.				
0	147	94	241	229	12
1	229	178	407	382	25
2	238	167	405	372	33
3	254	215	469	429	40
4					
5					
6					
7	361	273	634	591	43
8					
9					
10					
11					
12	317	234	551	505	46
13					
14					
15					
16					
17	335	231	566	516	50
18					
19					
20					
21					
22	215	161	376	345	31
23					
24					
25					
26					
27	200	160	360	321	39
28					
29					
(b) Months of age :					
0	2,296	1,713	4,009	3,690	319
1	931	698	1,629	1,468	161
2	943	659	1,602	1,467	135
3					
4	1,937	1,355	3,292	3,008	284
5					
6					
7					
8					
9	2,266	1,811	4,077	3,808	269
10					
11					
Total (under 1 year)	8,373	6,236	14,609	13,441	1,168

Table No. 20* (concluded).

Age	Number of deaths among children under 1 year				
	Actual figures				
	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6
(a) Days of age:	Year 1927.				
0.	143	105	248	239	9
1.	260	168	428	399	29
2.	233	159	392	369	23
3.	266	197	463	437	26
4.					
5.					
6.					
7.	379	267	646	594	52
8.					
9.					
10.					
11.					
12.	295	230	525	482	43
13.					
14.					
15.					
16.					
17.	268	179	447	406	41
18.					
19.					
20.					
21.					
22.	190	129	319	290	29
23.					
24.					
25.					
26.					
27.	167	117	284	258	26
28.					
29.					
(b) Months of age:					
0.					
1.	2,201	1,551	3,752	3,474	278
2.	815	636	1,451	1,329	122
3.	850	633	1,483	1,347	136
4.	1,765	1,336	3,101	2,885	216
5.					
6.					
7.					
8.					
9.					
10.	2,002	1,579	3,581	3,346	235
11.					
Total (under 1 year).	7,633	5,735	13,368	12,381	987

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1925.

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)	
		Actual figures	Death rate per 1,000 live births of the same year
1.	2	3	4
159	Congenital malformations	—	
160	Congenital debility, icterus and scleroma ..	2,630	1.7
161	Premature birth; injury at birth	—	
38	Congenital syphilis	—	
7	Measles	507	3.3
8	Scarlet fever	92	0.6
9	Whooping-cough	108	5.8
10	Diphtheria	116	0.7
11	Influenza	606	3.9
15	Cholera nostras	115	0.7
21	Erysipelas	—	
24	Epidemic cerebro-spinal meningitis	70	0.4
31	Tuberculosis of the respiratory system ..	88	0.5
32	Tuberculosis of the meninges or of the central nervous system	53	0.3
33-37	Tuberculosis of other organs	34	0.2
71	Meningitis	512	3.3
80	Convulsions of infants	—	
99 ^a	Acute bronchitis	1,085	7.0
100-101	Pneumonia	1,326	8.0
113	Diarrhoea and enteritis	2,787	18.0
175-199	External causes	—	
200	Infanticide (murder of infants less than 1 year of age)	—	
205	Diseases not specified or ill-defined ¹	—	

¹ These figures are not available for deaths under 1 year.

II. CAMPAIGN AGAINST CHRONIC DISEASES.

1. TUBERCULOSIS.

The general principles of the anti-tuberculosis campaign in Belgium are described in Volume III of the *International Health Year-Book*. This shows how the three big anti-tuberculosis organisations (*Ligue, Association and Œuvre de préservation de l'enfance*) were all working independently of one another. Such a lack of co-ordination was regrettable from every point of view. The *Ligue* dispensary did not know how many beds were available in sanatoria and—a much more serious point—once sanatorium treatment was over, the patients were no longer under its supervision.

The Public Health Administration has endeavoured consistently to put an end to this situation and has reason to congratulate itself on the immense progress that has recently been made. The three organisations just referred to have now combined—though they have not united—to form the *Comité national de défense contre la tuberculose*. This Committee, on which the Government is represented by a delegate from the Ministry of the Interior and Public Health, has been formed to group together the various bodies engaged in anti-tuberculosis work and to co-ordinate their activities and establish a general propaganda service.

The Committee has decided to concern itself primarily with the question of the industrial re-education of discharged tuberculosis patients and the painful problem of the isolation of incurable tuberculous persons. This is a very difficult question and one of the first importance from the point of view of anti-tuberculosis prophylaxis. It is not an easy matter to conciliate prophylactic requirements with the personal ties which tend to keep patients in the midst of those to whom they are attached.

In this connection, an important step has been taken by the province of Eastern Flanders, namely, the establishment of inter-communal sanatoria lazarets. The measure is the outcome of the obligation imposed on the communes by the Law of March 10th, 1925, to provide isolation premises for infectious diseases. Many communes do not possess the considerable funds required for the construction and upkeep of a lazaret, which, although nearly always empty, requires the presence of a permanent specialist staff. They have decided accordingly to join together and form communal associations with the object of building out of common funds inter-communal sanatoria lazarets, which might be used, not only for the incurable tuberculosis cases regularly treated there, but also for persons suffering from other infectious diseases. "Pasteur" boxes are provided for purposes of isolation; these lazarets are built in the vicinity of a hospital or of some other institution from which they can obtain the services of a properly trained nursing staff. Four of these establishments are already open, while three others are in course of construction. The Government pays one-third of the cost.

In addition to the *Comité national de défense contre la tuberculose*, mention should be made of the mutual societies, which play a very important part. Their work will be dealt with later in the chapter on "Health Insurance".

The various measures taken to combat tuberculosis have considerably improved the situation; the following tables, showing the death rate from tuberculosis, are very significant.

DEATH RATE FROM TUBERCULOSIS IN RELATION TO POPULATION, 1910 TO 1927.¹

Year	Population	Death rate from tuberculosis (all forms)	Death rate per 1,000 inhabitants
1910	7,423,784	12,145	1.63
1911	7,490,711	12,852	1.71
1912	7,571,387	12,109	1.60
1913	7,638,577	12,110	1.59
1919	7,577,027	13,630	1.80
1920	7,465,782	10,887	1.46
1921	7,478,840	10,691	1.43
1922	7,598,806	11,169	1.46
1923	7,666,056	10,532	1.37
1924	7,744,259	10,233	1.32
1925	7,811,876	10,252	1.31
1926	7,874,601	10,136	1.28
1927	7,932,077	10,524	1.32

DEATH RATE FROM TUBERCULOSIS IN RELATION TO THE GENERAL DEATH RATE, 1910 TO 1927.²

Year	Total deaths (general)	Pulmonary tuberculosis	Tuberculosis of the meninges	Other forms of tuberculosis	Chronic bronchitis	Total deaths from tuberculosis	Death rate from tuberculosis (all forms) per 100 deaths	Death rate from pulmonary tuberculosis per 100 deaths	Death rate from pulmonary tuberculosis and chronic bronchitis per 100 deaths
1910	122,826	7,217	612	1,332	3,004	12,145	10.82	6.4	8.3
1911	122,843	7,588	701	1,304	3,259	12,852	10.46	6.2	8.0
1912	122,378	7,074	573	1,304	3,158	12,109	10.78	6.3	9.1
1913	111,227	7,191	574	1,337	2,998	12,110	10.88	6.4	9.2
1919	113,732	8,486	671	1,735	2,738	13,650	12.02	7.4	9.9
1920	102,505	6,570	600	1,753	2,359	10,887	10.61	6.4	8.7
1921	102,908	6,468	498	1,291	2,434	10,691	10.38	6.2	8.6
1922	106,615	6,951	545	1,284	2,749	11,169	10.47	6.1	8.8
1923	100,084	5,414	893	1,744	3,481	10,532	10.52	5.4	8.9
1924	99,653	5,420	818	1,696	2,299	10,233	10.26	5.4	7.7
1925	102,189	5,493	864	1,486	2,409	10,252	10.03	5.3	7.7
1926	104,742	5,326	679	1,504	2,627	10,136	9.67	5.0	7.5
1927	106,751	5,432	739	1,525	2,828	10,524	9.85	5.08	7.7

2. CANCER.

The Government makes its subsidies subject to very definite conditions embodying the necessary scientific guarantees (*vide* Volume III of the *International Health Year-Book*).

¹ The official statistics for the war period are wanting, but the data available show that the death rate was very high, especially towards the end of the war.

² The official statistics for the war period are wanting.

In 1927, a credit of 800,000 francs was allocated to the anti-cancer campaign.

SUBSIDIES GRANTED TO UNIVERSITY ANTI-CANCER CENTRES, 1925 TO 1927.

Year	Brussels		Louvain		Ghent		Liège	
	Government subsidies	Cases treated	Government subsidies	Cases treated	Government subsidies	Cases treated	Government subsidies	Cases treated
1925	212,600	36	342,800	407	150,000		235,050	230
1926	111,650	339	165,550	473	41,300	118	129,500	370
1927	142,600	230	320,900	687	88,400	197	180,100	315

3. SYPHILIS.

The application of the various measures decided upon (*vide* Volume III of the *International Health Year-Book*) has resulted in a steady decrease in endemic syphilis since 1921. The figures for fresh cases of infection are now only one-tenth of what they were in 1920. The statistics supplied by the Army Medical Service and by the civil dispensaries are equally reassuring.

ACTIVITIES OF ANTI-SYPHILIS INSTITUTIONS, 1925 TO 1927.

Description of institutions	Institutions			Persons suffering from syphilis admitted during the year ¹		
	1925	1926	1927	1925	1926	1927
I. Approved hospital clinics ..	38	38	7	2,414	1,382	752
II. Approved dispensaries	71	71	63	9,930	11,340	9,389
III. Institutions for the treatment of hereditary syphilis	—	—	—	—	—	—
IV. Other institutions	3	3	3	55	57	70
	112	112	73	12,399	12,779	10,211

¹ These figures represent the number of syphilis cases (old and new) receiving treatment at Government expense. They do not convey any proper idea of the course of endemic syphilis in Belgium. The following tables give more accurate data on the subject:

A. NUMBER OF CHANCRE CASES NOTED BY APPROVED DISPENSARIES AND CLINICS, 1920 TO 1927.										
1920	2,504	1924	..	..	..	453
1921	2,154	1925	..	..	..	297
1922	1,442	1926	..	..	..	343
1923	898	1927	..	..	..	204

B. NUMBER OF CASES OF PRIMARY SYPHILIS PER 1,000 SOLDIERS WITH THE COLOURS, 1920 TO 1927.										
1920	13.0	1924..	..	..	..	1.7
1921	8.4	1925..	..	..	..	0.5
1922	3.9	1926..	..	..	..	0.43
1923	1.9	1927..	..	..	..	0.59

In accordance with its original programme, the Government has reduced its activity as the situation improved. In addition to the restrictions already brought into force, the Public Health Administration decided to withdraw its recognition from the Public Health Commissions from January 1st, 1927. This reduced the number of dispensaries from 114 to 73.

To these must be added the 19 medical officers not connected with any approved establishment who are authorised to prescribe specific remedies at Government expense. This brings the number of centres at which free consultations can be obtained up to 92.

The restrictions referred to do not apply to sailors (merchant service), who, whether foreigners or nationals, can obtain free treatment for syphilis and gonorrhœa at the approved establishments in the ports of Antwerp, Ghent and Ostend.

III. PUBLIC HEALTH ACTIVITIES.

HEALTH INSURANCE.

Health insurance is in the hands of private mutual societies, which are subject to the authority of the Ministry for Industry, Labour and Social Welfare. Before they can obtain subsidies, they must fulfil the following conditions :

1. They must be legally recognised.
2. They must require from their members a minimum monthly contribution.
3. They must guarantee medical and pharmaceutical relief to their members for a period of not less than two years.

The Organic Statute for Mutual Societies, as laid down in the Law of June 21st, 1894, provides for two kinds of societies, namely, primary mutual societies and federated mutual societies. The law recognises federation when not less than three mutual societies join forces with a view to the organisation of their services in common.

Primary mutual societies grant relief to their members during the first three or six months of sickness. The Government allows societies a sum equal to 10 per cent of the total contributions. The federations have constituted invalidity funds, the purpose of which is to compensate sick persons no longer entitled to relief from the primary society, that is, after the fourth or seventh month (chronic cases or premature invalidity). Under the Law of May 5th, 1922, the Government grants the federations a sum equal to 60 per cent of the total contributions. These federations may group themselves in their turn according to their particular interests or tendencies. There are four such groups in Belgium : the National Unions of Mutual Societies (Socialist, Catholic, Non-Partisan and Liberal). They each have their own tuberculosis fund, towards which the Ministry for Industry, Labour and Social Welfare grants a subsidy equal to 60 per cent of the total contributions. The Socialist, Catholic and Liberal National Unions have a complete scheme for family membership ; the Non-Partisan association has not yet reached this stage.

All the federations pay their tuberculous members, after the fourth or seventh month, an invalidity allowance ranging from 2 to 6 francs per day. Some pay part cost, others the whole cost, of sanatorium treatment.

They have also concluded an agreement with the *Ligue nationale belge contre la tuberculose*, whereby the latter assumes responsibility for prophylactic treatment among tuberculous members of mutual societies.

The anti-tuberculosis funds founded by the above-mentioned Unions depend on members' contributions, together with subsidies from the Ministry of Industry, Labour and Social Welfare and from most of the provinces.

The growth of mutual societies has made rapid strides in Belgium: the existing recognised mutual societies number over 900,000 contributing members, representing more than 800,000 insured persons. Whereas, in 1914, there were 510,000 insured persons, there are now 1,200,000. Again, the mutual invalidity funds, which numbered 300,000 members in 1913, now have 900,000.

The credits allocated for mutual societies in the budget of the Ministry of Industry, Labour and Social Welfare for the financial year 1928 amount to 40,000,000 francs, compared with 600,000 francs in 1913.

IV. PUBLIC HEALTH LEGISLATION.

A Law was passed on July 23rd, 1927, approving the Conventions drawn up at Geneva by the International Labour Conference in the matter of compensation for damage arising out of occupational diseases, workmen's compensation for accidents and equality of treatment for national and foreign workers who are victims of industrial accidents.

A Law was passed on August 14th, 1925, approving the Convention concerning drugs adopted at Geneva on February 19th, 1925, by the Second Opium Conference.

V. BUDGET.

The budget of the Ministry of the Interior and Public Health for the financial year 1927 was as follows:

	Francs
Ordinary expenditure	48,797,072
Extraordinary expenditure	11,520,000
Special appropriations	225,000
Total	60,542,072

The credits appropriated for expenditure on public health represent 31,831,510 francs, or approximately 50 per cent of the above amount.

The main heads of this expenditure are as follows:

	Francs
Inspectorates of Public Health, Pharmacies, Public Health works, Laboratory, Vaccine Office, Central Public Health Board, Provincial Medical Commissions, Health Service of Seaports	2,489,000
Carried forward	2,489,000

	Francs
Brought forward	2,489,000
Prophylaxis against infectious diseases, Diffusion of Public Health knowledge, Office international d'hygiène publique, Paris	437,500
Inspection of foodstuffs, Department for the Inspection of Meat, Laboratory	658,150
Royal Academy of Medicine	110,000
Grants in aid of improvements in the domain of public health (subsidies for water systems, sewers, lazarets, etc.) :	
Ordinary budget	5,000,000
Extraordinary budget	4,720,000
Prophylaxis against tuberculosis	4,500,000
National Children's Union	12,116,860
Prophylaxis against venereal diseases	1,000,000
Anti-cancer measures	800,000
Total	31,831,510

VI. CURATIVE MEDICINE.

HEALTH PERSONNEL.

Description of health personnel	Totals			Rate per 10,000 inhabitants of the average population		
	1925	1926	1927	1925	1926	1927
Medical practitioners	4,856	5,045	5,232	6.27	6.46	6.59
Pharmaceutical chemists	2,012	2,067	2,080	2.60	2.65	2.62
Midwives :						
(a) Diplomas granted	106	84	92			
(b) Practising	2,695	2,705	2,686	3.48	3.46	3.38
Dentists :						
(a) Diplomas granted	113	21	2			
(b) Practising	476	521	579	0.61	0.66	0.73

December 1928.

CANADA

Report prepared by the Dominion Bureau of Statistics (Ottawa).

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I. INTRODUCTION.

While the census figures cover the whole of Canada, the vital statistics apply only to the nine provinces, excluding the Yukon and Northwest Territories. The population of the excluded parts is, however, insignificant being only 12,145 according to the Census of 1921. The Province of Quebec has been included in the registration area for which national vital statistics are compiled, only since January 1st, 1926. Where figures for previous years are given for the whole of Canada, those for Québec have been taken from the reports of the Bureau of Health for that province. As the provincial report does not furnish the same details as those published by this Bureau, it has been necessary to omit the earlier years from certain tables.

Estimates of the total population by provinces have been made for each year since the Census of 1921, but not by age-groups, as changes in the age distribution of the population are more likely to occur in the case of a country like Canada in which age-composition is affected in an important manner by migration.

II. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1921 AND 1911.

Original source : Sixth Census of Canada, Vol. I.

Date of Census	Area in square kilometers	Resident population		
		Males	Females	Total
1	2	3	4	5
June 1st, 1921 ¹	9,173,533	4,529,945	4,258,538	8,788,483
June 1st, 1911 ²		3,821,995	3,384,648	7,206,643
Increase (+) or decrease (—) in 1921 compared with 1911 :				
(a) Actual		+ 707,950	+ 873,890	+ 1,581,840
(b) Yearly average		+ 70,795	+ 87,389	+ 158,184
(c) Yearly average per 1,000 inhabitants (average population during the intercensus period)		17.0	22.9	19.7

¹ Year of last census.² Year of previous census.

Table 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER, ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1921 AND 1911.

Original source : Sixth Census of Canada, Vol. I.

Year of last two Censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of males over females	
	Present	Resident	Resident population	
			Actual figures	Per 1,000 females
1	2	3	4	5
1921		0.96	271,407	63.7
1911		0.78	437,347	129.2
Increase (+) or decrease (—) in 1921, as compared with 1911		+ 0.18	— 165,940	— 65.5

Table 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE LAST CENSUS (1921).¹

Original source : Sixth Census of Canada, Vol. II.

A. Actual figures.

Ages and age-groups in years	1921 Census. Actual population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	105,953	103,731	—	209,684
1	104,575	103,213	—	207,788
2	105,815	104,152	—	209,967
3	108,421	106,214	—	214,635
4	108,685	106,891	—	215,576
0-4	533,449	524,201	—	1,057,650
5-9	528,700	520,061	—	1,048,761
10-14	461,320	451,829	40	913,149
15-19	403,259	398,559	26,364	801,818
20-24	350,984	360,227	152,605	711,211
25-29	347,645	338,874	235,513	686,519
30-34	343,263	309,623	247,409	652,886
35-39	342,313	290,080	240,088	632,393
40-44	286,470	240,666	197,768	527,136
45-49	236,896	198,133	159,028	435,029
50-54	195,141	166,817	126,183	361,958
55-59	148,137	132,167	94,061	280,304
60-64	126,400	112,885	70,275	239,285
65-69	90,621	81,383	43,234	172,004
70-74	60,581	56,850	23,152	117,431
75-79	35,584	35,767	10,302	71,351
80-84	18,137	19,465	3,552	37,602
85-89	7,142	8,237	961	15,379
90 years and over .	2,302	3,038	237	5,340
Unknown	11,601	9,676	989	21,277
Total	4,529,945	4,258,538	1,631,761	8,788,483

¹ Estimative figures of this distribution not available.

Table 3* (concluded).

B. Proportional figures.

Age and age-groups in years	1921 Census. Actual population						
	Males		Females		Total	Married women	
	per 1,000 of total population					per 1,000 women of same age-group	per 1,000 inhabi- tants (total population of all ages)
	Male	Female	per 1,000 of total population (all ages)				
1	2	3	4	5	6	7	8
0	23.4	24.4	12.1	11.8	23.9	—	—
1	23.1	24.2	11.9	11.7	23.6	—	—
2	23.4	24.5	12.0	11.9	23.9	—	—
3	23.9	24.9	12.3	12.1	24.4	—	—
4	24.0	25.1	12.4	12.2	24.5	—	—
0-4	117.8	123.1	60.7	59.6	120.3	—	—
5-9	116.7	122.1	60.2	59.2	119.3	—	—
10-14	101.8	106.1	52.5	51.4	103.9	0.1	1
15-19	89.0	93.6	45.9	45.4	91.2	66.1	3.0
20-24	77.5	84.6	39.9	41.0	80.9	423.6	17.4
25-29	76.7	79.6	39.6	38.6	78.1	695.0	26.8
30-34	75.8	72.7	39.1	35.2	74.3	799.1	28.2
35-39	75.6	68.1	39.0	33.0	72.0	827.7	27.3
40-44	63.2	56.5	32.6	27.4	60.0	821.8	22.5
45-49	52.3	46.5	27.0	22.5	49.5	802.6	18.1
50-54	43.1	39.2	22.2	19.0	41.2	756.4	14.4
55-59	32.7	31.0	16.9	15.0	31.9	711.7	10.7
60-64	27.9	26.5	14.4	12.8	27.2	622.5	8.0
65-69	20.0	19.1	10.3	9.3	19.6	531.2	4.9
70-74	13.4	13.3	6.9	6.5	13.4	407.2	2.6
75-79	7.9	8.4	4.0	4.1	8.1	288.0	1.2
80-84	4.0	4.6	2.1	2.2	4.3	182.5	0.4
85-89	1.6	1.9	0.8	0.9	1.7	116.7	0.1
90 and over ..	0.5	0.7	0.3	0.3	0.6	78.0	1
Unknown	2.6	2.3	1.3	1.1	2.4	102.2	0.1
Total	1,000.0	1,000.0	515.4	484.6	1,000.0	383.2	185.7

* Less than 0.1 per 1,000 inhabitants.

Table 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION¹, 1922 TO 1927.

Original source : See footnotes to this table.

Year	Average population (in 1,000's) ²	Marriages ³	Divorces ⁴	Live-born children ⁵	Still-born children ⁵	Deaths (excluding still-births) ⁵	Excess of births (col. 5) over deaths	Immigration ⁶
1	2	3	4	5	6	7	8	9
<i>A. Actual figures.</i>								
1922 ..	8,907,000	64,420	544	252,571	7,433	102,487	150,084	89,999
1923 ..	9,016,000	66,463	505	240,476	7,217	105,330	135,146	72,887
1924 ..	9,139,000	65,129	543	244,525	7,191	98,553	145,972	148,560
1925 ..	9,257,000	64,644	551	242,388	6,895	98,777	143,611	111,362
1926 ..	9,378,000	66,658	608	232,750	7,105	107,454	125,296	96,064
Average : 1922-26	9,139,000	65,463	550	242,542	7,168	102,520	140,022	103,774
1927 ..	9,507,000	69,465	748	233,605	7,301	105,136	128,469	143,991
<i>B. Proportion per 1,000 of average population.</i>								
1922 ..	1,000	7.23	0.06	28.36	0.83	11.51	16.85	10.1
1923 ..	1,000	7.37	0.06	26.67	0.80	11.68	14.99	8.1
1924 ..	1,000	7.13	0.06	26.76	0.79	10.78	15.97	16.3
1925 ..	1,000	6.98	0.06	26.18	0.74	10.67	15.51	12.0
1926 ..	1,000	7.11	0.06	24.82	0.76	11.46	13.36	10.2
Average : 1922-26								11.4
1927 ..	1,000	7.31	0.08	24.57	0.77	11.06	13.51	15.1

¹ Yukon and North-West Territories, with a population of 12,145 in 1921, are not included.² Estimates of population by Dominion Bureau of Statistics.³ For years 1922-25, Quebec figures from Reports of Provincial Bureau of Health, and remaining provinces from Annual Reports of Vital Statistics for Canada issued by the Dominion Bureau of Statistics. For 1926, all provinces from Annual Report of Vital Statistics for Canada, and for 1927 all provinces from Preliminary Annual Report of Vital Statistics for Canada.⁴ Canada Year-Book.

2. BIRTH RATES.

Table 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.¹

Original source : See footnotes to this table.

Provinces	Average population (in 1,000's) ²		Live births ³			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
1. Prince Edward Is- land	87,000	87,000	1,752	1,697	20.1	19.5
2. Nova Scotia	540,000	543,000	10,980	11,054	20.3	20.4
3. New Brunswick	407,000	411,000	10,340	10,453	25.4	25.4
4. Quebec	2,562,000	2,604,000	82,165	83,064	32.1	31.9
5. Ontario	3,146,000	3,187,000	67,617	67,671	21.5	21.2
6. Manitoba	639,000	647,000	14,661	14,129	22.9	21.8
7. Saskatchewan	821,000	836,000	20,716	20,925	25.2	25.0
8. Alberta	608,000	617,000	14,456	14,630	23.8	23.7
9. British Columbia ..	568,000	575,000	10,063	9,982	17.7	17.4
Total for towns ⁴			113,825			
Total for rural districts ..			118,925			
Total	9,378,000	9,507,000	232,750	233,605	24.8	24.6

¹ See footnote 1, Table 4.² For 1926, Manitoba, Saskatchewan and Alberta, Census population to nearest thousand. Remaining provinces for 1926 and all provinces for 1927, estimates of population by Dominion Bureau of Statistics.³ For 1926, Annual Report of Vital Statistics for Canada. For 1927, Preliminary Annual Report of Vital Statistics for Canada.⁴ Includes cities and towns of 1,000 population and over according to the Census of 1921. Rural and urban figures not contained in Preliminary Annual Report for 1927.

Table 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1927.¹Original source.²

Year	Live births ^a			Still-births ^a			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	129,055	123,516	252,571			7,433			260,004
1923 ..	124,003	116,473	240,476			7,217			247,693
1924 ..	125,590	118,935	244,525			7,191			251,716
1925 ..	124,686	117,702	242,388			6,895			249,283
1926 ..	119,863	112,887	232,750	4,116	2,989	7,105	123,979	115,876	239,855
Average 1922-26	124,639	117,903	242,542			7,168			249,710
1927 ..	120,367	113,238	233,605	4,220	3,081	7,301	124,587	116,319	240,906
	Excess of male births per 100 female births, among children					Still-born children per 100 births of the same sex (live-born and still-born children together)			
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922 ..	104					2.9			
1923 ..	106					2.9			
1924 ..	106					2.9			
1925 ..	106					2.8			
1926 ..	106	138	107	3.3	2.6	3.0			
1927 ..	106	137	107	3.4	2.6	3.0			

¹ See footnote 1, Table 4.² See footnote 3, Table 4.

Table 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

A. Actual figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1926 ..	226,629	6,794	233,423	6,121	311	6,432	232,750	7,105	239,855
1927 ..	226,918	6,999	233,917	6,687	302	6,989	233,605	7,301	240,906

B. Proportional figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
	Live-born (col. A.5)	Still-born (col. A.9)	Total (col. A.10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				per 100 live-born and still-born children				
				Legitimate (col. A.4)	Illegitimate (col. A.7)	Total (col. A.10)	per 1,000 average population	
1	2	3	4	5	6	7	8	9
1926 ..	26.3	43.8	26.8	2.9	4.8	3.0	24.2	0.7
1927 ..	28.6	41.4	29.0	3.0	4.3	3.0	23.9	0.7

¹ See footnote 1, Table 4.

Table 9.*

MONTHLY NUMBER OF LIVE BIRTHS¹ IN 1926 AND 1927.²

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

Month	Live-born children (legitimate and illegitimate together)			
	Actual figures		Rate per 1,000 of average population (calculated on an annual basis)	
	1926	1927	1926	1927
1	2	3	4	5
January	19,317	18,027	24.3	22.3
February	18,284	17,586	25.4	24.1
March	21,356	21,366	26.8	26.5
April	21,064	20,907	27.3	26.8
May	20,706	20,983	26.0	26.0
June	19,464	20,377	25.3	26.1
July	19,907	20,613	25.0	25.5
August	19,682	19,893	24.7	24.6
September	19,145	19,328	24.8	24.7
October	18,512	18,429	23.2	22.8
November	17,402	17,671	22.6	22.6
December	17,911	18,425	22.5	22.8
Total	232,750	233,605	24.8	24.6

¹ Data regarding legitimacy not available.

² See footnote 1, Table 4.

3. GENERAL DEATH RATE.

Table 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

Provinces	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
1. Prince Edward Island	898	914	10.3	10.5	- 1.2	+ 0.2
2. Nova Scotia ..	6,366	6,360	11.8	11.7	+ 0.5	- 0.1
3. New Brunswick	5,002	4,879	12.3	11.9	+ 0.0	- 0.4
4. Quebec	37,251	36,166	14.5	13.9	+ 1.7	- 0.6
5. Ontario	35,909	34,757	11.4	10.9	+ 0.5	- 0.5
6. Manitoba	5,335	5,294	8.3	8.2	+ 0.0	- 0.1
7. Saskatchewan..	6,060	6,003	7.4	7.2	+ 0.5	- 0.2
8. Alberta	5,159	5,027	8.5	8.1	+ 0.7	- 0.4
9. British Columbia	5,474	5,736	9.6	10.0	+ 0.8	+ 0.4
Total for towns ² ..	58,392		3	3		
Total for rural dis- tricts	49,062		3	3		
Total	107,454	105,136	11.5	11.1	+ 0.8	- 0.4

¹ See footnote 1, Table 4.² Includes cities and towns of 1,000 population and over according to the Census of 1921. Rural and urban figures not contained in Preliminary Annual Report for 1927.³ No estimates of population.

Table 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1926¹.

Original source : See footnotes to this table.

Year	Average population (in 1,000's) ²		Total deaths ³		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922 ..	4,590	4,317	54,505	47,982	11.9	11.1	- 0.8
1923 ..	4,647	4,369	55,490	49,840	11.9	11.4	- 0.5
1924 ..	4,710	4,429	52,227	46,326	11.1	10.5	- 0.6
1925 ..	4,771	4,486	52,450	46,327	11.0	10.3	- 0.7
1926 ..	4,833	4,545	56,979	50,475	11.8	11.1	- 0.7
Average : 1922-26..	4,710	4,429	54,330	48,190	11.5	10.9	- 0.6
1927 ..	4,900	4,607	56,196	48,940	11.5	10.6	- 0.9

¹ See footnote 1, Table 4.² Estimated.³ See footnote 3, Table 4.

Table 12.*

DEATH RATE ACCORDING TO AGE AND SEX IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

Actual figures.

Ages and age-groups	Total deaths					
	1926			1927		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	13,537	10,155	23,692	12,524	9,441	21,965
1	2,001	1,780	3,781	1,863	1,533	3,396
2	846	790	1,636	772	741	1,513
3	559	516	1,075	573	527	1,100
4	410	416	826	442	398	840
0-4	17,353	13,657	31,010	16,174	12,640	28,814
5-9	1,378	1,126	2,504	1,477	1,288	2,765
10-14	1,015	902	1,917	1,116	1,017	2,133
15-19	1,311	1,286	2,597	1,307	1,361	2,668
20-24	1,338	1,551	2,889	1,438	1,592	3,030
25-29	1,221	1,461	2,682	1,396	1,491	2,887
30-34	1,248	1,516	2,764	1,292	1,438	2,730
35-39	1,638	1,716	3,354	1,580	1,683	3,263
40-44	1,871	1,673	3,544	1,791	1,629	3,420
45-49	2,061	1,812	3,873	2,111	1,804	3,915
50-54	2,249	1,838	4,087	2,378	1,860	4,238
55-59	2,647	2,093	4,740	2,820	2,112	4,932
60-64	3,314	2,680	5,994	3,366	2,682	6,048
65-69	3,977	3,371	7,348	4,055	3,291	7,346
70-74	4,427	3,664	8,091	4,337	3,481	7,818
75-79	4,235	3,791	8,026	4,082	3,639	7,721
80-84	3,088	3,145	6,233	2,879	2,960	5,839
85-89	1,733	2,032	3,765	1,692	1,923	3,615
90 and over..	787	1,118	1,905	782	1,028	1,810
Age unknown	88	43	131	123	21	144
Total.. ..	56,979	50,475	107,454	56,196	48,940	105,136

¹ See footnote 1, Table 4.

Table 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

Month	Total deaths (not including still-births)				Increase (+) or (decrease —) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
<i>A. Per month.</i>					
January	9,116	9,744	11.4	12.1	+ 0.7
February	8,504	8,863	11.8	12.2	+ 0.4
March	10,344	9,483	13.0	11.7	— 1.3
April	11,647	9,580	15.1	12.3	— 2.8
May	10,209	9,299	12.8	11.5	— 1.3
June	8,377	8,436	10.9	10.8	— 0.1
July	8,041	7,913	10.1	9.8	— 0.3
August	7,858	8,239	9.9	10.2	+ 0.3
September	8,205	8,521	10.6	10.9	+ 0.3
October	8,279	8,429	10.4	10.4	+ 0.0
November	7,850	7,978	10.2	10.2	+ 0.0
December	9,024	8,651	11.3	10.7	— 0.6
Total	107,454	105,136	11.5	11.1	— 0.4
<i>B. Per quarter.</i>					
1st Quarter	27,964	28,090	12.1	12.0	— 0.1
2nd Quarter	30,233	27,315	12.9	11.5	— 1.4
3rd Quarter	24,104	24,673	10.2	10.3	+ 0.1
4th Quarter	25,153	25,058	10.6	10.5	— 0.1
Total	107,454	105,136	11.5	11.1	— 0.4

¹ See footnote 1, Table 4.

4. CAUSES OF DEATH.

Table 14.*

MORTALITY, INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES IN 1926 AND 1927.¹

Original source : See footnote 5 to this table.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics
			Actual figures ^a	Per 10,000 of average population	Cases		Deaths			
					Actual figures ^a	Per 10,000 of average population	Actual figures ^a	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
1a	Typhoid fever	1926 1927	440 4	0.5						
1b	Paratyphoid fever ..	1926 1927	25 4	2						
2	Typhus	1926 1927	— —	— —	— —	— —	— —	— —	— —	— —
3	Relapsing fever	1926 1927	— —	— —	— —	— —	— —	— —	— —	— —
5	Malarial fever or cachexia	1926 1927	3 3	2 —	— —	— —	— —	— —	— —	— —
6	Smallpox	1926 1927	33 3	2 —	1,535 2,845	1.6 3.0	28 6	1.8 0.2	2.1 —	84.8 —
7	Measles	1926 1927	892 616	1.0 0.6	44,388 28,151	47.3 29.6	544 321	1.2 1.1	2.0 2.2	61.0 52.1
8	Scarlet fever	1926 1927	363 412	0.4 0.4	14,240 15,593	15.2 16.4	280 265	2.0 1.7	2.5 2.6	77.1 64.3
9	Whooping-cough	1926 1927	1,242 1,030	1.3 1.1	6,969 6,791	7.4 7.1	762 577	10.9 8.5	17.8 15.2	61.4 56.0
10	Diphtheria	1926 1927	913 1,011	1.0 1.1	7,234 8,501	7.7 8.9	860 777	11.9 9.1	12.6 11.9	94.2 76.9
11 b, c, d, e	Influenza with pulmonary complications ..	1926 1927	2,760 4	2.9	4 4		4 4			

¹, ², ³, ⁴, ⁵ See these footnotes at the end of Table 14.

Table 14* (continued).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics	
			Actual figures ^a	Per 10,000 of average population	Cases		Deaths				
					Actual figures ^a	Per 10,000 of average population	Actual figures ^a	Per 100 notified cases (col. 6)			
1	2	3	4	5	6	7	8	9	10	11	
11 <i>a, f, g</i>	Influenza without pulmonary complications	1926	2,414	2.6	4		4				
		1927	4		4		4				
14	Asiatic cholera	1926	—	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—	—
16	Dysentery	1926	102	0.1	—	—	—	—	—	—	—
		1927	3	—	—	—	—	—	—	—	—
17	Plague	1926	—	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—	—
18	Yellow fever	1926	—	—	—	—	—	—	—	—	—
		1927	—	—	—	—	—	—	—	—	—
20	Leprosy	1926	1	2	—	—	—	—	—	—	—
		1927	3	—	—	—	—	—	—	—	—
21	Erysipelas	1926	306	0.3	—	—	—	—	—	—	—
		1927	321	0.3	—	—	—	—	—	—	—
22	Acute poliomyelitis ..	1926	93	0.1	113	0.1	26	23.0	82.3	28.0	
		1927	3	—	610	0.6	102	16.7	—	—	
23	Encephalitis lethargica	1926	99	0.1	—	—	—	—	—	—	
		1927	3	—	—	—	—	—	—	—	
24	Epidemic cerebro-spinal meningitis	1926	207	0.2	112	0.1	203	181.3	184.8	98.1	
		1927	3	—	129	0.1	207	160.5	—	—	
26	Glanders and farcy ..	1926	—	—	—	—	—	—	—	—	
		1927	—	—	—	—	—	—	—	—	
27	Malignant pustule and anthrax	1926	1	2	—	—	—	—	—	—	
		1927	3	—	—	—	—	—	—	—	

* * * * See these footnotes on the following page.

Table 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics
			Actual figures ¹	Per 10,000 of average population	Cases		Deaths			
					Actual figures ¹	Per 10,000 of average population	Actual figures ¹	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
28	Rabies	1926	1	2	—	—	—	—	—	—
		1927	3	—	—	—	—	—	—	—
31	Tuberculosis of the respiratory system.. .	1926	6,485	6.9	4		4			
		1927	6,428	6.8	4		4			
32	Tuberculosis of the meninges or tuberculosis of the central nervous system	1926	543	0.6	4		4			
		1927	4		4		4			
33-37	Tuberculosis of other organs	1926	901	1.0	4		4			
		1927	4		4		4			
38	Syphilis	1926	330	0.4	4		4			
		1927	4		4		4			
39	Soft chancre	1926	—	—	4		4			
		1927	4		4		4			
40	Gonorrhœa	1926	19	2	4		4			
		1927	4		4		3			

¹ Causes-of-death statistics are exclusive of Yukon and the North-West Territories, with a population of 12,145 in 1921; notifiable diseases statistics are exclusive of the province of Prince Edward Island (population in 1921, 89,615) as well.

² Less than 0.1 per cent.

³ Not given in Preliminary Annual Report, 1927.

⁴ Deaths from the following causes are not given in fuller detail in the Epidemiological Reports and in the Preliminary Annual Report of Vital Statistics for 1927.

1	2	3	4	5	6	7	8	9	10	11
1	Typhoid and Paratyphoid ..	1926	465	0.5	1,832	2.0	343	18.7	25.4	73.8
		1927	1,111	1.2	8,108	8.5	971	12.0	13.7	87.4
11	Influenza	1926	5,174	5.5	3,492	3.7	2,709	77.6	148.2	52.4
		1927	3,445	3.6	1,259	1.3	1,361	108.1	273.6	39.5
31-37	Tuberculosis	1926	7,929	8.5	5,575	5.9	4,970	89.1	142.2	62.7
		1927	7,764	8.2	5,286	5.6	4,486	83.9	146.9	57.1
38-40	Venereal diseases	1927	384	0.4						

¹ Figures in column 4 are from Annual Report of Vital Statistics, 1926, and Preliminary Annual Report of Vital Statistics, 1927. Figures in columns 6 and 8 are from addition of Monthly Epidemiological Reports.

Table 15.*

DEATHS FROM TUBERCULOSIS ACCORDING TO AGE AND SEX IN 1926.¹

Original source : Annual Report of Vital Statistics, 1926.

Age-groups	Number of deaths from all forms of tuberculosis		
	Males	Females	Total
1	2	3	4
Under 1 year	131	102	233
1-4	229	214	443
0-4	360	316	676
5-9	121	115	236
10-14	154	232	386
15-19	282	577	859
20-24	398	645	1,043
25-29	375	552	927
30-34	355	400	755
35-39	331	342	673
40-44	304	252	556
45-49	261	194	455
50-54	197	136	333
55-59	184	113	297
60-64	138	100	238
65-69	123	89	212
70-74	79	64	143
75-79	50	38	88
80-84	8	20	28
85-89	2	9	11
90 and over	2	1	3
Age unknown	4	6	10
Total	3,728	4,201	7,929

¹ See footnote 1, Table 4.

Table 16.*

DEATH RATE FROM TUMOURS IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

Year	Classification according to International List (3rd revision, 1920)				
	No. 43-49	No. 50	No. 137	No. 139	No. 43-50, 137-139
	Cancer or other malignant tumours	Non-malignant tumours, or tumours of which the malignant character is not specified	Cysts and other non-malignant tumours of ovary	Non-cancerous tumour of the uterus	Total number of tumours (col. 2, 3, 4, 5 together)
1	2	3	4	5	6
<i>A. Actual number of deaths.</i>					
1926	7,614	151	76	83	7,924
1927	7,912	2	2	2	2
<i>B. Proportional figures per 10,000 of average population.</i>					
1926	8.12	0.16	0.08	0.09	8.45
1927	8.32				

¹ See footnote 1, Table 4.

* Not given in Preliminary Annual Report of Vital Statistics.

Table 17.*

DEATH RATE FROM ORGANIC DISEASES IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

		Classification according to International List (3rd revision, 1920)								
		I. Classes of Disease								
		Affections								
Year		Of the nervous system and organs of special sense	Of the circulatory system	Of the respiratory system	Of the digestive system	Non-venereal diseases of genito-urinary system	Of the skin and cellular tissue	Of the bones and organs of locomotion		
		No. 70-86	No. 87-96	No. 97-107	No. 108-127	No. 128-142	No. 151-154	No. 155-158		
1	2	3	4	5	6	7	8			
		A. Actual number of deaths.								
1926	8,147	16,651	10,632	11,072	6,866	648	200			
1927										
		B. Proportional figures per 10,000 of average population.								
1926	8.69	17.76	11.34	11.81	7.32	0.69	0.21			
1927										
		II. Various important diseases								
Year		Cerebral hæmorrhage, apoplexy	Diseases of the heart	Acute and chronic bronchitis	Pneumonia	Diarrhœa and enteritis (all ages)	Cirrhosis of the liver	Acute and chronic nephritis	Old age	Unknown or ill-defined diseases
		No. 74	No. 87-90	No. 99	No. 100,101	No. 113,114	No. 122	No. 123,129	No. 164	No. 204,205
		9	10	11	12	13	14	15	16	17
		A. Actual number of deaths.								
1926..	3,033	11,415	587	8,427	5,445	283	5,138	2,764	1,257	
1927..	2,933	11,775	506	7,555	5,526	2	5,240	2,461	1,060	
		B. Proportional figures per 10,000 of average population.								
1926..	3.23	12.17	0.63	8.99	5.81	0.30	5.48	2.95	1.34	
1927..	3.09	12.39	0.53	7.95	5.81		5.51	2.59	1.11	

¹ See footnote 1, Table 4.² Not given in Preliminary Annual Report of Vital Statistics.

Table 18.*

DEATHS FROM PUERPERAL DISEASES IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

Year	Number of confinements	Total number of live births and still-births	Total deaths from					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Confinements (col. 2)	Live births and still-births (col. 3)	Confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1926 ..	236,813	239,855	432	885	18.2	18.0	37.4	36.9
1927 ..	237,900	240,906	448	847	18.8	18.6	35.6	35.2

Table 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

Description	Actual figures		Rate per 10,000 of average population	
	1926	1927	1926	1927
1	2	3	4	5
Deaths by suicide	680	756	0.73	0.80
Other external causes	5,189	5,492	5.53	5.78
Total deaths from external causes	5,869	6,248	6.26	6.57
Total deaths from all causes ..	107,454	105,136	114.58	110.59
Total deaths, excluding deaths due to external causes (natural mortality)	101,585	98,888	108.32	104.02

¹ See footnote 1, Table 4.

5. INFANT MORTALITY.

Table 20.*

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE AND SEX IN 1926.¹

Original source : Annual Report of Vital Statistics, 1926.

Age	Number of deaths among children under 1 year					
	Actual figures			Rate per 1,000 live births of the same category		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
<i>(a) Days of age :</i>						
0	2,573	1,755	4,328	21.5	15.5	18.6
1	604	490	1,094	5.0	4.3	4.7
2	534	351	885	4.5	3.1	3.8
3	385	261	646	3.2	2.3	2.8
4	244	185	429	2.0	1.6	1.8
5	170	125	295	1.4	1.1	1.3
6	145	96	241	1.2	0.9	1.0
7-13	723	552	1,275	6.0	4.9	5.5
14-20	530	456	986	4.4	4.0	4.2
21-29	553	359	912	4.6	3.2	3.9
<i>(b) Months of age :</i>						
0	6,461	4,630	11,091	53.9	41.0	47.7
1	1,340	966	2,306	11.2	8.6	9.9
2	1,135	888	2,023	9.5	7.9	8.7
3	866	626	1,492	7.2	5.5	6.4
4	734	566	1,300	6.1	5.0	5.6
5	527	502	1,029	4.4	4.4	4.4
6	527	394	921	4.4	3.5	4.0
7	461	385	846	3.8	3.4	3.6
8	469	351	820	3.9	3.1	3.5
9	392	297	689	3.3	2.6	3.0
10	315	285	600	2.6	2.5	2.6
11	310	265	575	2.6	2.3	2.5
Total (under 1 year)	13,537	10,155	23,692	112.9	90.0	101.8

¹ See footnote 1, Table 4.

Table 21.*

SEASONAL VARIATIONS IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE¹
CHILDREN UNDER 1 YEAR OF AGE IN 1926 AND 1927.²

Original source : Annual Report of Vital Statistics, 1926.

Month	Number of deaths among children under 1 year	
	Actual figures	Per 1,000 live births occurring in the same month and 11 previous months (see Table 9) ; monthly number of deaths reckoned as rate for the year
1	2	3
Year 1926.		
January	1,860	
February	1,885	
March	2,236	
April	2,411	
May	2,184	
June	1,743	3
July	1,671	
August	2,143	
September	2,265	
October	1,900	
November	1,599	
December	1,795	
Total	23,692	
Year 1927.		
January	2,114	107.5
February	1,930	109.0
March	2,034	103.8
April	1,937	102.2
May	1,829	93.3
June	1,545	81.1
July	1,553	78.6
August	1,854	93.8
September	2,241	117.1
October	1,828	92.4
November	1,543	80.5
December	1,557	78.5
Total	21,965	

¹ Death certificates do not show legitimacy.² See footnote 1, Table 4.³ Births by months in the Province of Quebec are not available for the year 1925.

Table 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1926 AND 1927.¹

Original source : 1926 : Annual Report of Vital Statistics ; 1927 : Preliminary Annual Report of Vital Statistics.

No. in International List (3rd revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1926	1927	1926	1927
1	2	3	4	5	6
159	Congenital malformations ..	1,412	1,231	6.07	5.27
160	Congenital debility, icterus and sclerema ..	2,353	2,358	10.11	10.09
161	Premature birth, injury at birth	6,032	5,397	25.92	23.10
38	Congenital syphilis ..	128	131	0.55	0.56
7	Measles ..	263	187	1.13	0.80
8	Scarlet fever ..	25	35	0.11	0.15
9	Whooping-cough ..	773	640	3.32	2.74
10	Diphtheria ..	47	47	0.20	0.20
11	Influenza ..	950	718	4.08	3.07
15	Cholera nostras ..	—	—	—	—
21	Erysipelas ..	101	95	0.43	0.41
24	Epidemic cerebro-spinal meningitis ..	57	2	0.24	—
31	Tuberculosis of the respiratory system ..	97	—	0.42	—
32	Tuberculosis of the meninges or of the central nervous system	93	188	0.40	0.80
33-37	Tuberculosis of other organs ..	43	—	0.18	—
71	Meningitis ..	329	325 ³	1.41	1.39
80	Convulsions of infants ..	440	440	1.89	1.88
99 a	Acute bronchitis ..	113	2	0.49	—
100-101	Pneumonia ..	2,487	2,148	10.69	9.20
113	Diarrhoea and enteritis ..	4,318	4,243	18.55	18.16
175-198, 201-203	External causes ..	159	2	0.68	—
200	Infanticide (murder of infants less than 1 year of age) ..	30	2	0.13	—
204, 205	Diseases not specified or ill-defined ..	158	134	0.68	0.57

October 1928.

¹ See footnote 1, Table 4.² Not given in Preliminary Annual Report of Vital Statistics.³ Simple meningitis only.

CZECHOSLOVAKIA

A. RESULTS OF THE VITAL STATISTICS OF CZECHOSLOVAKIA FOR 1927

BY

Dr. Ant. BOHÁČ

Head of the Vital Statistics Department of the Government
Statistical Office (Prague).

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Head of the Vital Statistics of the Government Statistical Office (Prague).

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A. Results of the Vital Statistics of Czechoslovakia for 1927

By

Dr. Ant. BOHÁČ

Head of the Vital Statistics of the Government Statistical Office (Prague).

1. AREA:

The area of Czechoslovakia is 140,368 square kilometers. The density of population has risen from 97 inhabitants per square kilometer in 1921 to approximately 103 in 1927.

2. POPULATION.

Census of February 15th, 1921 : 13,613,172 inhabitants.

Estimated population on December 31st, 1926 : 14,354,000.

Estimated population on December 31st, 1927 : 14,439,000.

Table No. 1.

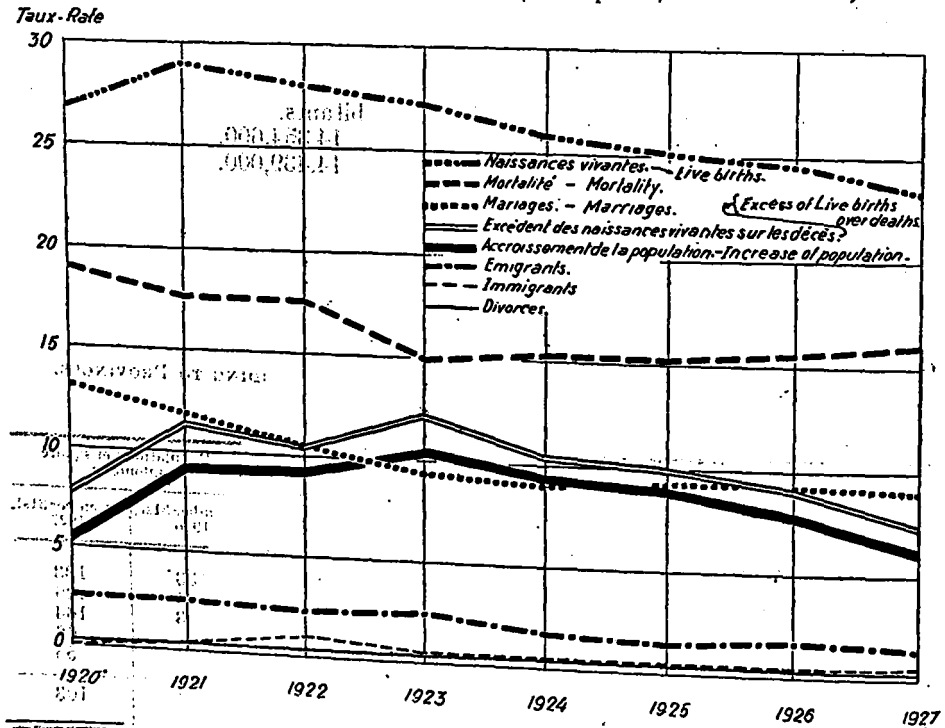
NUMBER OF INHABITANTS AND DENSITY OF POPULATION ACCORDING TO PROVINCES.

	Area in square kilometers	Approximate number of inhabitants according to estimates made on		Population per square kilometer	
		December 31st, 1926	December 31st, 1927	December 31st, 1926	December 31st, 1927
Bohemia	52,065	6,923,243	6,947,676	133	133
Moravia	22,314	2,803,855	2,820,516	126	126
Silesia	4,453	723,702	729,449	163	164
Slovakia	48,904	3,221,304	3,251,014	66	66
Sub-Carpathian Russia ..	12,632	681,593	690,316	54	55
Total.. . . .	140,368	14,353,697	14,438,971	102	103

Table No. 2.
MOVEMENT OF POPULATION, 1924 TO 1927. ¹

	1924	1925	1926	1927	1924	1925	1926	1927
	Actual figures				Per 100 inhabitants			
Marriages	125,905	131,177	131,374	130,182	8.96	9.25	9.19	9.03
Divorces	5,275	5,206	5,073	5,244	0.38	0.37	0.35	0.36
Live-born children	363,156	356,239	351,740	335,583	25.84	25.12	24.60	23.31
Still-born children	9,177	8,150	8,254	7,682	0.65	0.57	0.58	0.53
Deaths (excluding still-births)	215,711	215,827	222,794	230,712	15.35	15.22	15.58	16.02
Excess of births over deaths	147,445	140,412	128,946	104,871	10.49	9.90	9.02	7.29
Emigration to European countries	19,057	14,510	11,627	7,433	1.36	1.02	0.81	0.52
Emigration overseas	6,626	7,379	12,063	14,833	0.47	0.52	0.85	1.03
Total emigration	25,683	21,889	23,690	22,266	1.83	1.54	1.66	1.55
Immigration and re-emigration	8,921	7,598	6,706	7,050	0.64	0.53	0.47	0.49
Increase of population	130,683	126,121	111,962	89,655	9.30	8.89	7.83	6.23

Movement of the Population, 1920-27 (Rate per 1,000 Inhabitants).



¹ The figures for marriages, births and deaths are still provisional, and the emigration statistics are not complete.

The movement of the population in 1927 may be very briefly summarised as follows :

- (a) The number of marriages registered in 1927 is lower than any recorded since the end of the war, except in 1924 ; the marriage rate remains, however, far higher than before the war.
- (b) The number of divorces, which underwent a remarkable increase after the war, has been stationary since 1924.
- (c) The birth rate shows the greatest fall recorded since 1921.
- (d) The number of deaths is very much higher, and the death rate reached a level which had not been recorded since 1923.
- (e) The excess of births over deaths is the lowest since 1920.
- (f) The decrease in emigration to European countries is greater than the increase in overseas emigration.
- (g) The number of re-emigrants, although higher than that for the preceding year, is still lower than that for 1925.

3. BIRTH RATE.

Since 1880, the birth rate has been falling in Bohemia, Moravia and Silesia, and the number of births has been decreasing since 1902. A temporary increase immediately after the war was followed by a continuous decline in the birth rate from 1922 in all provinces of the Republic. The number of live-born children shows the following decrease as compared with the figures for the preceding year :

In 1922 ..	9,831 (2.48%)	In 1925 ..	6,917 (1.90%)
1923 ..	7,345 (1.90%)	1926 ..	4,499 (1.26%)
1924 ..	16,104 (4.25%)	1927 ..	16,157 (4.59%)

The fall in the number of live births in 1927 is the greatest recorded since the war, exceeding that for 1924, which was due to the economic crisis consequent on deflation. Its cause could probably be traced back to the economic crisis of 1926, whilst the extraordinary drop in the birth rate during the last months of 1927 can no doubt be ascribed to the influenza epidemic which raged during the first three months of that year.

Table No. 3.

SEASONAL DISTRIBUTION OF LIVE BIRTHS, 1925 TO 1927.

	Live-born children						Percentage decrease in live births in 1927 as compared with 1926
	Monthly figures			Daily average			
	1925	1926	1927	1925	1926	1927	
January	30,254	30,326	30,313	975.9	978.3	977.8	0.04
February	28,336	28,242	28,114	1,012.0	1,008.6	1,004.1	0.45
March	31,711	32,105	30,685	1,022.9	1,035.6	989.8	4.42
April	31,128	31,002	28,750	1,037.6	1,038.4	958.3	7.26
May	32,337	30,684	29,626	1,043.1	989.8	955.7	3.45
June	29,597	29,391	29,205	986.6	979.7	973.5	0.63
July	30,271	29,380	28,560	976.5	947.7	921.3	2.79
August	28,976	28,972	27,613	934.7	934.6	890.7	4.69
September	29,541	28,849	27,343	984.7	961.6	911.4	5.22
October	28,842	28,665	25,238	930.4	924.7	814.1	11.96
November	27,857	26,824	24,394	928.6	894.1	813.1	9.05
December	27,389	27,300	25,742	899.6	880.6	830.4	5.71
	Quarterly figures			Daily average			
1st quarter	90,301	90,673	89,112	1,014.6	1,018.8	1,001.3	1.72
2nd quarter	93,062	91,077	87,581	1,022.7	1,000.8	962.4	3.84
3rd quarter	88,788	87,201	83,516	965.1	947.8	907.8	4.23
4th quarter	84,088	82,789	75,374	919.4	900.0	819.3	8.96
Total for the year ..	356,239	351,740	335,583	980.1	966.3	921.9	4.59

As in other European countries, the fall in the birth rate started in the towns and spread to the country districts.

Table No. 4.

PERCENTAGE INCREASE OR DECREASE IN THE ANNUAL NUMBER OF LIVE BIRTHS COMPARED WITH THOSE FOR THE PRECEDING YEAR ACCORDING TO PROVINCES, 1921 TO 1927.

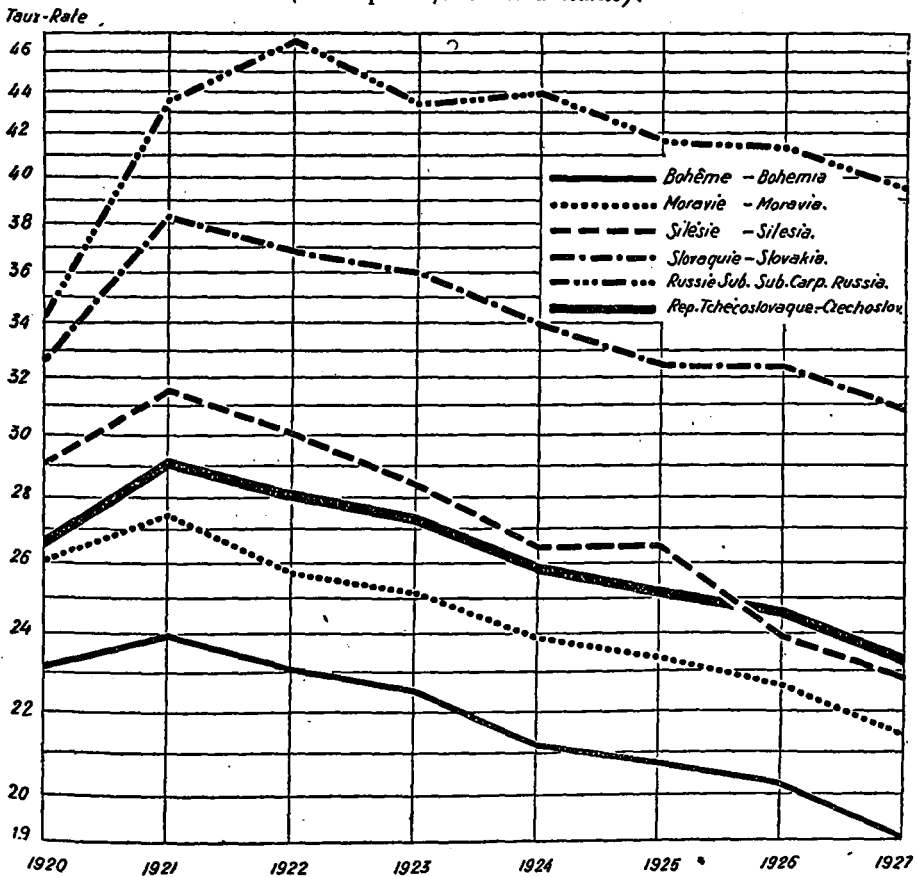
Year	Bohemia	Moravia	Silesia	Slovakia	Sub-Carpathian Russia	Czechoslovakia
1922	- 3.03	- 5.23	- 3.13	- 2.44	+ 8.71	- 2.48
1923	- 1.88	- 1.37	- 3.97	- 1.08	- 4.85	- 1.90
1924	- 5.17	- 4.26	- 5.53	- 4.64	+ 3.41	- 4.25
1925	- 1.45	- 1.22	+ 1.01	- 3.18	- 2.94	- 1.90
1926	- 1.93	- 2.27	- 8.70	+ 1.00	+ 1.18	- 1.26
1927	- 5.39	- 4.79	- 3.89	- 3.90	- 3.20	- 4.59

GEOGRAPHICAL DISTRIBUTION OF BIRTHS PER 1,000 INHABITANTS (LIVE BIRTHS ONLY), 1925 TO 1927.

	1925	1926	1927
Bohemia	20.73	20.22	19.04
Moravia	23.36	22.65	21.42
Silesia	26.46	23.91	22.79
Slovakia	32.41	32.36	30.79
Sub-Carpathian Russia ..	41.64	41.32	39.39
Total : Czechoslovakia ..	25.12	24.60	23.30

As in the rest of Europe, the birth rate is lower in the towns than in the country.

*Birth Rate per Provinces (Live Births only), 1920-27
(Rate per 1,000 Inhabitants).*



DISTRIBUTION OF BIRTHS BY COMMUNES OF OVER AND UNDER 10,000 INHABITANTS, 1923 TO 1927.
Per 1,000 Inhabitants of the Population shown in the 1921 Census (Live Births only).

Year	Communes of less than 10,000 inhabitants	Communes of over 10,000 inhabitants
1923	30.22	17.74
1924	28.95	17.00
1925	28.45	16.44
1926	28.15	16.01
1927	26.87	15.27

The difference would be still more marked if it were possible to take into account migration to the towns during the years following the Census.

Birth Rate (Live Births only) by Districts in 1927
(Rate per 1,000 Inhabitants).

Still-births by Districts in 1927
(Rate per 1,000 Inhabitants).

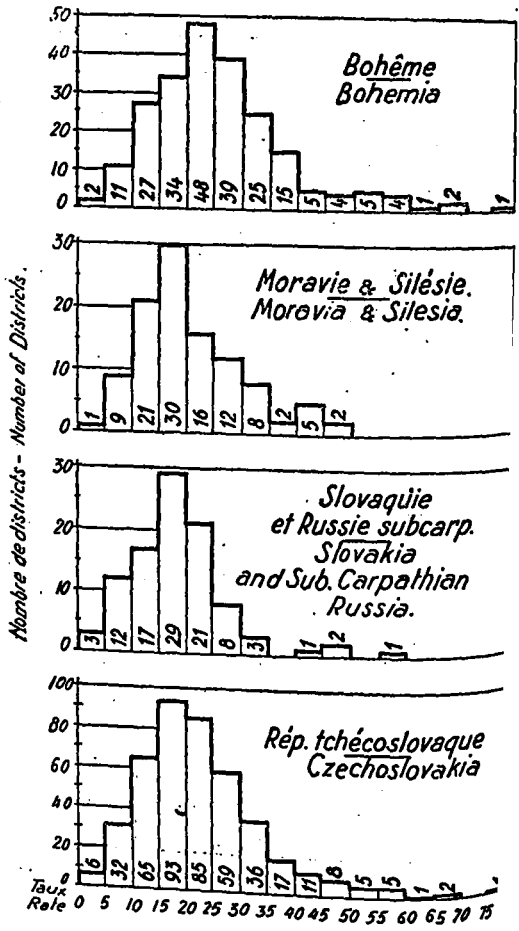
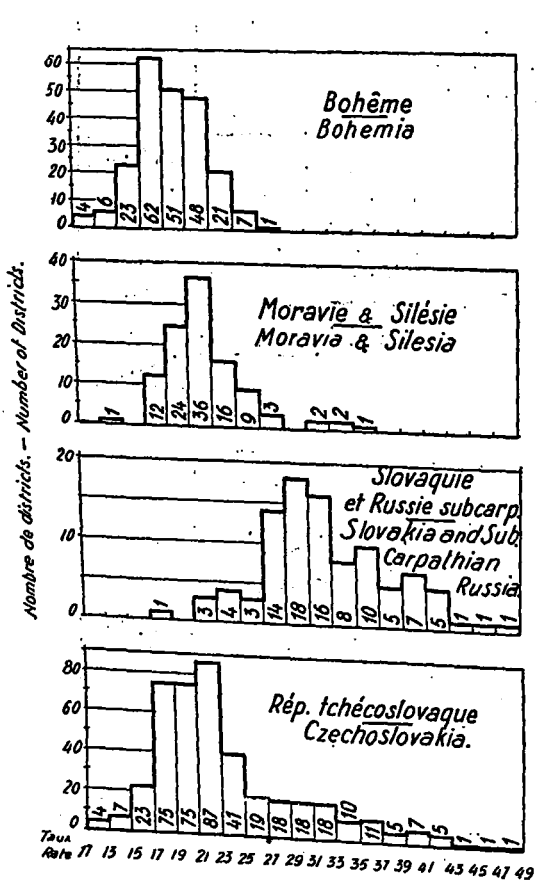


Table No. 5.

DISTRIBUTION OF STILL-BIRTHS PER 1,000 BIRTHS BY PROVINCES, 1920 TO 1927.

Year	Bohemia	Moravia	Silesia	Slovakia	Sub-Carpathian Russia	Total: Czechoslovakia
1920	28.8	23.9	23.8	17.4	8.1	23.4
1921	28.3	24.8	23.2	15.5	8.5	22.4
1922	29.6	23.6	23.3	18.1	10.1	23.4
1923	30.1	23.5	22.2	19.3	13.6	24.2
1924	30.7	23.0	24.9	20.5	12.3	24.6
1925	28.1	18.9	22.4	19.2	11.9	22.4
1926	27.7	20.3	23.5	20.0	15.7	22.9
1927	26.6	20.8	22.6	19.9	14.2	22.4

The still-birth rate is higher for illegitimate children than for legitimate children; in 1927, it was 2.09 per cent for the latter and 3.43 per cent for the former.

Table No. 6.

LEGITIMATE AND ILLEGITIMATE BIRTHS, 1923 TO 1927.

Year	Actual number of :				Number of illegitimate births per 1,000 births		
	Live-births		Still-births		Live-born	Still-born	Live-born and still-born together
	Legitimate	Illegitimate	Legitimate	Illegitimate			
1923	341,449	37,811	7,830	1,560	99.7	166.1	101.3
1924	326,042	37,114	7,631	1,546	102.2	168.5	103.8
1925	319,012	27,227	6,816	1,334	104.5	163.7	105.8
1926	314,142	37,598	6,917	1,337	106.9	162.0	108.2
1927	299,215	36,368	6,392	1,290	108.4	167.9	109.7

Table No. 7.

DISTRIBUTION OF ILLEGITIMATE BIRTHS BY PROVINCES, 1923 TO 1927.

Year	Number of illegitimate children per 1,000 births				
	Bohemia	Moravia	Silesia	Slovakia	Sub-Carpathian Russia
1923	128.0	94.2	107.2	73.5	75.2
1924	132.3	96.9	107.4	74.8	79.6
1925	132.3	98.2	107.0	76.3	93.6
1926	136.0	97.7	109.9	80.5	92.5
1927	137.1	103.6	117.8	80.0	92.7

The frontier districts, mainly inhabited by Germans, have a very much higher percentage of illegitimate births than the districts where the population is of Czechoslovak origin.

Table No. 8.

DISTRIBUTION OF BIRTHS ACCORDING TO SEX, 1919, 1920, 1923 AND 1925 TO 1927.

Year	Number of male births per 1,000 female births				
	Legitimate	Illegitimate	Live-born	Still-born	Total
1919	1,088.8	1,067.6	1,083.1	1,268.7	1,086.8
1920	1,081.6	1,056.2	1,075.1	1,243.3	1,078.8
1923	1,073.7	1,051.5	1,067.7	1,237.8	1,071.5
1925	1,073.0	1,049.7	1,065.4	1,322.6	1,070.5
1926	1,067.7	1,048.4	1,062.0	1,229.3	1,065.6
1927	1,061.3	1,055.8	1,056.5	1,259.9	1,060.7

4. DEATH RATES.

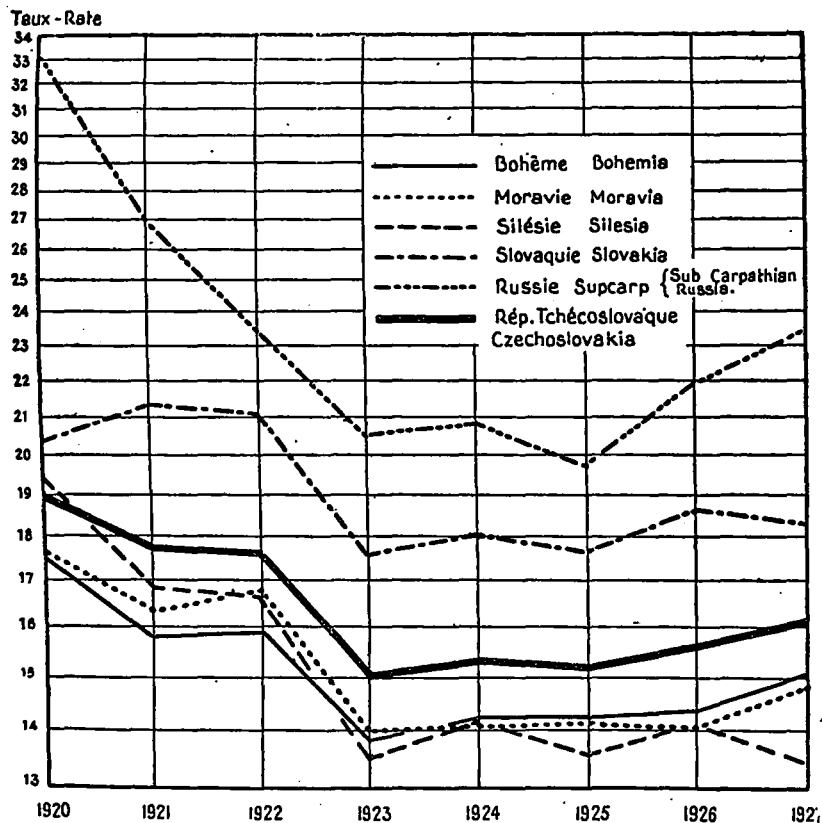
(a) General Mortality.

Table No. 9.

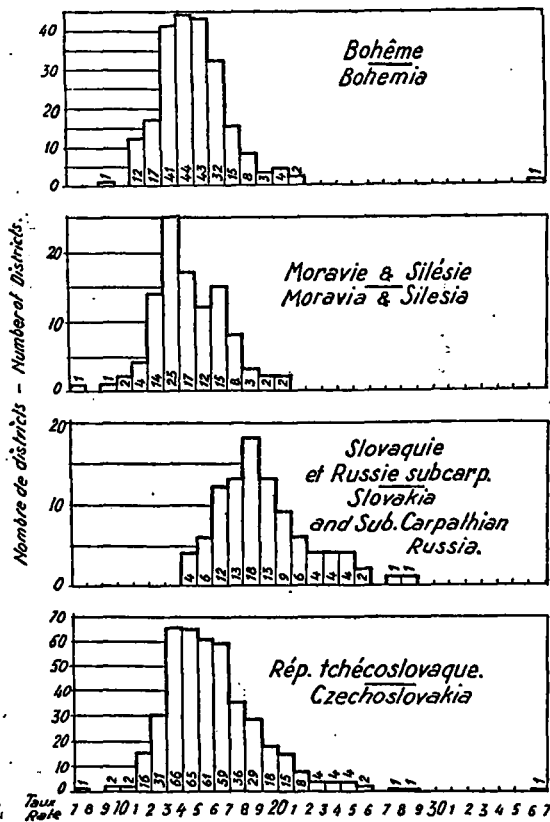
GEOGRAPHICAL DISTRIBUTION OF THE DEATH RATE, 1920 TO 1927.

Year	Number of deaths					
	Bohemia	Moravia	Silesia	Slovakia	Sub-Carpathian Russia	Total: Czechoslovakia
<i>Actual figures.</i>						
1920	116,926	46,963	12,673	61,084	19,975	257,621
1921	106,039	43,752	11,377	64,265	16,381	241,814
1922	107,216	45,140	11,411	64,336	14,509	242,612
1923	94,004	38,112	9,404	54,319	12,995	208,834
1924	97,168	38,717	9,992	56,401	13,433	215,711
1925	99,732	39,259	9,683	56,100	13,053	215,827
1926	99,014	39,269	10,163	59,607	14,741	222,794
1927	104,277	41,527	9,768	59,136	16,004	230,712
<i>Per 1,000 inhabitants.</i>						
1920	17.54	17.66	19.43	20.36	23.15	18.97
1921	15.85	16.37	16.83	21.31	26.90	17.70
1922	15.93	16.74	16.64	21.09	23.45	17.60
1923	13.87	14.02	13.50	17.59	20.54	15.01
1924	14.24	14.11	14.15	18.03	20.75	15.35
1925	14.23	14.17	13.58	17.71	19.70	15.22
1926	14.34	14.06	14.10	18.60	21.82	15.58
1927	15.03	14.77	13.44	18.27	23.32	16.02

General Mortality by Provinces, 1920-27
(Rate per 1,000 Inhabitants).



General Mortality by Districts, 1927
(Rate per 1,000 Inhabitants).



CZECHOSLOVAKIA

(b) *Seasonal Mortality.*

Table No. 10.

SEASONAL DISTRIBUTION OF DEATHS, 1924 TO 1927.

Month	Daily average				Increase (+) or decrease (—) in the death rate for		
	1924	1925	1926	1927	1925	1926	1927
					compared with		
					1924	1925	1926
January	588.6	629.1	627.5	695.3	+ 6.9	— 0.3	+ 10.8
February	595.8	608.1	666.1	987.2	+ 2.1	+ 9.5	+ 48.2
March	663.9	650.3	726.2	776.0	— 2.0	+ 11.7	+ 6.9
April	665.8	703.6	737.7	662.0	+ 5.7	+ 4.8	— 10.3
May	636.7	638.7	656.6	624.8	+ 0.3	+ 2.8	— 4.8
June	564.2	562.9	596.5	578.8	— 0.2	+ 6.0	— 3.0
July	551.5	554.7	568.2	555.1	+ 0.6	+ 2.4	— 2.3
August	533.0	521.2	535.5	545.1	— 2.2	+ 2.7	+ 1.8
September	512.8	525.7	530.4	523.5	+ 2.5	+ 0.9	— 1.3
October	542.5	531.9	545.9	536.9	— 2.0	+ 2.6	— 1.6
November	594.4	537.3	535.3	531.9	— 9.6	— 0.4	— 0.6
December	619.2	632.6	602.8	595.4	+ 2.2	— 4.7	— 1.2
1st quarter	616.8	629.9	673.5	813.9	+ 2.1	+ 6.9	+ 20.8
2nd quarter	622.6	635.1	663.5	621.9	+ 2.0	+ 4.5	— 6.3
3rd quarter	532.9	533.9	544.9	541.4	+ 1.9	+ 2.1	— 0.6
4th quarter	585.8	567.6	561.6	555.0	— 3.1	— 1.1	— 1.2
Total for the year ..	589.4	591.3	610.4	632.1	+ 0.3	+ 3.2	+ 3.6

The increase in the death rate recorded in 1926 was due to a number of epidemic diseases, including influenza, which raged from February till June, and whooping-cough, which was prevalent in Slovakia and, above all, in Sub-Carpathian Russia from the winter until the autumn.

The high level recorded in 1927 can be traced to the serious epidemic of influenza which started at the end of December 1926 and reached its climax in February 1927 before dying out in March. It had a far more important effect upon the death rate than the influenza epidemic of 1926. In 1927, in the month of February alone, 8,991 (48.2 per cent) more deaths were recorded than in February 1926, and 10,616 (62.35 per cent) more than in February 1925. During the first quarter of 1927, the number of deaths exceeded the corresponding figure for the first quarter of 1926 by 12,637 (20.85 per cent), and that for the first quarter of 1925 by 16,586 (29.22 per cent). The increase in the number of deaths registered during the whole of 1927 is less than the number of deaths due to influenza.

Immediately after the end of this epidemic a decline took place in the death rate, which in April 1927 stood at 10.26 per cent, as compared with April 1926, the corresponding figure for May being 4.84 per cent. From June the death rate followed the curve for preceding years, with only slight variations.

DISTRIBUTION OF DEATH RATE IN COMMUNES OF OVER AND UNDER 10,000 INHABITANTS,
1923 TO 1927.

Rate per 1,000 Inhabitants.

Year	Communes of under 10,000 inhabitants	Communes of over 10,000 inhabitants
1923	16.25	11.42
1924	16.75	11.99
1925	16.68	12.34
1926	17.29	12.46
1927	17.93	12.80

(c) *Urban and Rural Mortality.*

Epidemic diseases are more dangerous in the country, where medical assistance cannot always be summoned as quickly as in the towns. The increase in the death rate in 1927—mainly due to the influenza epidemic—was greater in the country than in the towns; the number of deaths increased by 2.62 per cent in towns of over 10,000 inhabitants, and by 3.71 per cent in communes of under 10,000.

Table No. 11.

DEATH RATE ACCORDING TO SEX, 1923 TO 1927.

Year	Number of deaths				Difference between the death rates for males and females	Number of deceased males per 100 deceased females
	Males	Females	Males	Females		
	Actual figures		Per 1,000 inhabitants			
1923	105,567	103,267	15.78	14.33	— 1.45	110.1
1924	109,106	106,605	16.11	14.64	— 1.47	110.0
1925	108,568	107,259	15.88	14.60	— 1.28	108.8
1926	111,814	110,980	16.21	14.99	— 1.22	108.1
1927	116,188	114,524	16.73	15.36	— 1.37	108.9

Seasonal influence on the death rate is not the same for both sexes. Generally speaking, the winter bears more heavily on the female death rate than on that for males. If the annual figures given in Table No. 10 are divided into two periods, viz., (a) December to May, the period with high mortality; and (b) June to November, the period with low mortality, the following figures are obtained:

NUMBER OF DECEASED MALES PER 1,000 DECEASED FEMALES, 1925 TO 1927.

		1925	1926	1927
(a)	Months with high mortality	1,008	998	1,005
(b)	Months with low mortality	1,017	1,019	1,027

A comparative study of the mortality of the two sexes during each month in the last three years shows that the female death rate diverges most sharply from the male death rate during the months of May, June, July and August, whilst it approximates more closely to the latter during November, December, January and February (see Table No. 12).

Table No. 12.

PROPORTION BETWEEN THE MONTHLY MORTALITY FOR MALES AND FEMALES, 1925 TO 1927.

Month	Number of deceased males per 1,000 deceased females		
	1925	1926	1927
January	1,004	965	983
February	1,036	963	975
March	1,010	1,009	1,014
April	992	1,015	1,040
May	1,048	1,037	1,040
June	1,021	1,043	1,045
July	1,041	1,035	1,027
August	1,033	1,034	1,049
September	1,006	994	1,036
October	1,012	996	999
November	986	1,010	1,006
December	966	993	994

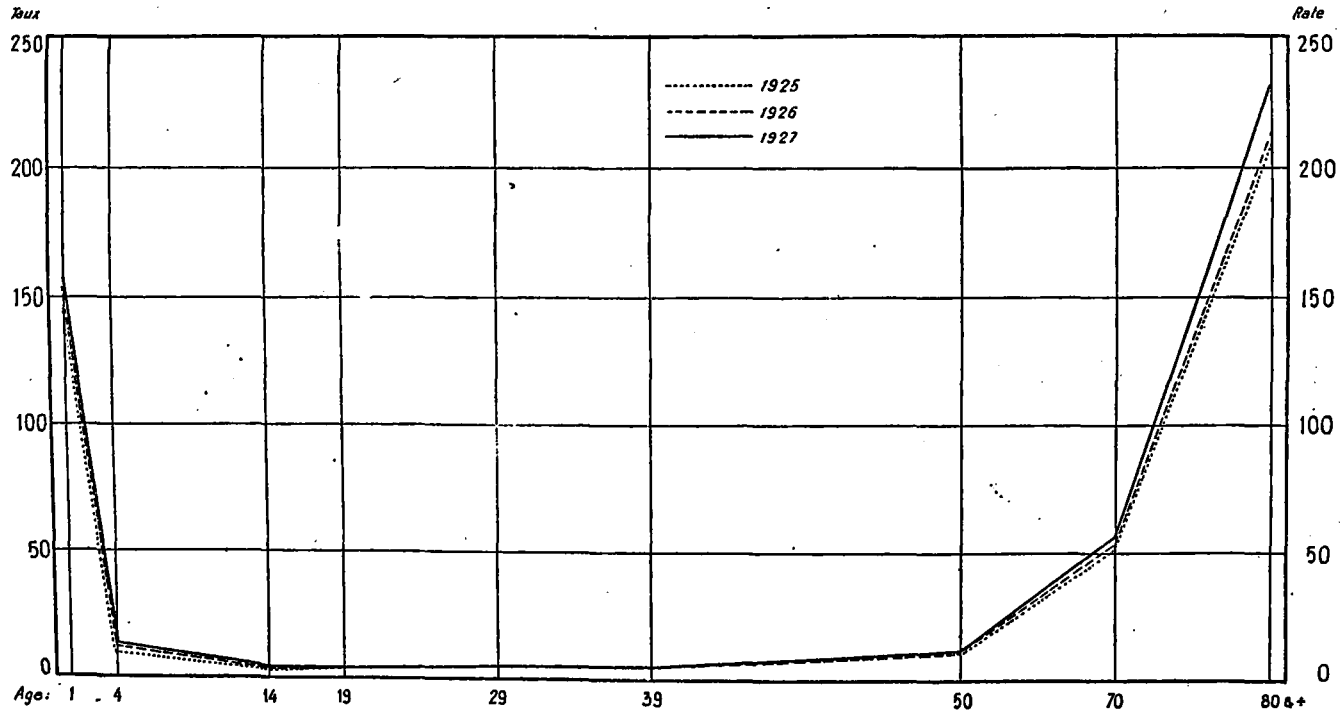
(d) *Distribution of Mortality according to Age-groups.*

Table No. 13.

MORTALITY ACCORDING TO AGE-GROUPS, 1924 TO 1927.

Age at death	Actual figures				Number of deaths per 1,000 inhabitants			
	1924	1925	1926	1927	1924	1925	1926	1927
Up to 1 year of age	53,756	52,081	54,260	52,579	147.92	146.20	154.27	156.68
1-5 years	12,935	12,868	14,671	15,228	10.70	10.35	11.86	12.61
5-15	5,603	5,350	5,747	6,288	2.33	2.28	2.46	2.67
15-20			5,303	5,393			3.31	3.32
20-30	28,398	28,938	13,108	13,296	4.79	4.81	5.07	5.08
30-40			10,755	11,138			5.64	5.77
40-60	33,082	33,560	33,476	34,677	11.56	11.55	11.37	11.64
60-80	65,053	65,598	67,723	72,773	52.11	51.79	52.75	56.02
Over 80	16,534	16,786	17,415	19,182	209.40	209.47	214.42	233.39
Unknown	350	646	336	158				

General Mortality according to Age, 1925-27 (Rate per 1,000 Inhabitants).



CZECHOSLOVAKIA

Infant Mortality.—In 1927, the number of deaths of infants under one year of age was 52,579 for the whole Republic, representing a decrease of 1,681 (3.10 per cent) as compared with the preceding year. As the number of live births decreased by 4.61 per cent, the infant mortality rose from 15.43 to 15.67 per cent.

Table No. 14.

GEOGRAPHICAL DISTRIBUTION OF INFANT MORTALITY, 1924 TO 1927.

Province	1924	1925	1926	1927
Bohemia	140.2	133.9	136.2	141.6
Moravia	131.7	130.7	132.5	139.7
Silesia	149.9	134.4	148.1	139.5
Slovakia	161.0	167.8	180.0	177.6
Sub-Carpathian Russia	175.7	173.5	197.6	201.5
Total : Czechoslovakia ..	148.0	146.2	154.3	156.7

Map No. 5 shows that infant mortality is, generally speaking, higher in the mountainous and poverty-stricken districts than in the richer parts. In Bohemia, for instance, it is comparatively low in the north-east and east, but stands at an abnormally high figure in certain southern districts, owing to the very high mortality of illegitimate children who are boarded out there by the Home for Waifs and Strays.

In Slovakia and in Sub-Carpathian Russia there is not a single district in which infant mortality is less than 12 per cent; the districts with particularly high infant mortality are situated in the frontier areas of the north and north-east of Slovakia and, above all, in certain parts of Sub-Carpathian Russia.

Table No. 15.

GEOGRAPHICAL DISTRIBUTION OF MORTALITY BETWEEN 1 AND 5 YEARS OF AGE, 1924 TO 1927.

	Actual figures				Per 1,000			
	1924	1925	1926	1927	1924	1925	1926	1927
Bohemia	3,855	3,521	3,767	4,402	7.6	6.8	7.4	8.9
Moravia	1,824	1,830	1,934	2,056	7.9	7.8	8.4	9.2
Silesia	548	543	671	466	8.4	8.1	10.1	7.3
Slovakia	4,983	5,399	6,249	5,599	15.0	15.7	18.0	16.6
Sub-Carpathian Russia	1,725	1,575	2,050	2,713	23.1	19.3	23.6	31.6
Total : Czechoslovakia ..	12,935	12,868	14,671	15,228	10.7	10.3	11.9	12.6

In 1926, the death rate for children between 1 and 5 years of age rose by 14.01 per cent owing to epidemics of whooping-cough and measles. In 1927, the influenza epidemic caused a further increase of 3.78 per cent.

Table No. 16.

GEOGRAPHICAL DISTRIBUTION OF MORTALITY BETWEEN 5 AND 15 YEARS OF AGE, 1924 TO 1927

	Actual figures				Per 1,000			
	1924	1925	1926	1927	1924	1925	1926	1927
Bohemia	1,846	1,872	1,837	2,140	1.7	1.8	1.8	2.1
Moravia	989	884	950	1,014	2.1	1.9	2.1	2.2
Silesia	261	220	275	248	2.0	1.8	2.2	2.0
Slovakia	1,913	1,861	2,047	2,079	3.2	3.2	3.4	3.4
Sub Carpathian Russia ..	594	513	638	807	4.4	3.9	4.8	5.9
Total : Czechoslovakia ..	5,603	5,350	5,747	6,288	2.3	2.3	2.5	2.7

Epidemic diseases constitute a special danger to children of school age. In February 1927, during the influenza epidemic, the death rate for children between 5 and 15 years of age rose by 50 per cent. A further increase in the mortality of this age-group was experienced between October and December 1927.

Table No. 17.

MORTALITY BETWEEN 15 AND 60 YEARS OF AGE, 1926 AND 1927.

	Rate per 1,000 inhabitants aged :							
	15-20		20-30		30-40		40-60	
	1926	1927	1926	1927	1926	1927	1926	1927
Bohemia	2.8	3.0	4.7	4.7	5.3	5.4	11.2	11.4
Moravia	3.2	3.3	5.0	5.0	5.3	5.5	10.9	11.5
Silesia	3.1	2.7	4.8	4.6	6.0	5.8	11.7	11.8
Slovakia	4.0	3.9	5.6	5.7	6.2	6.5	11.7	11.7
Sub-Carpathian Russia ..	5.3	4.9	6.9	7.1	7.9	8.0	13.8	14.6
Total : Czechoslovakia ..	3.3	3.3	5.1	5.1	5.6	5.8	11.4	11.6

Table No. 18.

GEOGRAPHICAL DISTRIBUTION OF MORTALITY BETWEEN 60 AND 80 YEARS OF AGE, 1924 TO 1927.

	Actual figures				Per 1,000			
	1924	1925	1926	1927	1924	1925	1926	1927
Bohemia	33,383	33,875	34,570	37,419	51.2	51.2	51.7	55.4
Moravia	12,289	12,499	12,614	13,677	49.3	49.4	49.1	52.5
Silesia	2,613	2,673	2,854	2,919	51.4	51.7	55.5	54.6
Slovakia	14,311	14,038	15,037	15,849	56.0	54.0	57.1	59.4
Sub-Carpathian Russia ..	2,457	2,513	3,648	2,909	61.9	61.8	63.8	68.6
Total : Czechoslovakia ..	65,053	65,598	67,723	72,773	52.1	51.8	52.8	5.50

Table No. 19.

GEOGRAPHICAL DISTRIBUTION OF MORTALITY AT 80 YEARS OF AGE AND OVER, 1924 TO 1927.

	Actual figures				Per 1,000			
	1924	1925	1926	1927	1924	1925	1926	1927
Bohemia	8,263	8,754	9,154	10,260	204.4	213.6	220.8	245.0
Moravia	3,245	3,465	3,495	3,942	192.6	202.3	201.0	223.7
Silesia	609	647	649	677	205.0	213.8	210.8	216.5
Slovakia	3,908	3,434	3,624	3,739	239.9	207.6	216.0	220.1
Sub-Carpathian Russia ..	509	486	493	564	211.7	197.3	195.9	220.1
Total : Czechoslovakia ..	16,534	16,786	17,415	19,182	209.4	209.5	214.4	233.4

5. MORTALITY AND MORBIDITY ACCORDING TO CAUSES.¹

Table No. 20.

MORTALITY ACCORDING TO THE MAIN CAUSES OF DEATH, 1924 TO 1927.

	Deaths							
	Actual figures				Total rate per 100,000 inhabitants			
	1924	1925	1926	1927	1924	1925	1926	1927
Epidemic and endemic diseases	35,924	38,376	9,401	12,998	255.7	270.6	65.7	90.3
Infectious diseases			31,578	30,892			220.8	214.5
General diseases	16,594	17,349	18,925	19,353	118.1	122.3	132.3	134.4
Diseases of the nervous system and of the organs of special sense	20,441	20,274	19,069	19,510	145.5	142.9	133.3	135.5
Diseases of the circulatory system	22,494	24,022	29,497	26,701	160.1	169.4	206.3	185.4
Diseases of the respiratory system	27,345	30,741	36,223	38,796	194.6	216.8	253.3	269.5
Diseases of the digestive system	16,605	16,888	18,402	18,915	118.2	119.1	128.7	131.4
Non-venereal diseases of the genito-urinary system ..	4,149	4,369	4,560	4,834	29.5	30.8	31.9	33.6
The puerperal state	1,125	1,187	1,200	1,201	8.0	8.4	8.4	8.4
Diseases of the skin and of the cellular tissues	1,101	1,027	920	947	7.8	7.2	6.4	6.6
Diseases of the bones and of the organs of locomotion ..	239	221	223	235	1.7	1.6	1.6	1.6
Malformations	286	299	295	306	2.0	2.1	2.1	2.1
Diseases of early infancy ..	21,008	19,105	17,227	16,764	149.5	134.7	120.5	116.4
Old age	31,689	26,877	21,410	25,300	225.5	189.5	149.7	175.7
Suicide	3,397	3,612	4,030	3,683	24.2	25.4	28.2	25.6
Other diseases due to external causes	4,339	4,488	4,703	5,178	30.9	31.6	32.9	35.9
Ill-defined diseases	8,975	6,992	5,131	5,099	63.9	49.3	35.9	35.4

¹ As a rule, doctors are responsible for stating the cause of death in the western provinces, but in Slovakia and Sub-Carpathian Russia and particularly in the sparsely populated mountain districts, other persons are responsible.

(a) *Epidemic and Endemic Diseases.*

No cases of Asiatic cholera, plague, yellow fever or leprosy have been recorded since the end of the war ; there have been no cases of relapsing fever since 1923, and smallpox, of which there was a large number of cases in Sub-Carpathian Russia after the war, has not appeared since 1925. Cases of chicken-pox and influenza have been notified so irregularly that figures for these two diseases have no practical value; influenza cases did not begin to be notified with any degree of accuracy till 1927.

Table No. 21.

NUMBER OF CASES OF EPIDEMIC DISEASES REGISTERED, 1920 TO 1927.

	Number of cases notified							
	1920	1921	1922	1923	1924	1925	1926	1927
Typhoid and paratyphoid fever	7,229	9,343	6,612	5,508	6,861	6,842	6,826	7,997
Typhus	2,897	970	321	366	44	205	162	199
Relapsing fever	19	14	31	—	—	—	—	—
Malaria	181	130	76	266	134	201	214	672
Smallpox	4,385	1,542	70	36	9	—	—	—
Scarlet fever	4,275	9,425	10,784	10,552	9,656	12,484	14,677	15,118
Diphtheria	4,800	4,380	3,223	3,159	3,554	4,152	5,343	7,595
Dysentery	8,057	8,238	1,453	1,539	1,301	649	838	604
Epidemic cerebro-spinal meningitis	106	80	190	142	138	155	224	191
Encephalitis lethargica	—	—	—	—	—	141	35	67
Influenza	—	—	—	—	—	7,323	4,448	359,768

Table No. 22.

DISTRIBUTION OF CASES OF EPIDEMIC DISEASES BY PROVINCES, 1926 AND 1927.

	Number of cases notified							
	Bohemia		Moravia and Silesia		Slovakia		Sub-Carpathian Russia	
	1926	1927	1926	1927	1926	1927	1926	1927
Typhoid or paratyphoid fever	1,927	2,190	1,729	1,933	2,054	2,431	1,116	1,443
Typhus	—	—	2	—	4	12	156	187
Malaria	2	4	1	1	39	125	172	542
Scarlet fever	9,115	9,176	3,649	3,341	1,794	2,363	119	238
Diphtheria	2,895	4,209	966	1,436	1,369	1,692	113	258
Dysentery	74	64	71	66	496	204	197	270
Epidemic cerebro-spinal meningitis	97	78	58	55	57	34	12	24
Encephalitis lethargica	26	62	9	1	—	4	—	—
Influenza	917	186,103	436	99,732	2,166	55,643	929	18,290

Table No. 23.

DEATHS DUE TO EPIDEMIC DISEASES, 1924 TO 1927.

	Number of deaths							
	Actual figures				Per 100,000 inhabitants			
	1924	1925	1926	1927	1924	1925	1926	1927
Typhoid or paratyphoid fever	1,130	1,143	1,189	1,265	8.04	8.05	8.32	8.79
Typhus	13	12	8	12	0.09	0.09	0.06	0.08
Malarial fever or cachexia ..	24	27	27	26	0.17	0.19	0.19	0.18
Measles	1,378	1,492	1,668	2,580	9.81	10.52	11.65	17.92
Scarlet fever	708	499	363	502	5.04	3.52	2.51	3.49
Whooping-cough	1,028	1,775	2,888	1,640	7.32	12.52	20.20	11.39
Diphtheria	645	683	761	1,150	4.59	4.82	5.31	7.99
Influenza with complications	595	1,195	1,578	4,887	4.23	8.41	11.03	33.93
Cholera nostras			10	7			0.07	0.05
Dysentery			183	139			1.28	0.96
Erysipelas	388	388	446	504	2.76	2.74	3.12	3.50
Encephalitis lethargica ..	193	229	134	150	1.37	1.61	0.94	1.04
Epidemic cerebro-spinal meningitis	52	76	97	72	0.37	0.54	0.68	0.50
Other epidemic diseases ..			40	56			0.29	0.15
Total	6,154	7,519	9,392	12,990			65.75	89.97

Influenza.—In 1927, influenza caused more deaths than any other epidemic disease. Isolated cases of influenza normally occur throughout the year, and a certain number of deaths from this disease are recorded annually. At the beginning of 1927, Czechoslovakia was overwhelmed by the great epidemic wave which passed right across western Europe, starting in the autumn of 1926. The epidemic broke out in the first fortnight of January 1927, spread rapidly during the second fortnight, and reached its climax in the first fortnight of February in Bohemia and Sub-Carpathian Russia, and in the second fortnight in Moravia, Silesia and Slovakia. In March it declined, and from April onwards, only sporadic cases were observed, except in Slovakia. The number of cases notified up to April 30th, 1927, was 359,379, their distribution being as follows:

Period	Number of Cases
January 1st to 15th	7,439 (6,596 in Bohemia).
16th to 31st	66,803 (46,815 in Bohemia ; 14,415 in Moravia and Silesia).
February 1st to 15th	126,579 (80,601 in Bohemia ; 27,207 in Moravia and Silesia).
16th to 28th	101,207 (36,237 in Bohemia ; 42,404 in Moravia and Silesia).
March 1st to 15th	46,931 (18,068 in Slovakia ; 12,691 in Bohemia ; 14,045 in Moravia and Silesia).
April 16th to 31st	8,494 (3,597 in Slovakia).
1st to 15th	1,448 (1,143 in Slovakia).
16th to 30th	478 (335 in Slovakia).

The actual number of cases was certainly higher than the figure shown above, as all cases were not notified, particularly in Slovakia. The statistics of notifiable diseases show that 2.7 per cent of the population succumbed to influenza during the epidemic.

According to the figures published by the Statistical Office, the epidemic reached its climax on February 17th and 18th. The weekly distribution of influenza deaths was as follows :

January	2nd to	January 8th	..	..	..	..	..	31
	9th to	15th	..	..	..	..	..	74
	16th to	22nd	..	..	..	..	..	133
	23rd to	29th	..	..	..	..	..	275
	30th to	February 5th	..	..	..	..	..	445
February	6th to	12th	..	..	..	..	..	540
	13th to	19th	..	..	..	..	..	667
	20th to	26th	..	..	..	..	..	617
	27th to	March 5th	..	..	..	..	..	512
March	6th to	12th	..	..	..	..	..	369
	13th to	19th	..	..	..	..	..	260
	20th to	26th	..	..	..	..	..	174
	27th to	April 2nd	..	..	..	..	..	114
April	3rd to	9th	..	..	..	..	..	89
	10th to	16th	..	..	..	..	..	62
	17th to	23rd	..	..	..	..	..	59
	24th to	30th	..	..	..	..	..	39

The mortality reached its maximum on February 14th in Bohemia, February 25th in Moravia and Silesia, February 20th in Slovakia and February 17th in Sub-Carpathian Russia. The number of deaths due to influenza was 4,887 for the whole year, and 4,464 during the epidemic (January to the end of April) ; the case fatality was 1.24 per cent. The epidemic was particularly deadly in Sub-Carpathian Russia, where the mortality was twice as high as in the other provinces.

Whilst the disease was particularly fatal to children in Sub-Carpathian Russia and part of Slovakia, in Bohemia, Moravia and Silesia its victims were mainly found among the aged. An examination of deaths classified by age-groups for the whole country during the period of the epidemic reveals the following figures :

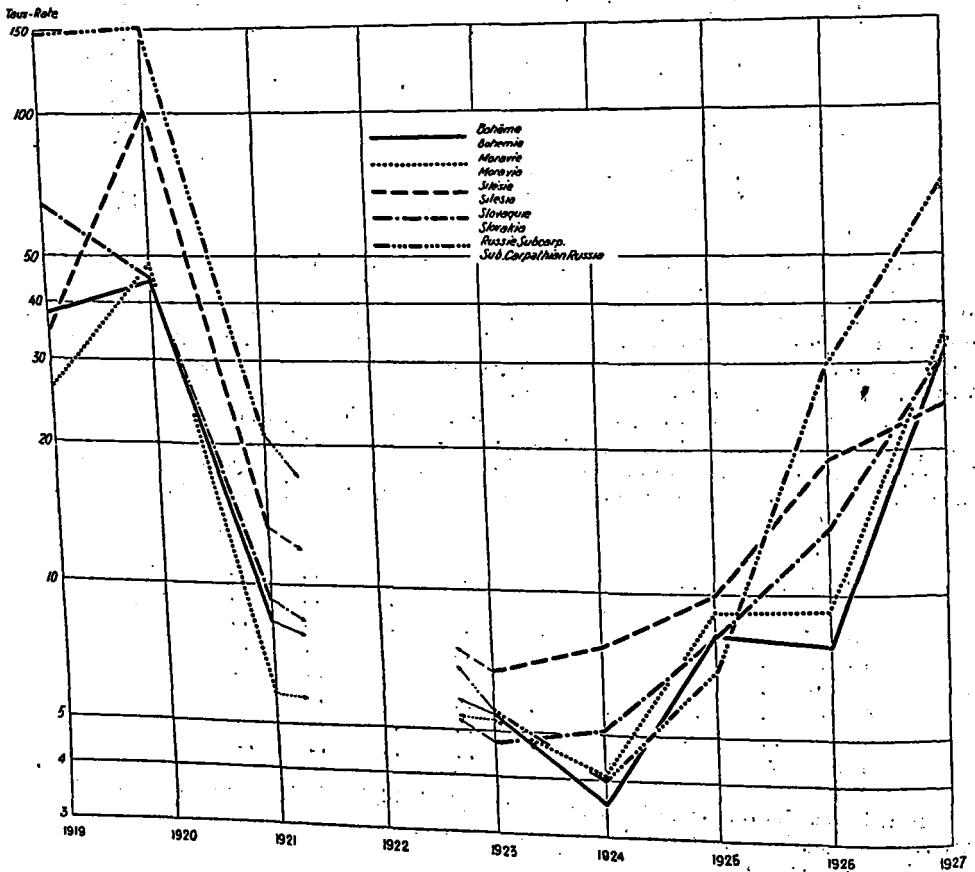
Age	Number of deaths
0- 1 year	1,006
1- 5 years	626
5-14	193
15-25	213
25-40	301
40-60	647
60-80	1,240
80 and over	238

It will also be observed that the death rate is higher in the country than in the towns and that it appears to decrease in inverse ratio to the number of inhabitants in a given commune.

DISTRIBUTION OF DEATHS FROM INFLUENZA FOR THE WHOLE COUNTRY ACCORDING TO THE SIZE OF CENTRES OF POPULATION.
Rate per 1,000 inhabitants.

Communes	Rate
Less than 2,000 inhabitants	3.96
2,000- 5,000	3.10
5,000- 10,000	2.78
10,000- 20,000	1.94
20,000- 50,000	1.63
50,000-100,000	0.49
More than 100,000	1.54

Death Rate from Influenza by Provinces, 1920-27
(Rate per 100,000 Inhabitants).



It is evident that the medical facilities afforded by large towns are responsible for their lower death rate.

A study of the geographical distribution of mortality during the influenza epidemic provides many interesting features.

Map No. 7 shows several centres with high mortality, mostly situated in mountainous, poor and sparsely populated areas. The highest number of deaths was recorded in the frontier districts of the Carpathians, in the east of Slovakia, and, in the case of Sub-Carpathian Russia, to the north of Užhorod and in the neighbourhood of Hust.

Typhoid and Paratyphoid Fever.—The number of cases notified was 7,997 (6,826 in 1926), representing an increase in all provinces. The number of deaths also rose—1,189 in 1926 and 1,265 in 1927. The incidence increased by 17.15 per cent and the death rate by 6.39 per cent.

SEASONAL DISTRIBUTION OF DEATHS FROM TYPHOID AND PARATYPHOID, 1926 AND 1927.

Month	1926	1927	Month	1926	1927
January	86	126	July	83	92
February	77	81	August	124	103
March	82	65	September	125	160
April	75	59	October	157	146
May	76	73	November	121	161
June	54	72	December	129	127

Table No. 24.

MORTALITY FROM TYPHOID AND PARATYPHOID FEVER, 1925 TO 1927.

	Number of deaths					
	Actual figures			Per 100,000 inhabitants		
	1925	1926	1927	1925	1926	1927
Bohemia	292	286	301	4.25	4.14	4.34
Moravia	198	171	194	7.15	6.12	6.90
Silesia	18	33	6	2.52	4.58	0.83
Slovakia	459	478	504	14.49	14.92	15.57
Sub - Carpathian Russia	176	221	260	26.57	32.71	37.90
Total :						
... Czechoslovakia ..	1,143	1,189	1,265	8.05	8.32	8.79

Scarlet Fever.—The number of cases notified has increased during the past few years, but there were considerably fewer deaths in 1925 and 1926.

The year 1927 was not satisfactory; there were 502 deaths from scarlet fever (363 in 1926). The increase in the death rate started in September and continued until the early months of 1928. The monthly average of deaths was 32 from January to August, and 62 from September to December (September, 53; October, 62; November, 81; December, 52).

Table No. 25.
MORTALITY FROM SCARLET FEVER, 1925 TO 1927.

	Number of deaths					
	Actual figures			Per 100,000 inhabitants		
	1925	1926	1927	1925	1926	1927
Bohemia	162	147	178	2.36	2.13	2.57
Moravia	91	75	68	3.28	2.69	2.42
Silesia	13	6	6	1.82	0.83	0.83
Slovakia	200	121	227	6.31	3.78	7.01
Sub-Carpathian Russia	33	14	23	4.98	2.07	3.35
Total: Czechoslovakia.	499	363	502	3.52	2.51	3.49

Measles.—Measles cases are not notified. The number of deaths is far higher than from scarlet fever. The last few years show an increase in the number of deaths: 1,378 in 1924; 1,492 in 1925; 1,668 in 1926; 2,580 in 1927. During the past two years, the maximum mortality occurred during August and September, as is shown in the following table:

SEASONAL DISTRIBUTION OF DEATHS FROM MEASLES, 1926 AND 1927.

Month	1926	1927	Month	1926	1927
January	88	252	July	120	190
February	124	292	August	55	106
March	178	296	September	46	105
April	175	223	October	123	213
May	164	250	November	191	229
June	134	236	December	270	188

The fall in the death rate at the end of 1927 continued during the first few months of 1928.

The marked increase in the death rate from measles is mainly due to an epidemic which raged in Sub-Carpathian Russia; deaths from measles increased in Bohemia and Moravia, but decreased in Slovakia and Silesia.

Table No. 26.
MORTALITY FROM MEASLES, 1925 TO 1927.

	Number of deaths					
	Actual figures			Per 100,000 inhabitants		
	1925	1926	1927	1925	1926	1927
Bohemia	203	406	675	2.96	5.85	9.73
Moravia	139	131	225	5.02	4.69	8.00
Silesia	41	126	5	5.75	17.49	0.69
Slovakia	978	891	857	30.87	27.80	26.48
Sub-Carpathian Russia	131	114	818	19.77	16.87	119.25
Total: Czechoslovakia	1,492	1,668	2,580	10.52	11.65	17.92

MONTHLY DISTRIBUTION OF DEATHS FROM DIPHTHERIA, 1926 AND 1927.

Month	1926	1927	Month	1926	1927
January ..	61	113	July ..	31	45
February ..	73	112	August ..	43	57
March ..	65	90	September ..	59	82
April ..	60	69	October ..	84	120
May ..	41	72	November ..	95	170
June ..	28	42	December ..	121	178

Table No. 27.

MORTALITY FROM DIPHTHERIA, 1925 TO 1927.

	Number of deaths					
	Actual figures			Per 100,000 inhabitants		
	1925	1926	1927	1925	1926	1927
Bohemia	221	312	502	3.22	4.50	7.21
Moravia	64	104	147	2.31	3.72	5.23
Silesia	10	11	14	1.40	1.57	1.93
Slovakia	324	297	391	10.23	9.30	12.08
Sub-Carpathian Russia	64	37	96	9.66	5.48	13.99
Total : Czechoslovakia	683	761	1,150	4.82	5.31	7.99

Whooping-cough.—In 1925 and 1926, whooping-cough caused more deaths than any other epidemic disease; in 1926, the mortality was particularly high in Slovakia and Sub-Carpathian Russia, where a severe epidemic raged from March to August. The number of deaths from whooping-cough fell in 1927 from 2,888 to 1,640.

Table No. 28.

MORTALITY FROM WHOOPING-COUGH, 1925 TO 1927.

	Number of deaths					
	Actual figures			Per 100,000 inhabitants		
	1925	1926	1927	1925	1926	1927
Bohemia	380	458	491	5.53	6.63	7.05
Moravia	234	294	212	8.45	10.53	7.54
Silesia	144	104	73	20.19	14.42	10.05
Slovakia	809	1,319	628	25.54	41.16	19.41
Sub-Carpathian Russia	208	713	236	31.40	105.54	34.40
Total : Czechoslovakia	1,775	2,888	1,640	12.52	20.20	11.39

Other Epidemic Diseases.

Erysipelas.—This is the most fatal epidemic disease after those already mentioned. It occurs throughout the year, but the death rate is somewhat lower during the summer months than at other times.

Table No. 29.

MORTALITY FROM ERYSIPELAS, 1925 TO 1927.

	Number of deaths					
	Actual figures			Per 100,000 inhabitants		
	1925	1926	1927	1925	1926	1927
Bohemia	229	239	257	3.33	3.46	3.71
Moravia	79	110	143	2.85	3.94	5.07
Silesia	14	16	14	1.96	2.22	1.93
Slovakia	52	63	71	1.64	1.97	2.19
Sub - Carpathian Russia	14	18	19	2.11	2.66	2.77
Total : Czechoslovakia	388	446	504	2.74	3.12	3.50

Dysentery.—A very large number of dysentery cases occurred after the war. The course of this disease was only arrested in 1921 ; in 1925, a further fall was recorded. There was a slight epidemic of dysentery in 1926, when 12 deaths occurred in Bohemia, Moravia and Silesia, 99 in Slovakia, and 72 in Sub-Carpathian Russia ; in 1927 there were 23 deaths in Bohemia, Moravia and Silesia, 45 in Slovakia and 71 in Sub-Carpathian Russia. Most of the deaths occurred in August, September and October, fatal cases being exceptional during the other months.

Encephalitis lethargica accounted for 150 deaths in 1927 (16 less than in 1926), 142 of these occurring in the Czech provinces and only 8 in Slovakia and Sub-Carpathian Russia.

Malaria.—In 1927, there was an unexpected increase in the number of cases of malaria notified (201 in 1925, 214 in 1926 and 672 in 1927) ; the number of deaths remains approximately the same.

Relapsing fever, which was introduced during the war, occurred frequently during the first post-war years ; it is seldom a cause of death at the present time.

Smallpox broke out in Sub-Carpathian Russia after the war. Cases no longer occur.¹

(b) *Infectious Diseases.*

Table No. 30 shows the deaths caused by the most common infectious diseases.

¹ The provisional vital statistics showed a small number of deaths from smallpox ; further enquiry proved that this was an error.

Table No. 30.

MORTALITY FROM INFECTIOUS DISEASES, 1924 TO 1927.

	Number of deaths							
	Actual figures				Per 100,000 inhabitants			
	1924	1925	1926	1927	1924	1925	1926	1927
Tuberculosis of the respiratory system	23,899	24,600	25,089	25,085	170.08	173.48	175.46	174.25
Tuberculosis of the meninges and tuberculosis of the central nervous system			1,242	1,203			8.69	8.36
Other forms of tuberculosis	2,873	3,025	1,816	1,722	20.45	21.33	12.70	11.96
Syphilis	471	463	495	468	3.35	3.26	3.46	3.25
Glanders, anthrax and rabies			26	22			0.18	0.15
Other infectious diseases			2,910	2,392			20.35	16.61
Total			31,578	30,892			220.84	214.58

Tuberculosis.

Table No. 31.

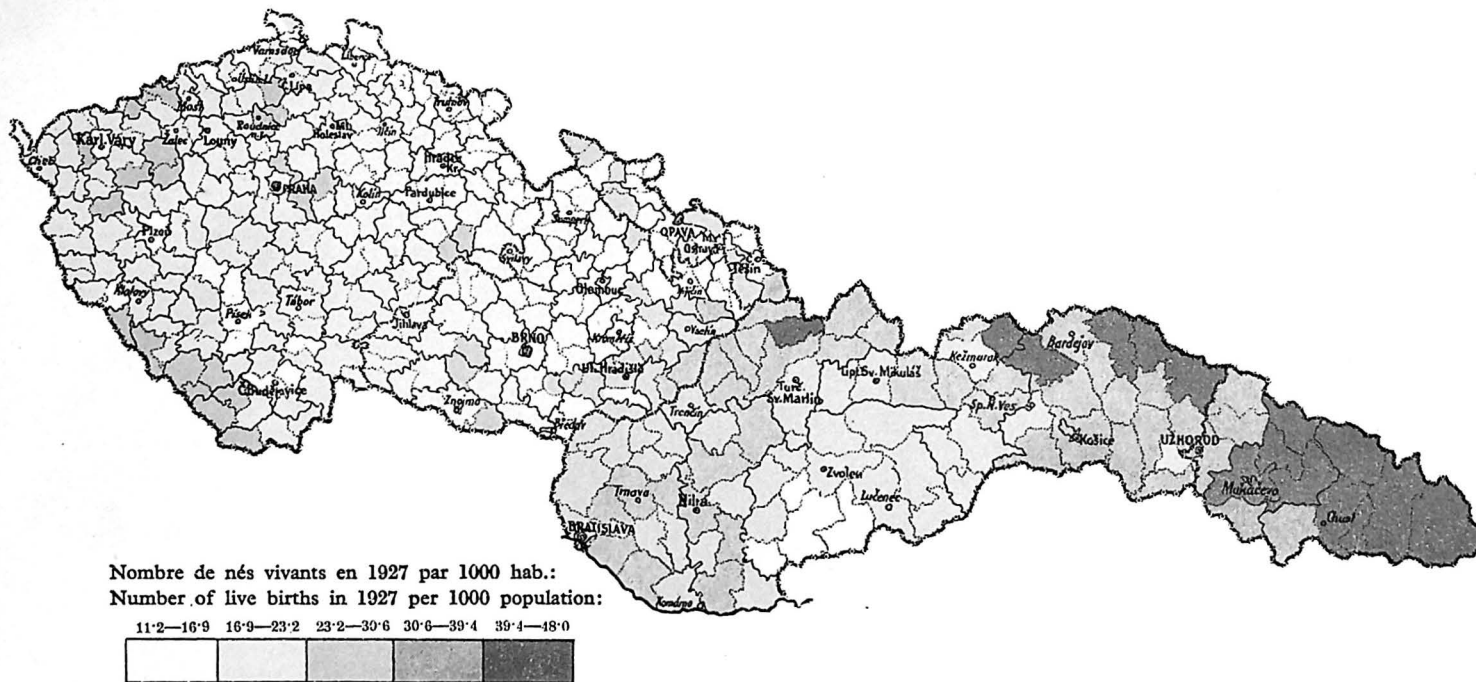
MONTHLY DISTRIBUTION OF THE MORTALITY FROM TUBERCULOSIS, 1927.

Month	Number of deaths from :					
	Pulmonary tuberculosis		Tuberculosis of the meninges and of the central nervous system		Other forms of tuberculosis	
	1926	1927	1926	1927	1926	1927
January	2,076	2,162	101	100	166	156
February	2,082	2,489	102	96	129	130
March	2,721	2,607	145	121	181	164
April	2,767	2,526	149	129	161	151
May	2,631	2,743	137	137	201	157
June	2,334	2,205	124	118	183	154
July	2,038	2,028	100	111	150	160
August	1,914	1,780	89	78	147	159
September	1,602	1,532	64	76	151	131
October	1,653	1,630	69	75	108	108
November	1,533	1,565	86	81	114	122
December	1,738	1,818	76	81	125	130

The highest death rate from pulmonary tuberculosis occurs in Sub-Carpathian Russia. In Slovakia the death rate is low (1 to 1.5 per thousand inhabitants) in the former districts of Spiš and Šaryš (eastern Slovakia), and in certain mountainous districts in the north and west; more than the average mortality (approximately 2.5) occurs in certain rich districts in the fertile Danube valley, and in some industrial districts in central Slovakia. The Czech provinces show fewer deaths from tuberculosis than Slovakia. The variations between the different districts are strongly marked. As a rule, the fertile lowlands have a higher death rate than the mountainous districts. See map No. 11. The "islands" with a high mortality shown on the map are usually due to the presence of charitable institutions.

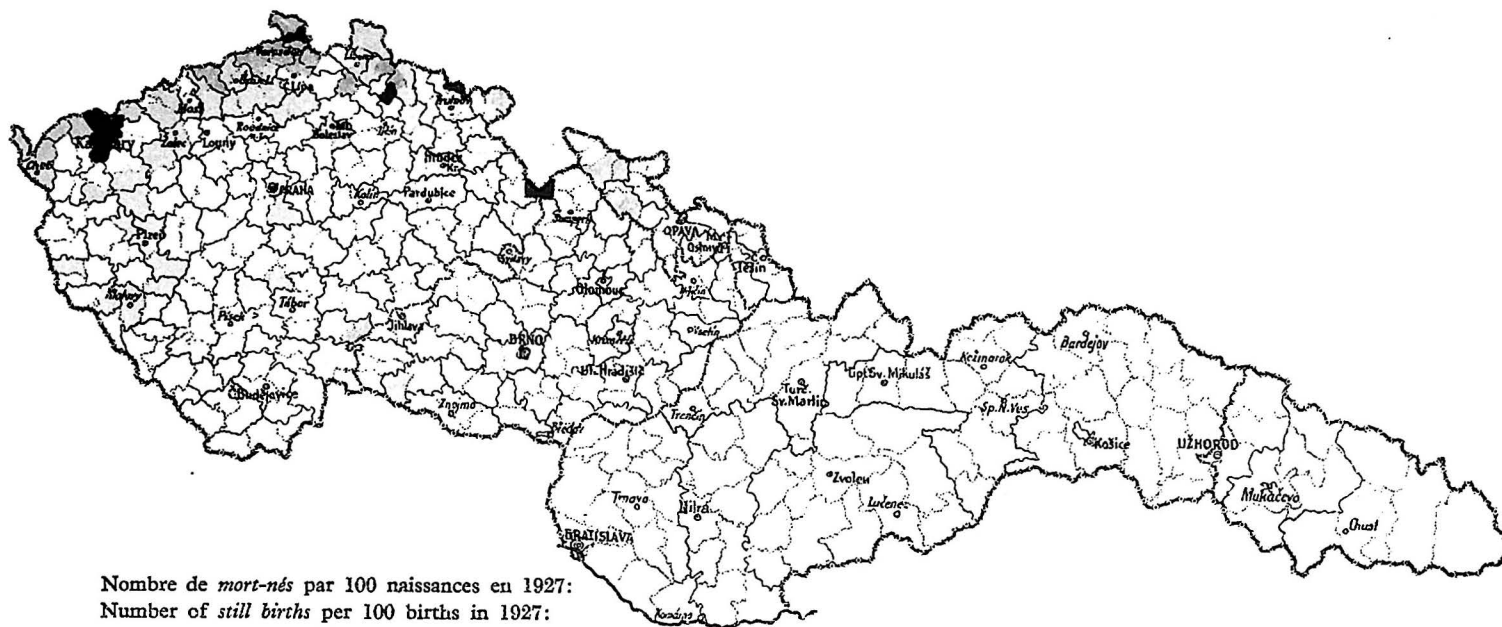
No 1.

Natalité dans la République Tchécoslovaque en 1927. — Births in Czechoslovakia in 1927.



No 2.

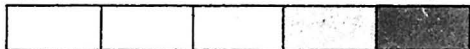
Mortinatalité en 1927. — Still Births in 1927.

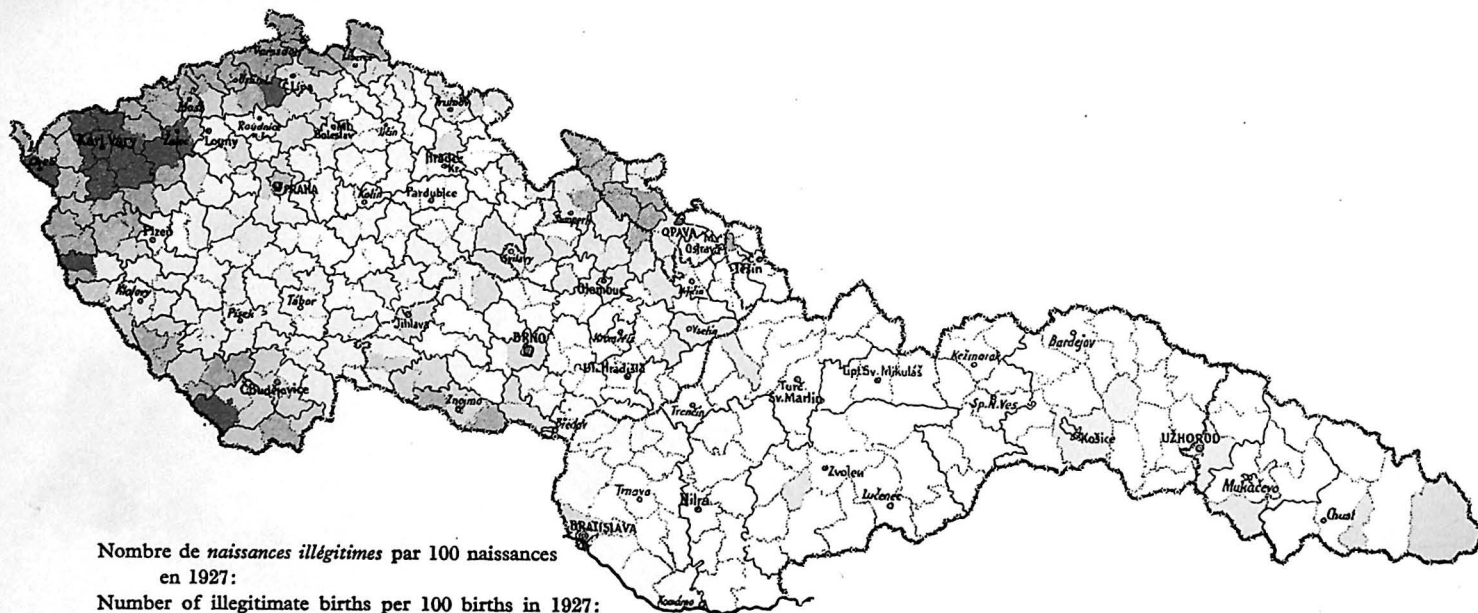


Nombre de *mort-nés* par 100 naissances en 1927:

Number of *still births* per 100 births in 1927:

0.3—1.4 1.4—2.7 2.7—4.2 4.2—5.9 5.9—8.0

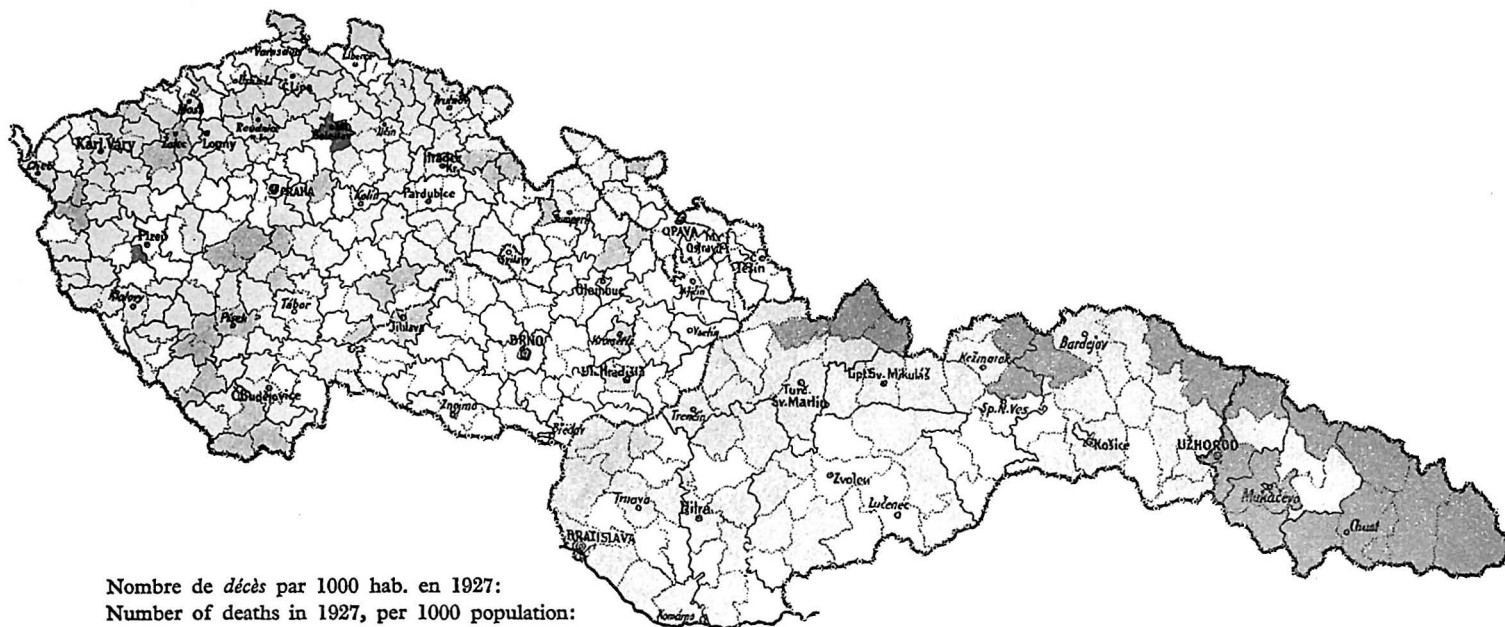




2·1—6·2 6·2—10·8 10·8—16·3 16·3—21·0 21·0—33·8

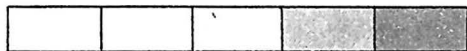


Mortalité générale en 1927. — General Mortality in 1927.



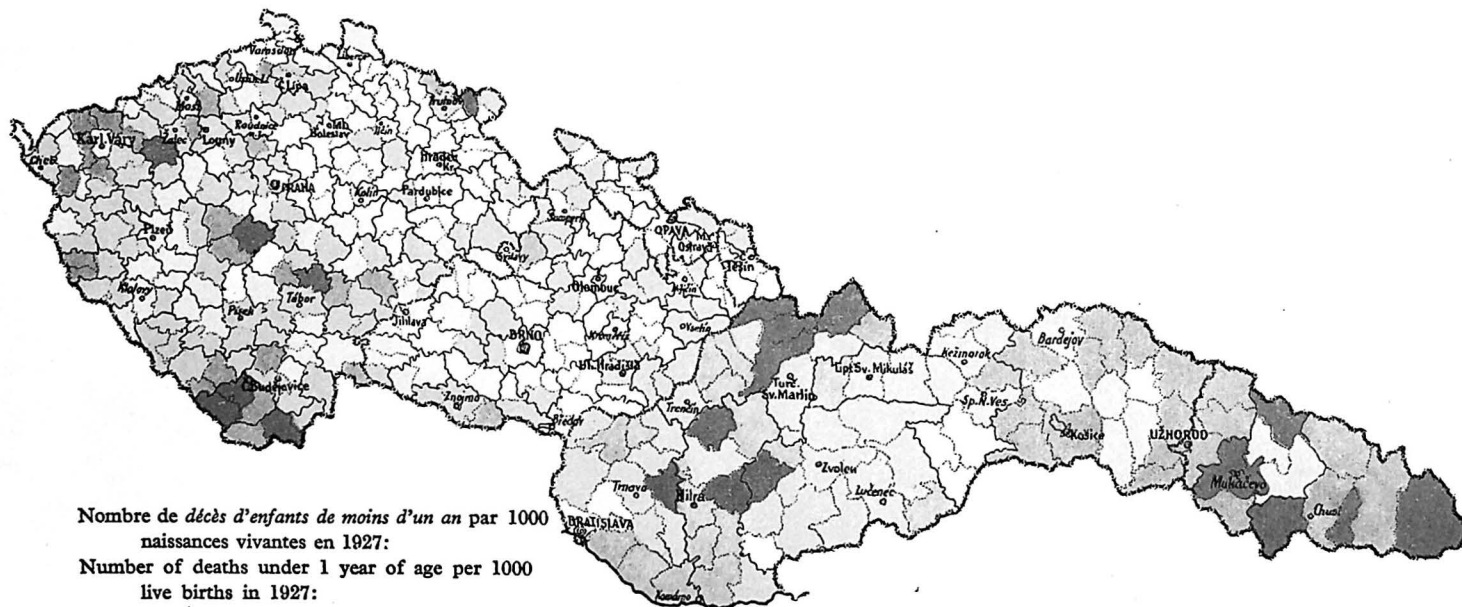
Nombre de décès par 1000 hab. en 1927:
 Number of deaths in 1927, per 1000 population:

7·9—11·4 11·5—14·0 14·1—17·3 17·3—21·4 21·4—27·5



No 5.

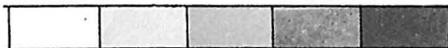
Mortalité infantile en 1927. — Infant Mortality in 1927.



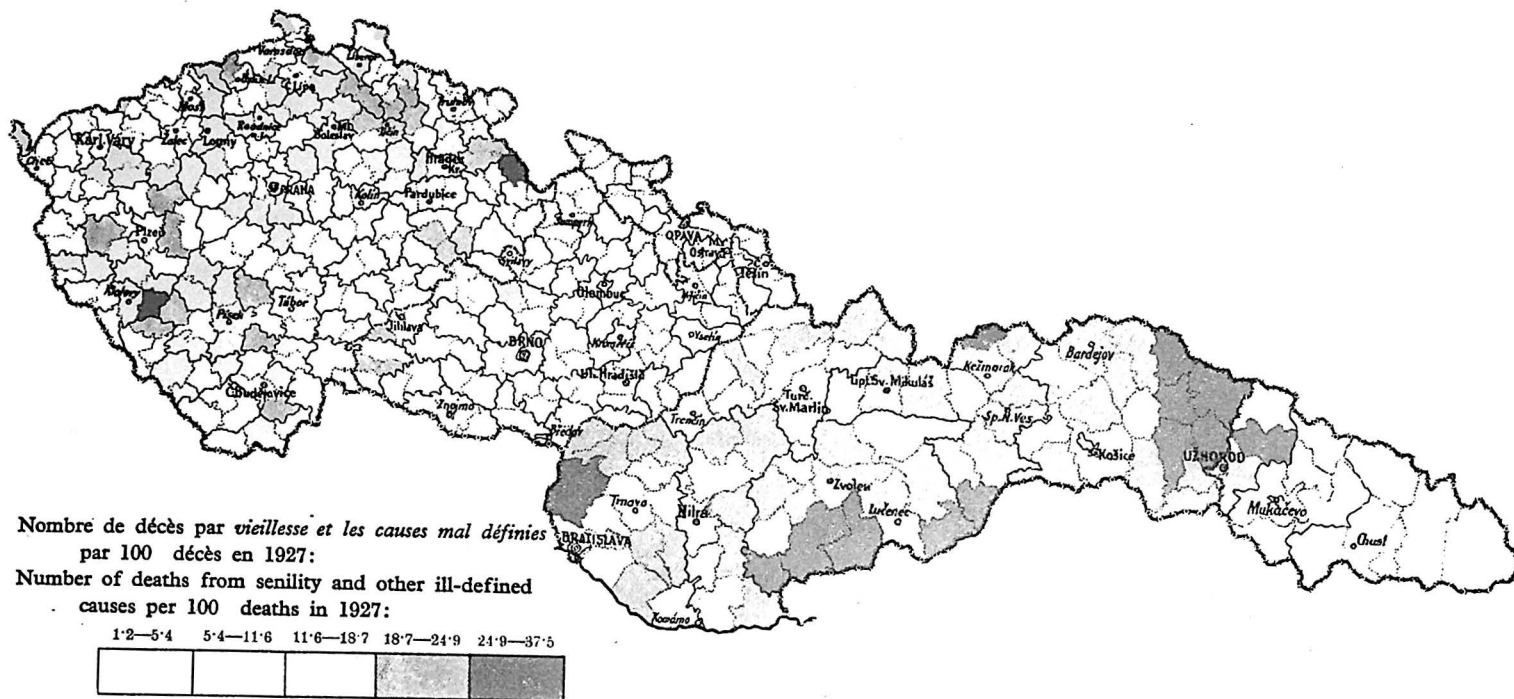
Nombre de décès d'enfants de moins d'un an par 1000
naissances vivantes en 1927:

Number of deaths under 1 year of age per 1000
live births in 1927:

56·1-113·8 114·9-146·0 146·6-179·0 179·8-211·8 213·3-245·1

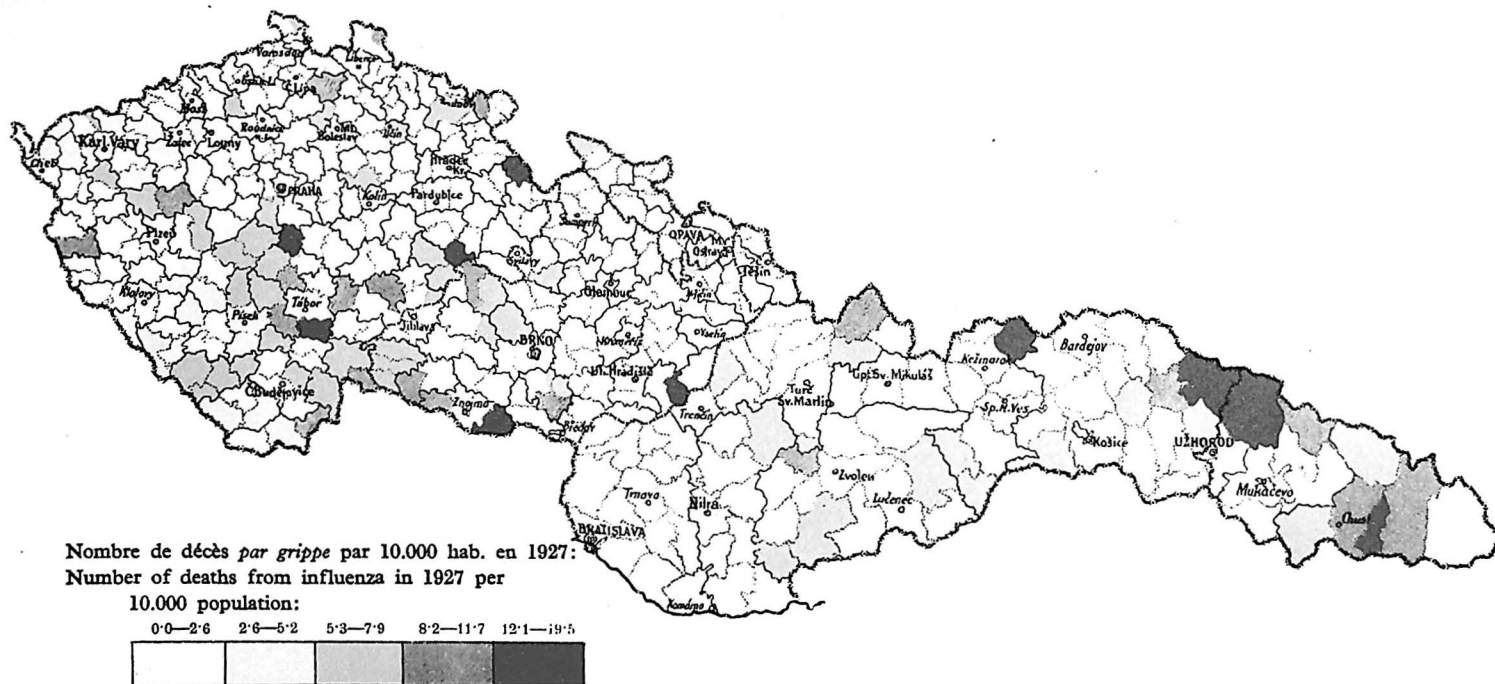


No 6. Mortalité par vieillesse et les causes de décès mal définies en 1927. — Mortality from Senility and other Ill-defined Causes of Death in 1927.



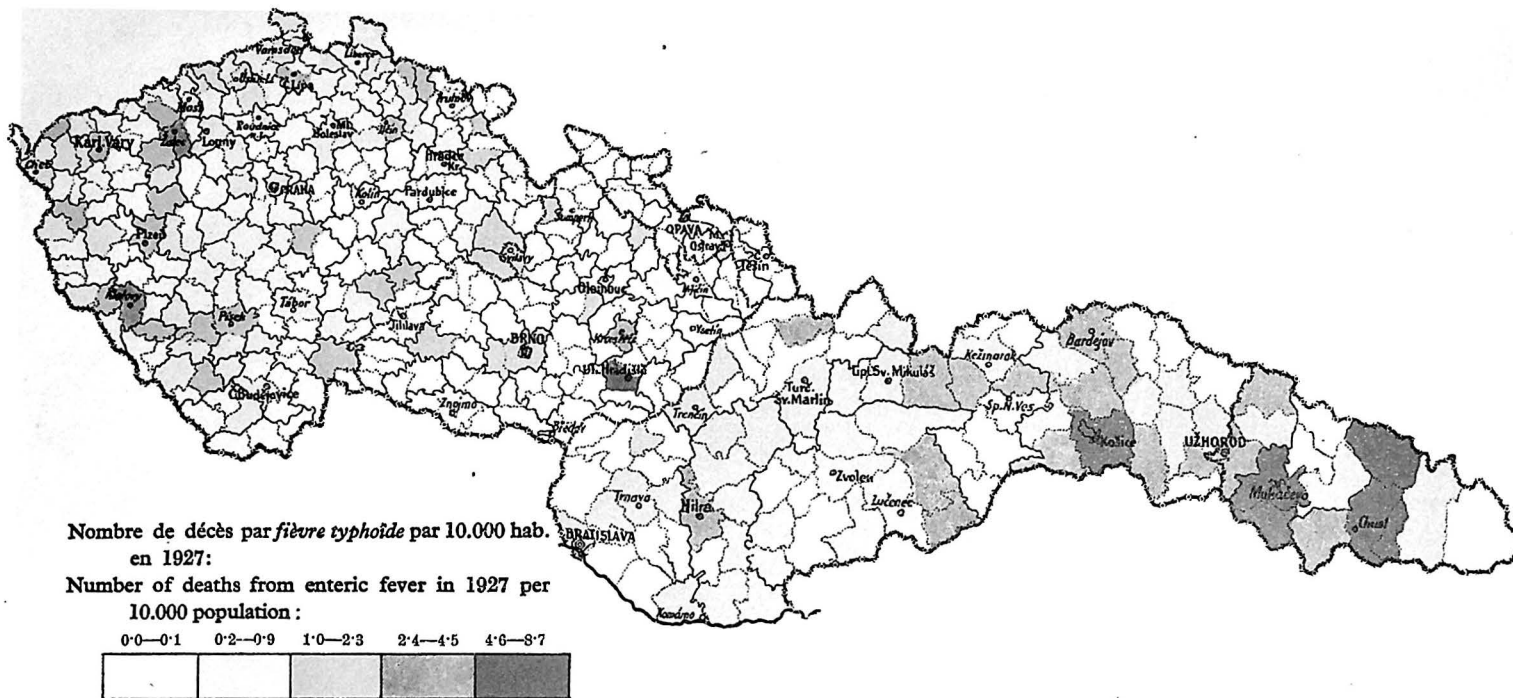
No 7.

Mortalité par grippe en 1927. — Mortality from Influenza in 1927.



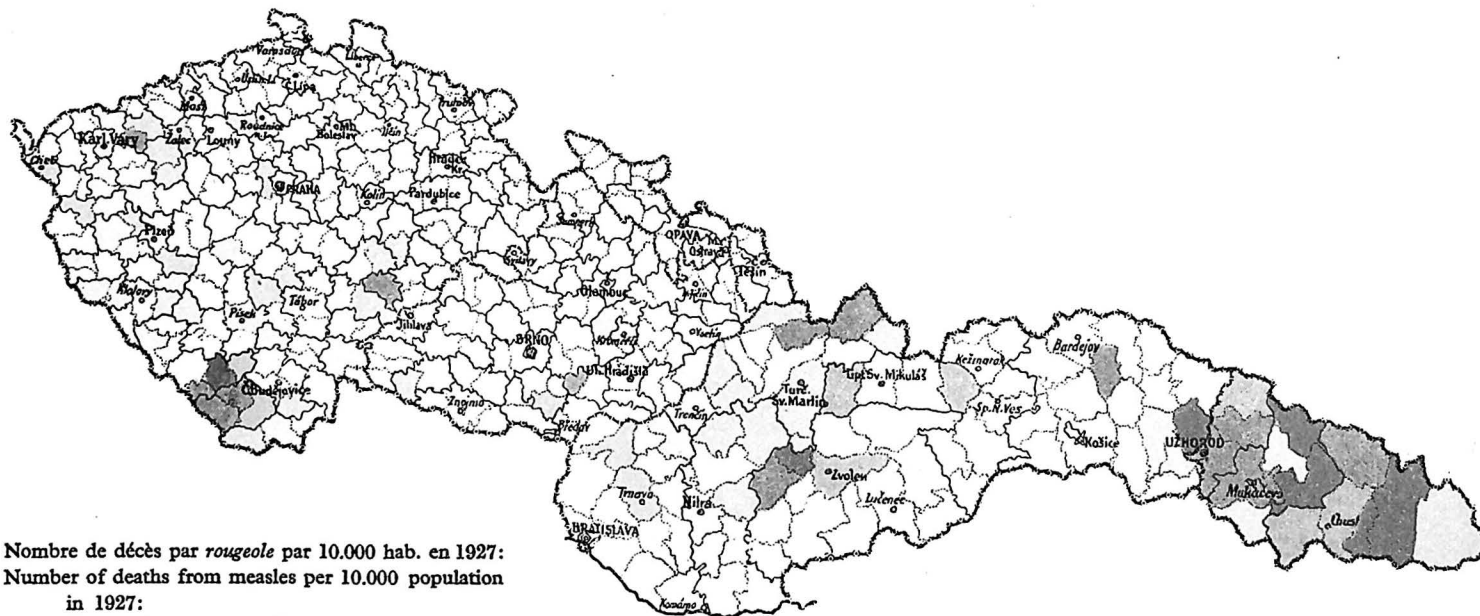
No 8.

Mortalité par fièvre typhoïde en 1927. — Mortality from Enteric Fever in 1927.

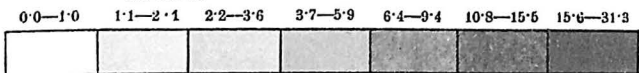


No 9.

Mortalité par rougeole en 1927. — Mortality from Measles in 1927.

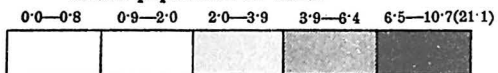
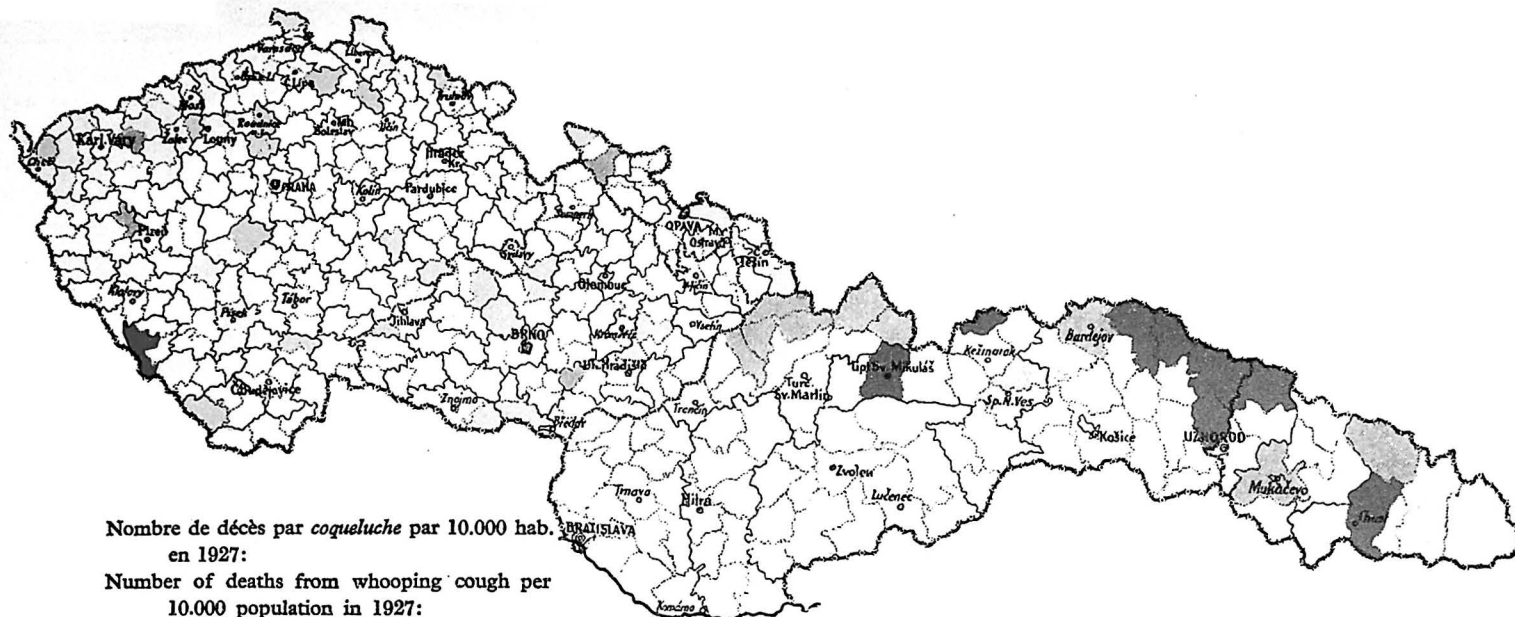


Nombre de décès par rougeole par 10.000 hab. en 1927:
Number of deaths from measles per 10.000 population
in 1927:

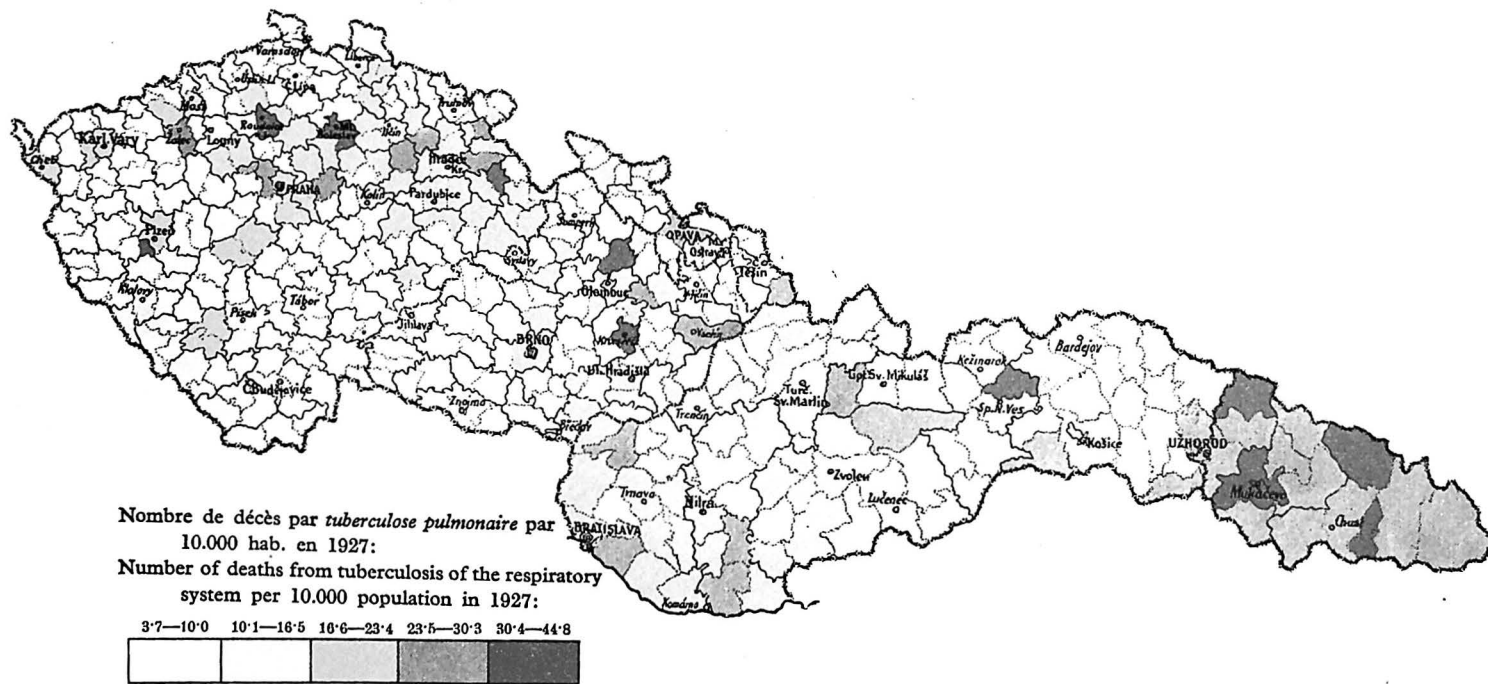


No 10.

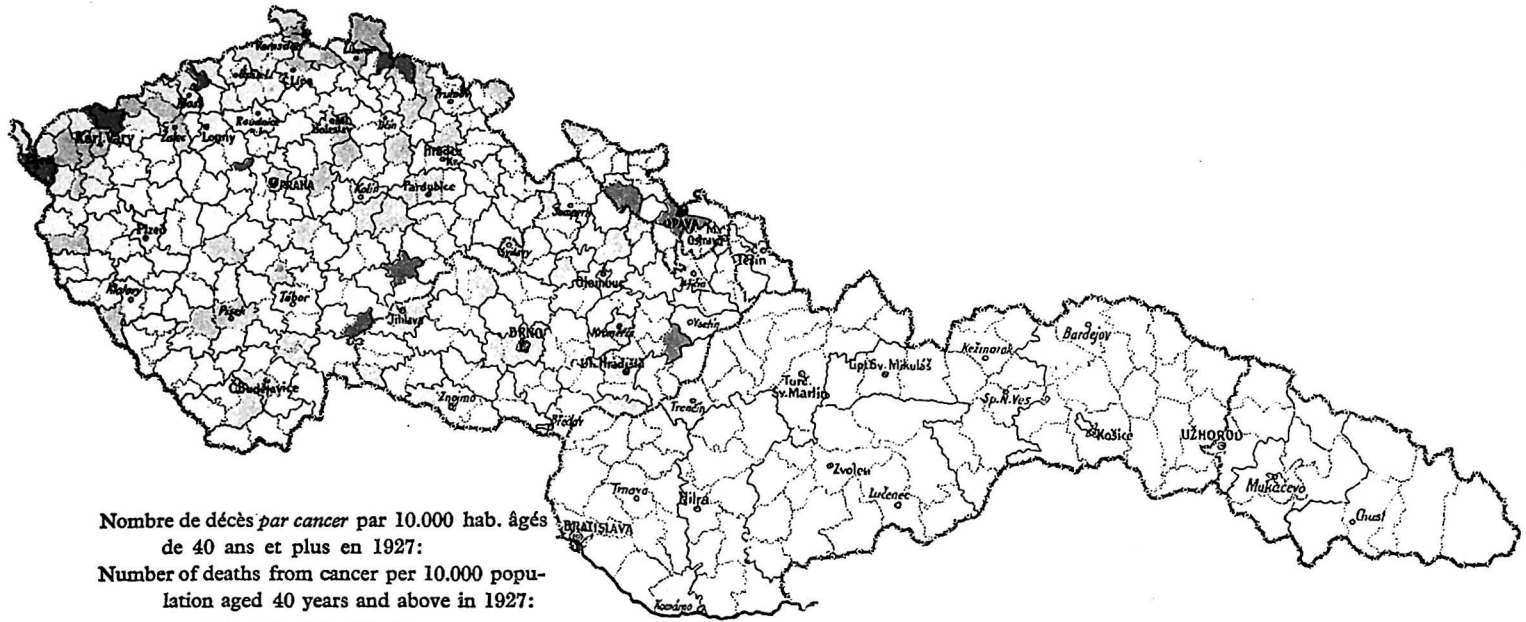
Mortalité par coqueluche en 1927. — Mortality from Whooping Cough in 1927.



N^o 11. Mortalité par tuberculose pulmonaire en 1927. — Mortality from Tuberculosis of the respiratory system in 1927.



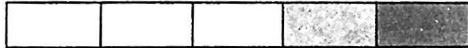
Mortalité par cancer en 1927. — Mortality from Cancer in 1927.



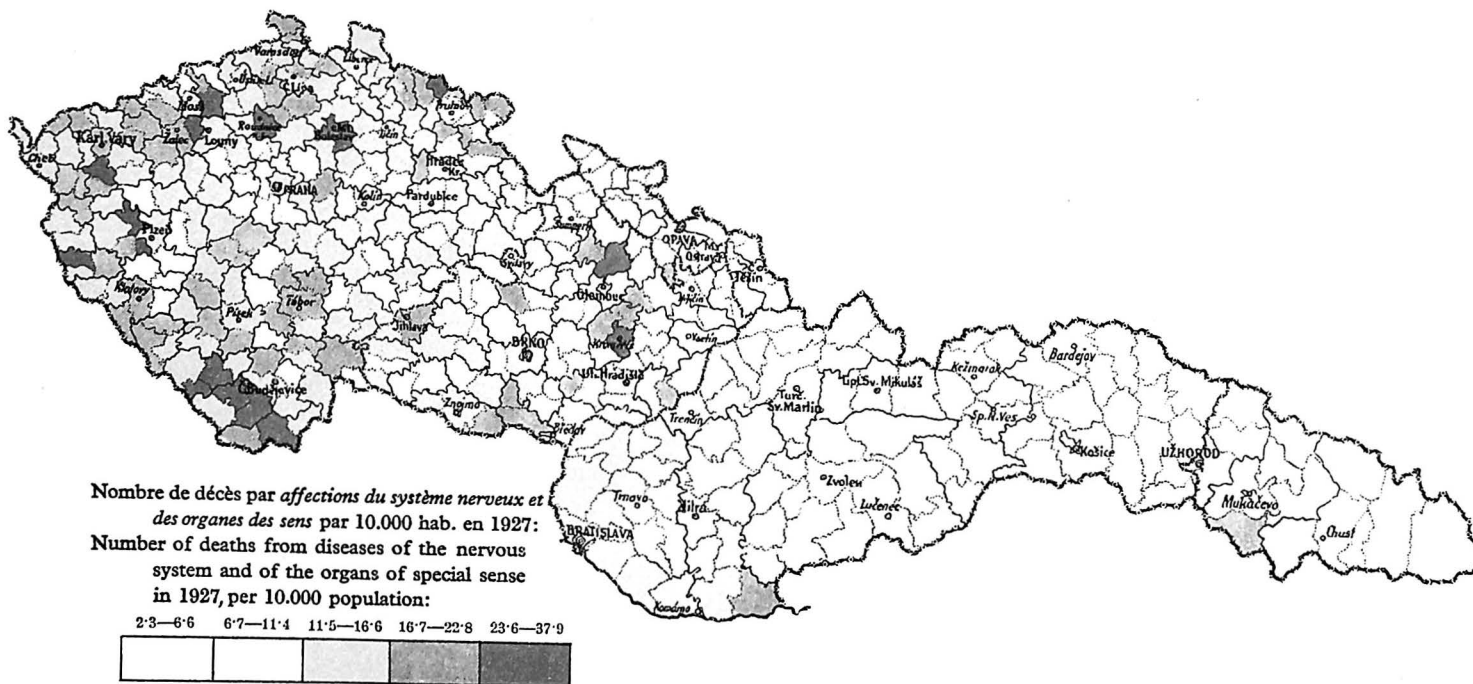
Nombre de décès par cancer par 10.000 hab. âgés de 40 ans et plus en 1927:

Number of deaths from cancer per 10.000 population aged 40 years and above in 1927:

7.9—20.5 20.6—34.8 34.9—49.2 49.3—61.3 61.4—76.4

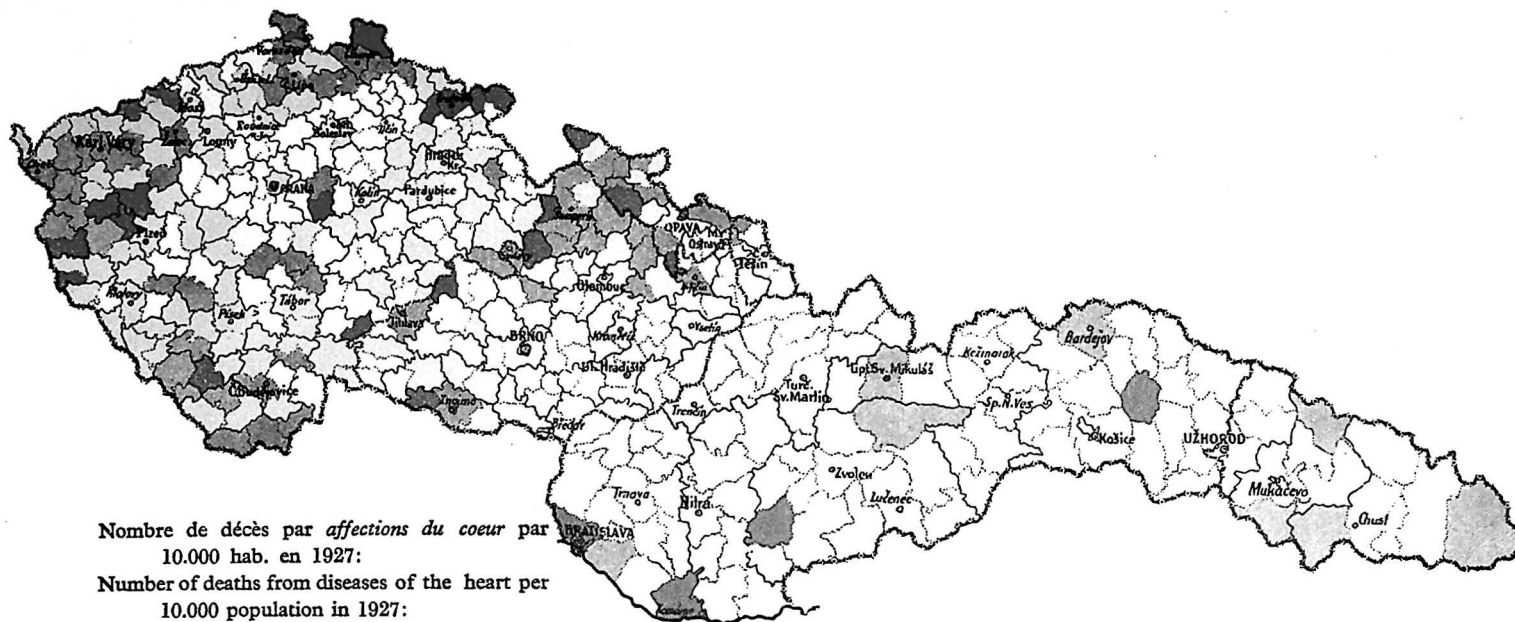


No 13. Mortalité par affections du système nerveux et des organes des sens en 1927. — Mortality from Diseases of the Nervous System and of the Organs of Special Sense in 1927.



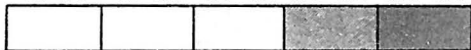
No 14.

Mortalité par affections du coeur en 1927. — Mortality from Diseases of the Heart in 1927.



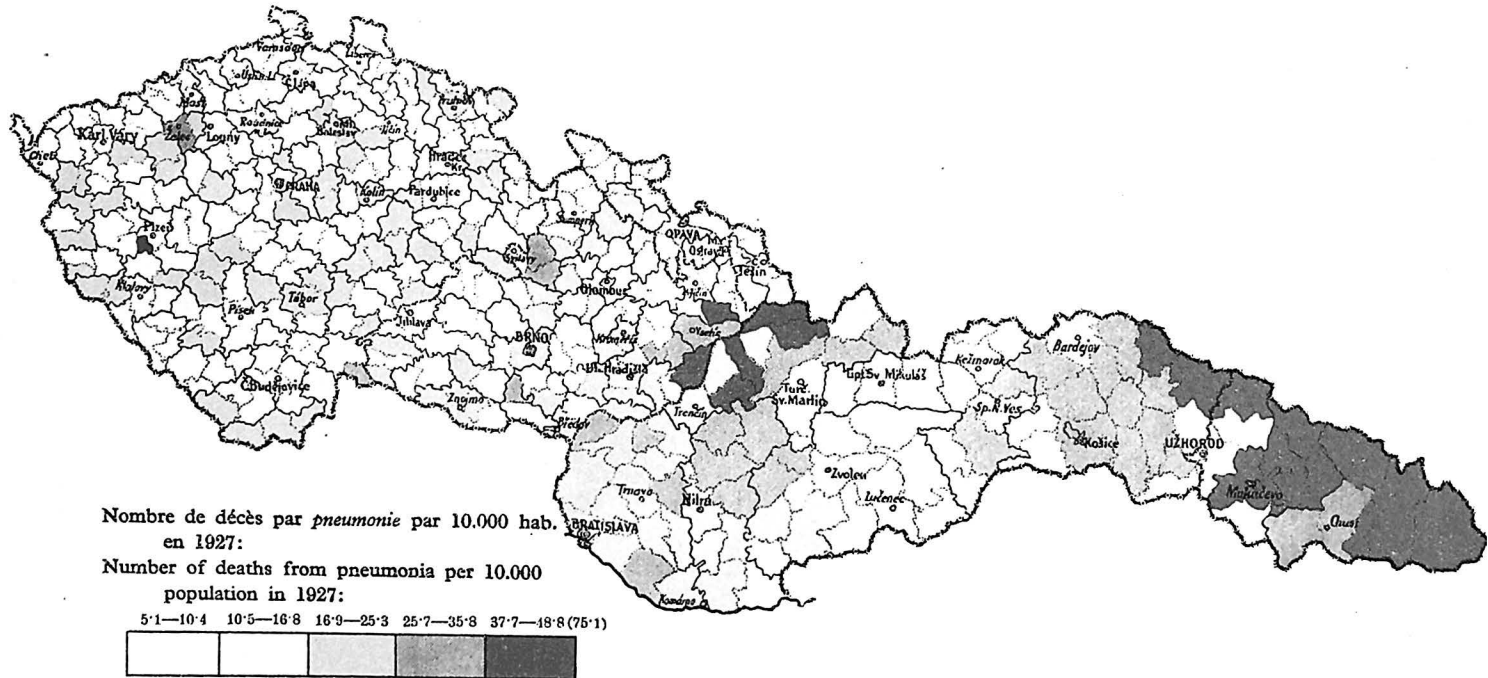
Nombre de décès par affections du coeur par
10.000 hab. en 1927:
Number of deaths from diseases of the heart per
10.000 population in 1927:

1·9—6·2 6·3—11·2 11·3—16·7 16·8—22·7 22·8—32·8

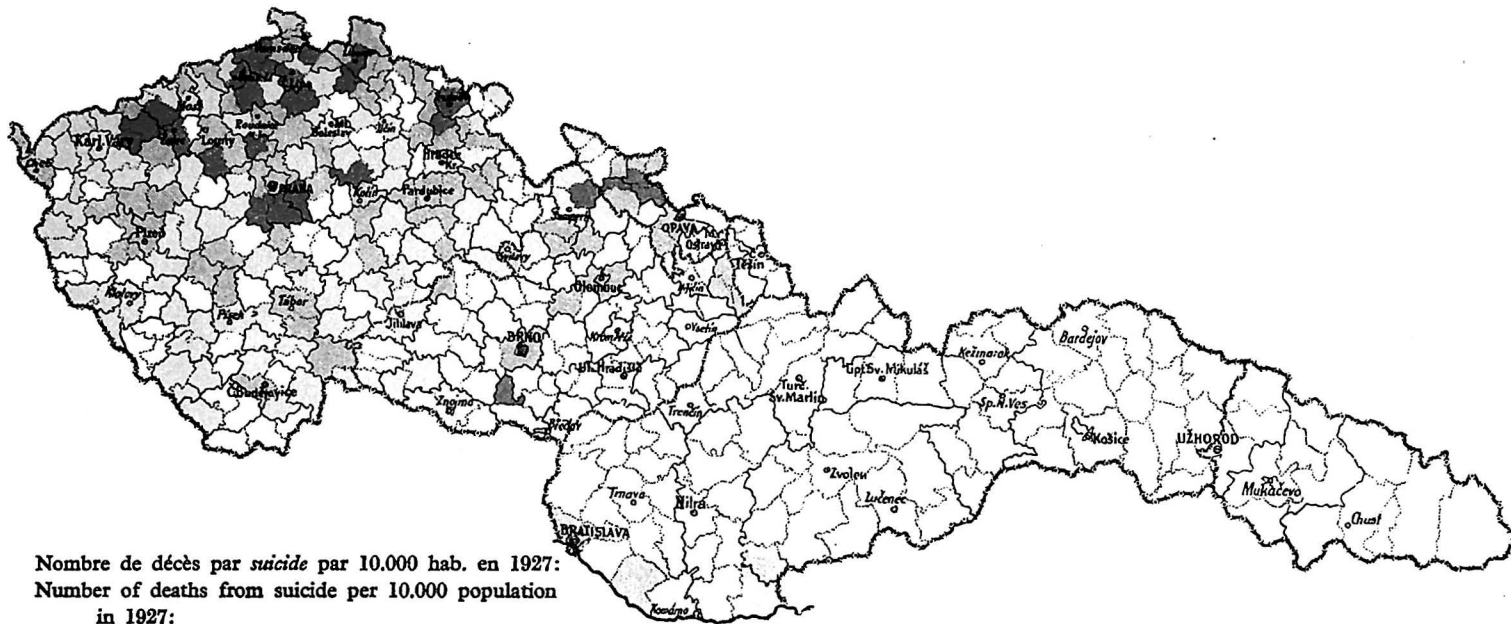


No 15.

Mortalité par pneumonie en 1927. — Mortality from Pneumonia in 1927.



Suicides en 1927. — Suicides in 1927.



Nombre de décès par *suicide* par 10.000 hab. en 1927:
 Number of deaths from suicide per 10.000 population
 in 1927:

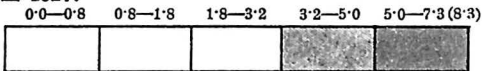
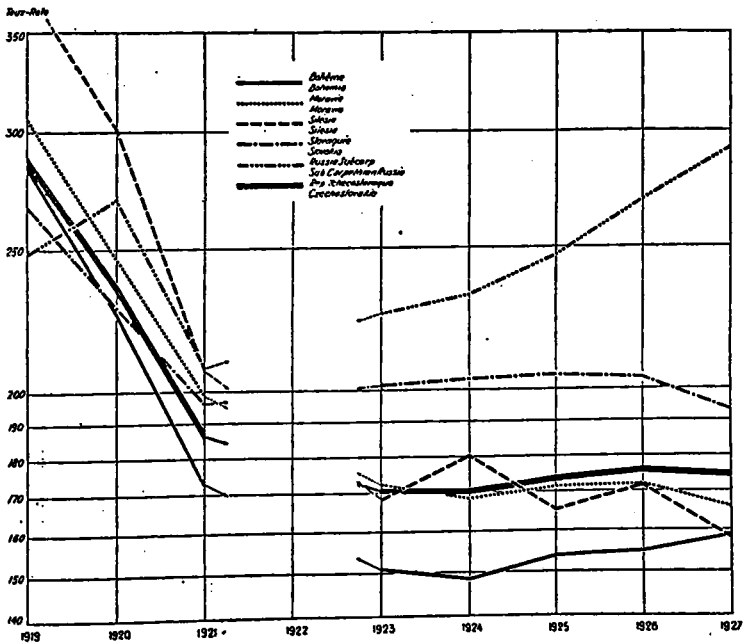


Table No. 32.
GEOGRAPHICAL DISTRIBUTION OF THE DEATH RATE FROM TUBERCULOSIS, 1925 TO 1927.

	Number of deaths					
	Actual figures			Per 100,000 inhabitants		
	1925	1926	1927	1925	1926	1927
<i>Pulmonary Tuberculosis.</i>						
Bohemia	10,560	10,696	11,009	153.79	154.93	158.71
Moravia	4,740	4,801	4,667	171.19	172.00	165.89
Silesia	1,180	1,237	1,150	165.45	171.67	158.28
Slovakia	6,481	6,531	6,256	204.57	203.70	193.25
Sub-Carpathian Russia	1,639	1,824	2,003	247.09	269.69	292.00
<i>Other Forms of Tuberculosis.</i>						
Bohemia	1,534	1,526	1,437	22.34	22.10	20.73
Moravia	849	783	745	30.64	28.03	26.49
Silesia	236	200	217	33.09	27.76	29.73
Slovakia	338	450	402	10.67	14.04	12.42
Sub-Carpathian Russia	68	99	124	10.26	14.65	18.08

*Death Rate from Pulmonary Tuberculosis in the Various Provinces, 1919-27
(Rate per 100,000 Inhabitants).*



Syphilis.—The number of deaths due to syphilis remains fairly constant, with a slight increase in 1926 ; according to the statistics of venereal disease compiled in February 1926, the mortality from syphilis is relatively highest in Sub-Carpathian Russia, and second highest in Bohemia.

The group "Other infectious diseases" showed in 1927 a marked fall in the death rate (from 2,910 to 2,392). The causes will be revealed by closer analysis.

(c) *General diseases.*

Cancer.—At the present day, the medical profession shows more interest in cancer than in other general diseases. Deaths from cancer and other malignant tumours are increasing at an alarming rate.

DEATHS FROM CANCER, 1919 TO 1927.

Year:	Actual figures	Rate per 100,000 inhabitants	Rate per 100,000 inhabitants over 40 years of age
1919	11,206	83.0	283.7
1920	11,385	83.9	286.9
1923	12,620	90.7	305.9
1924	13,608	96.8	324.9
1925	14,093	99.4	331.4
1926	15,397	107.7	357.3
1927	15,647	108.7	358.8

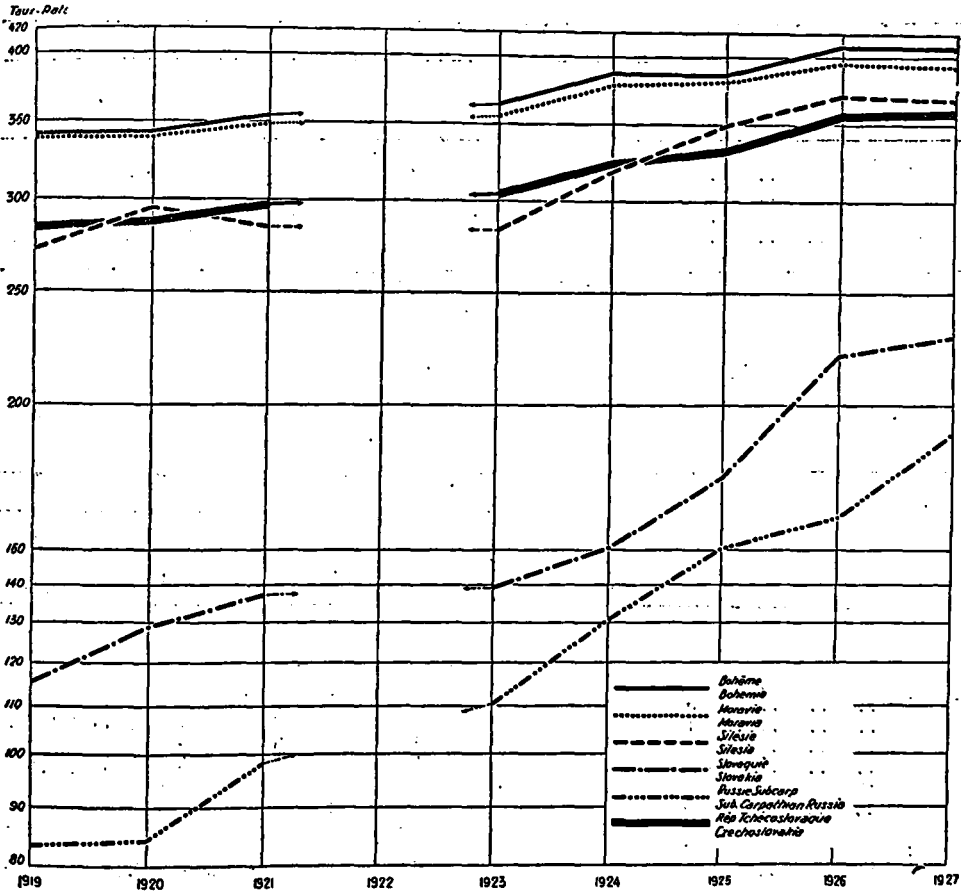
The statistics show that cancer is far more widely spread in the Czech provinces than in Slovakia and Sub-Carpathian Russia (see Table No. 33). Enquiries should, however, be made in order to ascertain whether this difference may not be due to inadequate methods of diagnosis.

Table No. 33.

GEOGRAPHICAL DISTRIBUTION OF MORTALITY FROM CANCER, 1924 TO 1927.

	Number of deaths							
	Actual figures				Per 100,000 inhabitants over 40 years of age			
	1924	1925	1926	1927	1924	1925	1926	1927
Bohemia	8,391	8,477	9,102	9,168	386.3	385.1	408.7	407.5
Moravia	3,145	3,223	3,390	3,419	377.6	380.7	394.4	392.4
Silesia	611	684	738	746	317.9	348.9	370.2	368.9
Slovakia	1,270	1,484	1,922	2,019	150.3	172.9	220.7	229.2
Sub-Carpathian Russia ..	191	225	245	295	130.5	150.1	160.0	189.2
Total: Czechoslovakia ..	13,608	14,093	15,397	15,647	324.9	331.4	357.2	358.8

Death Rate from Cancer in the Various Provinces, 1919-27
(Rate per 100,000 Inhabitants).



Map No. 12 shows the geographical distribution of cancer mortality in 1927.

Diabetes.—Deaths from diabetes have increased in a striking manner, from 771 in 1926 to 912 in 1927; they are very rare in Slovakia and Sub-Carpathian Russia, over 90 per cent of the deaths occurring in the Czech provinces.

Alcoholism.—The mortality from alcoholism is increasing (337 deaths in 1925, 384 in 1926, 414 in 1927); deaths are more common in Bohemia than in Slovakia and Sub-Carpathian Russia.

(d) *Diseases of the Nervous System and of the Organs of Special Sense.*

Table No. 34.

MORTALITY FROM THE CHIEF DISEASES OF THE NERVOUS SYSTEM, 1924 TO 1927.

	Number of deaths							
	Actual figures				Per 100,000 inhabitants			
	1924	1925	1926	1927	1924	1925	1926	1927
Locomotor ataxia	2,040	2,046	1,938	1,854	14.52	14.43	13.55	12.88
Progressive paralysis	829	835	786	694	5.90	5.89	5.50	4.82
Cerebral hæmorrhage	7,678	8,626	8,483	9,086	54.64	60.83	59.33	63.11
Other diseases'	9,894	8,767	7,862	7,876	70.41	61.82	54.98	54.71

Table No. 35.

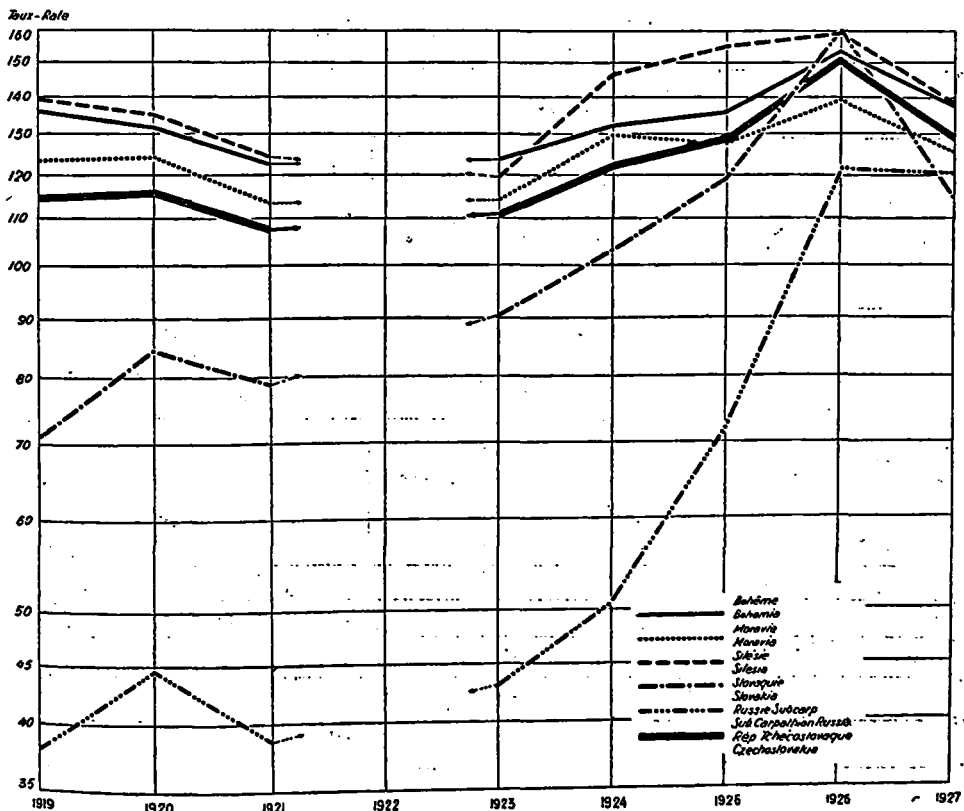
GEOGRAPHICAL DISTRIBUTION OF MORTALITY FROM THE CHIEF DISEASES OF THE NERVOUS SYSTEM, 1925 TO 1927.

	Deaths from :								
	Meningitis			Locomotor ataxia and progressive paralysis			Cerebral hæmorrhage		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
	<i>Actual figures.</i>								
Bohemia	1,035	891	860	594	551	441	5,282	5,062	5,590
Moravia	441	387	362	152	134	158	1,797	1,755	1,797
Silesia	105	92	82	28	26	35	377	367	373
Slovakia	396	483	460	51	60	47	1,075	1,181	1,184
Sub-Carpathian Russia	69	85	90	10	15	13	95	118	142
Total : Czechoslovakia ..	2,046	1,938	1,854	835	786	694	8,626	8,483	9,086
	<i>Per 100,000 inhabitants.</i>								
Bohemia	15.09	12.90	12.40	8.65	7.98	6.36	76.92	73.31	80.61
Moravia	15.88	13.86	12.87	5.49	4.80	5.62	64.86	62.83	63.86
Silesia	14.72	12.77	11.29	3.93	3.61	4.82	52.86	50.93	51.34
Slovakia	12.50	15.07	14.21	1.61	1.87	1.45	33.94	36.85	36.59
Sub-Carpathian Russia	10.42	12.58	13.12	1.51	2.22	1.90	14.34	17.47	20.70
Total : Czechoslovakia ..	14.43	13.55	12.88	5.89	5.50	4.82	60.83	59.33	63.11

(e) *Diseases of the Circulatory System.*

The mortality due to diseases of the circulatory system has increased regularly during the past few years ; in 1924, it was 160 ; in 1925, 169.4 ; and in 1927, 185.4 per 100,000 inhabitants. A particularly high rate was recorded in 1926, when the figure was 206.3. Out of 26,701 deaths in 1927, 18,586 were due to diseases of the heart, 7,628 to diseases of the arteries and 487 to other diseases of the circulatory system. The number of deaths from diseases of the heart decreased by 3,012 as compared with 1926, but the number of deaths due to diseases of the arteries rose by 133 ; the death-rate from diseases of the arteries seems to be constantly rising.

Death Rate from Diseases of the Heart by Provinces, 1919-27
(Rate per 100,000 Inhabitants).



(f) Diseases of the Respiratory System.

Table No. 36.

MORTALITY FROM DISEASES OF THE RESPIRATORY SYSTEM, 1924 TO 1927.

	Number of deaths							
	Actual figures				Per 100,000 inhabitants			
	1924	1925	1926	1927	1924	1925	1926	1927
Bronchitis	2,889	2,949	4,140	5,297	20.56	20.80	28.95	36.79
Pneumonia	18,516	20,849	24,373	25,460	131.77	147.02	170.45	176.85
Other diseases	5,940	6,943	7,710	8,039	42.27	48.96	53.92	55.84

Death Rate from Pneumonia by Provinces, 1919-27
(Rate per 100,000 Inhabitants).

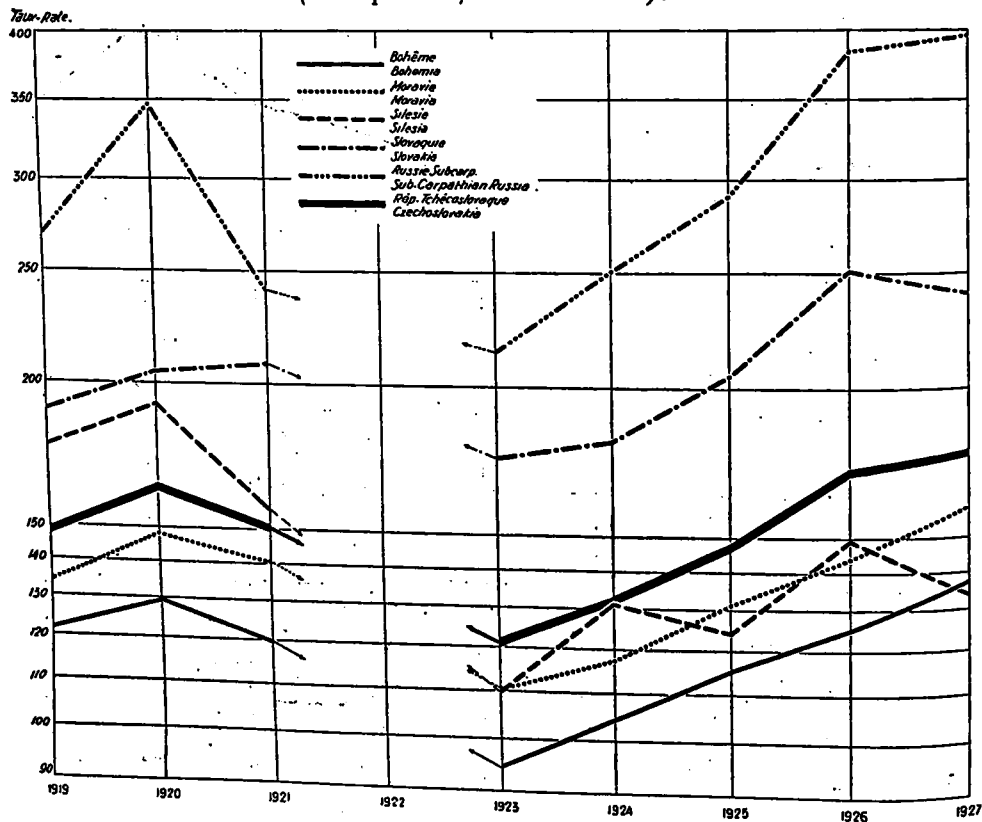


Table No. 37.

SEASONAL DISTRIBUTION OF MORTALITY FROM DISEASES OF THE RESPIRATORY SYSTEM, 1925 TO 1927.

Month	Number of deaths								
	Bronchitis			Pneumonia			Other diseases of the respiratory system		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
January	371	425	603	2,224	2,380	2,819	713	890	887
February	290	522	974	1,831	2,747	4,301	581	783	1,263
March	304	566	921	2,239	3,314	3,533	636	955	936
April	314	498	612	2,538	3,207	2,604	800	818	660
May	256	373	390	1,980	2,435	2,045	611	672	581
June	176	287	294	1,388	1,623	1,507	406	536	459
July	167	227	225	1,341	1,374	1,363	493	485	488
August	143	189	174	1,072	1,115	1,156	350	436	433
September	150	184	220	1,220	1,118	1,146	415	419	424
October	196	230	256	1,322	1,462	1,453	555	501	571
November	243	231	296	1,467	1,539	1,439	586	546	570
December	334	408	332	2,227	2,061	2,094	797	669	767

Table No. 38.

GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM DISEASES OF THE RESPIRATORY SYSTEM, 1925 TO 1927.

	Number of deaths								
	Bronchitis			Pneumonia			Other diseases of the respiratory system		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
<i>Actual figures.</i>									
Bohemia	1,699	2,117	2,849	7,928	8,637	9,524	3,690	4,039	4,196
Moravia	695	831	1,024	3,634	4,022	4,474	1,340	1,528	1,635
Silesia	175	210	253	885	1,075	972	288	260	276
Slovakia	323	874	994	6,481	8,047	7,783	1,455	1,695	1,689
Sub-Carpathian Russia	57	108	177	1,921	2,592	2,707	170	188	243
Total: Czechoslovakia ..	2,949	4,140	5,297	20,849	24,373	25,460	6,943	7,710	8,039
<i>Per 100,000 inhabitants.</i>									
Bohemia	24.74	30.57	41.08	115.46	124.62	137.31	53.77	58.42	60.50
Moravia	25.08	29.75	36.41	131.13	144.00	159.09	48.33	54.71	58.14
Silesia	24.54	29.14	34.82	124.09	149.05	133.78	40.38	36.08	37.99
Slovakia	10.20	27.27	30.72	204.63	250.98	240.50	45.93	52.89	52.19
Sub-Carpathian Russia	8.60	15.99	25.80	289.96	383.07	394.49	25.51	27.68	35.28
Total: Czechoslovakia ..	20.80	28.95	36.79	147.02	170.45	176.85	48.96	53.92	55.84

(g) *Diseases of the Digestive System.*

The group comprising diarrhoea and enteritis under 2 years of age is the most important of these diseases. The number of deaths from this cause was 10,333 in 1924, 10,385 in 1925, 11,674 in 1926 and 11,844 in 1927.

The high mortality from diarrhoea and enteritis in children becomes more apparent as the number of live-born children falls. During the last three years, deaths of children from diarrhoea and enteritis have been as follows :

Month	1925	1926	1927
January	721	694	753
February	629	663	674
March	699	744	812
April	745	807	727
May	868	853	914
June	818	879	983
July	1,162	1,280	1,238
August	1,286	1,362	1,809
September	1,089	1,490	1,504
October	955	1,252	1,046
November	733	882	727
December	680	768	657

The mortality from other diseases of the digestive system are still increasing :

	1924	1925	1926	1927
Diseases of the stomach (cancer excepted)	1,090	1,165	1,139	1,146
Cirrhosis of the liver	413	450	517	558
Appendicitis and typhlitis			594	686
Hernia, intestinal obstruction	4,769	4,888	1,383	1,448
Other diseases of the digestive system			3,095	3,233
Total	6,272	6,503	6,728	7,071

(h) *Non-venereal Diseases of the Genito-urinary System.*

Nephritis is the most common cause of death in this class of disease. In 1927, 3,449 persons died of it, as compared with 3,456 in 1926 and 3,333 in 1925. The number of deaths from other diseases of the genito-urinary system also shows an increase.

(i) *Old Age.*

The fall in the number of deaths from old age is probably due to better methods of diagnosis and to the increase in epidemic diseases and diseases of the respiratory system.

(j) *Suicides.*

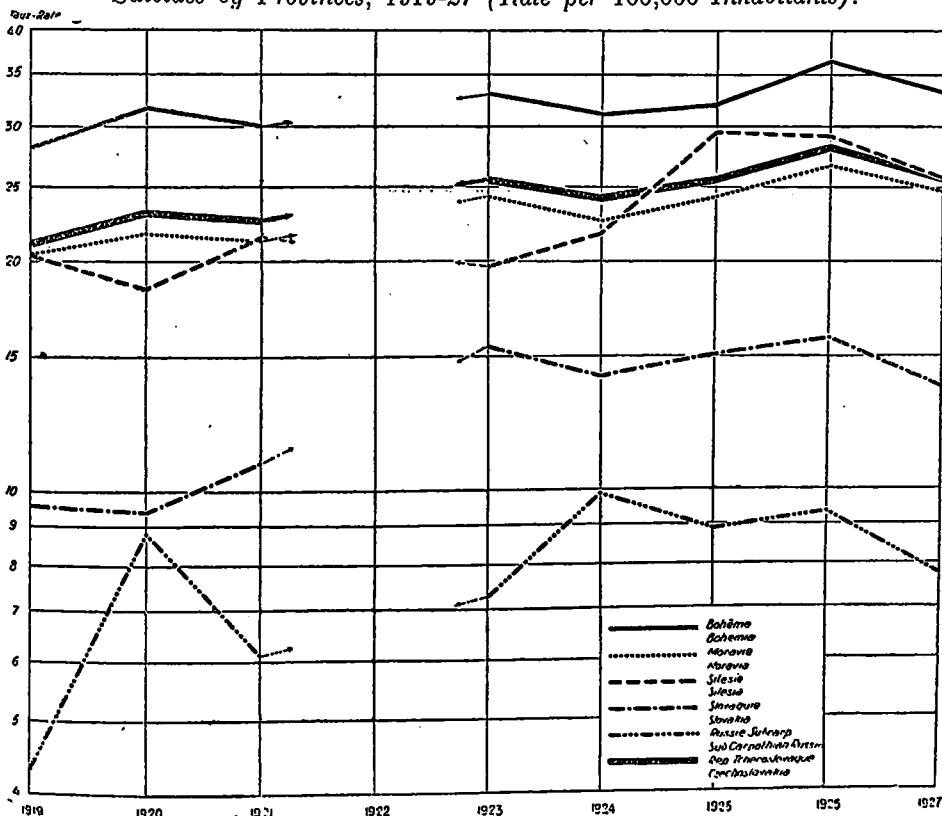
Table No. 39.

GEOGRAPHICAL DISTRIBUTION OF SUICIDES, 1924 TO 1927.

	Number of suicides							
	Actual figures				Per 100,000 inhabitants			
	1924	1925	1926	1927	1924	1925	1926	1927
Bohemia	2,117	2,192	2,506	2,303	31.02	31.91	36.28	33.21
Moravia	620	674	744	696	22.58	24.40	26.71	24.75
Silesia	153	210	210	187	21.71	29.44	29.14	25.74
Slovakia	443	477	507	444	14.17	15.03	15.79	13.72
Sub-Carpathian Russia ..	64	59	63	53	9.88	8.91	9.33	7.73
Total: Czechoslovakia ..	3,397	3,612	4,030	3,683	24.18	25.42	28.13	25.58

In 1927, the highest numbers of suicides were recorded in June (390), July (365) and May (357); the lowest number occurred in December (211).

Suicides by Provinces, 1919-27 (Rate per 100,000 Inhabitants).



(k) *Deaths from External Causes (other than Suicide).*

The number of deaths from external causes is increasing from year to year in an alarming manner. The remarkable increase in 1927 is due to the far higher number of deaths from injuries.

Death from external causes during the past four years may be classified as follows :

	1924	1925	1926	1927
Traumatisms	1,696	1,665	2,163	2,599
Accidental poisonings, burns, suffocation or drowning	1,569	1,662	1,685	1,782
Manslaughter and murder	237	287	371	404
Other external causes	837	874	484	393

B. Public Health Progress in 1927

BY

Dr. Jaroslav HRDLIČKA (Prague)

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B. Public Health Progress in 1927

BY

Dr. Jaroslav HRDLIČKA (Prague).

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B. Public Health Progress in 1927

BY

Dr. Jaroslav HRDLIČKA (Prague)

I. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

A store for the material belonging to the Government Epidemiological Service has been built at Brunn, attached to the municipal disinfection station of that city.

Thirty beds for infectious cases have been added to the State hospitals at Prague XII, and the Zabreh State hospital has been provided with a laboratory for bacteriological diagnosis. Three public hospitals have built isolation wards with the help of State grants.

Smallpox.

SURVEY OF VACCINATIONS IN 1925, 1926 AND 1927.

Original source: data collected by the Ministry of Public Health.

	1925	1926	1927
I. <i>Number of persons vaccinated in infancy</i>	307,445	302,424	296,275
With positive result :			
(a) Actual figures	285,192	281,413	277,872
(b) Percentage of vaccinations in infancy	92.76	93.05	93.79
(c) Percentage of live-births during preceding year	78.53	78.71	79.0
II. <i>Number of persons re-vaccinated.. ..</i>	479,155	517,240	548,115
With positive result :			
(a) Actual figures	386,348	430,786	465,849
(b) Percentage of persons re-vaccinated	80.63	83.28	84.99
III. <i>Total number of vaccinations and re-vaccinations.. .. .</i>	786,600	819,664	754,390
With positive result :			
(a) Actual figures	671,540	712,199	743,721
(b) Percentage of persons vaccinated and re-vaccinated	85.37	86.89	98.58
(c) Percentage of the average population for the same year.. ..	4.71	4.96	5.15

B. CHRONIC DISEASES.

1. Tuberculosis.

(a) *Tuberculosis Mortality and Morbidity*.—According to data supplied by the National Statistical Office, the death rate from tuberculosis showed a decline in 1927 (see Table 31, page 27), being 121.4 per 1,000 deaths or 194.58 per 100,000 inhabitants. The Ministry of Health has instructed the services concerned by circular to ensure that the regulation concerning the notification of cases of tuberculosis after removal or death is duly carried out. With a view to the enforcement of appropriate measures in the interests of social hygiene, the notification must be made through the Central Office of the Masaryk Anti-tuberculosis League.

(b) *Prophylaxis*.—In 1927, 222 dispensaries were at work.

The Ministry of Health issued instructions towards the end of 1927 with a view to providing the dispensaries and tuberculosis consultation centres with a uniform direction and administration.

The Masaryk League has extended its work and now has 306 local centres (as against 291 in 1926). Its work is done chiefly among the Czechoslovak population. A German Public Health Society was formed in 1927 for the education of the German-speaking population in health matters and the encouragement of the campaign against social diseases. Each of these organisations publishes a monthly bulletin.

A children's home settlement has been founded in Bohemia on the model of the Grancher Institution. It receives infants and children of tuberculous parents up to the age of 14. This is the third institution of its kind in Czechoslovakia, the two others being in Slovakia and Moravia. A preventorium which can house 60 children has been built in Bohemia by the health insurance authorities.

(c) *Treatment of Tuberculous Patients*.—The large provincial home for tuberculous children in Bohemia, which cost 26 million Czechoslovak crowns to build, was completed in 1927. Several new sanatoria are being built or enlarged, and a certain number of tuberculosis wards have been added to the general hospitals. These wards will be used as isolation wards for patients awaiting admission to the sanatoria. Patients are treated at a very moderate cost; the expenses of indigent persons are met out of public funds.

The principal institutions in the country afford facilities for doctors desirous of specialising in tuberculosis, and scholarships are offered for study abroad. The Czechoslovak Scientific Association has also received a special grant for tuberculosis research work.

2. Malaria.

Owing to the slight incidence of malaria, the Health Administration took no special measures until the end of the first half of 1927. As the number of malaria cases increased in Slovakia, and above all in Sub-Carpathian Russia (see Table 22, page 19), during the second half of the year, the Ministry of Health had quinine tablets distributed to all indigent persons suffering from or threatened with malaria (Circular dated August 15th, 1927). The Ministry of Health also held an enquiry into the drainage works to be undertaken in districts specially liable to be affected.

SURVEY OF TUBERCULOSIS INSTITUTIONS IN 1925, 1926 AND 1927.

Original source : Report prepared by Department No. III of the Ministry of Public Health.

Designation of institutions	Number of institutions			Number of beds			Number of tuberculous patients admitted during the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
I. Anti-tuberculosis dispensaries	202	221	222	—	—	—			67,810
II. Tuberculosis sanatoria :									
(a) For children suffering from pulmonary tuberculosis	1	1	1	42	42	42	228	203	205
(b) For children suffering from surgical tuberculosis	2	2	2	140	140	237	727	620	540
(c) For children suffering from tuberculosis of a mixed type	3	4	4	945	1,115	1,115	1,799	1,975	2,254
(d) Total for children	6	7	7	1,127	1,297	1,394	2,754	2,798	2,999
For children and adults suffering from pulmonary tuberculosis	4	5	5	732	1,007	1,007	3,176	4,025	4,422
(e) For adults suffering from pulmonary tuberculosis	16	16	19	1,823	1,894	2,164	7,255	7,695	8,208
(f) For adults suffering from tuberculosis of a mixed type			2			43			90
(g) Total for adults	16	16	21	1,823	1,894	2,207	7,255	7,695	8,298
(a-g) Total number of sanatoria	26	28	33	3,682	4,198	4,608	13,185	14,518	15,719
III. Tuberculosis hospitals :									
(a) For pulmonary tuberculosis									
(b) For surgical tuberculosis									
(a-b) Total number of hospitals									
Wings in the general hospitals used exclusively for :									
(1) pulmonary tuberculosis	14	14	21	406	430	789	2,737	2,805	4,861
(2) surgical tuberculosis	1	1	2	53	53	108	151	139	347
Total	15	15	23	459	483	897	2,888	2,944	5,208
IV. Other institutions :									
Military institutions	2	2	2	610	570	570	1,383	1,415	1,400
Private (paying) sanatoria	4	4	4	769	779	928	2,770	2,890	4,626

3. Trachoma.

The number of trachoma stations, with their auxiliary dispensaries, continues to increase, and at the end of 1927 there were 29 main stations, with 53 auxiliary dispensaries. A new course of instruction for visiting nurses has been organised at the Ophthalmological Clinic at Bratislava. The trachoma campaign in 1927 cost 750,000 Czechoslovak crowns. Active propaganda is being carried on to enlighten the population as to the dangers of trachoma; the Ministry has purchased marionette theatres which play instructional pieces, and has issued a film the scene of which is laid in the popular quarters of Slovakia, where trachoma is still a social disease in certain districts.

4. Venereal Disease.

The Red Cross section at Turcansky Sv. Martin has opened a new venereal consultation centre. The station mission organisations, homes for young girls and rescue institutes for girls and women have been greatly developed. The Ministry has made grants to various societies dealing with these questions and contributed funds to the publication of the book *Love, Marriage and the Child*.

The Czechoslovak Society to eradicate Venereal Disease has organised courses for the instruction of young doctors in the anti-venereal campaign. A dermatology and venereal diseases ward is being built at the Government hospital at Prague XII.

5. Cancer.

The two Prague societies engaged in the campaign against cancer carried on an active propaganda with pamphlets and posters. The Czech Society has a biopsy and experimental laboratory, while an anti-cancer dispensary has been opened in a large sanatorium at Prague.

II. PUBLIC HEALTH ACTIVITIES.

1. MATERNITY AND INFANT WELFARE AND CARE OF CHILDREN UNDER SCHOOL AGE.

The number of consultation centres for mothers and children was nearly a thousand in 1927. Moravia has opened a provincial institute at Kurim.

Infant mortality was 15.7 per cent (Bohemia 14.2, Moravia 14, Silesia 13.9, Slovakia 17.8 and Sub-Carpathian Russia 20.2 per cent).

2. WELFARE OF CHILDREN OF SCHOOL AGE.

After issuing the regulations for the medical service in elementary schools in 1927, the Ministry drafted corresponding regulations for the higher schools.

According to Ripa¹, in 1927 there were 4,249 welfare institutions for the young: 2,251 in Bohemia; 1,252 in Moravia; 367 in Silesia; 274 in Slovakia; and 95 in Sub-Carpathian Russia.

¹ Dr. Jean RIPA, *Social Policy and Welfare in Czechoslovakia in 1927*, published by the Social Institute of the Czechoslovak Republic.

These institutions are classified as follows :

- 514 district welfare institutes for young people ;
- 380 sections of the mothers' and infants' welfare organisation ;
- 963 consultation centres for mothers and infants ;
- 107 infant nurseries ;
- 52 lying-in and infant homes ;
- 1,375 crèches and schools for young children ;
- 129 day homes ;
- 315 children's and orphans' homes, etc. ;
- 4 Government children's homes and orphanages ;
- 287 apprentices' clubs ;
- 26 apprentices' homes ;
- 28 establishments for deserted children ;
- 15 institutions for the blind ;
- 20 deaf and dumb institutions ;
- 9 cripples' institutions ;
- 4 institutions for epileptics ; and
- 21 institutions for the backward, feeble-minded, etc.

The greater part of the expenditure on these organisations is provided by voluntary contributions ; Government grants amounted to 8,900,000 Czechoslovak crowns.

3. HOUSING.

The Ministry of Social Welfare drafted law No. 44 of April 7th, 1927, the object of which is to stimulate the building of houses.

The grants awarded by the Government for the purpose of encouraging building were allotted as follows at the end of 1927 :

Builders	Tenement houses	Flats	Family houses	Accommodation for: (families)	Cost of building Czechoslovak crowns
Co-operative societies ..	1,316	17,657	13,047	14,617	2,729,288,482
Communes ..	1,444	12,909	627	686	942,560,694
Private persons ..	1,325	8,477	10,844	12,306	1,210,101,872
Total ..	4,085	39,043	24,518	27,609	4,881,951,048

4. PUBLIC SANITATION, WATER SUPPLY AND DRAINAGE.

The State has continued to encourage the work of public sanitation (drinking-water supply and canalisation) and the construction of public baths by giving grants in aid amounting to from 10 to 15 per cent of the cost of establishment.

At the end of 1927, there were 1,575 water-supply systems in Czechoslovakia, as follows :

	Systems	Public	Private
Bohemia	1,129	990	139
Moravia	241	169	72
Silesia	92	47	45
Slovakia	106	53	53
Sub-Carpathian Russia ..	7	3	4
Total	1,575	1,262	313

The total cost of the complete plans for the construction of water-supply systems, canalisation and public baths submitted to the Ministry of Health for the purpose of receiving grants amounted to nearly 500,000,000 Czechoslovak crowns.

5. NATIONAL HEALTH INSTITUTE.

The main building of the Institute is nearly complete ; it will house the following sections : pharmacological control of medicaments, supervision of foodstuffs, social health, school of health and propaganda service, library and photographic laboratory.

The work of the Institute during 1927 can be summarised as follows :

Department 1 (manufacture of sera and biological products) manufactured 72 different products.

Department 2 (manufacture of anti-smallpox and anti-rabies vaccines) made 15,673 grammes of anti-smallpox vaccine. The Anti-rabies Vaccine Institute, which was opened in the spring of 1928, after making the vaccine according to the Cummings method, has now begun to manufacture it also according to Fermi's method.

The *Social Health Department*, whose buildings are not yet completed, includes a statistical laboratory that has prepared an epidemiological chart showing the movement of endemic diseases throughout Czechoslovakia. This laboratory has undertaken other specialised studies, such as the analysis of the demographic statistics of the Czechoslovak Republic during the first ten years of its existence, a monograph on the frequency of lupus in Czechoslovakia, etc.

The *Social Health Centre* of the thirteenth district in the City of Prague will be used as a social laboratory by the Social Health Department. Endeavours are being made in this district to unify the social health work. The task of organisation began in 1927 and will be continued during the coming years.

The most important duties of the Social Health Department include the organisation of the visiting nurses' work, the improvement of the dispensaries, the health education of the people, the organisation of the school medical service and preventive vaccination against diphtheria.

6. HEALTH INSURANCE.

(Co-operation with the League of Nations.)

A Commission met on May 6th, 1927, to study and compare the working of the public health services, social insurance funds and the Central League of the philanthropic health and social health organisations. The Commission distributed the work among the following six sub-committees :

- (1) Public Health Propaganda Sub-Committee ;
- (2) Maternal and Infant Health Sub-Committee ;
- (3) School Health Sub-Committee ;
- (4) Tuberculosis Sub-Committee ;
- (5) Venereal Diseases Sub-Committee ;
- (6) Diseases of the Heart and Rheumatic Diseases Sub-Committee.

Each of these sub-committees was instructed to study the question submitted for its consideration from the point of view of public health, social insurance and the

EXTRACT FROM THE STATISTICS OF THE HEALTH INSURANCE FUNDS, 1925.

Area	Category of Health Insurance Fund	Number of funds	Average number of insured members			Insured members who fell sick			Cases of sickness exclusive of confinements			Confinements (births)	Total number of cases of sickness and confinements	Sick days exclusive of confinements			Number of days lost due to confinements	Total number of days lost due to sickness and confinements
			Male	Female	Total	Male	Female	Total	Male	Female	Total			Male	Female	Total		
Bohemia, Moravia and Silesia	District	280	1,130,492	646,215	1,776,707	627,498	275,861	903,359	849,906	360,634	1,210,540	33,396	1,243,936	13,806,826	7,409,092	21,215,918	1,913,036	23,128,954
	District agricultural ..	40	56,087	59,032	115,119	22,285	19,753	42,038	26,469	23,026	49,495	3,707	53,202	447,574	408,222	855,796	173,040	1,028,836
	Industrial	50	200,075	19,256	219,331	90,675	9,217	99,892	121,901	11,363	133,264	1,326	134,590	2,979,494	286,942	3,266,436	88,213	3,354,649
	Professional guilds ..	54	82,492	46,950	129,442	38,242	20,192	58,434	42,772	23,062	65,834	956	66,790	783,685	467,974	1,251,659	57,261	1,308,920
	Companies	4	63,427	26,454	89,881	33,861	12,510	46,371	61,904	22,418	84,322	834	85,156	781,641	388,271	1,169,912	53,135	1,223,047
	Registered mutual benefit societies ..	13	115,873	38,211	154,084	47,086	13,323	60,409	82,332	19,967	102,299	797	103,096	799,980	307,211	1,107,191	49,848	1,157,039
	Total	441	1,648,446	836,118	2,484,564	859,647	350,856	1,210,503	1,185,234	460,470	1,645,754	41,016	1,686,770	19,599,200	9,267,712	28,866,912	2,384,533	31,201,445
Slovakia and Sub-Carpathian Russia	District	27	258,700	88,593	347,293	101,988	23,011	124,999	117,322	25,453	142,775	3,109	145,884	2,114,742	642,567	2,757,309	172,161	2,929,470
Grand total	Total funds	468	1,907,146	924,711	2,831,857	961,635	373,867	1,335,502	1,302,606	485,923	1,788,529	44,125	1,832,654	21,713,942	9,910,279	31,624,221	2,506,694	34,130,915

Area	Number per 1,000 insured persons		Number of sick per 100 insured persons			Number of cases of sickness per 100 insured persons			Average number of days' duration of cases of sickness excl. of confinements			Sick days lost by member					
	Males	Fe-males	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males exclusive of confinements	Total exclusive of confinements	Females		Total including confinements
															Confinements only	Sickness and confinements	
Bohemia, Moravia and Silesia	663	337	52.15	41.96	48.72	71.90	55.07	66.24	16.54	20.13	17.54	11.89	11.09	11.62	2.79	13.88	12.56
Slovakia and Sub-Carpathian Russia.	745	255	39.42	25.97	35.99	45.35	28.73	41.11	18.03	25.25	19.31	8.17	7.25	7.94	1.95	9.20	8.44
Total	673	327	50.42	40.43	47.16	63.30	52.55	63.16	16.67	20.39	17.68	11.39	10.72	11.17	2.71	13.43	12.05

social health philanthropic organisations, and to prepare a report. The Commission examined and adopted the conclusions set forth in these reports at its session in July 1927. Further, it recommended the preparation and publication of a general report containing all the details of the connection between social insurance and the various official and charitable public health organisations. The Ministry of Social Welfare settled the disputes arising out of the application of the old Law of 1888 on health insurance and put the new Law No. 221/1924 into force.

III. BUDGET.

The various credits granted for public health are allotted as follows :

1. *The State* : Ministries of Health, Social Welfare, National Defence, Railways, Posts and Telegraphs, Justice (prisons), Food Supply, Public Works, Agriculture, and Finance (Tobacco Manufacture).
2. *Provinces.*
3. *Autonomous districts.*
4. *Communes.*
5. *Organisations* having the character of a public institution—for example, social insurance organisations.
6. *Certain private institutions* which co-operate with the public services—for example, the Red Cross, the Anti-Tuberculosis Leagues and the child welfare societies.
7. *Certain institutions and private persons* working on behalf of public health.

1. STATE BUDGET.

General State Budget for the Financial Year 1927.

	Czechoslovak crowns.
Expenditure	9,703,505,151
Receipts	9,723,914,485

Budget of the Ministry of Public Health and Physical Culture.

	Czechoslovak crowns
Expenditure	126,726,606
Receipts	25,625,386

Budget of the Ministry of Social Welfare (Chapters 17 and 17a).

	Czechoslovak crowns
Expenditure	838,204,611
Receipts	14,430,139

Budget of State Underlakings.

	Czechoslovak crowns
Expenditure	7,670,063,686
Receipts	9,222,391,173

The State public baths are included in this chapter :

	Czechoslovak crowns
Expenditure	4,285,585
Receipts	6,303,525

Principal Items of the Budget of the Ministry of Health and Physical Education.

	Czechoslovak crowns
Central Administration	4,789,994
State institutions	43,936,603
Advisory Councils	82,800
Protection of springs	18,000
Measures to prevent and control epidemics ..	3,291,180
Campaign against general and social diseases ..	9,000,000
Compulsory vaccination	200,000
Care of youth	4,160,000
Physical training	1,770,000
Special instruction	550,000
Drainage	5,700,000
Various measures	875,000
Cost of adhering to international sanitary Conventions.. .. .	60,000
Schools for nurses	984,500
Charge for use of radium (rent)	920,000
Grants to baths and bathing establishments ..	100,000
Grants for the construction of hospitals	2,000,000
Grants for medical students	15,000
Cost of treatment	15,290,000
Health departments in public administrations ..	31,127,362
Police medical service	928,109
Schools for midwives	848,058

It is difficult to specify the exact amounts spent by the other Ministries or central organisations on public health.

The *National Statistical Office*, for example, which deals chiefly with the movement of the population, nosological statistics and a large number of questions relating to public health, comes under the department of the President of the Council of Ministers. The budget of this department amounts to 18,545,000 crowns, but it is impossible to estimate what part of that sum represents expenditure on public health properly so called.

The budget of the *Ministry of National Defence* includes 17,669,570 crowns for public health. A part of the credits allotted to the universities in the budget of the *Ministry of Education* is applied to the maintenance of the four Faculties of Medicine.

The item "Veterinary medicine" in the budget of the *Ministry of Agriculture* accounts for 14,356,462 crowns.

The following items figure in the budget of the *Ministry of Social Welfare* :

	Czechoslovak crowns
Social insurance	5,843,000
Protection of youth	22,330,546
Medical inspection of labour	4,238,574
Emigrants' welfare	1,060,000

2. PROVINCIAL AND DEPARTMENTAL¹ BUDGETS.

A. *Bohemia.*

General budget : 467,861,946 crowns.

Chapter V of this budget includes health and charitable and social welfare institutions. Of these latter, the following may be noted: one maternity home with institute of puericulture, six lunatic asylums, one institute for backward children, two institutes with settlements for tuberculous children, a sanatorium for tuberculous patients, public general hospitals, establishments for the treatment of chronic diseases and persons suffering from physical or mental defects.

The province further makes grants to private asylums for the blind, deaf-mutes and feeble-minded persons, and to hostels for unemployed workmen seeking work.

B. *Moravia.*

General budget : 257,624,630 crowns.

Chapter VI of this budget includes the sum of 69,095,630 crowns for the maintenance of the following establishments: three provincial hospitals, two sanatoria for tuberculous patients, one children's settlement, one establishment for chronic diseases, two maternity homes, a home for mothers and infants, three lunatic asylums.

A part of this sum is applied to repaying the hospital expenditure on indigent persons, grants to private hospitals, the construction of public municipal hospitals, the anti-tuberculosis campaign, etc.

C. *Silesia.*

The Public Health Section, Chapter V, of the budget of this province includes the sum of 18,445,126 crowns, allotted to two provincial hospitals, one maternity home, one provincial institute for the treatment of nervous diseases and one provincial pharmacy. A part of this sum is applied also to repaying the hospital expenses of indigent patients, the public health service, etc.

Chapter VI, "Social Assistance and Charity", includes a sum of 2,033,082 crowns for various educational establishments, care of the feeble-minded, blind, deaf and dumb, cripples, persons suffering from chronic diseases, foundlings, etc.

D. *Slovakia.*

Slovakia was not an autonomous unit in 1927. It was divided into six departments, the aggregate budget for which amounted to 22,014,360 crowns. The public health expenditure of these departments included the maintenance of sixteen departmental hospitals, as also grants for hospital construction, enlargement and repairs.

E. *Sub-Carpathian Russia.*

General budget : 6,177,513 crowns.

Health (hospitals) : 2,807,461 crowns.

Social welfare (grants) : 25,000 crowns.

¹ In Slovakia only.

3. DISTRICT BUDGETS.

A certain number of districts maintain general hospitals.

4. COMMUNAL BUDGETS.

A large number of communes maintain public hospitals, isolation hospitals and charitable establishments. They lay down water-supply systems, provide wells, carry out drainage work, arrange for the supervision of foodstuffs and deal with the housing question.

The budgets of the following communes may be given as examples :

City of Prague (751,000 inhabitants).

Budget estimates : 420,065,011 crowns.

Chapter III, " Health " : 10,643,459 crowns.

The following expenditure is covered by the above sum : maintenance of the city central health offices, the medical aid service, the municipal foodstuffs analysis institute, the municipal hospital and four dental dispensaries ; campaign against tuberculosis, venereal diseases, infant mortality and infectious diseases, grants to various private institutions, etc.

Chapter II, " Social Assistance " : 40,962,769 crowns.

This amount is distributed among the following services : social aid offices, consultations, institutes for young persons, children of school age, orphans and apprentices, children's homes, various institutes for indigent persons and for chronic diseases, house sanitation, popular kitchens, etc.

The expenditure on the school medical service amounted to 420,000 crowns.

City of Bratislava (100,000 inhabitants).

Budget estimates : 56,242,000 crowns.

Chapter VII, " Health " : 5,577,300 crowns.

This sum is expended on the following services : medical aid, health service, isolation wards, disinfection, bacteriological laboratory, water supply, road cleaning, sewage, public parks and gardens and public baths.

Chapter X, " Social Welfare " : 2,729,000 crowns.

City of Plzen (108,026 inhabitants).

Budget estimates : 52,361,192 crowns.

Chapter VII, " Health " : 5,694,251 crowns.

Chapter X, " Social Welfare " : 3,350,311 crowns.

5. BUDGETS OF PRIVATE INSTITUTIONS.

The Czechoslovak Red Cross Society's budget amounted in 1927 to a total of 14,940,193 crowns, including a State grant of 4,355,647 crowns. The Red Cross devoted itself exclusively to public relief, social welfare and health. Each of the numerous local sections of the Red Cross Society has its own budget and is financially independent.

The Masaryk Anti-Tuberculosis League spent 1,935,108 crowns in 1927, exclusive of the amounts expended by the various local sections.

Reference should also be made to those social insurance organisations which, not content with providing their members with a very complete medical service and insurance benefit, have founded and maintain, for the use of their members and the families of their members, institutions which are of the highest importance from the public health point of view.

IV. CURATIVE MEDICINE.

1. HOSPITALS.

PRINCIPAL HOSPITALS AND NUMBER OF BEDS AT THE BEGINNING OF 1927.

Institutions	Number of institutions	Number of beds	
		Actual figures	Rate per 10,000 of average population
General Hospitals	159	29,051	21.34
Mental Hospitals	10	11,832	8.69
Gynecological and Obstetrical Hospitals	12	398	0.29

The constructional work undertaken has increased the hospital accommodation of the Republic by about 1,800 beds. The State grants for this building work amounted to 2,859,000 crowns in 1927.

A large general hospital with 1,200 beds and a large social institute are under construction at Prague.

2. PHARMACIES.

The total number of public pharmacies is 1,173, of which 573 are in Bohemia, 207 in Moravia, 58 in Silesia, 292 in Slovakia and 43 in Sub-Carpathian Russia.

3. STATISTICS OF SANITARY PERSONNEL IN 1925, 1926 AND 1927.

Original source : data collected by the Ministry of Health.

Sanitary personnel	M. F. T. Total	Actual figures			Rate (males and females together) per 10,000 of the average population		
		1925	1926	1927	1925	1926	1927
I. Medical students ..	M. F. T.	3,199 633 3,832	3,090 630 3,720	3,093 600 3,693	2.67	2.59	2.57
II. Doctors graduated during the year ..	M. F. T.	500 76 576	596 109 705	549 115 664	0.40	0.49	0.46
III. Doctors (total) ..	T.		6,359 ¹	7,133 ²		4.43	4.97
IV. Dental students ..	M. F. T.	54 20 74	38 27 65	37 26 63	0.051	0.045	0.044
V. Dentists graduated during the year ..	T.						
VI. Dentists (total) ..	T.	1,300	1,350	1,400 ³	0.905	0.940	0.975
VII. Pharmacists	M. F. T.	1,124 4 1,128	1,169 4 1,173	1,186 4 1,190	0.789	0.817	0.829
VIII. Assistant pharmacists	M. F. T.	1,110 150 1,260	1,120 154 1,274	1,135 156 1,291	0.878	0.887	0.899
IX. Midwives	F.	9,745	10,607	10,938	6.79	7.39	7.62
X. Doctors' assistants (Feldschers)	T.	—	—	—	—	—	—

¹ Exclusive of assistant doctors in hospitals, clinics, etc.² Of this number, 3,916 are exclusively engaged in practice work.³ Doctors with a general medical degree who have taken a special dental diploma. This figure does not include dental mechanics.

December 1928.

DENMARK

BY

Dr. H. J. HANSEN (Copenhagen).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table 1.

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1925 AND 1921.

Original source : Statistiske Meddelelser.

Date of census	Area in square kilometers	Present population			Resident population		
		Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8
Date.							
November 5th, 1925 ¹ .	42,927	1,676,152	1,758,403	3,434,555			3,419,483
February 1921 ²	42,937	1,591,628	1,676,203	3,267,831			3,418,925
Increase (+) or decrease (—) in 1925 compared with 1921	— 10	+ 84,524	+ 82,200	+ 166,724			+ 558
(a) Actual	— 10	+ 84,524	+ 82,200	+ 166,724			+ 558
(b) Yearly average..	— 2	+ 17,794	+ 16,905	+ 25,100			+ 118
(c) Yearly average per 1,000 inhabitants (average population during the intercensus period) ..				+ 105			+ 115

¹ Year of last census.

² Year of previous census.

Table 2.

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1925 AND 1921.

Original source : Statistiske Meddelelser.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of females over males			
			Present population		Resident population	
	Present	Resident	Actual figures	Per 1,000 males	Actual figures	Per 1,000 males
1	2	3	4	5	6	7
1925	80	80	3,434,555	2,049	3,419,483	
1921	78	80	3,267,831	2,054	3,418,925	
Increase (+) or decrease (—) in 1925 as compared with 1921	+ 2	0	+ 166,724	— 5	+ 558	

Table 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX ACCORDING TO THE RESULTS OF THE 1921 CENSUS AND ESTIMATE OF THIS DISTRIBUTION FOR 1926 (LAST ESTIMATE).

Original source : Statistiske Meddelelser.

A. Actual Figures.

Ages and age-groups: Years	I. 1921 Census Actual Population				II. Estimate for 1926		
	Males	Females		Total	Males	Females	Total
		Total	Married				
1	2	3	4	5	6	7	8
0	39,654	38,612		78,266	34,330	33,320	67,650
1	33,398						
2	33,945						
3	32,566				136,578	132,716	269,294
4	33,002						
0-4	172,565	168,951		341,516	170,908	166,036	336,944
5-9	169,463	167,228		336,691	171,091	167,757	338,848
10-14	169,940	167,923		337,663	167,682	165,481	333,163
15-19	155,901	156,025	2,702	311,926	167,970	166,476	354,446
20-24	137,056	147,807	40,114	284,863	151,810	154,592	306,402
25-29	118,613	130,942	76,936	248,955			
30-34	108,877	119,129	85,619	228,006	247,884	274,610	522,494
35-39	101,672	109,591	83,065	211,263			
40-44	93,424	99,240	74,262	192,664	206,468	224,894	431,362
45-49	79,993	34,280	62,026	164,273			
50-54	68,394	75,297	52,449	143,691	169,435	178,995	348,430
55-59	57,142	64,336	41,286	121,474			
60-64	51,993	60,164	34,113	116,157	117,532	130,666	238,198
65-69	40,063	46,532	22,347	86,395			
70-74	29,246	34,850	12,443	64,096	77,507	90,350	167,865
75-79	18,697	22,419	5,766	41,116			
80-84	9,203	11,944	1,787	21,147			
85-89	3,225	4,539	390	7,764	34,726	42,717	77,443
90 and over	679	1,240	83	1,919			
Unknown	5,182	4,370	1,099	9,552			
Total	1,591,328	1,626,807	596,487	3,271,131	1,683,013	1,762,474	3,445,595

Table 3* (concluded).

B. Proportional Figures.

Age and age-groups : Years	I. 1921 Census Actual Population						II. Estimate of the age distribution for 1926	
	Males	Females	Males	Females	Total	Married Women		Both males and females per 1,000 inhabitants (total population of all ages)
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)	
	Male	Female						
1	2	3	4	5	6	7	8	9
0								
1								
2								
3								
4								
0-4	100	102	108	101	104.5	—	0.0	104.5
5-9	106	100	99	93	96	—	0.0	103.0
10-14	107	100	94	88	91	—	0.0	103.7
15-19	98	93	86	83	84.5	17.7	0.8	95.5
20-24	86	88	77	78	77.5	273.4	10.4	82.2
25-29	75	78	70	74	72	592.9	20.0	76.2
30-34	69	71	67	69	68	720.1	22.2	69.8
35-39	64	66	65	65	65	757.9	21.4	64.6
40-44	59	59	61	60	60.5	747.0	19.3	59.0
45-49	50	50	56	56	56	737.6	19.1	50.3
50-54	43	45	51	52	51.5	695.4	16.0	44.0
55-59	36	39	45	47	46	640.4	12.6	37.2
60-64	33	36	39	42	40.5	566.6	10.4	34.1
65-69	26	28	32	35	33.5	479.7	6.8	26.6
70-74	18	21	24	27	25.5	257.7	3.8	19.6
75-79	12	13	15	18	16.5	258.1	1.8	12.6
80-84	6	7	8	9	8.5	147.7	0.6	6.5
85-89	2	3	3	3	3	84.7	0.1	2.4
90 and over	—	1	—	—	—	67.1	0.03	0.6
Unknown	—	—	—	—	—	—	3.4	2.9
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	357.0	162.1	1,000.0

Table 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1926.

Original source : Statistisk Aarbog.

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of		
							Births (col. 5) over deaths	Deaths over births	
1	2	3	4	5	6	7	8	9	
A. Actual figures.									
1922	3,222,000	26,354	1,308	73,899	1,817	39,452	34,447	—	
1923	3,356,000	26,842	4,872	74,827	1,839	37,903	36,924	—	
1924	3,389,000	26,482	1,710	73,826	1,803	38,091	35,735	—	
1925	3,425,000	25,786	1,895	71,897	1,737	37,083	34,814	—	
1926	3,452,000	—	—	71,873	1,756	37,010	34,863	—	
Average : 1922-26	3,369,000	26,366	1,696	73,264	1,790	37,908	35,256	—	
B. Proportion per 1,000 of average population.									
1922	3,222	7.9	0.4	22.2	0.5	11.9	11.7	—	
1923	3,356	8.0	0.6	22.0	0.5	11.3	11.0	—	
1924	3,389	7.8	0.5	21.8	0.5	11.2	10.5	—	
1925	3,425	7.5	0.6	21.0	0.5	10.8	10.2	—	
1926	3,452	—	—	—	—	—	10.2	—	
1927	—	—	—	—	—	—	—	—	
		Emigration		Excess of		Emigration		Excess of	
Immi- gration	Total	Overseas	Immi- gration over emigra- tion	Emigra- tion over immi- gration	Immi- gration	Total	Overseas	Immi- gration over emigra- tion	Emigra- tion over immi- gration
10	11	12	13	14	15	16	17	18	19
A. Actual figures.									
1922	3,714 ¹	4,270 ²	4,094	—	556	1.2	1.3	—	0.1
1923	3,714	7,747	7,601	—	4,033	1.1	2.3	—	1.2
1924	3,714	6,200	6,319	—	2,486	1.1	1.8	—	0.1
1925	2,786	3,732 ³	4,578	—	946	0.8	1.1	—	0.5
Average : 1922-25	3,482	5,487	5,648	—	2,005	1.0	1.6	—	0.7
B. Proportion per 1,000 of average population.									

* All figures are estimated.

¹ February 1st, 1922—February 1st 1923.² February 1st, 1925—November 5th, 1925.

2. BIRTH RATES.

Table 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1925 AND 1926.

Original source : Medicinalberetning.

Administrative divisions (counties)	Average population		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1925	1926	1925	1926	1925	1926
1	2	3	4	5	6	7
1. Copenhagen	586,500	592,000	10,501	10,195	17.9	17.2
Counties :						
2. Copenhagen	282,300	284,700	4,598	4,488	17.7	15.8
3. Frederiksborg	112,500	114,000	2,086	2,067	18.5	18.1
4. Holbæk	121,600	122,500	2,500	2,486	20.6	20.3
5. Sorø	113,750	113,650	2,345	2,268	20.6	20.0
6. Prestø	118,950	119,600	2,397	2,368	20.2	19.8
7. Bornholm	45,650	45,600	943	1,016	20.7	22.3
8. Maribo	132,150	134,300	2,935	2,905	22.2	21.6
9. Svendborg	145,500	145,650	2,888	2,816	19.9	19.3
10. Odensee	192,900	195,100	3,854	3,860	19.6	19.8
11. Vejle	163,000	163,700	3,404	3,300	20.9	20.2
12. Skanderborg	110,450	111,350	2,268	2,188	20.5	19.6
13. Aarhus	138,600	139,600	3,270	3,189	23.6	22.8
14. Randers	146,700	147,850	3,276	3,246	22.3	22.0
15. Aalborg	177,350	180,000	4,411	4,387	24.9	24.4
16. Hjørring	148,000	149,750	3,692	3,635	24.9	24.3
17. Thisted	83,000	83,600	1,945	1,930	23.4	23.1
18. Viborg	139,200	140,300	3,326	3,303	23.9	23.5
19. Ringkjøbing	151,150	155,900	3,809	3,735	25.2	24.0
20. Ribe and South Jutland	310,300	315,300	7,425	7,367	23.9	23.3
Total for towns	1,438,850	1,450,000	27,527	26,676	19.1	18.4
Total for rural districts	1,980,700	2,004,450	44,346	44,073	22.4	22.0

Table 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1926.

Original source : Medicinalberetning.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922	38,133	35,766	73,899	1,021	796	1,817	39,154	36,562	75,716
1923	38,461	36,366	74,827	1,031	808	1,839	39,492	37,174	76,666
1924	37,878	35,958	73,836	1,031	772	1,803	38,909	36,730	75,639
1925	36,739	35,158	71,897	976	767	737	37,715	35,919	73,634
1926			70,749			1,657			72,406
Average : 1922-25	37,803	35,812	73,615	1,015	784	1,799	38,818	36,596	75,414
	Excess of male births per 100 female births, among children			Still-born children per 100 births of the same sex (live-born and still-born children together)					
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922	105	128	117	2.6	2.2	2.4			
1923	106	128	116	2.6	2.2	2.4			
1924	105	134	119	2.6	2.1	2.4			
1925	104	128	121	2.6	2.2	2.4			
1926						2.3			

Table 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS FOR THE YEARS 1922 TO 1925.

Original source : Statistisk Aarbog.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922	66,217	891	67,100	7,682	236	7,918	73,899	1,127	75,026
1923	66,772	870	67,642	8,055	265	8,720	74,827	1,135	76,362
1924	66,263	911	67,174	7,573	227	7,900	73,836	1,138	74,974
1925	64,394	862	65,256	7,503	209	7,712	71,897	1,071	72,968
Average : 1922-25	65,897	884	66,781	7,703	234	7,937	73,610	1,118	74,728

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children				
	Live-born (col. A.8)	Still-born (col. A.9)	Total (col. A.10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate			
				Per 100 live-born and still-born children						Per 1,000 average population	
				Legitimate (col. A.4)	Illegitimate (col. A.7)	Total (col. A.10)					
1	2	3	4	5	6	7	8	9			
1922	104	3	106	1.2	0.3	1.5	20.6	0.07			
1923	108	4	115	1.1	0.3	1.4	19.7	0.08			
1924	103	3	105	1.0	0.3	1.3	19.6	0.07			
1925	104	3	106	1.2	0.3	1.5	18.8	0.06			
Average : 1922-25	105	3	108	1.1	0.3	1.4	19.7	0.07			

Table 9.*

MONTHLY NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1918 TO 1920¹.

Original source : Ægteskaber, jødte og døde; aarene 1918-20.

Month	Actual figures for live-born children					
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
	1918		1919		1920	
1	2	3	4	5	6	7
January	1,066	158	991	128	1,391	199
February	1,033	171	933	146	1,393	193
March	1,192	206	1,059	151	1,393	245
April	1,145	150	1,073	129	1,330	184
May	1,137	163	1,049	129	1,379	203
June	1,036	142	1,038	131	1,191	174
July	1,089	126	1,918	93	1,290	195
August	1,147	122	946	109	1,196	158
September	1,161	154	987	138	1,225	160
October	1,106	109	1,174	141	1,154	158
November	1,053	153	1,324	146	1,057	168
December	1,096	183	1,282	180	1,161	160
Total	13,261	1,837	12,894	1,621	15,160	2,197
Live-born children (legitimate and illegitimate together)						
	Actual figures			Rate per 1,000 of average population (calculated on an annual basis)		
	1918	1919	1920	1918	1919	1920
	8	9	10	11	12	13
January	1,224	1,119	1,590	4.5	4.4	6.2
February	1,204	1,079	1,586	4.3	4.2	6.2
March	1,398	1,210	1,638	4.8	4.8	6.4
April	1,295	1,208	1,514	4.8	4.7	5.9
May	1,300	1,178	1,582	4.7	4.6	6.2
June	1,178	1,169	1,365	4.7	4.6	5.3
July	1,209	1,111	1,485	4.4	4.4	5.8
August	1,265	1,055	1,354	4.2	4.0	5.3
September	1,315	1,125	1,385	4.5	4.4	5.4
October	1,215	1,315	1,312	4.8	5.2	5.1
November	1,206	1,470	1,225	4.8	5.8	4.8
December	1,279	1,462	1,321	5.1	5.8	5.2
Total	15,088	14,501	17,557	5.0	4.7	5.6

¹ The notification for 1921 to 1925 has not yet been published.

3. GENERAL DEATH RATE.

Table 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1925 AND 1926.

Original source : Medicinalberetning

Administrative divisions (counties, etc.)	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		1925	1926
	1925	1926	1925	1926	As compared with	
					1924	1925
1	2	3	4	5	6	7
1. Copenhagen Counties	6,630	6,898	19.3	11.7	- 0.6	+ 0.4
2. Copenhagen	3,093	3,104	11.0	10.9	- 0.6	+ 0.1
3. Frederiksborg	1,283	1,366	13.5	13.0	- 0.6	+ 1.5
4. Holbæk	1,357	1,424	11.2	11.6	+ 0.2	+ 0.4
5. Sorø	1,256	1,334	11.0	11.7	- 0.5	+ 0.7
6. Præstø	1,342	1,370	11.3	17.5	- 0.6	+ 0.2
7. Bornholm	519	552	11.4	12.1	- 1.1	+ 0.2
8. Maribo	1,398	1,436	10.6	10.7	- 0.2	+ 0.1
9. Svendborg	1,621	1,644	11.1	11.3	- 0.2	+ 0.3
10. Odense	2,082	2,012	10.8	10.3	- 0.3	+ 0.5
11. Vejle	1,708	1,837	10.7	11.2	- 0.4	+ 0.5
12. Skanderborg	1,134	1,222	10.3	11.0	- 0.6	+ 0.7
13. Aarhus	1,405	1,454	10.1	10.4	- 0.1	+ 0.8
14. Rørders	1,580	1,632	10.8	11.0	- 0.3	+ 0.2
15. Aalborg	1,979	1,910	11.1	10.6	- 0.9	+ 0.5
16. Hjørring	1,562	1,559	10.6	10.4	- 0.2	- 0.2
17. Thisted	873	974	10.5	11.7	- 1.0	+ 1.2
18. Viborg	1,383	1,932	9.9	10.2	- 0.6	+ 0.3
19. Ringkjøbing	1,598	1,685	10.6	10.9	+ 0.2	+ 0.3
20. Ribe	1,407	1,413	10.3	10.2	+ 0.1	+ 0.1
21. South Jutland	1,769	1,811	10.1	9.5	- 0.7	+ 0.6
Total for towns	16,402	16,742	11.4	11.5	- 0.2	+ 0.1
Total for rural districts	20,608	21,340	10.4	10.6	- 0.5	+ 0.2

Table 11.*

DEATH RATE ACCORDING TO AGE AND SEX, 1922 TO 1926¹.

Original source : Dödsarsagerne ; Kongeriget Danmark.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (Difference between col.6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	162	170	19,163	20,508	118.3	120.6	- 2.3
1923	164	172	18,767	19,373	114.4	112.6	+ 1.8
1924	165	174	18,812	19,577	114.0	112.5	+ 1.5
1925	167	176	18,134	19,108	108.6	108.6	0.0
1926	169	176	18,683	19,591	110.6	111.3	- 0.1
Average : 1922-26	165	174	18,712	19,631	113.4	112.8	+ 0.6

¹ The Faroe Islands are included.

Table 12.*

DEATH RATE ACCORDING TO SEX, 1925 AND 1926¹.

Original source : Dödsarsagerne ; Kongeriget Danmark.

A. Actual Figures.

Ages and age-groups: Years	Total deaths ¹					
	1925			1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	3,319	2,421	5,740	3,408	2,542	5,950
1	379	332	711	366	318	684
2	143	112	255	128	144	272
3	78	70	148	100	76	176
4	72	89	161	75	54	129
0-4	3,991	3,024	7,015	4,077	3,134	7,211
5-9	225	232	457	245	205	450
10-14	223	203	426	182	166	348
15-19	365	393	758	361	351	712
20-24	489	456	945	460	449	909
25-34	729	958	1,687	690	904	1,594
35-44	877	1,062	1,939	925	1,075	2,000
45-54	1,379	1,469	2,848	1,368	1,460	2,828
55-64	1,998	2,195	4,183	2,216	2,271	4,487
65-74	3,405	3,764	7,169	3,541	3,909	7,450
75-84	3,340	3,965	7,305	3,466	4,108	7,574
85-89	1,103	1,386	2,489	1,139	1,554	2,693
90 and over . . .						
Age unknown . . .	10	1	11	13	5	18
Total . . .	18,134	19,108	37,282	18,683	19,591	38,274

¹ The Faroe Islands are included.

Table 12* (concluded).

B. Proportional Figures.

Ages and age-groups: Years	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (—) in mortality in 1926 compared with 1925		
	1925			1926			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0	91.8	62.7	73.3	98.9	76.5	87.0	+ 7.1	+ 14.2	+ 13.7
1									
2									
3									
4									
0-4	22.5	17.9	20.5	29.8	23.6	26.7	+ 7.3	+ 11.9	+ 6.2
5-9	1.3	1.4	1.4	1.4	1.2	1.3	+ 0.1	+ 0.2	+ 0.1
10-14	1.3	1.2	1.3	1.1	1.0	1.0	- 0.2	- 0.2	- 0.3
15-19	2.3	2.5	2.4	2.1	2.1	2.1	- 0.2	- 0.4	- 9.3
20-24	3.6	3.1	5.3	3.0	2.9	3.0	- 0.6	- 0.2	- 9.3
25-31	3.0	3.7	3.5	2.8	3.3	3.0	- 0.0	- 0.4	- 0.5
35-44	4.5	5.1	4.8	4.5	4.8	4.6	- 0.0	- 0.3	- 0.2
45-54	9.3	9.2	9.2	8.1	8.2	8.1	- 0.8	- 1.0	- 1.1
55-64	18.3	17.6	17.9	18.8	16.2	18.0	+ 0.5	- 1.4	+ 0.1
65-74	48.9	46.3	47.5	45.6	43.2	44.3	+ 3.3	- 3.1	- 3.2
75-84	119.7	115.4	117.3						
85-89				132.2	132.4	133.3			
90 and over	282.5	239.9	257.1						
Age unknown	1.9	0.2	1.2	—	—	—	—	—	—
Total	11.4	11.4	11.4	11.1	11.1	11.1	- 0.3	- 0.3	- 0.3

Table 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1925 AND 1926¹.

Original source : Dödsaarsagerne ; Kongeriget Danmark.

Month	Total deaths (not including still-births)				Increase (+) or decrease (—) in death rate for 1926 compared with 1925
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1925	1926	1925	1926	
1	2	3	4	5	6
			A. Per month.		
January ..	3,063	3,483	10.8	12.0	+ 1.2
February ..	3,016	3,493	10.6	12.1	+ 1.5
March ..	3,592	3,866	12.6	13.3	+ 0.7
April ..	3,748	3,639	13.0	12.6	— 0.5
May ..	3,671	3,720	12.9	12.8	— 0.1
June ..	3,035	3,198	10.7	11.1	+ 0.4
July ..	3,131	3,085	11.0	10.6	— 0.4
August ..	2,641	2,666	9.3	9.2	— 0.1
September ..	2,454	2,443	8.6	8.4	— 0.2
October ..	2,722	2,845	9.5	9.8	+ 0.3
November ..	2,713	2,774	9.5	9.6	+ 0.1
December ..	3,456	3,062	12.1	10.6	— 1.5
			B. Per quarter.		
1st quarter ..	9,671	10,842	11.3	12.5	+ 1.2
2nd quarter ..	10,454	10,557	12.2	12.1	— 0.1
3rd quarter ..	8,226	8,194	9.6	9.4	— 0.2
4th quarter ..	8,891	8,681	10.4	10.0	— 0.4
Total ..	37,242	38,274	10.8	11.0	+ 0.2

¹ The Faroe Islands are included.

4. CAUSES OF DEATH.

Table 14.*

MORTALITY, INCIDENCE AND CASE-FATALITY OF CERTAIN INFECTIOUS DISEASES IN 1925 AND 1926¹.

Original source : Dödsarsagerne ; Kongeriget Danmark.

International List of Causes of Death 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to all causes-of-death statistics
			Actual figures	Per 10,000 of average population	Cases		Deaths			
					Actual figures	Per 10,000 average population	Actual figures	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
1a	Typhoid fever . . .	1925 1926	47	0.1	344	1	47	13.4	13.4	0.1
1b	Paratyphoid fever.	1925 1926	38	0.1	248	0.7	38	15.3	15.3	0.01
2	Typhus	1925 1926	—	—	—	—	—	—	—	—
3	Relapsing fever . .	1925 1926	—	—	—	—	—	—	—	—
5	Malarial fever or cachexia	1925 1926	1	0.03	21	0.6	1	4.8	4.8	0.003
6	Smallpox	1925 1926	—	—	—	—	—	—	—	—
7	Measles	1925 1926	86 144	0.3 0.4	12,792 18,443	37 53	86 144	0.6 0.8	0.6 0.8	0.8 0.4
8	Scarlet fever . . .	1925 1926	21 23	0.06 0.07	2,757 11,426	8 7	21 23	0.8 0.2	0.8 0.2	0.6 0.06
9	Whooping-cough . .	1925 1926	402 556	1.2 1.6	20,559 30,399	60 88	402 556	2.0 1.8	2.0 1.8	1.2 1.5
10	Diphtheria	1925 1926	152 122	0.4 0.4	5,097 5,315	17 15	152 122	3.0 2.3	3.0 2.3	0.4 0.3
11a	Influenza with pulmonary complications	1925 1926	416 477	1.0 1.0	58,983 72,194	170 210	416 477	0.7 0.7	0.7 0.7	1.1 1.3
11b	Influenza without pulmonary complications									
14	Asiatic cholera . .	1925 1926	—	—	—	—	—	—	—	—

¹ The Faroe Islands are included.

Table 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX IN 1926¹.

Original source : Dödsarsagerne ; Kongeriget Danmark.

Age-groups : Years	Number of deaths from all forms of tuberculosis		
	Males	Females	Total
1	2	3	4
Under 1 year.. .. .	41	32	73
1-4	109	87	196
0-4	150	119	269
5-9	48	48	96
10-14	37	55	92
15-19	114	187	301
20-24	179	249	428
25-34	214	351	565
35-44	181	174	355
45-54	137	120	257
55-64	91	113	204
65-74	81	117	198
75-84	25	32	57
85-90 and over	1	2	3
Age unknown	—	—	—
Total	1,258	1,567	2,825

¹ The Faroe Islands are included ; proportional figures not available.

Table 16.*

DEATH RATE FROM TUMOURS, 1924 TO 1926.

Original source : Dødsårsagerne; Kon geriget Danmark.

Year	Classification according to International List (3rd Revision, 1920)				
	Nos. 43-49 Cancer or other malignant tumours	No. 50 Non- malignant tumours or tumours of which the malignant character is not specified	No. 137 Other non- malignant tumours of ovary	No. 139 Non- cancerous tumour of the uterus	Nos. 43-5 137-139 Total number of tumours (col. 2 and 4 together)
1	2	3	4	5	6
<i>A. Actual number of deaths.</i>					
1924	4,690	} Unknown	29	} Unknown	4,719
1925	4,708		29		4,737
1926	4,838		25		4,863
<i>B. Proportional figures per 10,000 of average population.</i>					
1924	139.1		0.09		139.95
1925	137.7		0.09		138.52
1926	140.0		0.07		140.78

Table 17.*

DEATH RATE FROM ORGANIC DISEASES, 1924 TO 1926¹.

Original source : Dødsårsagerne; Kongeriget Danmark.

Year	Classification according to International List (3rd Revision, 1920)						
	I. Classes of Diseases						
	Affections :						
	Of the nervous system and organs of special sense	Of the circulatory system	Of the respiratory system	Of the digestive system	Non-venereal diseases of genito-urinary system	Of the skin and cellular tissue	Of the bones and organs of locomotion
No. 70-86	No. 87-96	No. 97-107	No. 108-127	No. 128-142	No. 151-155	No. 156-158	
1	2	3	4	5	6	7	8
	A. Actual number of deaths.						
1924	3,874	3,961	5,208	1,243	1,222	136	203
1925	3,852	4,021	4,690	1,223	1,225	120	205
1926	4,757	4,206	5,035	1,142	1,273	148	267
	B. Proportional figures per 10,000 of average population.						
1924	11.5	11.8	15.5	3.7	3.6	0.4	0.6
1925	11.3	11.8	13.7	3.6	3.6	0.4	0.6
1926	13.8	12.2	14.6	3.3	3.7	0.4	0.8

Year	II. Various Important Diseases								
	Cerebral hemorrhage, apoplexy	Diseases of the heart	Acute and chronic bronchitis	Pneumonia	Diarrhoea and enteritis (all ages)	Cirrhosis of the liver	Acute and chronic nephritis	Old age	Unknown or ill-defined diseases
	No. 74	No. 87-90	No. 99	No. 100,101	No. 113,114	No. 122	No. 128,129	No. 164	No. 204,205
	9	10	11	12	13	14	15	16	17
	A. Actual number of deaths.								
1924 ..	1,991	3,864	227	4,181	404	45	693	4,965	945
1925 ..	1,866	3,897	177	4,153	470	72	661	4,767	845
1926 ..	1,979	4,065	196	4,497	416	56	724	5,080	664
	B. Proportional figures per 10,000 of average population.								
1924 ..	5.9	11.4	0.7	12.4	1.2	0.1	2.1	14.7	2.8
1925 ..	5.4	11.4	0.5	12.1	1.4	0.2	2.0	13.9	2.5
1926 ..	5.8	11.8	0.6	13.0	1.2	0.2	2.1	14.7	1.9

¹ The Faroe Islands are included.

Table 18.*

DEATHS FROM PUERPERAL DISEASES, 1924 TO 1926¹.

Original source : Dødsårsagerne; Kongeriget Danmark.

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from :					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases ¹	
			Actual figures		Rate per 10,000 :			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1924 ..	76,299	76,299	68	129	0.9	0.9	1.7	1.7
1925 ..	74,242	74,242	66	117	0.9	0.9	1.6	1.6
1926 ..	74,850	74,850	78	126	1.0	1.0	1.7	1.7

¹ The Faroe Islands are included for the deaths.

Table 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES FROM 1924 TO 1926¹.

Original source : Dødsårsagerne; Kongeriget Danmark.

Description	Actual figures			Rate per 10,000 of average population		
	1924	1925	1926	1924	1925	1926
1	2	3	4	5	6	7
Deaths by suicide	463	469	548	1.0	1.0	1.6
Other external causes	799	864	281	2.3	2.5	2.6
Total deaths from external causes	1,262	1,333	1,429	3.7	3.9	4.1
Total deaths from all causes	38,389	37,242	38,274	11.3	10.8	11.0
Total deaths excluding deaths due to external causes (natural mortality)	37,127	35,909	36,845	10.9	10.4	10.6

¹ The Faroe Islands are included.

5. INFANT MORTALITY.

Table 20.*

INFANT MORTALITY ACCORDING TO DAYS¹ AND MONTHS OF AGE, SEX AND LEGITIMACY IN 1925 AND 1926

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legitimate	Illegitimate	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6	7	8	9	10	11
Year 1925 :										
(a) Weeks of age :										
0			1,180	1,004	176			19.0	17.7	34.0
1			222	203	19			3.6	3.6	3.6
2			180	163	17			2.9	2.9	3.9
3			168	143	25			3.1	2.5	4.8
(b) Months of age :										
0			1,750	1,513	237			28.2	26.6	45.8
1			368	320	48			5.9	5.7	9.3
2			482	419	63			7.8	7.4	12.2
3			425	365	60			6.9	6.4	11.6
4			344	296	48			5.6	5.2	9.2
5			302	273	29			4.9	4.8	5.6
6			429	205	59			6.9	6.5	11.4
7			221	205	16			3.6	3.6	3.1
8			182	160	22			2.9	2.8	4.2
9			201	175	26			3.2	3.1	5.0
10			164	146	18			2.6	2.6	3.5
11			162	147	15			2.6	2.6	2.9
Total under 1 year ..			5,030	4,389	641			81.2	77.3	123.8
Year 1926 :										
(a) Weeks of age :										
0			1,286	1,098	188			21.0	19.6	36.4
1			244	217	27			4.0	3.9	5.2
2			132	107	25			2.2	1.9	4.8
3			166	145	21			2.7	2.6	4.1
(b) Months of age :										
0			1,828	1,567	261			29.9	28.0	50.5
1			486	426	60			7.9	7.6	11.6
2			535	451	84			8.7	8.1	16.2
3			394	334	60			6.4	6.0	11.6
4			340	305	35			5.6	5.4	6.8
5			277	247	30			4.5	4.4	5.8
6			319	287	32			5.2	5.1	6.2
7			230	212	18			3.8	3.8	3.5
8			256	231	25			4.2	4.1	4.8
9			222	197	25			3.6	3.5	4.8
10			170	153	17			2.8	2.7	3.3
11			153	136	17			2.5	2.4	3.3
Total under 1 year ..			5,210	4,546	664			85.2	81.2	128.4

¹ Figures according to days not available.

Table 21.*

SEASONAL VARIATIONS IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE CHILDREN UNDER 1 YEAR OF AGE IN 1926¹.

Month	Number of deaths among children under 1 year		
	Actual figures		
	Legitimate children	Illegitimate children	Total
1	2	3	4
	Year 1926 :		
January	479	70	549
February	466	56	522
March	555	75	630
April	540	76	616
May.. .. .	431	74	505
June	362	46	408
July	312	45	357
August	289	48	337
September	242	54	296
October	287	40	327
November	270	35	305
December	313	45	358
Total	4,546	664	5,210

¹ Proportional figures not available.

Table 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1925 AND 1926.

Original source : Dödsårsagerne: Kongeriget Danmark

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations ..	1,697	1,704	29.6	23.8
160	Congenital debility, icterus and scleroma	95	143	1.7	2.0
161	Premature birth, injury at birth	—	—	—	—
38	Congenital syphilis ..	39	—	0.5	—
7	Measles ..	34	56	0.5	0.7
8	Scarlet fever ..	—	1	—	0.01
9	Whooping-cough ..	291	393	4.0	5.5
10	Diphtheria ..	6	15	0.08	0.2
11	Influenza ..	—	68	—	1.0
15	Cholera nostras ..	626	609	8.6	8.5
21	Erysipelas ..	—	4	—	0.06
24	Epidemic cerebro-spinal meningitis ..	—	99	—	1.4
31	Tuberculosis of the respiratory system ..	—	17	—	0.2
32	Tuberculosis of the meninges or of the central nervous system	66	56	0.8	0.7
33-37	Tuberculosis of other organs..	—	—	—	—
71	Meningitis ..	—	34	—	0.5
80	Convulsions of infants ..	275	268	3.8	3.8
99a	Acute bronchitis ..	—	86	—	1.2
100-101	Pneumonia ..	1,256	1,573	17.3	22.0
113	Diarrhoea and enteritis ..	—	—	—	—
175-199	External causes ..	60	47	0.8	0.6
200	Infanticide (murder of infants less than 1 year of age)..	—	6	—	0.08
205	All other diseases ..	1,295	771	17.9	10.8

6. PUBLIC HEALTH STATISTIC.

Table 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis.

Survey of Anti-tuberculosis Institutions in 1924, 1925 and 1926.

Original source : Medicinalberetning.

Description of institutions	Number of institutions			Number of beds			Number of tuberculous patients admitted during the year		
	1924	1925	1926	1924	1925	1926	1924	1925	1926
1	2	3	4	5	6	7	8	9	10
I. Anti-tuberculosis dispensaries ..	11	11		—	—	—	3,440	ca.3,000	
II. Tuberculosis sanatoria :									
(a) For children suffering from pulmonary tuberculosis	1	1	1	158	158	158	452	416	368
(b) For children suffering from surgical tuberculosis	3	3		412	412		ca.1,325	ca.4,081	
(c) For children suffering from tuberculosis of a mixed type	—	—	—	—	—	—	—	—	—
(d) Total for children	4	4		570	570		1,777	4,497	
(e) For adults suffering from pulmonary tuberculosis	13	13	14	1,173	1,173	1,349	3,196	3,061	3,740
(f) For adults suffering from tuberculosis of a mixed type	—	—	—	—	—	—	—	—	—
(g) Total for adults	13	13		1,173	1,173	1,349	3,196	3,061	3,740
(a-g) Total number of sanatoria ..	17			1,743			4,967	7,558	
III. Tuberculosis hospitals :									
(a) For pulmonary tuberculosis	34	33	33	1,004	984	1,046	2,790	2,789	2,819
(b) For surgical tuberculosis	—	—	—	—	—	—	—	—	—
(a-b) Total number of hospitals ..	34	33	33	1,004	984	1,046	2,790	2,789	2,819
IV. Other Institutions (see Sanatoria)	10	10	10	536	542		ca.1,700	ca.1,736	

*
Table 24 (continued).

B. Venereal Diseases.

Survey of the Institutions for the Campaign against Venereal Diseases
in 1924, 1925 and 1926.

Original source : Medicinalberetning.

Description of institutions	Number of institutions			Number of patients suffering from venereal diseases admitted during the year		
	1924	1925	1926	1924	1925	1926
1	2	3	4	5	6	7
I. Consultation centres for persons suffering from venereal diseases				ca. 10,000	9,128	11,759
II. Venereal dispensaries . .						
III. Homes for the treatment of hereditary syphilis	2	3	3	22	50	
IV. Other institutions . .	—	—	—	—	—	—

C. Alcoholism.

Survey of the Institutions for the Campaign against Alcoholism in 1924, 1925 and 1926

Original source : Løgeforening ens Aarbog

Description of institutions	Number of institutions			Number of persons admitted during the year		
	1924	1925	1926	1924	1925	1926
1	2	3	4	5	6	7
I. Centres for persons suffering from alcoholism	—	—	—	—	—	—
II. Anti-alcoholic dispensaries	—	—	—	—	—	—
III. Sanatoria for alcoholic persons	7	7	7			

Table 24 (concluded).

D. *Smallpox.*

Survey of Vaccinations in 1924, 1925 and 1926.

Original source : Medicinalberetning.

	1924	1925	1926
1	2	3	4
I. <i>Number of persons vaccinated in infancy</i>	62,735	46,328	49,070

Table 25.*

INSTITUTIONS FOR THE PROTECTION OF MOTHERS AND CHILDREN IN 1924, 1925 AND 1926.

Original source : Medicinalberetning.

Description of the institutions	Number of institutions			Number of persons admitted during the year		
	1924	1925	1926	1924	1925	1926
1	2	3	4	5	6	7
I. Consultation centres for expectant mothers	—	—	—	—	—	—
II. Special obstetrical hospitals	2	2	2	4,334	4,091	4,439
III. Dispensaries for mothers and infants	—	—	—	—	—	—
IV. Special hospitals for infants	1	1	1	887	804	887
V. Other important institutions	—	—	—	—	—	—

7. DATA ON CURATIVE MEDICINE.

Table 26.*

STATISTICS OF HOSPITALS, ETC., IN 1925, 1926 AND 1927.

Original source : Medicinalberetning.

Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year :			Number of beds					
				Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals	150	152	153	ca. 9,469	10,133	11,511	28.1	29.6	33.3
II. Mental hospitals	14	14	14	6,104	6,185	6,153	18.1	18.1	17.8
III. Hospitals for the treatment of nervous diseases:									
(a) Homes for epileptics ..	4	4	4	610	601	601	1.8	1.8	1.7
(b) Sanatoria for alcoholics ..	7	7	7						
IV. Homes for idiots and imbeciles ..	8	9	9	3,046	ca. 3,000	ca. 3,000	9.0	8.8	8.7
V. Infant hospitals									
VI. Children's hospi- tals	1	1	1	150	180	150	0.4	0.4	0.4
VII. Hospitals for cripples	1	1	1						
VIII. Hospitals for contagious dis- eases	21	22	22	3,120	ca. 3,500	ca. 3,500	8.9	10.2	10.1
IX. Tuberculosis hospitals	51	51	51	2,747	2,727	ca. 2,727	8.1	8.0	7.9
X. Homes for lepers	—	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical hospitals	—	—	—	—	—	—	—	—	—
XII. Maternity hospi- tals	2	2	2	ca. 150	ca. 150	ca. 150	0.4	0.4	0.4
XIII. Eye hospitals ..	—	—	—	—	—	—	—	—	—
XIV. Homes for incu- rables	—	—	—	—	—	—	—	—	—
Total	259	263	264	25,396	23,446	27,792	75.2	68.6	80.5

Table 27.

STATISTICS OF SANITARY PERSONNEL IN 1925 AND 1926.

Original source : Medicinalberetning.

Sanitary personnel	Actual figures		Rate (males and females together) per 10,000 of the average population	
	1925	1926	1925	1926
1	2	3	4	5
Medical students	998	1,045	2.9	3.0
Doctors examined during the year	114	78	0.3	0.2
Doctors (total)	ca. 2,200	2,237	6.5	6.5
Dentists	ca. 650	671	1.9	1.9
Pharmacists	315	318	0.9	0.9
Midwives	1,092	1,114	3.2	3.2

Table 28.*

STATISTICS OF HEALTH INSURANCE FUNDS IN 1925 AND 1926. .

A. Number of Funds and Membership.

Category of fund	Number of funds		Membership			
	1925	1926	1925		1926	
			Males	Females	Males	Females
1	2	3	4	5	6	7
Insurance Funds	1,647	1,612			112,048	157,677
.. .. .						
.. .. .						
.. .. .						
.. .. .						
.. .. .						
.. .. .						
.. .. .						
.. .. .						
Total for both sexes ..			1,464,584		269,725	

B. Number of Sick Members and Duration of Sickness.

Category of fund	Number of sick members				Number of days of illness			
	1925		1926		1925		1926	
	M.	F.	M.	F.	M.	F.	M.	F.
1	2	3	4	5	6	7	8	9
Insurance Funds	80,006	90,354	85,614	97,574	2,977,31	3,893,227	3,107,521	4,185,089
.. .. .								
.. .. .								
.. .. .								
.. .. .								
.. .. .								
.. .. .								
.. .. .								
.. .. .								
Total for both sexes .. .	170,360		183,188		6,870,543		7,292,610	

Table 28* (concluded).

C. Proportional Figures for the Total Number of Funds.

Year	Number of members per 1,000 of average population of the same sex			Percentage of members of each sex			Rate of morbidity per 100 members of the same sex			Average duration of illness (in days)						
										for :						
										One case			One member			
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1925			632	—	—	100.0	—	—	—	—	—	—	—	—	—	—
1926			643	41.5	58.5	100.0	76.4	61.7	67.9	36.3	48.9	39.8	27.3	26.5	27.0	

II. PUBLIC HEALTH LEGISLATION.

1. HEALTH REGULATIONS.

Fourteen rural municipalities have introduced health regulations in 1927. This brings the number of rural municipalities which have health regulations up to 899 out of a total of 1,298. The introduction of health regulations has been compulsory in all towns since 1855, but voluntary in rural municipalities; they are prepared by the Central Health Administration according to a standard text and must be approved and can be modified by the Municipal Councils. The Municipal Health Boards do not necessarily contain medical members, but the district physician is entitled to participate in the meetings and must, at any rate, be informed of their decisions. The regulations refer largely to the disposal of refuse and sewerage, wells and privies; they also generally contain regulations regarding meat and milk control. The meat and milk regulations for several towns have been modernised.

2. HEALTH INSURANCE.

Various changes have been introduced in the health-insurance legislation. The private sickness-insurance funds, which are recognised by the State, receive a State contribution for each member having less than a certain income. This income limit may be changed by the Ministry of Health every third year. In 1907, it was fixed at 3,425 Kroner in the capital, 2,975 Kroner in towns with over 2,000 inhabitants, 2,775 Kroner in towns from 1 to 2,000 inhabitants, and 2,075 Kroner in rural districts. The member's capital must not exceed 9,700 Kroner, or 14,700 Kroner if the member is the head of a family. The State pays on account of such members 2 Kroner per annum

and one-fourth of the expenses of the sickness-insurance funds for medical assistance, hospital treatment, daily allowance during illness, maternity benefit, dental care, nursing and convalescence. The State contribution to the sickness-insurance funds must not exceed 2,400,000 crowns per annum. A special contribution is granted in case of disease of long duration such as tuberculosis and insanity.

3. EPIDEMICS.

New regulations regarding measures against influenza were made on account of the epidemic which visited the country early in the year. Schools in towns can only be closed in case of severe epidemics, but in the country, where they may be an important centre of infection, they can be closed when an epidemic threatens. There are special instructions for orphanages and other large institutions. The physicians are requested to give immediately the fullest possible information regarding the course of the epidemic, the period of incubation, etc. Special quarantine regulations against influenza were issued for the Faroe Islands, and it is believed that these measures were a protection to the islands.

4. POOR RELIEF AND OLD-AGE PENSIONS.

New regulations were issued for medical aid to the poor and those receiving old-age pensions. The law on old-age pensions was revised in 1297. An old-age pension can be obtained at the age of 65, and in cases of ill-health or other special circumstances from the age of 60, with the approval of the Municipal Council. The pension amounts to 1,008 Kroner in the capital, 804 Kroner in provincial towns, and 600 Kroner in the rest of the country. These pensions, however, are increased to 1,926, 1,038 and 780 Kroner, respectively, if the pension is not claimed until the age of 68. Pensions are paid by the Municipalities, but seven-twelfths are refunded by the State.

5. INVALIDITY INSURANCE.

A new law on invalidity insurance was passed. Members of sickness insurance funds to whom the State pays a contribution are entitled to invalidity benefit. The amount of the invalidity pension is decided according to the degree of invalidity; in cases of total invalidity it is 800 Kroner per year.

6. MISCELLANEOUS.

Changes were made in the regulations of several towns for the employment of children and young persons; children under 12 may not be employed in agriculture, forestry, gardening, shipping, fisheries and as messengers. Children over 12 may only work in these occupations for three hours a day. Other regulations already limited child labour in the various industries and in commerce.

New regulations have been issued for the preparation of condensed milk.

December 1928.

DOMINICAN REPUBLIC

BY

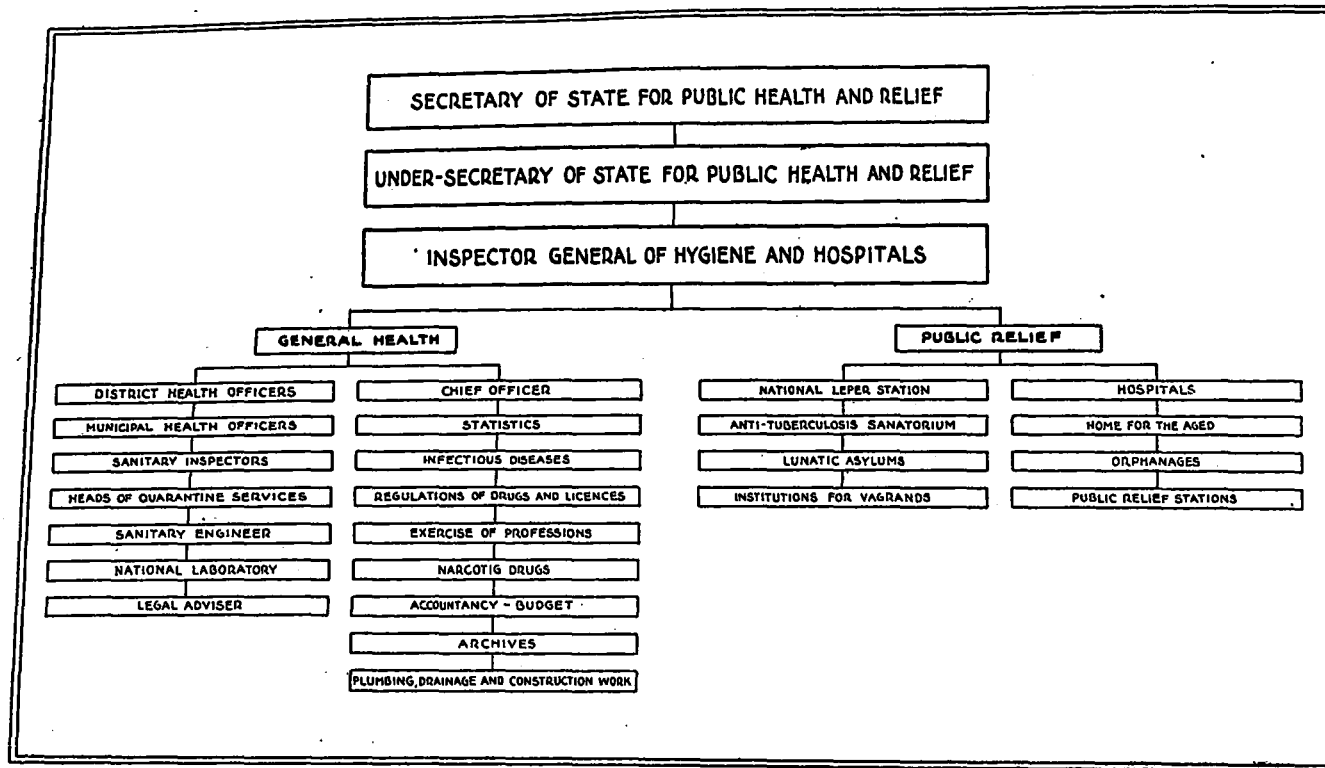
Dr. P. A. RICART,

Ministry of Health and Public Relief (San Domingo).

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GRAPH OF THE PUBLIC HEALTH AND RELIEF SERVICES OF THE DOMINICAN REPUBLIC.



I. VITAL AND PUBLIC HEALTH STATISTICS.

1. AREA.

50,070 square kilometers.

2. POPULATION.

1,022,475 inhabitants.

3. BIRTH RATE.

In 1927, 35,312 births were registered.
General birth rate : 34.54 per thousand.

4. DEATH RATE.

(a) *Number of Deaths registered in 1927.*

8,402.

(b) *General Death Rate for 1927.¹*

8.21 per thousand.

(c) *Number of Deaths and Proportional Mortality due to Infectious Diseases.*

Diseases	Deaths	Proportional mortality
Typhoid fever	264	3.15
Malaria	304	3.62
Measles	26	0.31
Whooping-cough	13	0.15
Diphtheria	12	0.14
Influenza	39	0.46
Dysentery	199	2.37
Tetanus	436	5.19
Tuberculosis	450	5.36
Syphilis	58	0.69
Pneumonia	521	6.21
Puerperal septicæmia	41	0.49
Total	2,363	

¹ This figure is given subject to every reservation, since certain districts of the Republic are not yet in the registration area.

(d) *Distribution of Deaths by Age-groups and Principal Causes among the White and Coloured Population in 1927.*

No. in Berillon nomenclature		From 0-5 years				Over 5 years of age				All ages				General Total
		White		Coloured		White		Coloured		White		Coloured		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1	Typhoid fever.. .. .	3	11	26	24	24	27	82	67	27	38	108	91	264
5	Malaria	15	10	40	51	31	20	55	82	46	30	95	133	304
7	Measles	0	0	3	1	0	0	8	0	14	8	3	15	26
9	Whooping-cough	0	0	6	6	0	0	1	0	0	0	7	6	13
10	Diphtheria	0	0	3	5	0	4	0	0	0	4	3	5	12
11	Influenza	0	2	0	2	0	20	0	15	0	22	0	17	39
16	Dysentery	32	21	33	31	13	15	32	22	45	36	65	53	199
29	Tetanus	61	57	162	132	12	0	9	3	73	57	171	135	436
31	Tuberculosis	4	5	10	20	70	70	110	161	74	75	120	181	450
38	Syphilis	0	10	14	1	5	6	17	5	5	16	31	6	58
44	Cancer	0	0	0	1	11	18	22	23	11	18	22	24	75
52	Rheumatism	4	1	16	12	3	13	17	10	7	14	33	22	76
56	Rickets	20	21	19	18	5	0	0	5	25	21	19	23	88
57	Diabetes	2	0	2	0	0	0	9	8	2	0	11	8	21
58	Anæmia	5	1	5	5	6	6	3	8	11	7	8	13	39
71	Meningitis	19	4	10	12	0	0	6	5	19	4	16	17	56
74	Cerebral hæmorrhage	0	2	0	2	17	19	17	33	17	21	17	35	90
75	Paralysis	0	0	1	1	5	12	20	26	5	12	21	27	65
76	General paralysis	0	0	0	0	0	0	5	1	0	0	5	1	6
78	Epilepsy	0	0	0	0	0	0	1	0	0	0	1	0	1
80	Infantile convulsions	7	2	13	17	0	0	0	0	7	2	13	17	39
89	Angina pectoris	2	12	10	10	0	0	0	0	2	12	10	10	34
90	Heart disease	3	0	1	1	82	82	80	87	85	82	81	88	336
95	Unspecified hæmorrhage	0	2	3	5	3	1	12	3	3	4	17	27	27
99	Bronchitis.. . . .	18	13	47	54	24	15	35	50	42	28	82	104	256
100	Broncho-pneumonia	9	19	12	10	16	45	14	24	25	64	26	34	149
101	Pneumonia	17	26	91	63	49	99	118	58	66	125	209	121	521
102	Pleurisy	0	2	1	0	2	4	1	0	4	6	2	12	12
112	Diseases of the stomach	29	76	47	59	72	51	71	78	101	127	118	137	483
113	Diarrhœa: 2 years and above	0	2	12	1	10	8	11	25	10	10	23	26	69
114	Diarrhœa: under 2 years	23	28	50	36	0	0	1	0	23	28	51	36	138
116	Diseases of the liver	2	2	5	8	15	10	18	32	17	12	23	40	92
116B	Intestinal parasites	1	2	20	52	3	0	2	2	4	2	22	54	82
117	Appendicitis	0	0	0	10	20	35	43	10	20	35	43	108	108
118	Hernia	0	0	0	0	0	0	4	0	0	4	0	4	4
119	Other intestinal diseases	34	84	142	195	49	61	103	124	83	145	245	319	792
122	Dropsy	13	13	39	65	94	139	179	159	107	152	218	224	701
126	Peritonitis.. . . .	0	0	1	0	3	4	7	5	3	4	8	5	20
128	Nephritis	0	0	0	0	3	32	12	23	3	32	12	23	70
134	Diseases of the urethra.. . . .	0	0	0	0	1	0	4	0	1	0	4	0	5
145	Puerperal accidents	0	0	0	0	0	15	0	60	0	15	0	60	75
146	Puerperal septicæmia	0	0	0	0	0	19	0	22	0	19	0	22	41
164	Senility	0	0	0	0	16	34	35	89	16	34	35	89	174
179	Burns	1	3	6	8	0	0	0	0	1	3	6	8	18
183	Softening of the brain	4	2	5	4	22	21	9	26	26	23	14	30	93
188	Railway accidents	0	0	0	0	1	0	3	12	1	0	3	12	16
188C	Automobile accidents	0	0	0	0	2	1	3	14	2	1	3	14	20
204	Sudden death	4	12	20	58	25	80	32	48	29	92	52	106	279
205	Without specified cause.. . . .	36	60	109	48	71	110	86	116	107	170	195	164	636
505	Unknown cause	42	74	69	79	111	143	180	96	153	217	249	175	794
	General total	410	579	1,054	1,098	884	1,230	1,453	1,694	1,294	1,809	2,507	2,792	8,402

(e) *Death Rate due to Infectious Diseases.*

2.31 per thousand inhabitants.

5. INFANT MORTALITY.
(From 0-1 year of age.)(a) *Distribution of Infant Mortality according to Principal Causes.*

	Causes of death	Deaths
1.	Pre-natal, natal and neo-natal causes	53
2.	Diarrhoea and enteritis	750
3.	Diseases of the respiratory organs	201
4.	Infectious diseases	608
5.	Other causes	339

1,951

(b) *Infant Mortality Rate.*

55.25 per thousand.

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. GENERAL.

The chief aim of the Health Department has been to give all inhabitants of the country who are sick every facility for obtaining the means necessary for a speedy recovery, one of the principal objects being to eradicate from the territory of the Republic a group of diseases which are a real scourge in the country districts, although, fortunately, their spread has not assumed serious proportions. The area infected is small and the persons are not affected to a very serious extent. The Department is endeavouring to stamp out these diseases permanently.

Hookworm, for instance, which in neighbouring countries is a veritable scourge and a serious threat to national wealth, is not a serious problem in the Republic.

The campaign against *bubo*, another disease against which the strongest measures are being taken, has met with surprising success. The experts of the Rockefeller Foundation state that, if the campaign against this disease is carried out as energetically as at present, the time is not far distant when the territory of the Republic will be altogether free from this disease. As the curative action of salvarsan in these cases is striking, the results achieved during the past year furnish every reason to hope that the eradication of this disease in the Republic will soon be an accomplished fact.

Energetic measures are also being taken against *typhoid fever*. All inhabitants of rural districts in which conditions of living and ignorance of the rules of hygiene make it impossible to apply other prophylactic measures against typhoid fever are being systematically vaccinated. This method has met with considerable success, since a rapid decrease in the incidence of, and mortality from, typhoid fever has been noted.

Syphilis is yet another disease against which a systematic war is being waged, and, in this respect, as is shown by tables, the number of injections of salvarsan given by the anti-venereal medical squads is quite surprising.

These medical squads are also carrying out an educational campaign among the rural population. They are further responsible for seeing that the health laws are obeyed. In this matter they have co-operated with the Department of Health with a view to the construction of proper latrines so as to prevent contamination of the soil. They have also vaccinated against smallpox, approximately, 50,000 persons during the year.

SUMMARY OF WORK CARRIED OUT BY THE MEDICAL SQUADS DURING 1927.

No. of squad	Attached to	Hookworm		Number of injections against bubo	Number of injections against syphilis	Number of injections against typhoid fever	Number of cases of other diseases treated
		Examination	Treatment				
1	Los Llanos	10,090	9,942	20,720	9,054	26,585	6,699
	Hato Mayor	1,460	1,340	760	506	708	224
2	Samaná	6,628	4,585	6,862	2,707	5,758	1,074
3	Cotuy	2,326	1,929	8,519	2,925	9,601	1,703
4	S. Cristóbal	9,503	4,276	7,791	2,929	8,526	3,828
5	Monte Plata	4,563	1,545	6,719	1,679	7,383	1,494
6	Moca	5,060	2,980	1,980	1,600	2,528	194
	Salcedo	172	272	678	148	—	73
7	Pto. Plata	9,652	6,065	5,464	1,645	17,843	2,901
	Imbert	1,509	1,243	535	837	2,142	235
8	S. Fco. Macoris	6,414	3,113	4,982	4,410	7,482	345
	Gaspar Hernández	2,256	313	1,463	46	—	134
9	Valverde	—	—	—	—	1,647	—
	Monción	—	—	128	—	4,127	143
9	Las Lagunas	—	—	—	—	3,455	911
10	Los Minas	20	—	41	296	790	1
11	Villa Altigracia	331	—	854	133	—	169
	Colonia Agr. B.	—	153	474	300	—	113
12	Constanza	—	—	—	—	298	—
	Total	61,984	37,756	67,970	29,275	98,873	20,241

HEALTH CAMPAIGN. — EXPENDITURE DURING 1927.
(In dollars.)

Month	Salaries and wages	Administrative expenses	Transport	Medicaments	Other expenditure	Total
January	\$ 721.31	\$ 502.00	\$ 237.25	\$	\$ 74.60	\$ 1,535.16
February	580.00	349.00	130.52		316.85	1,376.37
March	427.62	348.00	170.50	342.52	337.27	1,625.91
April	848.98	608.00	351.05		427.15	2,235.18
May	615.00	187.50	181.50		142.10	1,126.10
June	680.00	186.00	124.50	109.94	111.62	1,212.06
July	500.97	353.00	208.40	255.24	127.31	1,444.92
August	920.00	605.00	255.00	3,075.49	294.57	5,150.06
September	805.00	597.50	358.50	326.33	553.55	2,640.88
October	862.17	530.00	354.90	386.50	160.22	2,293.79
November	910.00	563.00	402.10	309.54	297.06	2,481.70
December	432.50	270.00	170.40		260.80	1,133.70
Total	8,303.55	5,099.00	2,944.62	4,805.56	3,103.10	2,4255.83

During the year 1927 no cases have been notified of *typhus, undulant fever, smallpox, cholera, yellow fever, bubonic plague, acute poliomyelitis or encephalitis leihargica.*

B. ACUTE INFECTIOUS DISEASES.

1. *Typhoid Fever.*

During 1927, 264 deaths from this disease were registered, as against 226 in the previous year. There was also a slight increase in the number of cases, probably due not to an actually larger number of patients but to greater accuracy in diagnosis. Anti-typhoid inoculation has been carried on continuously, and the number of doses of anti-typhoid vaccine injected throughout the territory of the Republic exceeds 98,000.

2. *Dysentery.*

The measures taken by the medical squads throughout the territory of the Republic against transmissible diseases are not confined to treating existing cases till they are completely cured, but also include a system of prophylaxis. They have been very successful and 199 deaths were notified as caused by dysentery in 1927, as against 231 in 1926.

The Health Department constantly recommends that only water of good quality should be used for drinking purposes, and that it should be boiled whenever there is the least doubt of its purity; that uncooked food, particularly raw vegetables and fruit, should not be consumed without being previously washed and without the certainty that such food has not been contaminated; and, further, that excrement should not be deposited in places where it is likely to contaminate sources of drinking-water. These recommendations would appear to have had some influence on the minds of the rural population. The Health Department had distributed to the medical squads a certain amount of anti-dysentery serum and emetine, which are specific medicines for the treatment of the two chief varieties of dysentery prevalent in this country.

3. *Influenza.*

From influenza 39 deaths were notified, as against 113 in 1926. This decrease is commensurate with the measures taken by the Department at the season when colds are most frequent; a large number of persons were inoculated against this complaint. In this connection, mention should once more be made of a point referred to in Volume III of the *Health Year-Book*, namely, that the greater part of the deaths reported were those of persons of advanced age who were suffering from cardiac weakness or lesions. There was not a real epidemic but mostly mild cases, a few of which assumed the pneumonic forms of the disease.

4. *Tetanus.*

Almost all the fatal cases of this disease referred to children under 1 year of age. These were due to lack of hygienic precautions in severing the umbilical cord of newborn infants, and the efforts of the Ministry have been directed towards combating the

ignorance of mothers and midwives. On various occasions, the Department has published circulars or printed pamphlets, etc., describing the measures which should be taken for the antiseptic treatment of the umbilical wound, and packets containing the proper dressings have been distributed free of charge. During 1927, 436 deaths from this cause were notified, as against 484 in the previous year; 412 of them occurred in the case of children under 1 year of age.

5. *Measles.*

From this disease 26 deaths were notified during 1927, against 105 during the previous year. In spite of the high mortality from this cause in other countries, it is not serious in the Republic; patients who are properly looked after generally recover rapidly, except in the few cases when complications set in, mostly cases of children suffering from congenital debility or some other hereditary disability.

6. *Whooping-cough.*

During the whole year, 13 deaths from this cause were notified, compared with 25 in 1926.

7. *Diphtheria.*

During 1927, the decrease in mortality was almost 50 per cent compared with the previous year; 12 deaths were recorded, as against 22 in 1926. The Department is constantly impressing upon its medical staff that in all cases of sore throat, however harmless they may seem, a bacteriological examination should be made, and the Department has insisted that, whenever the diagnosis is in the least doubtful, the specific serum should be used. At present the diagnosis is established at the very beginning of the illness, and therefore the specific treatment is applied in time. The health authorities are of opinion that it is much better to use the serum in cases which do not require it than not to use it in cases where it is urgently needed, or, as frequently happens—to lose precious time while waiting for the reply from the laboratory.

C. CHRONIC DISEASES.

1. *Malaria.*

During the year 1927 304 deaths were notified. This figure, compared with 742 deaths during the previous year, shows a considerable improvement due to the campaign waged by the Department against this endemic. Undoubtedly, the measures taken by the Department for improving health conditions in the country, the campaign against mosquitoes, and the preventive use of quinine, which is distributed free of charge throughout the country by the medical squads, are responsible for this result.

2. *Tuberculosis.*

In 1927, 450 deaths were recorded from this disease, compared with 586 in the previous year.

Inoculation against tuberculosis has been introduced, and, although this form of prophylaxis is still in the experimental stage, it can be considered a most important factor in the campaign against tuberculosis.

3. *Syphilis.*

A decrease in mortality from this disease has been noted, due to the energetic campaign carried on by the medical squads. Cases which have been immediately diagnosed and which receive continuous treatment from the very outset are now never fatal, and treatment with the specific arsenical remedies soon brings about a marked improvement. During 1927, there have been only 58 deaths from this cause, compared with 75 in the preceding year.

III. PUBLIC HEALTH ACTIVITIES.

HOUSING.

In accordance with regulations, all plans for buildings must be submitted to the Department for approval. The number of authorisations granted during the year was 3,828, an increase of 1,082 over the figure for 1926, and almost double the number issued in 1925.

It should be noted that 1,625 authorisations (49 per cent of the total for the Republic) have been granted for San Domingo City ; the revenue from this source being \$3,252 (47 per cent of the figure for the whole Republic). This is due, not so much to the importance of the capital city, as to the activity exercised in this respect.

IV. HEALTH LEGISLATION.

Certain health regulations supplementary to the provisions of the Sanitary Law have recently been promulgated ; the most important are the following :

- (a) Regulations stipulating that flour shall be analysed before it is allowed to enter the country.
- (b) Forbidding the importation of skimmed milk.
- (c) Forbidding the importation of cheese containing less than 40 per cent of fat.
- (d) Laying down the conditions to which imported vinegar must conform.
- (e) Regulations concerning dangerous, insanitary, and inconvenient premises.
- (f) Concerning colouring matter.
- (g) Concerning the sale of ice.
- (h) Concerning the sale of bread.

V. BUDGET.

The health budget of the Republic is drawn from two different sources :

- (a) The national Exchequer ; sums voted under the Law on Public Expenditure.
- (b) Municipal funds ; sums voted by the municipalities and provided for in their budgets.

The budget for 1927, provided for under the Law on Public Expenditure, amounted to \$140,080.00, and the sums voted by the municipalities and included in their budgets to \$248,295.85, making a total of \$388,375.85 for health expenditure.

Under the Health Law in force, the municipalities are obliged to provide every year in their budgets for a sum equivalent to 15 per cent of their annual revenue if their budget exceeds \$10,000, and to 10 per cent if their budget is less than \$10,000.

These funds have been allocated as follows :

Funds available from the National Exchequer.

	Dollars
Salaries of the secretariat	35,215.00
Salaries of the district health officers	21,240.00
Salaries of the officers of the Quarantine Service	6,300.00
Salaries of the laboratory staff and rent of premises	7,200.00
Sanitation campaign	35,000.00
Measures taken against typhoid fever	1,500.00
Grants to municipalities	5,000.00
National Laboratory	10,900.00
Sanitary engineering work	6,425.00
Office expenses, travelling expenses and unforeseen expenditure	10,700.00
Campaign against rats	600.00
Total	140,080.00

Municipal Funds.

	Dollars
Salaries of inspectors, communal officials, and subordinate employees	66,565.00
Street cleaning, weeding, watering of streets, removal of refuse, etc.	72,371.40
Rent of local premises	8,510.00
First-aid stations, salaries of medical officers and medicine for paupers	11,450.00
Maintenance of official vehicles and travelling expenses	6,620.00
Sums owing from previous years	20,436.00
Purchase of furniture, printing, office equipment, etc.	4,850.70
Unforeseen expenditure	10,945.30
Reserve fund	46,546.95
Total	248,295.85

VI. CURATIVE MEDICINE.

HOSPITALS, ETC.

Number of Patients treated and Number of Deaths registered in the Twelve Charitable Institutions of the Republic during the Years 1924 to 1927.

Year							Patients treated	Deaths registered
1924	..	..	..	..	..	..	2,912	
1925	..	..	..	..	..	..	5,231	279
1926	..	..	..	..	..	..	5,671	268
1927	6,442	291

August 1928.

EGYPT

Report prepared by the Ministry of Public Health

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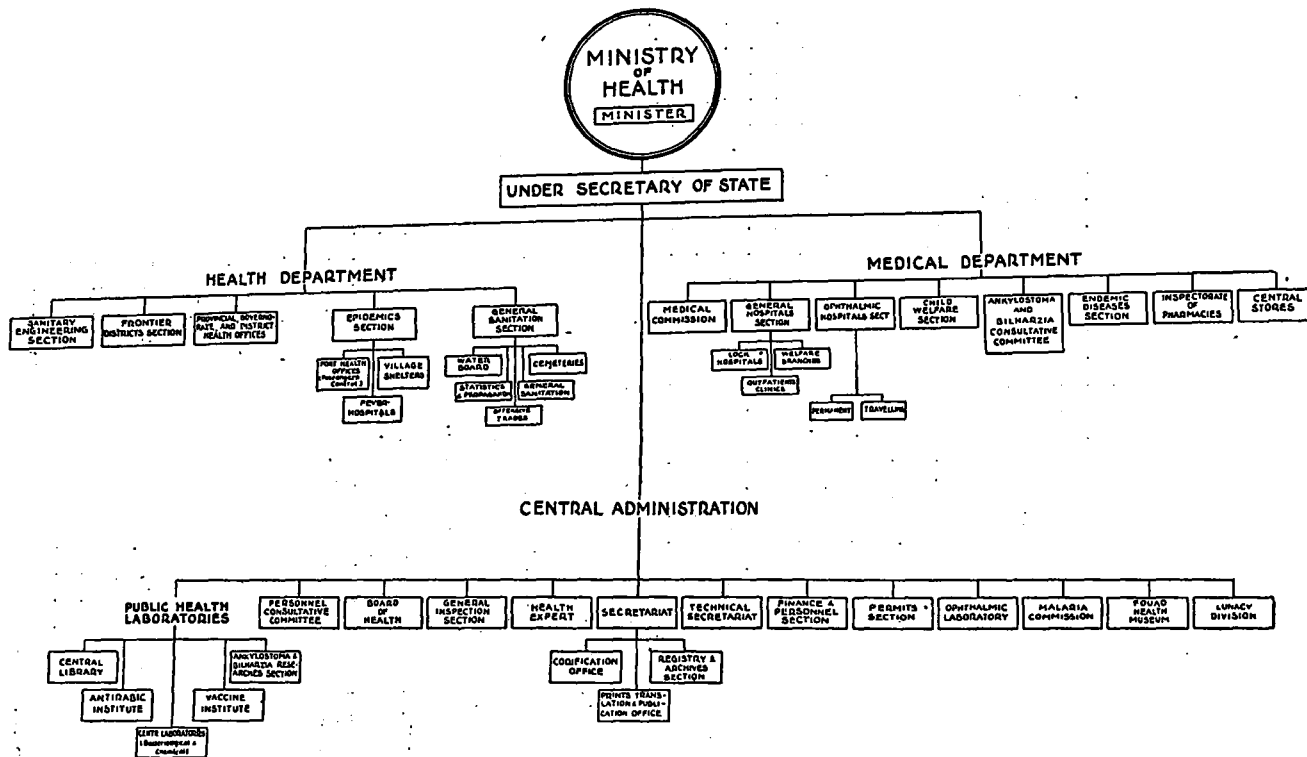
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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY

Table No. 1.*

AREA AND POPULATION¹ ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES,
TAKEN IN 1917 AND 1907.

Original source : The Census of Egypt.

Date of Census	Area in square kilometers	Present population		
		Males	Females	Total
1	2	3	4	5
March 7th, 1917 ²	35,362	6,369,517	6,348,738	12,718,255
April 29th, 1907 ³	31,140	5,667,074	5,620,285	11,287,359
Increase (+) or decrease (—) in 1917 compared with 1907 :				
(a) Actual	+4,222	+702,443	+728,453	+1,430,896
(b) Yearly average		+70,244	+72,845	+143,090
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period) ..		+11.03	+11.47	+11.25

Note.—The last Census was taken on February 19th, 1927. The figures are not yet available.

¹ Resident population figures not available.

² Year of last Census.

³ Year of previous Census.

Egypt was always an agricultural country. The proportion of the rural and urban population during the last two Censuses was as follows :

Year	Rural Population	Urban Population	Total Population
1907	87	13	100
1917	85	15	100

The rate of increase of the population during the previous inter-census periods is as follows :

1. 1882-1897	27.6	per 1,000.
2. 1897-1907	15.0	"
3. 1907-1917	11.2	"
4. 1917-1927	11.1	"

The marked decrease in this rate during the periods 2 and 3 might be attributed to the war and also to better methods of taking the Census.

Table No. 2.*

DENSITY OF POPULATION¹ AND EXCESS OF ONE SEX OVER THE OTHER, ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1917 AND 1907.

Original source : The Census of Egypt.

Year of last two Censuses	Number of inhabitants per square kilometer calculated according to the population	Excess of Males over Females	
		Present population	
		Present	Actual figures	Per 1,000 Females
1	2	3	4
1917	360	20,779	3
1907	362	46,789	8
Increase (+) or decrease (-) in 1917 as compared with 1907	-2	-26,010	-5

¹ Resident population figures not available.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX ACCORDING TO THE RESULTS OF THE LAST CENSUS (1917) AND ESTIMATE¹ OF THIS DISTRIBUTION FOR 1927.

Original source : The Census of Egypt, 1917.

A. Actual Figures.

Ages and age-groups in years	I. 1917 Census. Actual population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	94,996	89,806		184,802
1				
2				
3				
4				
0-4	858,425	895,766		1,754,191
5-9	905,015	897,105	213,419	1,802,120
10-14	1,401,881	1,178,790		2,580,671
15-19				
20-24	938,648	1,040,439	889,474	1,979,087
25-29				
30-34	849,508	873,159	753,590	1,722,667
35-39				
40-44	572,471	569,669	414,433	1,142,140
45-49				
50-54	375,083	376,888		751,971
55-59				
60-64	228,635	262,364		490,999
65-69				
70-74	138,517	141,440	321,018	279,957
75-79				
80-84	54,992	71,670		126,662
85-89				
90 and over	20,915	26,458		47,373
Unknown	25,427	14,990		40,417
Total	6,369,517	6,348,738	2,591,934	12,718,255

¹ Figures not available.

Table No. 3* (concluded)

B. Proportional Figures.

Age and age-groups in years	I. 1917 Census. Actual population						
	Maies	Females	Maies	Females	Total	Married Women	
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)
	Male	Female					
1	2	3	4	5	6	7	8
0	15	14	7	7	14		
1							
2							
3							
4							
0-4	134.8	141	67.5	70.4	137.9	82.3	16.8
5-9	142.1	141.3	71.2	70.5	141.7		
10-14	220.1	185.7	110.3	92.7	203.0		
15-19							
20-24	147.3	163.9	73.9	81.8	155.6	343.2	69.9
25-29							
30-34	133.4	137.5	66.8	68.6	135.4	290.7	59.3
35-39							
40-44	89.9	89.7	45.0	44.8	89.8	159.9	32.6
45-49							
50-54	58.9	59.4	29.5	29.6	59.1		
55-59							
60-64	37.7	41.3	18.9	20.6	39.5		
65-69							
70-74	19.9	22.3	10.0	11.1	21.1	123.9	25.2
75-79							
80-84	8.6	11.3	4.3	5.6	9.9		
85-89							
90 and over	3.3	4.2	1.7	2.1	3.8		
Unknown	4.0	2.4	2.0	1.2	3.2		
Total	1,000.0	1,000.0		1,000.0		1,000.0	

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.¹

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of	
							Births (col. 5) over deaths	Deaths over births
1	2	3	4	5	6	7	8	9
A. <i>Actual Figures.</i>								
1922	13,474			582,662	6,709	339,114	243,548	
1923	13,702			588,855	6,043	352,633	236,222	
1924	13,965			604,568	5,703	343,864	260,704	
1925	14,212			607,564	5,424	369,385	238,179	
1926	14,432			623,825	5,131	377,461	246,364	
Average : 1922-26 ..	13,957			601,495	5,802	356,491	245,004	
1927	14,699			627,583	5,109	359,455	268,128	
B. <i>Proportion per 1,000 of Average Population.</i>								
1922	13,474.3			43.2	0.5	25.2	18.0	
1923	13,701.6			43.0	0.4	25.7	17.3	
1924	13,964.9			43.3	0.4	24.6	18.7	
1925	14,211.9			42.8	0.4	26.0	16.8	
1926	14,432.2			43.2	0.4	26.2	17.0	
Average : 1922-26 ..	13,957			43.1	0.4	25.5	17.6	
1927	14,698.7			42.7	0.3	24.5	18.2	

¹ Emigration figures not available.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Administrative divisions	Average population (1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
<i>Governorates :</i>						
1. Cairo	859.4	874.3	44,352	46,356	51.6	53.0
2. Alexandria .. .	492.1	501.8	24,409	24,860	49.6	49.5
3. Canal	118.0	120.2	5,573	5,681	47.2	47.3
4. Damietta .. .	36.6	37.2	1,506	1,523	41.1	40.9
5. Suez	34.6	35.2	1,612	1,687	46.6	47.9
6. Frontier Districts	50.6	51.4	3,612	3,767	71.4	73.3
<i>Lower Egypt Provinces :</i>						
7. Beheira	995.6	1,012.3	37,657	36,411	37.8	36.0
8. Daqahliya .. .	1,133.8	1,156.9	50,721	51,164	44.7	44.2
9. Gharbiya .. .	1,846.4	1,879.9	78,008	78,867	42.2	42.0
10. Menufiya .. .	1,209.5	1,229.9	51,845	51,106	42.9	41.6
11. Qalyubiya .. .	598.2	608.7	25,833	24,711	43.2	40.6
12. Sharqiya .. .	1,052.4	1,069.2	41,994	41,375	39.9	38.7
<i>Upper Egypt Provinces :</i>						
13. Aswan	272.9	275.6	9,093	10,189	33.3	37.0
14. Asyut	1,149.6	1,174.0	52,456	53,260	45.6	45.4
15. Beni Suêf .. .	546.1	557.4	23,033	22,923	42.2	41.1
16. Faiyum	584.4	593.8	26,406	26,427	45.2	44.5
17. Girga	1,009.9	1,030.2	43,675	43,724	43.2	42.4
18. Giza	616.8	630.5	29,202	29,439	47.3	46.7
19. Minya	877.7	894.7	39,021	38,297	44.5	42.8
20. Qena	957.1	975	33,817	35,816	35.3	36.7
Total	14,441.7	14,708.2	623,825	627,583	43.2	42.7
	— 9.5 ¹	— 9.5 ¹				
	14,432.2	14,698.7				

The birth rate in Egypt has always been on the increase with the exception of the war years.

The average birth rate during the five years 1918 to 1922 was 42.6 per thousand, while during the five years 1923 to 1927 it was 43.

¹ This figure refers to deaths in the hospitals of Ismailia and the surroundings (Canal) which, for lack of information, were not deducted from the figures of the population of the regions concerned.

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1927.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922	303,346	279,316	582,662	3,909	2,800	6,709	307,255	282,116	589,371
1923	305,982	282,873	588,855	3,619	2,424	6,043	309,601	285,297	594,898
1924	313,032	291,536	604,568	3,376	2,327	5,703	316,408	293,863	610,271
1925	315,219	292,345	607,564	3,182	2,242	5,424	318,401	294,587	612,988
1926	323,838	299,987	623,825	3,052	2,079	5,131	326,890	302,066	628,956
Average :									
1922-26 ..	312,284	289,211	601,495	3,428	2,374	5,802	315,712	291,585	607,297
1927	326,124	301,459	627,583	3,044	2,065	5,109	329,168	303,524	632,692
	Excess of Male births per 100 Female births among children					Still-born children per 100 births of the same sex (live-born and still-born children together)			
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922	8.6	39.6	8.9	1.27	0.99	1.14			
1923	8.2	49.3	8.5	1.17	0.85	1.02			
1924	7.4	45.1	7.7	1.07	0.79	0.93			
1925	7.8	41.9	8.2	1.00	0.76	0.88			
1926	8.0	46.8	8.2	0.93	0.69	0.82			
Average :									
1922-26 ..	8.0	44.4	8.3	1.09	0.81	0.96			
1927	8.2	47.4	8.4	0.92	0.68	0.81			

Table No. 9.*

MONTHLY NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE¹, 1925 TO 1927.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Month	Live-born children (legitimate and illegitimate together)					
	Actual figures			Rate per 1,000 of average population (calculated on an annual basis)		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
January	52,917	54,252	56,893	44.7	45.1	46.4
February	50,250	50,105	53,328	42.4	41.6	43.5
March	52,549	54,908	54,542	44.4	45.6	44.5
April	50,923	54,895	55,081	43.0	45.6	44.9
May	51,089	52,405	52,109	43.1	43.5	42.5
June	45,958	49,251	49,675	38.8	40.9	40.5
July	48,162	51,740	51,915	40.7	43.0	42.4
August	50,673	52,324	51,245	42.8	43.5	41.8
September	49,217	49,083	48,496	41.6	40.8	39.6
October	50,424	50,997	51,210	42.6	42.4	41.8
November	51,327	50,846	50,868	43.3	42.3	41.5
December	54,075	53,019	52,221	45.7	44.1	42.6
Total	607,564	623,825	627,583	42.8	43.2	42.7

¹ Data regarding legitimacy not available. Since the majority of the Egyptian population are Mohammedans, with rather severe religious restrictions, the question of illegitimate births in Egypt is less important than in most other countries. The number of illegitimate births registered as "foundlings" throughout the whole of Egypt was only 127 in 1926; about half that number were in Cairo and Alexandria. It is interesting to note that all foundlings are registered as "Egyptian Mohammedans", whatever the nationality or religion of the parents.

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926 AND 1927.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Administrative divisions	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		As compared with	
	1926	1927	1926	1927	1926	1927
	2	3	4	5	6	7
<i>Governorates :</i>						
1. Cairo	29,642	29,169	34.5	33.4	- 2.7	- 1.1
2. Alexandria .. .	15,010	15,168	30.5	30.2	- 5.7	- 0.3
3. Canal	3,425	3,046	29.5	25.3	+ 4.5	- 4.2
4. Damietta .. .	901	742	24.6	19.9	+ 3.4	- 4.7
5. Suez	992	991	28.7	28.2	- 7.1	- 0.5
6. Frontier Districts	2,065	2,189	39.7	42.6	+ 4.2	+ 2.9
<i>Lower Egypt Provinces :</i>						
7. Beheira	21,988	20,386	22.1	20.1	+ 0.1	- 2.0
8. Daqahliya .. .	31,442	28,543	27.7	24.7	+ 4.3	- 3.0
9. Gharbiya .. .	47,325	45,948	25.6	24.4	+ 0.4	- 1.2
10. Menufiya .. .	32,509	32,472	26.9	26.4	+ 1.4	- 0.5
11. Qalyubiya .. .	16,046	15,921	26.8	26.2	+ 0.9	- 0.6
12. Sharqiya .. .	24,908	26,099	23.7	24.4	+ 1.2	+ 0.7
<i>Upper Egypt Provinces :</i>						
13. Aswan	6,561	6,276	24.0	22.8	- 0.6	- 1.2
14. Asyut	30,320	28,014	26.4	23.9	- 0.2	- 2.5
15. Beni Suëf .. .	12,350	11,166	22.6	20.0	+ 2.0	- 2.6
16. Faiyum	18,388	15,724	31.5	26.5	+ 3.7	- 5.0
17. Girga	23,510	22,734	23.3	22.1	- 3.4	- 1.2
18. Giza	16,829	15,667	27.3	24.8	- 0.1	- 2.5
19. Minya	24,546	22,848	28.0	25.5	- 0.4	- 2.5
20. Qena	18,704	16,352	19.5	16.8	- 2.5	- 2.7
Total	377,461	359,455	26.2	24.5	- 0.2	- 1.7

Table No. 11.

DEATH RATE ACCORDING TO SEX, 1922 TO 1927.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Year	Total deaths	
	Males	Females
1	2	3
1922	194,680	144,434
1923	198,437	154,196
1924	192,383	151,481
1925	205,327	164,058
1926	208,494	168,967
Average 1922-26	199,864	156,627
1927	198,585	160,870

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 AND 1926.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

A. Actual Figures.¹

Ages and age-groups	Total deaths					
	1925			1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0.. .. .	53,473	40,774	94,247	51,647	39,657	91,304
1.. .. .	60,482	52,301	112,783	65,370	56,176	121,546
2.. .. .						
3.. .. .						
4.. .. .						
0-4.. .. .	113,955	93,075	207,030	117,017	95,833	212,850
5-9.. .. .	8,459	6,322	14,781	9,384	6,862	16,246
10-14.. .. .	10,252	6,088	16,340	9,838	5,784	15,622
15-19.. .. .	9,818	5,762	15,580	9,509	6,095	15,604
20-24.. .. .						
25-29.. .. .						
30-34.. .. .						
35-39.. .. .	10,499	7,136	17,635	10,299	7,345	17,644
40-44.. .. .	9,214	5,666	14,880	9,200	6,020	15,220
45-49.. .. .						
50-54.. .. .						
55-59.. .. .						
60-64.. .. .	8,325	4,932	13,257	8,087	4,996	13,083
65-69.. .. .	8,669	7,008	15,677	8,694	7,054	15,748
70-74.. .. .						
75-79.. .. .						
80-84.. .. .						
85-89.. .. .	7,982	8,848	16,830	8,312	9,200	17,512
90 and over ..	9,469	13,393	22,862	9,500	13,782	23,282
Age unknown ..	48	32	80	121	67	188
Total.. .. .	205,327	164,058	369,385	208,494	168,967	377,461

The highest death rate is among infants and children below 5 years of age. About 56 per cent of all deaths are among the group 0-4 years. This ratio subsequently decreases to about 4.3 per cent of all the deaths in the group 5-9 years, and remains at about that level in all the other age-groups.

¹ Proportional figures not available.

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS, 1926 AND 1927.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Month	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
<i>A. Per Month.</i>					
January	33,738	27,595	28.0	22.5	- 5.5
February	27,717	27,198	23.0	22.2	- 0.8
March	30,000	25,158	24.9	20.5	- 4.4
April	30,357	25,493	25.2	20.8	- 4.4
May	38,372	31,158	31.9	25.4	- 6.5
June	40,338	34,874	33.5	28.5	- 5.0
July	37,014	38,837	30.8	31.7	+ 0.9
August	31,367	34,274	26.1	28.0	+ 1.9
September	26,746	28,877	22.2	23.6	+ 1.4
October	26,602	29,076	22.1	23.7	+ 1.6
November	26,262	28,012	21.8	22.9	+ 1.1
December	28,948	28,903	24.1	23.6	- 0.5
Total	377,461	359,455	26.2	24.5	- 1.7
<i>B. Per Quarter.</i>					
1st Quarter	91,455	79,951	25.3	21.8	- 3.5
2nd Quarter	109,067	91,525	30.2	24.9	- 5.3
3rd Quarter	95,127	101,988	26.4	27.8	+ 1.4
4th Quarter	81,812	85,991	22.7	23.4	+ 0.7
Total	377,461	359,455	26.2	24.5	- 1.7

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY¹ OF CERTAIN INFECTIOUS DISEASES, 1926 AND 1927.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
1a	Typhoid fever	1926	538	0.37	2,268	1.57
1b	Paratyphoid fever	1927	573	0.39	2,362	1.61
2	Typhus.. .. .	1926	201	0.14	966	0.67
		1927	189	0.13	794	0.54
3	Relapsing fever	1926	0	—	0	
		1927	1	0.00	2	0.00
5	Malarial fever or cachexia	1926				
		1927				
6	Smallpox	1926	542	0.38	2,676	1.85
		1927	34	0.02	240	0.16
7	Measles.. .. .	1926	9,152	6.34	21,860	15.15
		1927	1,696	1.15	3,995	2.31
8	Scarlet fever	1926	6	0.00	87	0.06
		1927	3	0.00	72	0.05
9	Whooping-cough	1926	225	0.16		
		1927	290	0.19		
10	Diphtheria	1926	618	0.43	1,554	1.08
		1927	1,057	0.72	2,453	1.67
11a	Influenza with pulmonary complications	1926	264	0.18		
11b		1927				
11b	Influenza without pulmo- nary complications.. .. .		459	0.31		
14	Asiatic cholera	1926	0		0	
		1927	0		0	
16	Dysentery	1926				
		1927	1,037	0.7		
17	Plague	1926	73	0.05	154	0.11
		1927	35	0.02	78	0.05

¹ Case-fatality figures not available.

Table No. 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes of death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
18	Yellow fever	1926 1927	2 1	0.00 0.00		
20	Leprosy	1926 1927	26 48	0.018 0.032		
21	Erysipelas	1926 1927	149	0.1		
22	Acute poliomyelitis	1926 1927				
23	Encephalitis lethargica . .	1926 1927				
24	Epidemic cerebro-spinal me- ningitis	1926 1927	18 18	0.01 0.01	25 29	0.02 0.02
26	Glanders and farcy	1926 1927				
27	Malignant pustule and an- thrax	1926 1927	7 5	0.00 0.00		
28	Rabies	1926 1927				
31	Tuberculosis of the respira- tory system	1926 1927	2,321	1.5		
32	Tuberculosis of the menin- ges or tuberculosis of the central nervous system . .	1926 1927				
33	Tuberculosis of other or- gans	1926 1927				
38	Syphilis	1926 1927				
39	Soft chancre	1926 1927				
40	Gonorrhoea	1926 1927				

Table No. 15.*

DEATH RATE¹ FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1926.²

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Age-groups	Number of deaths from all forms of tuberculosis		
	Males	Females	Total
1	2	3	4
Under 1 year	10	19	29
1- 4	100	67	167
0- 4	110	86	196
5- 9	105	80	185
10-14	286	284	570
15-19			
20-24	750	513	1,263
25-29			
30-34			
35-39			
40-44	318	181	499
45-49			
50-54			
55-59			
60-64			
65-69	87	41	128
70-74			
75-79			
80-84			
85-89			
90 and over			
Age unknown			
Total	1,656	1,185	2,841

¹ Proportional figures not available.² These figures refer only to the population of the principal towns, which amounted to 3,199,900 inhabitants in 1926.

Table No. 16.

DEATH RATE FROM TUMOURS, 1925 TO 1927. ¹

Original source: Annual Return of Births, Deaths and Infectious Diseases.

Year	Cancer	Other tumours	Total number of tumours
1	2	3	4
A. Actual Number of Deaths.			
1925	498	84	582
1926	656	159	815
1927	658	128	786
B. Proportional Figures per 10,000 of Average Population.			
1925	2.47	0.41	2.88
1926	2.05	0.50	2.55
1927	1.97	0.38	2.35

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927. ²

Original source: Annual Return of Births, Deaths and Infectious Diseases.

Year	Classification according to International List (3rd Revision, 1920)						
	Classes of Disease						
	Affections:						
	Of the nervous system and organs of special sense No. 70-86	Of the circulatory system No. 87-96	Of the respiratory system No. 97-107	Of the digestive system No. 108-127	Non-venereal diseases of genito-urinary system No. 128-142	Of the skin and cellular tissue No. 151-155	Of the bones and organs of locomotion No. 156-158
1	2	3	4	5	6	7	8
A. Actual Number of Deaths.							
1925..	2,300	3,624	13,133	23,744	2,182	420	977
1926..	2,651	4,513	17,169	31,995	3,203	507	1,431
1927..	2,913	4,948	16,865	35,004	3,506	655	1,563
B. Proportional Figures per 10,000 of Average Population.							
1925..	11.39	17.94	65.01	117.54	10.80	2.08	4.84
1926..	8.28	14.10	53.65	99.99	10.01	1.58	4.47
1927..	8.71	14.79	50.42	104.64	10.48	1.96	4.67

¹ These figures refer only to the population of the principal towns, which amounted to: 2,020,100 inhabitants in 1925, 3,193,900 in 1926, and 3,345,100 in 1927.

² See footnote to Table No. 16.

Table No. 17* (concluded).

Year	II. Various Important Diseases								
	Cerebral hemorrhage, apoplexy	Diseases of the heart ¹	Acute and chronic bronchitis	Pneumonia	Diarrhoea and enteritis (all ages)	Cirrhosis of the liver ¹	Acute and chronic nephritis	Old age	Unknown or ill-defined diseases ¹
	No. 74	No. 87-90	No. 99	No.100,101	No.113,114	No. 122	No.123,129	No. 164	No.204,205
	9	10	11	12	13	14	15	16	17
A. Actual Number of Deaths.									
1925 ..	567		9,087	3,435	23,522		1,660	5,172	
1926 ..	653		9,341	6,877	31,645		2,362	9,517	
1927 ..	781		8,323	7,317	34,626		2,501	10,082	
B. Proportional Figures per 10,000 of Average Population.									
1925 ..	2.81		44.98	17.00	116.44		8.22	25.60	
1926 ..	2.04		29.19	21.49	98.89		7.38	29.74	
1927 ..	2.33		24.88	21.87	103.51		7.48	30.14	

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925 TO 1927².

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from					
			Puerperal septicaemia	Other puerperal diseases	Puerperal septicaemia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1925		101,094	119	123		11.8		12.2
1926		163,291	247	221		15.1		13.5
1927		172,682	257	385		14.9		22.3

Note.—The above figures refer to towns where medical officers of health diagnose all uncertified deaths. It will be noted that the number of deaths from puerperal sepsis is increasing, owing undoubtedly to better means of diagnosis, because more medical officers of health are appointed in rural districts.

¹ Data regarding these diseases are not given separately.² See footnote to Table No. 16.

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES,
1925 TO 1927.¹

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
Deaths by suicides	80	83	106	0.4	0.3	0.3
Other external causes	2,194	3,070	3,402	10.9	9.6	10.2
Total deaths from external causes ..	2,274	3,153	3,508	11.3	9.9	10.5
Total deaths from all causes	72,321	107,411	107,093	358.0	335.7	320.1
Total deaths excluding deaths due to external causes (natural mortality)	70,047	104,258	103,585	346.7	325.8	309.6

¹ See footnote to Table No. 16.

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS¹ AND MONTHS OF AGE, SEX AND LEGITIMACY¹,
1925 AND 1926.

Original source : Annual Return of Births, Deaths and Infectious Diseases.

Year	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legiti- mate	Illegiti- mate	Males	Females	Total	Legiti- mate	Illegiti- mate
1	2	3	4	5	6	7	8	9	10	11
Year 1925.										
(b) Months of age :										
0	7,466	5,405	12,871			237	185	212		
1	3,534	2,685	6,219			112	92	102		
2	3,745	2,815	6,560			119	96	108		
3	4,094	3,032	7,126			130	104	117		
4	4,732	3,719	8,451			150	127	139		
5	4,456	3,338	7,794			141	114	128		
6	7,079	5,410	12,489			225	185	206		
7	3,873	2,946	6,819			123	101	112		
8	6,346	5,165	11,511			201	177	190		
9	3,217	2,461	5,678			102	84	93		
10	3,473	2,664	6,137			110	91	101		
11	1,458	1,134	2,592			46	39	43		
Total (under 1 year) ..	53,473	40,774	94,247			1,696	1,395	1,551		
Year 1926.										
(b) Months of age :										
0	7,402	5,370	12,772			229	179	205		
1	3,491	2,649	6,140			108	88	98		
2	3,631	2,849	6,480			112	95	104		
3	3,902	3,041	6,943			120	101	111		
4	4,491	3,366	7,857			139	112	126		
5	4,144	3,080	7,224			128	103	116		
6	6,864	5,456	12,320			212	182	198		
7	3,553	2,802	6,355			110	93	102		
8	6,442	4,995	11,437			199	167	183		
9	3,049	2,366	5,415			94	79	87		
10	3,416	2,675	6,091			105	89	98		
11	1,262	1,008	2,270			39	34	36		
Total (under 1 year) ..	51,647	39,657	91,304			1,595	1,322	1,464		

¹ Figures according to days and legitimacy not available.

Table No. 21.^{*}SEASONAL VARIATIONS IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE¹ CHILDREN UNDER 1 YEAR OF AGE, 1925 AND 1926.

Original source: Annual Return of Births, Deaths and Infectious Diseases.

Month	Number of deaths among children under 1 year	
	Actual figures	Per 1,000 live births occurring in the same month and 11 previous months (see Table No. 9); monthly number of deaths reckoned as rate for the year
1	2	3
Year 1925.		
January	4,902	98
February	4,250	85
March	5,174	104
April	6,703	134
May	10,073	201
June	11,421	229
July	12,079	243
August	11,144	224
September	8,043	161
October	7,000	139
November	6,322	125
December	7,136	141
Total	94,247	155
Year 1926.		
January	6,652	131
February	5,420	107
March	5,454	107
April	6,668	130
May	10,928	213
June	12,534	243
July	11,601	223
August	8,777	169
September	6,541	126
October	5,717	110
November	5,498	106
December	5,514	106
Total	91,304	146

¹ Data concerning legitimacy not available.

*
Table No. 22.
 ESTIMATED VITAL STATISTICS
 INFANT MORTALITY ACCORDING TO CAUSES OF DEATH, 1925 AND 1926.¹

Original source : Annual Return of Births, Deaths and Infectious Diseases.

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations				
160	Congenital debility, icterus and scleroma				
161	Premature birth, injury at birth				
38	Congenital syphilis	144	206	1.46	1.29
7	Measles		301		5.01
8	Scarlet fever		1		0.01
9	Whooping-cough		38		0.24
10	Diphtheria		42		0.26
11	Influenza		12		0.08
15	Cholera nostras				
21	Erysipelas				
24	Epidemic cerebro-spinal meningitis		1		0.01
31	Tuberculosis of the respiratory system	3	6	0.03	0.04
32	Tuberculosis of the meninges or of the central nervous system	18	23	0.18	0.14
33-37	Tuberculosis of other organs				
71	Meningitis				
80	Convulsions of infants				
99a	Acute bronchitis	3,191	2,973	32.38	18.59
100-101	Pneumonia	663	1,626	6.73	10.16
113	Diarrhoea and enteritis	10,282	14,014	104.33	87.61
175-199	External causes	120	189	1.22	1.18
201	Infanticide (murder of infants less than 1 year of age)	76	96	0.77	0.60
205	Diseases not specified or ill-defined	7,269	12,753	73.76	79.72

It will be seen from the following figures that the infant mortality rate in Egypt is still high as compared with that in other countries.

Year	Rate per 1,000 births	Year	Rate per 1,000 births
1919	128	1924	150
1920	136	1925	155
1921	133	1926	146
1922	139	1927	152
1923	143		

Infant mortality is higher in urban than in rural districts.

¹ See footnote to Table No. 16.

6. PUBLIC HEALTH STATISTICS

Table No. 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis—Survey of Anti-tuberculosis Institutions, 1925 to 1927.

Designation of the institutions	Number of institutions			Number of beds			Number of tuberculous patients admitted during the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
II. (e) Sanatoria for adults suffering from pulmonary tuberculosis	—	—	1	—	—	135	—	—	418

B. Venereal Diseases—Survey of the Institutions for the Campaign against Venereal Diseases, 1925 to 1927.

Designation of the institutions	Number of institutions			Number of patients suffering from venereal diseases admitted during the year			
	1925	1926	1927	1925	1926	1927	
1	2	3	4	5	6	7	
I. Consultation centres for persons suffering from venereal diseases	—	2	6	—	5,103	8,280	29,369

7. DATA ON CURATIVE MEDICINE.

Table No. 26.*

STATISTICS OF HOSPITALS, ETC., 1925 TO 1927.

A. Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds					
				Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals ..	23	25	26	3,121	3,350	3,457	2.4	2.6	2.7
XIII. Eye hospitals	29	31	36	510	510	610	0.4	0.4	0.5

B. Movement of Patients and Duration of Disease.

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness		
	At the beginning of the year	Admitted	Treated (col. 2+3)	Discharged	Deceased		Actual figures	Per one patient treated (col. 4)	
	1	2	3	4	5	6	7	8	9
Year 1925.									
XIII. Eye hospitals ..	339	7,925	8,264	7,860	—	—	142,229	17.2	
Year 1926.									
I. General hospitals	2,551	31,674	64,225	61,772	3,445	5.5	952,649	15.0	
XIII. Eye hospitals ..	404	8,745	9,149	8,731	—	—	186,983	18.1	
Year 1927.									
I. General hospitals	2,489	65,488	67,977	65,203	4,152	6.2	1,018,889	15.0	
XIII. Eye hospitals ..	418	10,810	11,228	10,680	—	—	186,723	16.6	

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL, 1925 TO 1927.

Sanitary personnel	M. = Males F. = Females T. = Total	Actual figures			Rate (Males and Females together) per 10,000 of the average population		
		1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8
I. Medical students	T.	548	486	618	0.385	0.336	0.436
II. Doctors graduated during the year	T.	25	44	58	0.016	0.0304	0.0407
III. Doctors (total)	T.			2,376			1.67
IV. Dental students	T.	20	60	92	0.014	0.042	0.064
V. Dentists graduated during the year	T.						
VI. Dentists (total)	T.			425			0.29
VII. Pharmacists (Graduated during the year)	T.			918			0.647
	T.	13	24	27			
VIII. Assistant pharmacists	T.			379			0.267
IX. Midwives	Graduated			271			0.19
	Not graduated			10,416			7.35
	Total			10,687			7.54
X. Doctors' assistants (feldschers)	T.						

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

1. Cholera.

Although cholera has not made its appearance in Egypt since 1902, improved transport facilities by rail, desert, motor and aeroplane increase the difficulty of preventing its importation from neighbouring endemic centres of infection, while the larger size of the yearly pilgrimages is an added anxiety.

The year 1927 was noted for the severe measures taken for the protection of Egypt against cholera, which was widely prevalent in Mesopotamia and Persia. Both these countries are closely linked up with Egypt.

In past years, the only means of communication with these countries was either the sea route, which takes about twenty days, or the desert caravan route, which takes about two months.

Now, however, the journey does not take more than a few hours by aeroplane or three days by motor-car.

In spite of this increased danger of infection, no case of cholera was reported in 1927.

The preventive measures adopted regarding passenger traffic from infected countries is the concern of the International Quarantine Board, which works in close collaboration with the Public Health Department. This liaison has been extended during the year to the laboratory services.

Owing to an outbreak of the disease in Iraq, the Air Quarantine Station established at Heliopolis has been employed to segregate passengers arriving from that country. The necessary bacteriological examinations are undertaken in the Public Health Laboratories. A similar procedure was followed regarding passengers arriving at El Kantara, and the nucleus of a laboratory, capable of rapid expansion in the event of the spread of infection to Palestine, has been provided at El Arish.

During the pilgrimage season the Director of the Public Health Laboratories visited El Tor at the invitation of the President of the International Quarantine Board and conferred with the bacteriologist responsible for the laboratory examination of the pilgrims. Opportunity was taken to discuss the technical methods employed in the recognition of the cholera vibrio, and a supply of standard diagnostic serum, prepared in the Public Health Laboratories, was placed at his disposal.

A new automobile bacteriological laboratory has been ordered, so that bacteriological examination will be carried out on the spot upon the outbreak of any infectious disease in the country.

Recovery of the Vibrio Cholerae from experimentally infected Dates.—In conjunction with the Health Department of Iraq, the Quarantine Board undertook experiments regarding the viability of the *Vibrio cholerae* on dates experimentally infected at Bagdad and transported by sea to Egypt. The investigation was undertaken in order that some data should be available to support the policy of permitting the free entry of dates from a cholera-infected country.

From this experiment it may be concluded that the cholera vibrio cannot be isolated by cultural methods from dates that have been infected with *cholera defecta* after the lapse of twenty-nine days following such contamination.

Cholera Vaccine.—The preparation of cholera vaccine was continued throughout the year, and 213,000 doses were manufactured. This vaccine was packed, ready for transport, in easily portable cases.

The advisability of keeping in the country a large reserve of vaccine bottles and rubber vaccine caps was shown this year by a request from the Health Department of Iraq. The outbreak of cholera in that country having necessitated the preparation of large supplies of cholera vaccine, local stocks of vaccine rubber caps were wholly depleted. The Public Health Laboratories, Cairo, forwarded the necessary supplies by an Imperial Airways aeroplane, and they were available in Bagdad within twenty-four hours of the receipt of a telegram in Cairo.

2. *Plague.*

There was a great decrease in plague cases in 1927. Only 79 cases were reported, which is the lowest figure since 1900. The case mortality was 44.3 per cent.

Of these cases, 71 were bubonic and 8 septicæmic in type.

Twenty-seven cases were reported in ports.

The total number of persons inoculated against plague was 61,490.

The total number of laboratory examinations for plague in 1927 was 2,621.

3. *Smallpox.*

In 1927, 240 cases of smallpox were reported, which (with the exception of those of 1921) is the lowest figure since 1900.

In 1926, there were 2,676 cases.

In 1927, general vaccination against smallpox, which began in 1925, was completed. Practically the whole of the Egyptian population has now been vaccinated against smallpox. In Cairo and Alexandria alone 619,637 persons were vaccinated.

The total number vaccinated since 1925 is 14,600,000 persons.

The cost of this operation of general vaccination was estimated to be about 3 "millièmes" (three farthings) per head.

Vaccine Lymph Institute.—The output of vaccine lymph has continued to increase throughout the year and approximately 12,000,000 doses have been issued by the Institute during the last twelve months. This maintained increase is due to the continuation of the general vaccination campaign in the country and, as the Department has recently decided that general revaccination of the population shall be undertaken every five years instead of every seven years, as heretofore, it may be anticipated that the manufacture of lymph on this large scale will continue.

4. *Typhus.*

In 1927, 794 cases were reported, which is the lowest figure since 1903.

Isolation and delousing measures are taken in each case. General delousing in the infected districts is sometimes carried out.

5. *Typhoid.*

Reported cases of typhoid are still increasing each year. Strict measures for compulsory notification may be one of the causes; but flies and the consumption

of raw vegetables and the presence of carriers are still among the most important factors.

Typhoid and Paratyphoid Vaccine.—A beginning was made at the end of 1926 in the manufacture on a large scale of this vaccine in the Public Health Laboratories, and at the same time the Department made arrangements to render inoculation available without charge to the general public. Up to the end of the present year, 320,000 cubic centimetres of the vaccine have been prepared, and this section of the laboratories is now organised for its continued production in large quantities.

It is satisfactory to note that, in Cairo alone, 106,846 inoculations have been carried out by the staff of the Cairo City Health Inspectorate, whilst in the Alexandria Municipality 93,276 inoculations have been given. Progress at this rate, if maintained, should result in the development of a high degree of immunity amongst the mass of the population of these cities.

6. Relapsing Fever.

In spite of the wide spread of this disease in the Sudan, only 2 cases of relapsing fever were reported in Egypt.

7. Diphtheria.

In 1927, 2,453 cases of diphtheria were reported, which is the highest figure since 1903.

8. Dysentery.

The fact that any delay in the examination of specimens largely discounts the successful recovery of the organism limited the field of investigation. It has, however, been possible to obtain fresh material from a sufficiently representative number of cases to form an opinion as to the type of infection prevalent in the Cairo district.

A preliminary cytological examination demonstrated in the majority of cases a cellular exudate typical of bacillary dysentery. Subsequent examination of cultures resulted in the isolation, in a large proportion of the cases, of dysentery bacilli of the mannite fermenting type. In 30 to 35 per cent of these cases the strains isolated proved, on prolonged incubation, to be slow lactose fermenters. Further investigation of these strains by serological methods confirmed their identity with that of *B. dysenteriae* Sonne. This organism has recently come into prominence as a causative agency of dysentery and is closely related to the Flexner "Y" group of bacilli, but its occurrence in Egypt has not previously been recorded.

It is of interest to note that infections with *B. dysenteriae* Shiga appear, from laboratory investigation, to be rare.

9. Rabies.

Anti-Rabies Institute.—During the year under review, 2,868 patients reported at the Institute for treatment, but of this number 1,161 for various reasons did not require a course of injections. The remainder were treated, but, in the case of 63, treatment was discontinued, as the biting animals subsequently proved to be free from rabies, while 6 patients relinquished treatment on their own responsibility. The number therefore that completed the course of treatment was 1,638, an increase of 387 cases over the 1926 total.

Without exception, the cases that actually developed hydrophobia owing to absence of treatment occurred in the provinces.

Mortality.—Of the 1,638 who received a full course of treatment, 17 contracted the disease; of these, 6 died in the course of treatment; 6 died within 15 days of their discharge; and 5 died more than 15 days after their discharge.

The failure is therefore 0.5 per cent, compared with 0.16 per cent in 1926. The case fatality (17 cases out of 1,638) is 1.03, compared with 0.8 in 1926.

10. *Ankylostomiasis and Bilharziosis.*

An interesting field experiment on the destruction of the molluscan intermediate hosts of the bilharziosis parasites by means of copper sulphate was made in a village. The copper sulphate solution was 5 parts per million. The results proved quite satisfactory and further investigations are to be carried out.

B. CHRONIC DISEASES.

1. *Tuberculosis* (see Table 24A).

Heluan has always been known as a winter health resort and its climate has been recommended for tuberculosis. A sanatorium for pulmonary tuberculosis was opened there in 1927; it has 135 beds and the number of patients treated during the year amounted to 418.

2. *Venereal Diseases.*

The campaign against venereal diseases was started in 1926, when two centres were founded. Four more centres were opened in 1927 in different towns.

The number of patients treated for one or more venereal diseases in 1927 was:

	Syphilis	In-patients Gonorrhœa	Total	Syphilis	Out-patients Gonorrhœa	Total
General hospitals	1,203	2,036	3,239	15,166	2,146	17,312
Hospitals for prostitutes . .	1,432	1,590	3,022	3,777	—	3,777
Dispensaries	—	—	—	5,106	3,174	8,280
Total	2,635	3,626	6,261	24,049	5,320	29,369

3. *Malaria.*

In 1927, 538 cases of malaria were reported. This disease is not compulsorily notifiable.

Big schemes for draining districts where malaria has become endemic are being carried out. The result is that malaria is dying out in these districts.

Malaria Station.—The first malaria station was opened at the end of 1927 at Edkou, a small village in the extreme north of Egypt, surrounded on all sides by lakes in which huge weeds grow. Malaria has been endemic in this district for many years past. The spleen index before the work started was 43 per cent.

III. PUBLIC HEALTH ACTIVITIES.

1. PUBLIC HEALTH EDUCATION.

In 1927, it was decided to inaugurate an advanced course in public health. Successful candidates are to be given a diploma in public health.

It was also decided to open a school for sanitary inspectors. Qualified sanitary inspectors are to be appointed in rural districts to help the medical officers of health.

2. MATERNITY AND CHILD WELFARE.

In December 1927, a new section for maternity and child welfare was founded at the Department of Public Health. It is responsible for the education of midwives and dayas, the foundation of new centres, children's hospitals, etc.

3. SANITARY WORKS CARRIED OUT DURING 1927.

The following installations have been provided during 1927 :

- Three water-works ;
- One public drainage system ;
- Destructors for the disposal of house refuse (erected in two towns).

A committee was formed at Alexandria during 1927 to study housing in the poor areas of the city. A full report has been forwarded. It is hoped that a new housing scheme will be started next year according to the recommendations of the committee.

4. PUBLIC HEALTH LABORATORIES.

Two more bacteriological laboratories were opened in 1927.

A modern type of destructor was erected and attached to the Central Laboratories for the disposal of infected material.

Water Examination.—The total number of samples of water, aerated waters and ice examined during 1927 was 3,969.

Chemical Section.—The total number of samples examined in the course of the year was 10,726, compared with 8,578 in 1926.

Of water, 587 samples were submitted for chemical examination.

Of milk, 3,195 samples were examined, and about 19 per cent of these were found to be adulterated.

IV. PUBLIC HEALTH LEGISLATION.

Two laws concerning infectious diseases were enacted during 1926 and 1927. The first dealt with malaria; the second was an amendment to the Cholera Act.

The following changes and additions regarding certain acts and regulations were passed by Ministerial Decree :

Dysentery has been added to the list of notifiable infectious diseases.

Pulmonary tuberculosis has become notifiable during life. Formerly, only deaths were notifiable.

The following factories and trades have been added to the list of insanitary places, which must be licensed by the Department of Public Health :

- Blue and chalk factories ;
- Rennet preparing factories ;
- All industrial establishments employing more than ten workmen ;
- Establishments for cleaning canvas.

V. BUDGET.

The budget of the Ministry of Public Health for the financial year ending April 1928 is about £E.1,078,463. This is classified under the following titles :

	£E.
I, Salaries, wages and allowances	549,382
II General expenses	434,701
III. New works	94,380
Total	£E.1,078,463

Further provision for the cost of services rendered to the Ministry of Public Health has been made in the budget of the following departments :

Ministry :

	£E.
Finance : stationery	1,778
Finance : Government Press	6,381
Interior	468
Interior : Police	1,108
Public Works : State buildings	133,680
Communications : Post Office	12,978
Pensions	29,160
Total	£E.185,553

The item "New Works" includes : Equipment for new buildings, Grant 1927 :

	£E.
Grants for ophthalmic hospitals	11,191
Child welfare centres	3,530
Ankylostomiasis hospitals, etc.	14,500
Venereal clinics	2,160
New Health Offices	1,500
Motor-equipped laboratory	2,500
Fever hospitals, etc.	2,430
Malaria campaign	27,000
Other works	19,571
Total	£E.94,380

VI. CURATIVE MEDICINE.

1. GENERAL HOSPITALS.

There are twenty-six Government general hospitals in Egypt. The movement of patients in these general hospitals was as follows :

	1925	1926	1927
In-patients	63,149	64,225	67,977
Out-patients	412,170	613,649	705,610
Number of visits	831,173	1,319,692	1,698,840

The cost of running these hospitals in 1927 was £227,517, averaging £76 per patient per year.

2. HOSPITALS FOR PARASITIC DISEASES.

Nine more travelling hospitals for the treatment of ankylostomiasis and bilharziosis and three school clinics for ankylostomiasis were opened in 1927.

The number of patients in the three years was :

Year	Patients
1925	82,666
1926	155,125
1927	284,934

The trebling of the number of patients in 1927 shows how the uneducated fellaheen (farmers) are coming to appreciate the benefit of the measures taken. The cost of these hospitals in 1927 was £27,538.

3. EYE HOSPITALS (see Table 26).

Two kinds of eye hospital are in use in Egypt :

(a) Permanent hospitals	26
(b) Travelling hospitals	10

The latter kind of hospital has proved of great service, as it is always moving from one place to another according to the spread of eye diseases in certain localities. The number of eye hospitals shows an increase of 5 over that of 1926.

During 1927, 35,280 cases, or 9.8 per cent of all patients examined were found to be blind in one or both eyes. This percentage is less than that of last year, which was 10 per cent. About 76.5 per cent of these cases were due to acute ophthalmia.

The ophthalmic section also carries out the examination, inspection and treatment of all pupils in primary Government schools.

The number of pupils thus examined during 1927 was 13,143. More than 91 per cent of all pupils examined were found to be infected with trachoma.

4. PHARMACIES.

There are 465 pharmacies in Egypt, *i.e.*, 1 to each 30,000 of the population. As most of these pharmacies are in big towns, while the rural districts are in great need of them, the new law for pharmacies will limit the number of pharmacies in a town.

The Department has concluded an agreement with the owners of certain pharmacies for night duty.

Six Government pharmacies were started and attached to Sanitary Offices in rural districts in 1927.

In the same year, 623 samples of medicine were sent to the Department for analysis.

NARCOTIC DRUGS IMPORTED INTO EGYPT FROM 1925 TO 1927.

Drug	1925	1926	1927
	Grammes	Grammes	Grammes
Cocaine hydrochloride	10,189	7,832	6,425
Morphine hydrochloride	3,240	1,155	3,150
Heroin hydrochloride	1,340	1,185	370
Dionine, pure	5,315	2,042	1,475
Eucodal powder	500	2,270	5
	Phials	Phials	Phials
Morphine,	1,819	1,277	1,268
Cocaine,	267	3,088	184
Sidol,	463	2,270	420

VII. SHORT HISTORY OF THE PUBLIC HEALTH ADMINISTRATION IN EGYPT.

1825 : The first Medical Commission is appointed.

1827 : Klot Bey founds the School of Medicine.

1850 : Decree *re* the Administration of the Quarantine Office.

1856 : Decree *re* the foundation of the first Sanitary Administrative Principles and the Medical Board.

1858 : Decree *re* the union of the Quarantine Office and the Medical Board under the name of General Sanitary Board.

1881 : Decree *re* the formation of the Public Health Commission.

1886 : Formation of the present Public Health Department under the control of the Ministry of the Interior.

1920 : Under-Secretary of State appointed for the Public Health Department.

1927 : Creation of a Ministry of Public Health.

Décember 1928.

ESTONIA

BY

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. AREA.

47,538 square kilometers.

2. POPULATION.

As estimated on January 1st, 1927: 1,116,325 inhabitants.

Table No. 1.

DISTRIBUTION OF THE POPULATION ACCORDING TO AGE AND SEX AT THE LAST CENSUS (1922).

Age-groups : Years	Present population			
	Males	Females		Total
		Total	Married	
0-4	44,875	43,363	—	88,238
5-14	97,540	96,437	—	193,977
15-29	139,036	153,447	38,717	292,483
30-44	102,640	120,949	81,079	223,589
45-59	81,383	95,725	58,420	177,108
60-74	44,955	61,723	23,376	106,678
75-89	9,085	13,955	2,056	23,040
90 and over	—	—	—	—
Unknown	725	1,221	186	1,946
Total	520,239	586,820	203,864	1,107,059

3. BIRTH RATE.

Table No. 2.

DISTRIBUTION OF BIRTHS FROM 1922 TO 1927 ACCORDING TO SEX AND VITALITY.

Year	Live births			Still-births		
	Boys	Girls	Total	Boys	Girls	Total
1922	11,334	10,921	22,255	—	—	548
1923	11,470	10,877	22,347	346	271	617
1924	10,988	10,473	21,441	278	224	502
1925	10,599	9,846	20,445	256	217	473
1926	10,280	9,697	19,977	222	172	434
Average 1922-26	10,934	10,359	21,293	—	—	515
1927 (provisional figures)	—	—	19,739	—	—	404

Table No. 3.

LEGITIMATE AND ILLEGITIMATE BIRTHS FROM 1922 TO 1926.

Year	Legitimate children			Illegitimate children		
	Live births	Still-births	Total	Live births	Still-births	Total
1922	17,714	387	18,101	1,409	92	1,501
1923	19,621	515	19,536	1,571	102	1,673
1924	18,074	414	18,488	1,395	88	1,483
1925	17,585	417	17,982	1,412	56	1,468
1926	16,845	333	18,178	1,532	61	1,593
Average 1922-26	17,848	413	18,457	1,463	80	1,544

4. DEATH RATE.

The death rate per thousand inhabitants was :

1921	16.0	1925	14.9
1922	16.9	1926	16.0
1923	15.2	1927	17.3
1924	15.2		

Table No. 4.

DISTRIBUTION OF DEATHS IN 1926 AND 1927 ACCORDING TO AGE AND SEX.

Age-groups :	1926			1927		
	Males	Females	Total	Males	Females	Total
0-9	1,928	1,620	3,548	2,309	1,973	4,282
10-19	336	362	698	421	424	845
20-29	648	507	1,155	785	575	1,360
30-39	496	353	849	629	474	1,103
40-49	661	440	1,101	775	518	1,293
50-59	1,078	636	1,714	1,203	695	1,898
60-69	1,440	1,228	2,668	1,618	1,366	2,984
70-79	1,453	1,651	3,104	1,556	1,890	3,446
80-89	675	1,002	1,677	682	1,026	1,708
90 and over ..	64	126	190	50	128	178
Age unknown ..	—	—	1,343	127	132	259
Total			18,047	10,155	9,201	19,356

Table No. 5.

DISTRIBUTION OF DEATHS IN 1927 ACCORDING TO CAUSES.

Epidemic, endemic and infectious diseases.. . . .	4,571 ¹
Diseases of the nervous system and organs of the senses	1,860
Diseases of the circulatory system	1,617
Diseases of the respiratory system	2,057
Non-venereal diseases of the genito-urinary system and its annexes	459
Diseases of the digestive system	1,030
Puerperal infection	81
Diseases of the skin and subcutaneous cellular tissue, not including tuberculosis and syphilis	46
Diseases of the bones and of the organs of locomotion.. . . .	44
Congenital malformations	16
Infantile debility among the newborn	327
Senility	3,248
Diseases due to external causes	824
General diseases not mentioned above	1,157 ²
Insufficiently specified causes	2,019
Total	19,356

5. INFANT MORTALITY.

Table No. 6.

INFANT MORTALITY IN 1926 BY CAUSES.

Causes	Deaths of children under 1 year	
	Actual figures	Rate per 1,000 live-born children in the same year
Meningitis and encephalitis	88	4.4
Infantile convulsions	259	13.0
Acute bronchitis	28	1.4
Pneumonia	203	10.2
Diarrhoea and enteritis	234	11.7
External causes	10	0.5
Other diseases not mentioned above	217	10.9
Diseases not specified, or indefinite	359	18.0

¹ Including 2,847 deaths from tuberculosis.² Including 791 deaths from cancer.

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

Table No. 7.

CASES OF INFECTIOUS DISEASES NOTIFIED FROM 1921 TO 1927.

	1921	1922	1923	1924	1925	1926	1927
1. Typhoid fever	1,097	718	623	937	804	544	656
2. Paratyphoid fever .. .	78	110	75	169	250	139	142
3. Typhus	356	247	63	43	21	24 ¹	18
4. Relapsing fever .. .	118	104	8	1	2	—	1
5. Malaria	—	—	—	—	—	1	4
6. Smallpox	136	50	13	4	5	6	4
7. Measles	1,785	2,811	1,930	203	82	4,736	3,019
8. Scarlet fever	1,433	583	675	451	775	3,223	5,342
9. Diphtheria	825	517	408	461	545	467	443
10. Cholera	—	—	—	—	—	—	—
11. Dysentery	1,198	356	64	125	38	8	6
12. Plague	—	—	—	—	—	—	—
13. Leprosy	49	37	34	13	36	16	13
14. Encephalitis lethargica	9	—	16	5	5	1	2
15. Cerebro-spinal meningitis	12	14	12	12	7	5	10
16. Trachoma	492	467	513	528	471	407	412

B. CHRONIC DISEASES.

1. Venereal Diseases.

Table No. 8.

CASES OF VENEREAL DISEASES NOTIFIED IN 1927.

	Male	Female	Both sexes
Syphilis	619	472	1,091
Soft chancre	43	6	49
Gonorrhoea	2,222	967	3,189
Total	2,884	1,445	4,329

¹All in the district of Petsert, near the Russian frontier.

2. Tuberculosis

Table No. 9.

DISTRIBUTION OF CASES OF TUBERCULOSIS REGISTERED IN 1927 ACCORDING TO THE SEAT OF THE DISEASE.

Respiratory system	1,843
Meninges and central nervous system	7
Intestines and peritoneum	1
Spine	
Joints	9
Skin and subcutaneous cellular tissue	2
Bones	63
Lymphatic system	3
Genito-urinary system	5
Several organs	32
Seat not specified	18
Total	1,983

III. PUBLIC HEALTH ACTIVITIES.

RELIEF OF THE INSANE, EPILEPTIC AND FEEBLE-MINDED, OF CRIPPLED AND MORALLY DEFECTIVE CHILDREN, AND OF THE BLIND AND THE DEAF AND DUMB.

Under the Public Relief Law of June 19th, 1925, insane persons, epileptics, feeble-minded persons, idiots, crippled or morally defective children, the blind and the deaf and dumb are entitled to State relief, provided they are necessitous and their relatives are not in a position to support them.

The law provides for the maintenance and medical treatment of insane persons and epileptics in suitable institutions or at home. For the other categories above named entitled to relief, the Government funds and maintains homes, schools and workshops.

On January 1st, 1927, there were in Estonia 1,400 insane persons or epileptics, 395 blind persons, 303 deaf and dumb, 596 feeble-minded persons or idiots and 304 morally defective children in need of relief.

At the end of 1927, the Government was assisting 1,397 insane persons or epileptics at a cost of 508,000 crowns for the year.

The Government supports a special school for backward children. The cost of this establishment, which numbered 79 pupils in 1927, was 42,845 crowns. In 1927, the Government granted relief to feeble-minded persons or idiots of adult age by partially refunding the cost of their maintenance in families and communal asylums.

For degenerate or fallen girls under age the Government has founded a school which can take not more than 50 pupils. There are two institutions for morally degenerate boys; a training camp with 145 pupils and a school with 62 pupils.

For the blind, the Government has founded a school, in which 51 persons were received in 1927; another school, for the deaf and dumb, accommodated 110 pupils in the year 1926-27. The cost of upkeep in 1927 was 26,000 crowns for the former and 50,807 crowns for the latter.

IV. HEALTH LEGISLATION.

1. LAW OF DECEMBER 16TH, 1927, CONCERNING PUBLIC HEALTH ORGANISATION.

The existing organisation of public health is founded on the Law of December 16th, 1927.

2. LAW CONCERNING THE PREVENTION OF VENEREAL DISEASES.

This law, which was published on January 7th, 1927, provides for free and compulsory treatment of syphilis, soft chancre and gonorrhœa in the infectious stages, or when their recurrence seems probable.

3. LAW NATIONALISING THE HOSPITALS FOR MENTAL DISEASES.

The Seevald hospitals near Tallinn became State hospitals by the Law of November 10th, 1927, and were placed under the direction of the Ministry of Labour and Social Welfare (Health and Public Relief Department).

4. LAW OF MAY 20TH, 1927, REGULATING THE SALE AND USE OF SPIRITS FOR TECHNICAL PURPOSES.

This law exempts from excise duty spirits intended for health, scientific, chemical or technical purposes, as well as cosmetic, pharmaceutical and other alcoholic preparations which are not intended for consumption as beverages. It regulates the adulteration of spirits and prohibits the use of non-dutiable spirits in the preparation of beverages.

5. LAW OF MAY 17TH, 1927, RATIFYING THE CONVENTION CONCERNING THE IMPORT, EXPORT AND RE-IMPORT OF NARCOTIC DRUGS BETWEEN ESTONIA AND GERMANY.

This Convention, which took effect on July 9th, 1927, regulates the import, export and re-import of narcotic drugs between these two countries.

6. LIST OF FOREIGN PATENT MEDICINES AUTHORISED IN ESTONIA.

(See *Official Gazette*, No. 40, April 28th, 1927, and No. 68, July 19th, 1927.)

7. SCARLET FEVER SERUM.

A circular of the Health and Public Relief Department authorises and regulates the preparation and sale of the scarlet fever serum prepared by the Serological Laboratory of the University of Tartu (*Official Gazette*, No. 59, June 17th, 1927).

V. BUDGET.

	Estonian crowns ¹
1. State budget for the financial year (April 1st, 1927, to April 1st, 1928)	81,957,753
2. Budget of the General Department of Health and Public Relief..	2,690,408
Administration	54,281
Grants to health organisations	287,939
Grants to communal and private relief organisations ..	510,331
Compulsory treatment of venereal diseases	154,993
Prevention of infectious diseases	83,152
Public relief	252,618
Maintenance of the insane	414,097
Upkeep of leper homes	119,070
Upkeep of health institutions	236,110
Upkeep of children's hospitals	301,922
Upkeep of various public relief institutions	235,810

November 1928.

¹ One Estonian crown equals 100 Estonian marks.

FINLAND

BY

Dr. Herman LAVONIUS (Helsingfors).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES,
TAKEN IN 1920 AND 1910.

Original source: Church Registers.

Date of census	Area in square kilometers	Present population			Resident population		
		Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8
December 31st, 1920 ¹ ..	388,279	1,510,957	1,594,146	3,105,103	1,660,230	1,704,577	3,364,807
December 31st, 1910 ² ..	377,426	1,433,644	1,487,553	2,921,197	1,546,694	1,568,503	3,115,197
Increase (+) or decrease (-) in 1920 compared with 1910 :							
(a) Actual		+ 77,313	+106,593	+183,906	+113,536	+136,074	+249,610
(b) Yearly average ..		+ 7,731	+ 10,659	+ 18,396	+ 11,354	+ 13,607	+ 24,961
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period)..		+ 5.25	+ 6.92	+ 6.10	+ 6.99	+ 8.26	+ 7.63

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1920 AND 1910.

Original source: Church Registers.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of Females over Males			
			Present population		Resident population	
	Present	Resident	Actual figures	Per 1,000 Males	Actual figures	Per 1,000 Females
1	2	3	4	5	6	7
1920	9.3	10.1	83,189	55.1	44,347	26.7
1910	8.8	9.4	53,909	37.6	21,809	14.1
Increase (+) or decrease (-) in 1920 as compared with 1910	+ 0.5	+ 0.7	+ 29,280	+ 17.5	+ 22,538	+ 12.6

¹ Year of last census.
² Year of previous census.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX ACCORDING TO THE RESULTS OF THE
LAST CENSUS (1920) AND ESTIMATE OF THIS DISTRIBUTION FOR 1926
(LAST ESTIMATE).

Original source : Church Registers.

A. Actual Figures.

Ages and age-groups in years	I. 1920 Census. Actual Population				II. Estimate for 1926		
	Males	Females		Total	Males	Females	Total
		Total	Married				
1	2	3	4	5	6	7	8
0	40,013	38,230	—	78,243	36,846	35,356	72,202
1	29,380	28,120	—	57,500	36,286	34,638	70,924
2	34,337	33,211		67,548	35,300	33,866	69,166
3	34,305	33,014		67,319	36,352	34,813	71,165
4	33,045	32,403		65,448	34,822	33,632	68,454
0-4	171,080	164,978		336,058	179,606	172,305	351,911
5-9	183,071	176,921		359,992	166,911	161,112	328,023
10-14	187,628	182,867		370,495	174,794	169,367	344,161
15-19	167,026	163,771	3,065	330,797	186,410	180,221	366,631
20-24	144,162	147,552	33,341	291,714	164,551	162,797	327,348
25-29	126,553	130,052	60,587	256,605	143,599	147,166	290,765
30-34	121,662	124,428	72,608	246,090	122,756	127,035	249,791
35-39	111,839	113,784	72,667	225,623	118,327	121,884	240,211
40-44	98,901	101,748	67,249	200,649	110,554	113,430	223,984
45-49	87,671	90,656	59,832	178,327	95,148	98,773	193,921
50-54	64,281	68,302	43,126	132,583	82,285	87,378	169,663
55-59	60,516	67,771	39,293	128,287	62,436	68,766	131,202
60-64	47,682	56,096	28,132	103,778	51,251	60,384	111,635
65-69	38,222	47,007	19,147	85,229	40,057	50,449	90,506
70-74	25,428	33,486	10,217	58,914	28,594	37,164	65,758
75-79	15,393	21,412	4,643	36,805	17,363	24,140	41,503
80-84	6,645	9,678	1,451	16,323	8,745	11,818	20,563
85-89	2,199	3,446	400	5,645	3,354	4,310	7,664
90 and over							
Unknown	271	622	36	893	1,382	1,598	2,980
Total	1,660,230	1,704,577	515,794	3,364,807	1,758,123	1,800,097	3,558,220

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1920 Census. Actual Population							II. Estimate of the age distribution for 1926
	Males	Females	Males	Females	Total	Married	Women	Both males and fe- males per 1,000 in- habitants (total po- pulation of all ages)
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age- group	Per 1,000 inhabitants (total po- pulation of all ages)	
	Male	Female						
1	2	3	4	5	6	7	8	9
0	24.1	22.4	11.9	11.4	23.3	0.0	0.0	20.3
1	17.7	16.5	8.8	8.3	17.1	0.0	0.0	19.9
2	20.7	19.5	10.2	9.9	20.1	0.0	0.0	19.5
3	20.6	19.4	10.2	9.8	20.0	0.0	0.0	20.0
4	19.9	19.0	9.8	9.6	19.4	0.0	0.0	19.2
0-4	103.0	96.8	50.9	49.0	99.9	0.0	0.0	98.9
5-9	110.3	103.8	54.4	52.6	107.0	0.0	0.0	92.2
10-14	113.0	107.3	55.8	54.3	110.1	0.0	0.0	96.7
15-19	100.6	96.1	49.6	48.7	98.3	18.7	0.9	103.0
20-24	86.8	86.6	42.8	43.9	86.7	226.0	9.9	92.0
25-29	76.2	76.3	37.6	38.7	76.3	465.9	18.0	81.7
30-34	73.3	73.0	36.1	37.0	73.1	583.5	21.6	70.2
35-39	67.4	66.7	33.3	33.8	67.1	638.6	21.6	67.5
40-44	59.6	59.7	29.4	30.2	59.6	660.9	20.0	62.9
45-49	52.8	53.2	26.1	26.9	53.0	660.0	17.8	54.5
50-54	38.7	40.1	19.1	20.3	39.4	631.4	12.8	47.7
55-59	36.5	39.7	18.0	20.1	38.1	579.8	11.7	36.9
60-64	28.7	32.9	14.1	16.7	30.8	501.5	8.4	31.4
65-69	23.0	27.6	11.3	14.0	25.3	407.3	5.7	25.4
70-74	15.3	19.6	7.5	10.0	17.5	305.1	3.0	18.5
75-79	9.3	12.6	4.6	6.3	10.9	216.9	1.4	11.7
80-84	4.0	5.7	2.0	2.9	4.9	149.9	0.4	5.8
85-89	1.3	2.0	0.7	1.0	1.7	116.1	0.1	2.2
90 and over ..	0.2	0.3	0.1	0.2	0.3	90.2	0.0	0.8
Unknown ..								
Total ..	1,000	1,000	493.4	506.6	1,000	302.6	153.3	1,000

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Original source : Church Registers.

Year	Average population	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of		
							Births (col. 5) over deaths	Deaths over births	
1	2	3	4	5	6	7	8	9	
A. Actual Figures.									
1922	3,418,921	23,524	510	80,140	2,215	49,180	30,960		
1923	3,452,325	23,634	608	81,961	2,248	47,556	34,405		
1924	3,482,294	22,048	578	78,057	2,101	53,442	24,615		
1925	3,510,773	22,103	626	78,260	2,094	47,493	30,767		
1926	3,542,290	22,695	670	76,875	2,202	47,526	29,349		
Average : 1922-26	3,481,320	22,801	598	79,059	2,172	49,039	30,019		
1927									
B. Proportion per 1,000 of Average Population.									
1922		6.9	0.15	23.4	0.65	14.4	9.0		
1923		6.8	0.18	23.7	0.65	13.8	9.9		
1924		6.3	0.17	22.4	0.60	15.3	7.1		
1925		6.3	0.18	22.3	0.60	13.5	8.8		
1926		6.4	0.19	21.7	0.62	13.4	8.3		
Average : 1922-26		6.5	0.17	22.7	0.62	14.1	8.6		
1927									
		Emigration		Excess of		Emigration		Excess of	
	Immigration	Total	Overseas	Immigration over emigration	Emigration over immigration	Immigration	Total	Overseas	Immigration over emigration
		10	11	12	13	14	15	16	17
		A. Actual Figures.				B. Proportion per 1,000 of Average Population.			
1922		5,715					1.67		
1923		13,835					4.01		
1924		5,429	5,114				1.56	1.47	
1925		2,490	2,075				0.71	0.59	
1926		6,043	5,638				1.71	1.59	
Average : 1922-26		6,702					1.93		
1927		6,088	5,696				1.71	1.59	

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926.

Original source : Church Registers.

Departments	Average population (1,000's)	Live births	
		Actual figures	Rate per 1,000 inhabitants (average population)
1	2	3	4
1. Uusimaa	476,067	7,422	15.6
2. Turku and Pori	513,328	10,247	20.0
3. Ahvenanmaa	27,207	370	13.6
4. Hame	378,453	7,530	19.9
5. Viipuri	595,329	13,688	23.0
6. Mikkeli	209,656	4,842	23.1
7. Kuopio	370,895	9,693	26.1
8. Waasa	569,878	12,067	21.2
9. Oulu	401,477	11,016	27.4
Total for towns	604,214	8,822	14.6
Total for rural districts	2,938,076	68,053	23.2
Grand total	3,542,290	76,875	21.7

Table No. 6.

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1926.

Original source : Church Registers.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922	41,233	38,907	80,140	1,221	994	2,215	42,454	39,901	82,355
1923	42,322	39,639	81,961	1,307	941	2,248	43,629	40,580	84,209
1924	40,300	37,757	78,057	1,149	952	2,101	41,449	38,709	80,158
1925	40,354	37,906	78,260	1,185	909	2,094	41,539	38,815	80,354
1926	39,481	37,394	76,875	1,245	957	2,202	40,726	38,351	79,077
Average : 1922-26 ..	40,738	38,320	79,058	1,221	951	2,172	41,959	39,271	81,230
Excess of Male births per 100 Female births among children				Still-born children per 100 births of the same sex (live-born and still-born children together)					
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922	5.97	22.84	6.40	2.88	2.49	2.69			
1923	6.77	38.89	7.51	3.00	2.32	2.67			
1924	6.74	20.69	7.08	2.77	2.46	2.62			
1925	6.46	30.36	7.02	2.85	2.34	2.61			
1926	5.58	30.09	6.19	3.06	2.50	2.78			
Average : 1922-26 ..	6.31	28.39	6.84	2.91	2.42	2.67			

Table No. 7.*

BIRTHS AND ABORTIONS.

Original source : Public Health Statistics.

A. *Actual Figures.*

Year	Average population (in 1,000's)	Children		Abortions notified				Total number of conceptions (col. 3 + 4 + 8)
		Live-born	Still-born	By hospitals	By doctors	By midwives	Total	
1	2	3	4	5	6	7	8	9
1925	3,510,773	78,260	2,094	1,467		935	2,402	82,756
1926	3,542,290	76,875	2,202	1,895		1,021	2,916	81,993

B. *Proportional Figures.*

Year	Children		Total abortions notified	Total conceptions	Children		Abortions	Abortions per 100 births notified to the Registry of Births Marriages and Deaths (col. 3 and 4 of Table 7A)
	Live-born	Still-born			Live-born	Still-born		
	Per 1,000 of average population				Per 100 conceptions (col. 12 of Table 7A)			
1	2	3	4	5	6	7	8	9
1925	22.3	0.6	0.7	23.6	94.6	2.5	2.9	3.0
1926	21.7	0.6	0.8	23.1	93.8	2.7	3.6	3.7

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS, 1922 TO 1926.

Original source : Church Registers.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	73,025	1,854	74,879	7,115	361	7,476	80,140	2,215	82,355
1923 ..	74,764	1,870	76,634	7,197	378	7,575	81,961	2,248	84,209
1924 ..	71,281	1,780	73,061	6,776	321	7,097	78,057	2,101	80,158
1925 ..	71,906	1,787	73,693	6,354	307	6,661	78,260	2,094	80,354
1926 ..	70,631	1,871	72,502	6,244	331	6,575	76,875	2,202	79,077
Average : 1922-26	72,322	1,832	74,154	6,737	340	7,077	79,059	2,172	81,231

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children		
	Live-born (col. A.8)	Still-born (col. A.9)	Total (col. A.10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	
				Per 100 live-born and still-born children					
				Legitimate (col. A.4)	Illegitimate (col. A.7)	Total (col. A.10)	Per 1,000 average population		
1	2	3	4	5	6	7	8	9	
1922 ..	88.8	163.0	90.8	2.48	4.83	2.69	21.4	2.1	
1923 ..	87.8	168.1	90.0	2.44	4.99	2.67	21.7	2.1	
1924 ..	68.8	152.8	88.5	2.44	4.52	2.62	20.5	1.9	
1925 ..	81.2	146.6	82.9	2.42	4.61	2.61	20.5	1.8	
1926 ..	81.2	150.3	83.1	2.58	5.03	2.78	19.9	1.8	
Average : 1922-26	85.2	156.5	87.1	2.47	4.80	2.67	20.7	1.9	

Table No. 9.*

MONTHLY NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1925 AND 1926.

Original source : Church Registers.

Month	Actual figures for live-born children			
	Legitimate	Illegitimate	Legitimate	Illegitimate
	1925		1926	
	1	2	3	4
January	6,312	595	6,189	574
February	5,379	516	5,436	566
March	6,390	581	6,108	587
April	6,073	588	5,849	533
May	6,636	638	6,095	597
June	6,424	588	6,447	635
July	6,744	579	6,777	579
August	6,056	487	6,025	459
September	5,683	474	5,736	479
October	5,483	409	5,455	361
November	5,293	413	5,125	433
December	5,433	486	5,389	441
Total	71,906	6,354	70,631	6,244
Live-born children (legitimate and illegitimate together)				
	Actual figures		Rate per 1,000 of average population (calculated on an annual basis)	
	1925	1926	1925	1926
	6	7	8	9
January	6,907	6,763	2.0	1.9
February	5,895	6,002	1.7	1.7
March	6,971	6,695	2.0	1.9
April	6,661	6,382	1.9	1.8
May	7,274	6,692	2.1	1.9
June	7,012	7,082	2.0	2.0
July	7,323	7,356	2.1	2.1
August	6,543	6,484	1.8	1.8
September	6,157	6,215	1.7	1.8
October	5,892	5,816	1.7	1.6
November	5,706	5,558	1.6	1.6
December	5,919	5,830	1.7	1.6
Total	78,260	76,875	22.3	21.7

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926.

Original source : Church Registers.

Departments	Total deaths (not including still-births)	
	Actual figures	General death rate per 1,000 of average population
1	2	3
1. Uusimaa	5,767	12.1
2. Turku and Pori.. .. .	6,667	13.0
3. Ahvenanmaa	324	11.9
4. Hame	4,781	12.6
5. Viipuri	8,390	14.1
6. Mikkeli	3,028	14.4
7. Kuopio	5,148	13.9
8. Waasa	7,384	13.0
9. Oulu	6,037	15.0
Total for towns	7,389	12.2
Total for rural districts	40,137	13.7
Grand total	47,526	13.4

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1926.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (Difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	1,687,625	1,731,296	25,461	23,719	15.1	13.7	+ 1.4
1923	1,704,577	1,747,748	24,857	22,699	14.6	13.0	+ 1.6
1924	1,719,952	1,762,342	27,682	25,760	16.1	14.6	+ 1.5
1925	1,734,364	1,776,409	24,997	22,496	14.4	12.7	+ 1.7
1926	1,750,141	1,792,149	24,770	22,756	14.2	12.7	+ 1.5
Average : 1922-26	1,719,332	1,761,988	25,553	23,480	14.9	13.3	+ 1.6

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 TO 1926.

Original source : Church Registers.

Actual Figures.

Ages and age-groups	Total deaths					
	1925			1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	3,747	2,904	6,651	3,659	2,923	6,582
1	784	703	1,487	777	647	1,424
2	341	310	651	361	305	666
3	237	218	455	230	205	435
4	181	161	342	155	144	299
0- 4	5,290	4,296	9,586	5,182	4,224	9,406
5- 9	542	503	1,045	593	471	1,064
10-14	594	667	1,261	501	606	1,107
15-19	985	1,032	2,017	930	931	1,861
20-24	1,434	1,039	2,473	1,435	1,001	2,436
25-29	1,011	854	1,865	1,021	887	1,908
30-34	839	759	1,598	802	752	1,554
35-39	910	700	1,610	859	759	1,618
40-44	978	719	1,697	925	793	1,718
45-49	1,168	796	1,964	1,059	753	1,812
50-54	1,323	921	2,244	1,394	929	2,323
55-59	1,282	851	2,133	1,292	942	2,234
60-64	1,756	1,333	3,089	1,754	1,271	3,025
65-69	1,853	1,589	3,442	1,867	1,654	3,521
70-74	1,892	1,987	3,879	1,914	2,103	4,017
75-79	1,568	1,978	3,546	1,615	2,063	3,878
80-84	1,017	1,575	2,592	1,066	1,604	2,670
85-89	436	685	1,121	455	775	1,230
90 and over ..	119	212	331	106	238	344
Unknown	—	—	—	—	—	—
Total	24,997	22,496	47,493	24,770	22,756	47,526

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS, 1926.

Original source : Church Registers.

Month	Total deaths (not including still-births)	
	Actual figures	Monthly death rate calculated per 1,000 of average population and for the year
1	2	3
<i>A. Per Month.</i>		
January	4,315	1.22
February	4,096	1.16
March	4,377	1.23
April	4,342	1.23
May	4,320	1.22
June	4,007	1.13
July	3,740	1.06
August	3,382	0.95
September	3,316	0.94
October	3,637	1.03
November	3,756	1.06
December	4,238	1.20
Total	47,526	
<i>B. Per Quarter.</i>		
1st Quarter	12,788	3.61
2nd Quarter	12,669	3.58
3rd Quarter	10,438	2.95
4th Quarter	11,631	3.28
Total	47,526	13.4

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY¹ OF CERTAIN INFECTIOUS DISEASES, 1926 AND 1927.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
1a	Typhoid fever	1926 1927	131	0.37	526	1.48
					506	
1b	Paratyphoid fever	1926 1927	—	—	747	2.11
					624	
2	Typhus	1926 1927	—	—	—	—
					—	
3	Relapsing fever	1926 1927	—	—	—	—
					—	
5	Malarial fever or cachexia ..	1926 1927	7	0.02	41 32	0.12
6	Smallpox	1926 1927	—	—	1	0.003
7	Measles	1926 1927	34	0.10	4,574 27,901	12.91
8	Scarlet fever	1926 1927	63	0.18	2,221 1,964	6.27
9	Whooping-cough	1926 1927	489	1.38	7,115 6,485	20.09
10	Diphtheria	1926 1927	191	0.54	1,153 1,007	3.25
11a	Influenza with pulmonary complications	1926 1927	—	—	32,290	91.16
					68,744	
11b	Influenza without pulmo- nary complications	1926 1927	—	—	—	—
					—	
14	Asiatic cholera	1926 1927	—	—	—	—
					—	
16	Dysentery	1926 1927	6	0.02	49 190	0.14

¹ Case-fatality figures not available.

*
Table No. 14 (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
17	Plague	1926 1927	—		—	
18	Yellow fever	1926 1927	—		—	
20	Leprosy	1926 1927	7 2	0.02	3 4	0.01
21	Erysipelas	1926 1927	115	0.32		
22	Acute poliomyelitis	1926 1927	2	0.01	12 52	0.03
23	Encephalitis lethargica	1926 1927			13 6	0.04
24	Epidemic cerebro-spinal meningitis	1926 1927			19 52	0.05
26	Glanders and farcy	1926 1927				
27	Malignant pustule and an- thrax	1926 1927				
28	Rabies	1926 1927				
31	Tuberculosis of the respi- ratory system	1926 1927	7,143	20.16		
32	Tuberculosis of the menin- ges or of the central nervous system	1926 1927				
33	Tuberculosis of other or- gans	1926 1927				
38	Syphilis	1926 1927			1,350 1,838	3.81
39	Soft chancre	1926 1927			1,569 2,266	4.43
40	Gonorrhœa	1926 1927			8,966 10,696	25.31

Table No. 16.

DEATH RATE FROM TUMOURS, 1925 AND 1926.

Year	Cancer or other malignant tumours (No. 43-49 of the International List)		
	1	2	3
		A. <i>Actual Number of Deaths.</i>	B. <i>Proportional Figures per 10,000 of Average Population.</i>
1925		2,137	6.09
1926		2,057	5.81

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1925 AND 1926.

Original source : Public Health Statistics.

Description	Actual figures		Rate per 10,000 of average population	
	1925	1926	1925	1926
1	2	3	4	5
Deaths by suicide	515	516	1.5	5.1
Other external causes	2,007	1,715	5.7	4.8
Total deaths from external causes	2,522	2,231	7.2	6.3
Total deaths from all causes..	47,493	47,526	135.3	134.2
Total deaths, excluding deaths due to external causes (natural mortality)	44,971	45,295	128.1	127.9

Table No. 20* (concluded).

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legitimate	Illegitimate	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6	7	8	9	10	11
(a) Days of age:	Year 1926.									
0	489	365	854	720	134	12.38	9.76	11.11	10.19	21.46
1	137	110	247	218	29	3.47	2.94	3.21	3.09	4.65
2	103	77	180	157	23	2.61	2.06	2.34	2.22	3.69
3	67	55	122	105	17	1.70	1.47	1.59	1.49	2.72
4	57	48	105	95	10	1.44	1.28	1.37	1.35	1.60
5	40	47	87	78	9	1.01	1.26	1.13	1.10	1.44
6	54	39	93	84	9	1.37	1.04	1.21	1.19	1.44
7	43	28	71	62	9	1.09	0.75	0.92	0.88	1.44
8	28	26	54	49	5	0.71	0.70	0.70	0.69	0.80
9	33	33	66	60	6	0.84	0.88	0.86	0.85	0.96
10	32	29	61	51	10	0.81	0.78	0.79	0.72	1.60
11	27	22	49	44	5	0.68	0.59	0.64	0.62	0.80
12	24	19	43	37	6	0.61	0.51	0.56	0.52	0.96
13	40	15	55	44	11	1.01	0.40	0.72	0.62	1.76
14	22	30	52	46	6	0.56	0.80	0.68	0.65	0.96
15										
16										
17										
18										
19										
20										
21										
22	352	248	600	516	84	8.92	6.63	7.80	7.31	13.45
23										
24										
25										
26										
27										
28										
29										
(b) Months of age:										
0	1,548	1,191	2,739	2,366	373	39.21	31.85	35.63	33.49	59.73
1	386	326	712	624	88	9.78	8.72	9.26	8.84	14.09
2	302	255	557	467	90	7.65	6.82	7.25	6.61	14.41
3	225	181	406	360	46	5.70	4.84	5.28	5.10	7.37
4	197	137	334	295	39	4.99	3.66	4.34	4.18	6.25
5	182	129	311	279	32	4.61	3.45	4.05	3.95	5.13
6	163	140	303	271	32	4.13	3.74	3.94	3.84	5.13
7	145	140	285	261	24	3.67	3.74	3.71	3.69	3.84
8	163	115	278	241	37	4.13	3.08	3.61	3.41	5.93
9	138	134	272	238	34	3.49	3.58	3.54	3.37	5.45
10	121	106	227	201	26	3.07	2.84	2.95	2.85	4.16
11	89	66	155	144	11	2.25	1.77	2.02	2.04	1.76
Total (under 1 year) ..	3,659	2,920	6,579	5,747	832	92.68	78.09	85.58	81.37	133.25

Table No. 21.*

SEASONAL VARIATIONS IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE CHILDREN UNDER 1 YEAR OF AGE, 1925 AND 1926.

Month	Number of deaths among children under 1 year					
	Actual figures			Per 1,000 live births of the same category occurring in the same month and 11 previous months (see Table No. 9) ; monthly number of deaths reckoned as rate for the year		
	Legitimate children	Illegitimate children	Total	Legitimate children	Illegitimate children	Total
1	2	3	4	5	6	7
<i>Year 1925.</i>						
January	565	69	634	8.0	10.3	8.2
February	489	71	560	6.9	10.7	7.3
March	525	65	590	7.4	10.0	7.7
April	503	60	563	7.1	9.3	7.3
May	530	89	619	7.5	14.0	8.1
June	493	61	554	7.0	9.7	7.2
July	570	90	660	8.1	14.2	8.6
August	486	79	565	6.9	12.5	7.3
September	385	73	458	5.4	11.5	5.9
October	392	66	458	5.5	10.4	5.9
November	385	60	445	5.3	9.4	5.7
December	469	76	545	6.5	12.0	7.0
Total.. ..	5,792	859	6,651	80.5	135.2	85.0
<i>Year 1926.</i>						
January	469	64	533	6.5	10.1	6.8
February	490	61	551	6.8	9.6	7.0
March	518	70	588	7.2	11.0	7.5
April	555	80	635	7.8	12.6	8.2
May	562	66	628	7.9	10.5	8.1
June	548	86	634	7.7	13.6	8.2
July	476	72	548	6.7	11.4	7.1
August	446	65	511	6.3	10.3	6.6
September	367	68	435	5.2	10.8	5.6
October	412	58	470	5.8	9.3	6.1
November	404	70	474	5.7	11.1	6.2
December	500	72	572	7.1	11.5	7.4
Total.. ..	5,747	832	6,579	81.4	133.2	85.6

6. PUBLIC HEALTH STATISTICS.

Table No. 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASE .

A. Tuberculosis.—Survey of Anti-Tuberculosis Institutions, 1925 and 1926.

Designation of the institutions	Number of institutions		Number of beds		Number of tuberculous patients admitted during the year	
	1925	1926	1925	1926	1925	1926
1	2	3	4	5	6	7
I. Anti-tuberculosis dispensaries	18	20				
II. Tuberculosis sanatoria :						
(a) For children suffering from pulmonary tuberculosis	1	2	76	86	84	70
(b) For children suffering from surgical tuberculosis ..	7	7	239	249	419	483
(c) For children suffering from tuberculosis of a mixed type	—	—	—	—	—	—
(d) Total for children	8	8	235	245	423	496
(e) For adults suffering from pulmonary tuberculosis	19	20	859	932	2,681	2,621
(f) For adults suffering from tuberculosis of a mixed type	—	—	—	—	—	—
(g) Total for adults	19	20	859	932	2,681	2,621
(a-g) Total number of sanatoria	27	28	1,094	1,177	3,109	3,117
III. Tuberculosis hospitals :						
(a) For pulmonary tuberculosis	3	3	205	205	582	613
(b) For surgical tuberculosis	—	—	—	—	—	—
(a-b) Total number of hospitals	3	3	205	205	582	613
IV. Other institutions	—	—	—	—	—	—

Table No. 24* (concluded).

B. Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases, 1925 and 1926.

Original source : Public Health Statistics.

Designation of the institutions	Number of institutions		Number of patients suffering from venereal diseases admitted during the year	
	1925	1926	1925	1926
1	2	3	4	5
I. Consultation centres for persons suffering from venereal diseases	6	6	866	867
II. Venereal dispensaries	—	—	—	—
III. Homes for the treatment of hereditary syphilis	—	—	—	—
IV. Other institutions	21	20	3,389	3,140

D. Smallpox.—Survey of Vaccinations, 1925 and 1926.

	1925	1926
	1	2
I. Number of persons vaccinated in infancy	51,310	51,593
With positive result :		
(a) Actual figures	47,995	47,876
(b) Percentage of persons vaccinated in infancy	93.5	92.8
(c) Percentage of infants born alive during preceding year	61.5	61.2
II. Number of persons revaccinated	239	132
With positive result :		
(a) Actual figures	100	35
(b) Percentage of persons revaccinated	41.8	26.5
III. Total number of vaccinations and revaccinations	51,549	51,725
With positive result :		
(a) Actual figures	48,095	47,911
(b) Percentage of persons vaccinated and revaccinated	93.3	92.6
(c) Percentage of the average population for the same year	1.4	1.4

7. DATA ON CURATIVE MEDICINE.

Table No. 26.*

STATISTICS OF HOSPITALS, ETC., 1925 TO 1927.

Original source : Public Health Statistics.

A. Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds					
				Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals ..	153	153	162	4,220	4,256	4,522	12.0	12.0	12.7
II. Mental hospitals ..	30	31	35	3,661	4,114	4,905	10.4	11.6	13.7
III. Hospitals for the treatment of nervous diseases :									
(a) Homes for epileptics ..	2	2	2	65	65	65	0.2	0.2	0.2
(b) Sanatoria for alcoholics ..	—	—	—	—	—	—	—	—	—
IV. Homes for idiots and imbeciles ..	—	—	—	—	—	—	—	—	—
V. Infant hospitals ..	—	—	—	—	—	—	—	—	—
VI. Childrens' hospitals ..	3	3	3	96	96	106	0.3	0.3	0.3
VII. Hospitals for cripples ..	—	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ..	35	37	37	1,054	973	912	3.0	2.7	2.6
IX. Tuberculosis hospitals ..	23	27	31	989	1,364	1,658	2.8	3.9	4.6
X. Homes for lepers ..	1	1	1	45	45	45	0.1	0.1	0.1
XI. Gynæcological and obstetrical hospitals ..	3	3	3	77	100	100	0.2	0.3	0.3
XII. Maternity hospitals ..	45	44	46	474	490	498	1.4	1.4	1.4
XIII. Eye hospitals ..	2	2	2	91	91	91	0.3	0.3	0.3
XIV. Homes for incurables ..	1	1	1	47	47	47	0.1	0.1	0.1
Total ..	298	304	323	10,819	11,641	12,949	30.8	32.9	36.3

Table No. 26* (continued).

B. Movement of Patients and Duration of Disease.

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figures	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
Year 1925.								
I. General hospitals	2,985	63,210	66,195	63,062	3,919	6.2	1,269,066	19.2
II. Mental hospitals	3,682	2,892	6,574	2,571	272	10.6	1,389,841	211.4
III. Hospitals for the treatment of nervous diseases	63	12	75	12	4	33.3	23,223	309.6
IV. Homes for idiots and feeble-minded	68	736	804	728	148	20.3	28,140	35.0
V. Infants' hospitals								
VI. Children's hospitals								
VII. Hospitals for cripples								
VIII. Hospitals for contagious diseases	217	3,475	3,692	3,339	184	5.5	88,893	24.1
IX. Tuberculosis hospitals	875	3,595	4,470	3,259	324	9.9	435,519	97.5
X. Homes for lepers	28	4	32	9	8	88.9	9,430	294.7
XI. Gynecological and obstretrical clinics	58	1,571	1,629	1,581	28	1.8	23,895	14.7
XII. Maternity hospitals	228	12,503	12,731	12,503	32	0.3	109,289	8.6
XIII. Eye hospitals	61	1,508	1,569	1,499	2	0.1	28,109	17.9
XIV. Homes for incurables	43	9	52	6	6	100.0	15,858	305.0
Total	8,308	89,515	97,823	88,569	4,927	5.6	3,421,263	35.0

Table No. 26* (concluded).

B. Movement of Patients and Duration of Disease (continued).

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figures	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
	Year 1926.							
I. General hospitals	3,221	68,415	71,642	68,177	4,324	6.3	1,353,577	18.9
II. Mental hospitals..	3,999	3,421	7,420	2,902	278	9.6	1,554,241	209.5
III. Hospitals for the treatment of nervous diseases ..	63	18	81	12	—	0.0	24,191	298.7
IV. Homes for idiots and feeble-minded	—	—	—	—	—	—	—	—
V. Infants' hospitals.	—	—	—	—	—	—	—	—
VI. Children's hospitals	66	937	1,003	924	166	18.0	29,282	29.2
VII. Hospitals for cripples	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases	305	3,282	3,587	3,379	164	4.9	89,507	25.0
IX. Tuberculosis hospitals	1,233	3,457	4,690	3,305	306	9.3	489,184	104.3
X. Homes for lepers	23	1	24	6	4	66.7	7,733	322.2
XI. Gynæcological and obstretrical clinics	58	1,596	1,648	1,586	29	1.8	25,148	15.3
XII. Maternity hospitals	226	13,289	13,515	13,251	48	0.4	117,270	8.7
XIII. Eye hospitals	73	1,646	1,719	1,660	—	0.0	30,107	17.5
XIV. Homes for incurables	46	6	52	4	2	50.0	16,636	319.9
Total	9,313	96,068	105,381	95,206	5,321	5.6	3,736,876	35.5

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL, 1925 TO 1927.

Original source : Public Health Statistics.

Sanitary personnel	M = Males F = Females T = Total	Actual figures			Rate (Males and Females together) per 10,000 of the average population		
		1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8
I. Medical students ¹ ..	M.	301	293	315	0.86	0.83	0.88
	F.	68	78	87	0.19	0.22	0.24
	T.	369	371	402	1.05	1.05	1.12
II. Doctors graduated during the year..	M.	42	52	59	0.12	0.14	0.16
	F.	11	2	6	0.03	0.01	0.02
	T.	53	54	65	0.15	0.15	0.18
III. Doctors (total) ..	M.	760	797	840	2.16	2.25	2.35
	F.	59	60	65	0.17	0.17	0.18
	T.	819	857	905	2.33	2.42	2.53
IV. Dental students ..	M.	6	4	7	0.02	0.01	0.02
	F.	44	40	28	0.12	0.11	0.08
	T.	50	44	35	0.14	0.12	0.10
V. Dentists graduated during the year..	M.	6	5	4	0.02	0.01	0.01
	F.	24	24	23	0.07	0.07	0.06
	T.	30	29	27	0.09	0.08	0.07
VI. Dentists (total) ..	M.	169	171	171	0.48	0.48	0.48
	F.	249	273	295	0.71	0.77	0.82
	T.	418	444	466	1.19	1.25	1.30
VII. Pharmacists	M.	269	303	314	0.77	0.85	0.88
	F.	14	13	22	0.04	0.04	0.06
	T.	283	316	336	0.81	0.89	0.94
VIII. Assistant Pharma- cists	M.	317	345	341	0.90	0.97	0.95
	F.	659	781	892	1.88	2.21	2.50
	T.	976	1,126	1,233	2.78	3.18	3.45
IX. Midwives	T.	908	958	1,000	2.70	2.67	2.80
X. Doctors' Assistants (Feldschers) ..	M.						
	F.						
	T.						

¹ The figures under headings I and IV include only advanced medical and dental students. In order to have the total number of students preparing for these two professions, the following figures should be added :

1	2	3	4	5	6	7	8
Medical and dental students (terms previous to specialising in medi- cine or dentistry)	M.	155	141	116	0.44	0.40	0.33
	F.	61	40	35	0.17	0.11	0.10
	T.	216	181	151	0.61	0.51	0.43

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

There are no changes to report during 1927 in the methods of dealing with acute infectious diseases. The prevalence of the different diseases during that year is shown in Table 14 of Chapter I.

B. CHRONIC DISEASES.

1. *Tuberculosis.*

As regards chronic diseases, an important step has been taken. On November 11th 1927, the Order concerning the prevention of tuberculosis was confirmed. According to this Order, the physician attached to the tuberculosis dispensary or to the district centre for tuberculosis treatment must be notified within eight days of any new case of tuberculosis. This applies to communities where dispensaries exist, or which are in areas served by a district centre for tuberculosis treatment. The physician who has diagnosed the disease has to notify it; if the disease has been diagnosed before the Order in question came into force, the physician actually treating the case is responsible for notification. The physician attached to the dispensary or the district medical officer registers in the manner prescribed such notified cases and those diagnosed by himself. If possible, he confers with the physician treating the case, who is responsible for taking the necessary steps to prevent the spread of infection. The death of a person suffering from tuberculosis in an infectious form must be notified to the local health board, in order that the house and personal belongings may be disinfected. The Order contains further instructions for preventing the spread of tuberculous infection, *e.g.*, a health board may forbid tuberculous subjects to sell foodstuffs or prepare them for sale, unless a doctor certifies that there is no danger of infection. Parliament has accepted a Government proposal that a special tuberculosis sanatorium should be established for persons who during their military service are found to have contracted tuberculosis. This sanatorium, for which the necessary funds have already been voted, will at the beginning have 70 beds.

2. *Malaria.*

In view of the increasing use of malaria virus for the treatment of venereal and other diseases, a special Order concerning the use of this treatment was considered necessary to prevent the spread of malaria. Under the Order of January 21st, 1927, treatment by malaria virus is permitted only in clinics that have obtained special permission from the Health Board and that comply with the instructions of the Board.

3. *Alcoholism.*

To combat alcoholism, a Prohibition Act is in force. In its present form this Act has not worked satisfactorily, and a new proposal, which, however, was not

discussed until 1928, has been laid before Parliament. According to statistics published by the Ministry for Social Affairs, 24,519 offences against the Prohibition Act were notified in 1927, *i.e.*, 19.4 per cent more than in 1926. The proportion of offences was : in the towns 176, in the country 47, per 10,000 inhabitants. Of the offenders 90 per cent were men. 440,000 litres of alcoholic liquor were seized by the police. The quantity of rectified spirits seized was greater than in any previous year, that of other alcoholic liquor smaller. The number of illicit distilleries destroyed—508 in 1927—is diminishing. There were 87,191 cases of drunkenness, 97.1 per cent of which were men and 2.9 per cent women. As compared with 1926, the increase is 18.1 per cent. Per 10,000 inhabitants, there were 900 offences of this kind in towns and 110 in the rural areas. Classified by age-groups, the offenders in 1927 were as follows : 6.5 per cent under 20 years of age ; 45.6 per cent between 20 and 29 years ; 25.2 per cent between 30 and 39 years ; 20.8 per cent between 40 and 59 years ; and 1.9 per cent 60 years of age or over.

III. PUBLIC HEALTH ACTIVITIES.

1. SICKNESS INSURANCE.

The Government has put before Parliament a proposal on sickness insurance, which includes maternity grants. According to this proposal, the insurance would apply to everyone having a contract of paid employment or serving an apprenticeship ; also home-workers whose conditions of work are similar to those of ordinary wage-earning employees ; and, further, persons employed by the State, municipalities or other public bodies. The Act would not affect agricultural workers where the employer regularly employs less than five persons. Every employee who receives from one employer wages exceeding 2,500 marks a month would also be excluded. The insurance would be effected by local district sick-funds, which would be established in every community, or by private sick-funds whose membership exceeds 500. Half of the premium would be paid by the employer and half by the employee. The Government would make to the funds a grant of 70 marks annually per member insured and, in addition, 15 per cent of the allowances paid by the funds to their married members and 50 per cent of the maternity grants paid. The municipalities would be obliged to provide the administration of the fund with free housing accommodation, lighting and heating. The allowances could be paid for a maximum of 26 weeks in any 12 consecutive months. Maternity grants would be paid for 6 weeks before and 6 weeks after confinement. In addition to this, the funds would pay for nursing and also give burial grants.

According to this proposal, the expenditure on sickness insurance would amount to 169 million marks, of which the State would pay 48 millions. The premiums to be paid would amount to 3.4 per cent of the wages earned ; the employer's share and the employee's share would thus each be 1.7 per cent of the wages.

It should perhaps be mentioned that on October 28th, 1927, an Order was issued stating that compensation for certain forms of damage caused by the war should include compensation for accidents to persons employed in Finland on Russian public works. Widows and children of such persons will also receive these allowances.

2. SCHOOL HYGIENE.

As mentioned in the previous volume of the *International Health Year-Book*, the Board of Education organised an enquiry into the overworking of pupils in secondary schools and its possible ill-effects on their health and morals. The investigation covered 183 secondary schools, with a total of 36,863 pupils, of whom 16,760 were boys and 20,103 girls. The average time given by the pupils to homework is, according to this enquiry, 1 hour 55 minutes a day. In the bottom class it is 1 hour 20 minutes, and increases fairly regularly from year to year, reaching 2 hours 26 minutes in the top class. In the highest form, the average time for girls is 2 hours 31 minutes and for boys 2 hours 20 minutes. More than 45 minutes a day were given to homework in: first, mathematics; second, German; and, third, the "second language" of the country, *i.e.*, Swedish in the Finnish schools and Finnish in those of Swedish language. It is noted that mathematics present much greater difficulty to the girls. In the State co-educational schools, 34 per cent of the girls and only 17.8 per cent of the boys find mathematics the most difficult subject. In some girls' schools this figure attains even 60 per cent, whereas in boys' gymnasia it is only 22.6 per cent. The time devoted to sleep is, for the youngest pupils, 9 hours 48 minutes on the average, for the oldest 8 hours 40 minutes, the figures being about the same for boys and girls. To sport and walking, however, the boys give an hour more a day—average 2 hours 29 minutes—than the girls, whose average time is only 1 hour 27 minutes, mostly accounted for by walking. According to the replies given by school managers and head teachers, overwork has been found in 1,977 cases, *i.e.*, 5.3 per cent of the total number of pupils affected by the enquiry. The cases are distributed among the various types of schools as follows:

	Per cent
Boys' secondary schools (gymnasia)	4.4
State middle schools and co-educational gymnasia	4.3
Girls' secondary schools	6.9
Private co-educational schools	5.8

The percentage in boys is considerably smaller than that in girls—3.92 as against 6.25. The commonest cause is general debility and ill-health; next, certain diseases and their consequences; thirdly, a long and tiring journey to school. Lack of intelligence, often coupled with great industry, is also quoted among the causes. In general, it is the opinion of parents and headmasters and teachers that school-work proper is only a minor cause of overstrain. The following table shows how small in fact the percentage of overworked pupils is:

	Per cent
Middle schools : boys	0.31
Middle schools : girls	0.46
Boys' school pupils	0.69
Co-educational schools : boys	0.73
Co-educational schools : girls	0.84
Girls' school pupils	0.88

It is easy to understand why the percentage is so much lower in the middle schools when it is remembered that overwork is more frequent in the higher forms of the complete secondary schools than in the lower and middle forms.

Professor Wilskman summarises the results of his investigation as follows:

"Overwork directly caused by school-work is not common among the pupils; cases of overwork—in themselves exceptional—are mostly due to other causes".

IV. PUBLIC HEALTH LEGISLATION.

1. NATIONAL LEGISLATION.

The most important Acts and Orders confirmed during 1927 were the Health Act of July 1st, 1927; a Supplementary Order of December 2nd, 1927; and the Order concerning the General Health Board of October 21st, 1927. As, however, none of these came into force until January 1st, 1928, it seems advisable to defer a detailed analysis to the next volume of the *Year-Book*. Reference has already been made to the Order concerning the prevention of tuberculosis and the treatment of certain diseases by inoculation with malaria. There is also the Factory Inspection Act, which embodies new regulations for the protection of workers, and the Act and Order on State grants to institutions for the mentally deficient. This latter provides for a State grant of 25 to 40 per cent and State loans covering 25 to 40 per cent of the cost of initial establishment, and grants up to 50 per cent of such cost of maintenance as is held to be reasonable. The grants are payable to municipalities, groups of communes, associations or private persons who establish institutions for the care and education of the mentally deficient, provided the institutions can receive a minimum of 30 patients under 16 years of age. The Act on State Aid to Kindergartens, also passed in 1927, provides for Government grants, covering a third of such annual expenditure as is held to be reasonable, to kindergartens, municipal or private, which receive free of charge 25 children between 3 and 7 years of age. In rural communes the number of children is limited to 15. The Order of 1927 on pensions for manual labourers in public works somewhat enlarges the right to a pension established in the Order of June 17th, 1925, on the same subject. For the protection of workmen, special instructions have been issued for the metal and engineering industries, the clothing trade, the leather and rubber industries, and the building industry.

2. INTERNATIONAL CONVENTIONS.

The following international Conventions, ratified in 1927 by Finland, contain some provisions referring to health or medical questions:

Convention on workmen's compensation in the case of occupational diseases, adopted by the 1925 International Labour Conference.

International Convention on equality, as regards compensation for industrial accidents, between citizens of the country and foreign labourers.

Convention between Finland and Sweden on equal rights to medical attendance, according to the law of each country, for Finnish seamen serving on Swedish ships and Swedish seamen serving on Finnish ships.

Law concerning the adoption of certain clauses of the Treaty of Commerce and Navigation between Greece and Finland.

Law and Order concerning the adoption of certain clauses of the Treaty of Commerce and Navigation between Finland and Czechoslovakia.

Order concerning the entry into force of the Provisional Commercial Agreement between Finland and Turkey.

Law and Order concerning the ratification of the Provisional Commercial Agreement between Finland and Switzerland.

Paris International Agreement of May 18th, 1904 ; Paris International Convention and Protocol of May 4th, 1910 ; and Geneva International Convention of September 30th, 1921, concerning the suppression of the traffic in women and children.

International Convention of September 12th, 1923, on the suppression of the traffic in obscene literature.

International Slavery Convention of September 25th, 1926.

Convention of August 19th, 1925, on the suppression of contraband traffic in alcohol, ratified by Poland and for the Free City of Danzig (by Poland) and by Germany.

V. BUDGET.

The actual expenditure in Finland on health work is impossible to calculate, as it is borne partly by the State, partly by all the municipalities, and for the latter no complete statistics are available. Only State expenditure, therefore, is dealt with here. The expenses of the General Health Board amounted to about 1.8 million marks. The salaries of district medical officers and municipal doctors were 3.8 million marks. The upkeep of hospitals and sanatoria amounted to 40 million marks, that of mental asylums to 16 million marks ; for dealing with infectious diseases and for vaccination, 1.3 million marks ; for additional grants to municipalities for midwives' salaries, 6.3 million marks ; and for anti-tuberculosis work, 10 million marks. The ordinary expenses of the General Health Board thus amounted to 80 million marks, showing an increase of 3 million marks as compared with the previous year.

For the erection of new hospitals, Parliament voted 2.7 million marks ; for grants for the erection of mental asylums, 9 million marks ; for new tuberculosis sanatoria, 9.5 million marks ; for grants for new epileptic asylums, 2 million marks ; and for repair and enlargement of existing hospitals, about 3 million marks.

About 4.3 million marks were paid in 1927 in compensation for workmen's accidents on public works, and 2 million marks in allowances in respect of accidents and sickness during military service.

Parliament voted for child welfare and protection about 16.5 million marks, made up as follows : State industrial schools and reformatories, 8.25 million marks ; grants to municipal and private child-welfare institutions, about 4.5 million marks ; and grants to nursery schools (kindergarten schools), 2.7 million marks.

VI. CURATIVE MEDICINE.

In 1927, one mental asylum of 120 beds was completed. It is maintained by several municipalities with the help of Government grants. The State has given grants for the erection of two hospitals for epileptics, both of 50 beds.

In connection with the biggest State asylum for lunatics, in the province of Häme, a ward containing 40 beds has been opened for nervous diseases approaching

to mental cases. Working in connection with this ward is a polyclinic for out-patient observation and consultation on nervous and mental diseases, which assists persons in poor circumstances free of charge. A tuberculosis sanatorium for the far north of Finland was opened early in 1927. This sanatorium, which has 70 beds, is situated in latitude 66° 30' N. The establishment of a sanatorium for tuberculous cases diagnosed during military service has already been mentioned.

At the end of 1927 there were 10 district centres for the treatment of tuberculosis, serving 106 municipalities, and dispensaries in 12 towns.

Nineteen new chemists have opened businesses in different parts of the country, which brings the total number of pharmacies up to 402.

Several new appointments as municipal medical officer were created, and one as district medical officer for the outside archipelago in the Gulf of Finland.

December 1928.

FRANCE

BY

Dr. GUILHAUD (Paris).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1921 AND 1926.

Original Source: *Statistical Results of the General Census of the Population 1921*, Vol. I, Parts 1 and 2; Decree of December 27th, 1926, declaring the Results of the 1926 Census (Legal Population) alone authentic as from January 1st, 1927.

Date of Census	Area in Square Kilometers	Present Population			Resident Population		
		Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8
March 6th, 1921 ::	550,986	18,444,656	20,352,884	38,797,540	Figures not available		39,209,518
March 7th, 1926 ..	550,986	Figures not yet available			Figures not available		40,743,897
Increase (+), or decrease (-) in 1926 compared with 1921:							
(a) Actual							+ 1,534,379
(b) Yearly average							306,876
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period)							7.6 %

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER, ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1921 AND 1926.

Year of Last Two Censuses	Number of Inhabitants per Square Kilometer calculated according to the Population		Excess of Females over Males	
	Present	Resident	Present Population	
			Actual Figures	Per 1,000 Males
1	2	3	4	5
1921	70.4	71.2	1,908,228	103.4
1926		74.4			Figures not yet available
Increase (+) or decrease (-) in 1926 as compared with 1921		+ 3.2		

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE 1921 CENSUS AND ESTIMATE OF THIS DISTRIBUTION FOR 1926 (LAST ESTIMATE).

Original Source: I. *Census of 1921*, Vol. I, Part 2 (Actual population) pp. 74-77.
II. *Movement of Population in 1926*, Part 2 (Causes of Death in 1926), p. 22.

A. Actual Figures.

Ages and Age-groups in Years	I. 1921 Census (Actual Population)			II. Estimate for 1926			
	Males	Females		Total	Males (in 1,000's)	Females (in 1,000's)	Total (in 1,000's)
		Total	Married				
1	2	3	4	5	6	7	8
0	396,989	387,331	—	784,320	367	355	722
1	286,211	277,226	—	563,437	1,397	1,362	2,759
2	195,523	191,568	—	387,091			
3	171,890	170,174	—	342,064			
4	161,529	159,905	—	321,434			
0-4	1,212,142	1,186,204	—	2,398,346	1,764	1,717	3,481
5-9	1,503,368	1,497,913	—	3,001,281	1,141	1,122	2,263
10-14	1,710,574	1,695,631	—	3,406,205	1,536	1,529	3,065
15-19	1,729,247	1,716,846	95,251	3,446,093	1,750	1,683	3,433
20-24	1,405,198	1,638,728	1,583,228	3,043,926	1,771	1,674	3,445
25-29	1,230,856	1,551,859	2,782,715	2,782,715	1,476	1,616	3,092
30-34	1,251,515	1,511,493	2,152,083	2,763,008	1,299	1,543	2,842
35-39	1,272,616	1,495,794	2,754,546	2,768,410	1,295	1,504	2,791
40-44	1,315,209	1,439,337	2,044,138	2,754,546	1,290	1,487	2,777
45-49	1,269,949	1,330,142	2,600,091	2,600,091	1,195	1,417	2,712
50-54	1,131,028	1,203,639	1,471,407	2,334,667	1,212	1,291	2,503
55-59	1,014,424	1,100,818	1,804,029	2,115,242	1,051	1,153	2,204
60-64	845,318	958,711	781,208	1,804,029	906	1,021	1,927
65-69	643,744	766,670	1,410,414	1,410,414	706	840	1,546
70-74	720,527	966,358	1,686,885	1,686,885	928	1,303	2,231
75-79	153,422	254,100	256,334	407,522			
80-84							
85-89							
90 years and over	153,422	254,100	256,334	407,522	928	1,303	2,231
Unknown	35,519	38,641	12,544	74,160			
Total	18,444,656	20,352,884	8,396,193	38,797,540	1,942	20,900	40,320

Table No. 3 (concluded).

B. Proportional Figures.

Age and Age-groups in Years	I. 1921 Census. Actual Population.							II. Estimate of the Age Distribution for 1921
	Males	Females	Males	Females	Total	Married Women		Both Males and Females per 1,000 Inhabitants (Total Population of All Ages)
	Per 1,000 of Total Population		Per 1,000 of Total Population (All Ages)			Per 1,000 Women of Same Age-group	Per 1,000 Inhabitants (Total Population of All Ages)	
	Male	Female						
1	2	3	4	5	6	7	8	9
0	21.5	19.0	10.2	10	20.2	—	—	17.9
1	15.5	13.6	7.4	7.1	14.5	—	—	
2	10.6	9.4	5.1	4.9	10	—	—	
3	9.3	8.4	4.4	4.4	8.8	—	—	68.4
4	8.8	7.9	4.2	4.1	8.3	—	—	
0-4	65.7	58.3	31.3	30.5	61.8	—	—	86.3
5-9	81.5	73.6	38.7	38.6	77.3	—	—	56.1
10-14	92.7	83.3	44.2	43.7	87.9	—	—	76.0
15-19	93.8	84.4	44.6	44.2	88.8	55.5	2.4	85.2
20-24	76.2	80.5	36	42.2	78.2	—	—	85.4
25-29	66.7	76.2	31.7	40	71.7	496	40.8	76.7
30-34	67.8	74.3	32.3	38.9	71.2	716	55.4	70.5
35-39	69	73.5	32.8	38.6	71.4	—	—	69.4
40-44	71.3	70.7	33.9	37.1	71	—	—	68.9
45-49	68.8	65.4	32.6	34.4	67	738	52.7	67.3
50-54	61.3	59.1	29.6	31	60.6	—	—	62.1
55-59	55	54	26	28.5	54.5	638	37.9	54.7
60-64	45.8	47.1	21.8	24.7	46.5	453	20.1	47.8
65-69	34.9	37.7	16.6	19.7	36.3	—	—	38.3
70-74	39.2	47.5	18.5	24.9	43.4	—	—	
75-79	—	—	—	—	—	210	6.6	55.3
80-84	—	—	—	—	—	—	—	
85-89	—	—	—	—	—	—	—	
90 years and over	8.4	12.5	4	6.5	10.5	—	—	
Unknown	1.9	1.9	0.9	1	1.9	324	0.3	
Total	1,000	1,000	475.5	524.5	1,000	—	216.2	1,000

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, FROM 1922 TO 1927.¹

Original Source : I. For the years 1922 to 1924 : *Movement of Population*, New Series, Vol. IV, 1920-24.

II. For the years 1925 to 1927 : "Report on Movement of Population in 1927" (quoted from the *Official Journal*).

Year	Average Population (in 1,000's) Estimated on June 30th of each year	Marriages	Divorces	Live-born Children	Still-born Children	Deaths (excluding Still-births)	Excess of Births (col. 5) over Deaths
1	2	3	4	5	6	7	8
A. Actual Figures (in 1,000's)							
1922	39,420	384.6	27.5	759.7	31.9	687.6	72.1
1923	39,880	355.1	23.4	761.2	30.8	665.7	95.5
1924	40,310	355.4	20.9	753.5	28.9	678.9	74.6
1925	40,610	353.2	20	769.0	31.7	708.9	60.1
1926	40,744	346.1	20	766.2	30.6	713.5	52.7
Average 1922-26 ..	40,193	358.9	22.4	761.9	30.8	690.9	71.0
1927	40,960	337.9	18.5	741.7	29	676.7	65.0
B. Proportion per 1,000 of Average Population.							
1922	1	9.8	0.7	19.3	0.8	17.4	1.9
1923	1	8.9	0.6	19.1	0.8	16.7	2.4
1924	1	8.8	0.5	18.7	0.7	16.9	1.8
1925	1	8.7	0.5	18.9	0.8	17.5	1.4
1926	1	8.5	0.5	18.8	0.8	17.5	1.3
Average 1922-26 ..	1	8.9	0.6	19	0.8	17.2	1.8
1927	1	8.3	0.5	18.1	0.7	16.5	1.6

¹ Migration figures not available.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.

Original Source: "Reports on Movement of Population Statistics, Years 1926 and 1927" (quoted from the *Official Journal*).

Departments	Legal Population (March 7th, 1926)	Live Births			
		Actual Figures		Rate per 1,000 Inhabitants	
		1926	1927	1926	1927
1	2	3	4	5	6
1. Ain	317,195	5,687	5,379	17.9	17
2. Aisne	488,999	10,961	10,553	22.4	21.6
3. Allier	370,562	5,612	5,352	15.1	14.4
4. Alpes (Basses-)	88,347	1,430	1,392	16.2	15.8
5. Alpes (Hautes-)	87,963	1,651	1,590	18.8	18.1
6. Alpes-Maritimes	435,253	7,295	7,309	16.8	16.8
7. Ardèche	289,263	5,334	5,144	18.4	17.8
8. Ardennes	297,448	6,161	5,852	20.7	19.7
9. Ariège	167,498	2,418	2,282	14.4	13.6
10. Aube	238,253	4,521	4,510	19	18.9
11. Aude	291,951	4,595	4,435	15.7	15.2
12. Aveyron	328,886	6,225	5,837	18.9	17.7
13. Belfort (Territoire de)	96,594	2,003	1,848	20.7	19.1
14. Bouches-du-Rhône	929,549	16,159	15,531	17.4	16.7
15. Calvados	390,492	8,694	8,534	22.3	21.8
16. Cantal	196,999	3,691	3,510	18.7	17.8
17. Charente	312,790	5,466	5,199	17.5	16.6
18. Charente-Inférieure	417,789	7,506	7,324	18	17.5
19. Cher	298,398	4,528	4,326	15.2	14.5
20. Corrèze	269,289	4,419	4,227	16.4	15.7
21. Corse	289,890	4,376	4,046	15.1	14
22. Côte-d'Or	328,881	5,735	5,609	17.4	17.1
23. Côtes-du-Nord	552,788	12,641	12,142	22.8	22
24. Creuse	219,148	3,134	3,190	14.3	14.6
25. Dordogne	392,489	6,829	6,591	16.7	16.8
26. Doubs	296,591	6,382	6,135	21.5	20.7
27. Drôme	263,750	4,344	4,171	16.5	15.8
28. Eure	308,445	6,569	6,185	21.3	20.1
29. Eure-et-Loir	255,213	5,048	4,988	19.8	19.5
30. Finistère	753,702	16,740	15,925	22.3	21.1
31. Gard	402,601	6,337	5,892	15.7	14.6
32. Garonne (Haute-)	431,505	6,845	6,548	15.9	15.2
33. Gers	196,419	2,947	2,848	15.0	14.5
34. Gironde	827,973	13,786	13,171	16.6	15.9
35. Hérault	500,575	7,746	7,291	15.3	14.6
36. Ille-et-Vilaine	561,688	11,801	12,011	21	21.4
37. Indre	255,095	4,216	4,032	16.5	15.8
38. Indre-et-Loire	334,486	6,127	5,727	18.3	17.1
39. Isère	558,079	9,789	9,613	17.5	17.2
40. Jura	230,685	4,349	4,233	18.9	18.3
41. Landes	263,111	4,459	4,212	16.9	16
42. Loir-et-Cher	248,099	4,536	4,189	18.3	16.9

Table No. 5 (concluded).

Departments	Legal Population (March 7th, 1926)	Live Births			
		Actual Figures		Rate per 1,000 inhabitants	
		1926	1927	1926	1927
1	2	3	4	5	6
43. Loire	669,216	11,699	11,252	17.5	16.8
44. Loire (Haute-)	260,610	4,586	4,446	17.6	17.1
45. Loire-Inférieure	651,487	12,474	12,274	19.1	18.8
46. Loiret	341,225	6,093	5,709	17.9	16.7
47. Lot	471,770	2,599	2,502	15.1	14.6
48. Lot-et-Garonne	246,609	3,913	3,788	15.9	15.4
49. Lozère	104,733	1,877	1,870	17.9	17.9
50. Maine-et-Loire	477,741	8,785	8,494	18.4	17.8
51. Manche	431,367	9,275	9,167	21.5	21.3
52. Marne	397,773	8,466	8,003	21.2	20.1
53. Marne (Haute-)	195,370	3,688	3,626	18.9	18.6
54. Mayenne	259,934	5,514	5,482	21.2	21.1
55. Meurthe-et-Moselle	552,087	13,140	12,874	23.8	23.3
56. Meuse	218,131	4,613	4,434	21.1	20.3
57. Morbihan	543,175	12,633	12,369	23.2	22.8
58. Moselle	633,461	15,478	15,162	24.4	23.9
59. Nièvre	260,502	4,081	3,883	15.6	14.9
60. Nord	1,969,159	41,070	39,982	20.8	20.3
61. Oise	405,971	8,267	8,150	20.4	20.1
62. Orne	277,637	5,582	5,538	20.1	19.9
63. Pas-de-Calais	1,171,912	30,659	29,596	26.2	25.2
64. Puy-de-Dôme	515,399	8,376	7,940	16.2	15.4
65. Pyrénées (Basses-)	414,556	8,032	7,763	19.4	18.7
66. Pyrénées (Hautes-)	187,875	3,168	2,996	16.9	16
67. Pyrénées-Orientales	229,979	3,546	3,313	15.4	14.4
68. Rhin (Bas-)	670,985	14,108	13,421	21	20
69. Rhin (Haut-)	490,654	9,722	9,539	19.8	19.4
70. Rhône	993,915	16,518	15,973	16.6	16.1
71. Saône (Haute-)	226,313	4,150	4,129	18.3	18.2
72. Saône-et-Loire	549,240	9,714	9,322	17.7	17
73. Sarthe	387,482	7,965	7,703	20.5	19.9
74. Savoie	231,210	4,602	4,395	19.9	19
75. Savoie (Haute-)	245,317	4,754	4,634	19.3	18.9
76. Seine	4,628,637	78,429	77,071	15.9	16.6
77. Seine-Inférieure	885,299	19,423	18,893	21.9	21.3
78. Seine-et-Marne	380,017	6,792	6,610	17.9	17.4
79. Seine-et-Oise	1,137,524	18,936	18,054	16.6	15.9
80. Sèvres (Deux-)	309,820	5,956	5,785	19.2	18.7
81. Somme	473,916	9,500	9,112	20	19.2
82. Tarn	301,717	5,123	5,056	17	16.8
83. Tarn-et-Garonne	164,191	2,593	2,540	15.8	15.5
84. Var	347,932	5,375	5,009	15.4	14.4
85. Vaucluse	230,549	3,838	3,768	16.6	16.3
86. Vendée	395,602	8,443	8,195	21.3	20.7
87. Vienne	310,474	5,434	5,367	17.3	17.2
88. Vienne (Haute-)	351,311	5,902	5,545	16.8	15.8
89. Vosges	382,100	7,795	7,648	20.4	20
90. Yonne	277,230	4,448	4,443	16.1	16
Total for France	40,743,851	766,226	741,708	18.8	18.1

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1924.

Original Source : *Movement of Population Statistics*, New Series, Vol. IV, Years 1920-24, Table I.

Year	Live Births (in 1,000's)			Still-births (in 1,000's)			Total Births, live-born and still-born together (in 1,000's)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	389	370.7	759.7	18.3	13.6	31.9	407.3	384.3	791.6
1923 ..	390.3	370.9	761.2	17.7	13.1	30.8	408	384	792
1924 ..	385.2	368.3	753.5	16.6	12.3	28.9	401.8	380.6	782.4

Year	Excess of Male Births per 100 Female Births among Children			Still-born Children per 100 Births of the same Sex (Live-born and Still-born Children together)		
	Live-born	Still-born	Live-born and Still-born together	Boys	Girls	Total
1	2	3	4	5	6	7
1922 ..	4.9	34.5	5.98	4.5	3.5	4.1
1923 ..	5.23	35.1	6.25	4.3	3.4	3.9
1924 ..	4.58	34.9	5.57	4.1	3.2	3.6

Table No. 8.*

LEGITIMATE AND ILLEGITIMATE BIRTHS FOR THE YEARS 1922-24.

Original Source: *Movement of Population*, New Series, Vol. IV, Years 1920 to 1924, Table I.

A. Actual Figures (in 1,000's)

Year	Legitimate Births			Illegitimate Births			Total Births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	694.3	27.8	722.1	65.4	4.1	69.5	759.7	31.9	791.6
1923 ..	695.2	26.8	722.0	66.0	4.0	70.0	761.2	30.8	792.0
1924 ..	689.3	25.3	714.6	64.2	3.6	67.8	753.5	28.9	782.4

B. Proportional Figures.

Year	Illegitimate Children per 1,000 Births			Still-born Children			Live-born Children	
	Live-born (col. A8)	Still-born (col. A9)	Total (col. A10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				per 100 Live-born and Still-born Children (col. A4) (col. A7) (col. A10)			per 1,000 Average Population	
1	2	3	4	5	6	7	8	9
1922..	86	128.5	87.8	3.8	5.9	4	17.6	1.66
1923..	86.7	129.8	88.4	3.7	5.7	3.9	17.4	1.65
1924..	85.2	124.5	86.6	3.3	5.3	3.7	17.1	1.59

Table No. 9.*

QUARTERLY NUMBER OF LIVE BIRTHS, 1925, 1926 AND 1927.¹Original Source: "Reports on Movement of Population, 1925, 1926, 1927" (quoted from the *Official Journal*).

Quarter	Live-born Children (Legitimate and Illegitimate together)					
	Actual Figures			Rate per 1,000 of Average Population (calculated on an Annual Basis)		
	In 1925	In 1926	In 1927	In 1925	In 1926	In 1927
1	2	3	4	5	6	7
First Quarter ..	199,835	195,467	189,575	4.92	4.80	4.63
Second Quarter ..	198,728	196,543	190,621	4.89	4.82	4.65
Third Quarter ..	190,192	190,712	184,745	4.68	4.68	4.51
Fourth Quarter ..	180,228	183,504	176,767	4.44	4.50	4.31
Total	768,983	766,226	741,708	18.93	18.80	18.10
Estimate of population (in 1,000's) ..	40,610	40,744	40,960			

¹ Monthly figures and data concerning legitimacy not available.

3. GENERAL DEATH RATES.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.

Original Source : " Reports on Movement of Population Statistics in 1926 and 1927 " (quoted from the *Official Journal*).

Departments	Total Deaths (not including Still-births)				Difference in Death Rate (+ or -)	
	Actual Figures		General Death Rate per 1,000 of Average Population		1926	1927
	1926	1927	1926	1927	As compared with	
	1925	1926	1925	1926	1925	1926
1	2	3	4	5	6	7
1. Ain	5,897	5,719	18.6	18.0	- 0.1	- 0.6
2. Aisne	7,880	7,810	16.1	16.0	+ 0.2	- 0.1
3. Allier	6,775	6,565	18.2	17.7	+ 0.2	- 0.5
4. Alpes (Basses-)	1,627	1,532	18.4	17.3	- 0.9	- 1.1
5. Alpes (Hautes-)	1,684	1,512	19.1	17.2	+ 1.3	- 1.9
6. Alpes-Maritimes	7,214	7,031	16.6	16.2	+ 0.6	- 0.4
7. Ardèche	5,309	5,458	18.3	18.9	- 0.1	+ 0.6
8. Ardennes	4,811	4,590	16.2	15.4	- 0.1	- 0.8
9. Ariège	3,105	2,998	18.5	17.9	- 0.5	- 0.6
10. Aube	4,672	4,413	19.6	18.5	+ 0.7	- 1.1
11. Aude	5,099	5,118	17.4	17.5	- 0.9	+ 0.1
12. Aveyron	5,912	5,984	18	18.2	- 0.7	+ 0.2
13. Belfort (Territoire de)	1,511	1,328	15.6	13.7	- 0.1	- 1.9
14. Bouches-du-Rhône	16,203	15,435	17.5	16.6	- 0.3	- 0.9
15. Calvados	8,032	7,670	20.6	19.6	=	- 1.0
16. Cantal	3,519	3,225	17.9	16.4	+ 0.8	- 1.5
17. Charente	5,706	5,588	18.2	17.9	+ 0.2	- 0.3
18. Charente-Inférieure	7,691	7,407	18.4	17.7	+ 0.8	- 0.7
19. Cher	5,407	5,329	18.1	17.9	- 0.4	- 0.2
20. Corrèze	4,581	4,350	17	16.2	=	- 0.8
21. Corse	3,896	3,698	13.4	12.8	+ 0.2	- 0.6
22. Côte-d'Or	6,163	6,020	18.7	18.3	- 0.3	- 0.4
23. Côtes-du-Nord	10,456	9,969	18.9	18.0	- 0.3	- 0.9
24. Creuse	3,879	3,897	17.7	17.8	+ 0.1	+ 0.1
25. Dordogne	7,328	6,792	17.9	17.3	- 0.2	- 0.6
26. Doubs	5,315	4,592	17.9	15.5	+ 0.6	- 2.4
27. Drôme	4,729	5,013	17.9	19.0	- 1.4	+ 1.1
28. Eure	6,000	5,678	19.5	18.4	+ 0.7	- 1.1
29. Eure-et-Loir	4,833	4,480	18.9	17.6	+ 0.2	- 1.3
30. Finistère	12,477	11,636	16.6	15.4	+ 0.6	- 1.2
31. Gard	7,132	7,073	17.7	17.6	- 1.1	- 0.1
32. Garonne (Haute-)	8,395	8,475	19.5	19.6	- 0.5	+ 0.1
33. Gers	3,859	3,880	19.6	19.8	- 1.0	+ 0.2
34. Gironde	16,670	15,273	19.4	18.4	+ 1.8	- 0.1
35. Hérault	8,560	8,580	16.9	17.1	- 0.9	+ 0.2
36. Ille-et-Vilaine	10,937	10,322	19.5	18.4	- 0.7	- 1.1
37. Indre	4,243	4,097	16.6	16.1	- 0.5	- 0.5
38. Indre-et-Loire	6,087	5,712	18.2	17.1	- 0.6	- 1.1
39. Isère	10,046	10,685	18	18.1	- 0.6	+ 0.1
40. Jura	4,491	4,161	19.5	18	+ 0.2	- 1.5
41. Landes	4,075	4,198	15.5	16	- 0.6	+ 0.5
42. Loir-et-Cher	4,288	3,991	17.3	16.1	- 1.5	- 1.2
43. Loire	12,116	10,907	18.1	16.3	+ 0.3	- 1.8

*
Table No. 10 (concluded).

Departments	Total Deaths (not including Still-births)				Difference in Death Rate (+ or -)	
	Actual Figures		General Death Rate per 1,000 of Average Population		1926	1927
	1926	1927	1926	1927	As compared with	
	2	3	4	5	6	7
44. Loire (Haute)	4,919	4,472	18.9	17.2	+ 0.4	- 1.7
45. Loire-Inférieure	12,255	11,461	18.8	17.6	- 0.2	- 1.2
46. Loiret	6,071	5,774	17.8	16.9	+ 0.5	- 0.9
47. Lot	3,680	3,534	21.4	20.6	+ 0.5	- 0.8
48. Lot-et-Garonne	5,138	4,707	20.8	19.1	+ 0.7	- 1.7
49. Lozère	1,664	1,707	15.9	16.3	- 1.1	+ 0.4
50. Maine-et-Loire	8,650	8,319	18.1	17.4	- 1.0	- 0.7
51. Manche	8,377	7,915	19.4	18.4	- 0.1	- 1.0
52. Marne	6,932	6,443	17.4	16.2	=	- 1.2
53. Marne (Haute)	4,129	3,555	21.1	18.2	+ 0.4	- 2.9
54. Mayenne	4,753	4,685	18.3	18.0	- 1.3	- 0.3
55. Meurthe-et-Moselle	9,923	9,088	18.0	16.5	+ 1.1	- 1.5
56. Meuse	3,914	3,656	17.9	16.8	- 0.7	- 1.1
57. Morbihan	9,302	9,070	17.1	16.7	- 0.9	- 0.4
58. Moselle	9,077	8,675	14.3	13.7	+ 0.2	- 0.6
59. Nièvre	4,935	4,869	18.9	18.7	- 0.9	- 0.2
60. Nord	29,350	27,639	14.9	14.0	+ 0.7	- 0.9
61. Oise	7,354	7,033	18.6	17.3	+ 0.9	- 1.3
62. Orne	5,535	5,225	19.9	18.8	- 1.4	- 1.1
63. Pas-de-Calais	17,355	16,681	14.8	14.2	- 1.1	- 0.6
64. Puy-de-Dôme	9,249	8,984	17.9	17.4	- 0.2	- 0.5
65. Pyrénées (Basses)	7,128	6,911	17.2	16.7	=	- 0.5
66. Pyrénées (Hautes)	3,684	3,567	19.6	19.0	- 0.8	- 0.6
67. Pyrénées-Orientales	3,430	3,487	14.9	15.2	- 0.7	+ 0.3
68. Rhin (Bas)	9,711	9,500	14.5	14.2	+ 0.1	- 0.3
69. Rhin (Haut)	7,021	6,766	14.3	13.8	+ 1.1	- 0.5
70. Rhône	16,893	16,121	17.0	16.2	+ 0.3	- 0.8
71. Saône (Haute)	4,358	4,066	19.2	18.0	- 0.7	- 1.2
72. Saône-et-Loire	9,600	9,410	17.5	17.1	+ 0.5	- 0.4
73. Sarthe	7,262	6,765	18.7	17.5	- 0.5	- 1.2
74. Savoie	4,252	4,019	18.4	17.4	- 0.7	- 1.0
75. Savoie (Haute)	4,571	4,347	18.6	17.7	+ 0.5	- 0.9
76. Seine	77,121	69,305	16.6	15.0	+ 0.6	- 1.6
77. Seine-Inférieure	16,332	15,105	18.5	17.1	+ 0.5	- 1.4
78. Seine-et-Marne	7,329	6,782	19.3	17.8	+ 0.6	- 1.5
79. Seine-et-Oise	20,312	18,594	17.8	16.3	+ 1.2	- 1.5
80. Sèvres (Deux)	5,183	4,988	16.7	16.1	- 0.5	- 0.6
81. Somme	8,680	8,357	18.3	17.6	+ 0.2	- 0.7
82. Tarn	5,282	5,271	17.5	17.5	- 1.3	=
83. Tarn-et-Garonne	3,280	3,127	20.0	19.0	- 0.3	- 1.0
84. Var	6,094	5,932	17.5	17.0	- 0.1	- 0.5
85. Vaucluse	4,636	4,637	20.1	20.1	- 0.3	=
86. Vendée	6,573	6,143	16.6	15.5	- 0.5	- 1.1
87. Vienne	5,071	4,963	16.1	16.0	- 0.4	- 0.1
88. Vienne (Haute)	5,875	5,501	16.7	15.7	+ 0.5	- 1.0
89. Vosges	6,699	6,398	17.5	16.7	- 0.3	- 0.8
90. Yonne	5,729	5,521	20.7	19.9	=	- 0.8
Total for France	713,458	676,666	17.5	16.5	+ 0.1	- 1.0

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1926.

Original Source : *Movement of the Population*, New Series, Vol. IV, 1920-24; Vol. V, 1925 ; Vol. VI, 1926.

Year	Average Population (in 1,000's)		Total Deaths		Rate per 1,000 of Average Population of Same Sex		Difference (+ or -) between Male and Female Death Rates (columns 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	18,444.7	20,352.9	349,093	338,558	18.9	16.6	+ 2.3
1923			340,568	325,128	18.5	16.0	+ 1.5
1924			348,652	330,290	18.9	16.2	+ 2.7
1925			365,747	342,069	19.9	16.8	+ 3.1
1926			366,856	345,895	19.8	17.0	+ 2.8
Average 1922-26 ..			354,183	336,388	19.2	16.5	+ 2.7

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 AND 1926.

Original Source: *Movement of Population Statistics, 1925, Part 2, "Causes of Death"; 1926, Part 2, "Causes of Death".*

A. Actual Figures.

Ages and Age-groups	Total Deaths					
	In 1925			In 1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	38,990	29,539	68,529	42,020	32,403	74,423
1	13,508	12,275	25,783	13,523	12,596	26,119
2						
3						
4						
0-4	52,498	41,814	94,312	55,543	44,999	100,542
5-9	3,193	3,121	6,314	3,877	3,710	7,587
10-14	2,947	3,169	6,116	2,624	2,957	5,581
15-19	6,448	7,351	13,799	6,443	7,444	13,887
20-24	10,090	9,681	19,771	10,353	9,898	20,251
25-29	9,687	9,243	18,930	9,860	9,357	19,217
30-34	8,718	8,664	17,382	8,920	8,904	17,824
35-39	10,516	8,998	19,514	10,450	9,127	19,577
40-44	13,456	10,434	23,890	13,172	10,564	23,736
45-49	17,224	12,094	29,318	16,457	12,269	28,726
50-54	21,204	14,880	36,084	21,493	15,461	36,954
55-59	25,114	17,830	42,944	24,035	17,461	41,496
60-64	31,347	23,956	55,303	31,082	23,853	54,935
65-69	35,785	30,615	66,400	35,473	30,313	65,786
70-74	38,437	37,188	75,625	38,006	36,848	74,854
75-79	35,680	41,758	77,438	36,551	42,142	78,693
80-84	27,595	35,373	62,968	27,063	34,961	62,024
85-89	12,267	18,697	30,964	11,975	18,921	30,896
90 years and over	3,513	7,184	10,697	3,461	6,699	10,160
Age unknown ..	28	19	47	18	7	25
Total	365,747	342,069	707,816	366,856	345,895	712,751

Table No. 12* (concluded).

B. Proportional Figures.

Ages and Age-groups	Mortality per 1,000 Persons of the Same Age and Sex						Increase (+) or Decrease (—) in Mortality in 1926 compared with 1925		
	In 1925			In 1926			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0	98.2	76.2	87.4	105.1	83.6	94.9	+ 6.9	+ 7.4	+ 7.5
1	16.5	15.4	15.9	16.6	15.8	16.2	+ 0.1	+ 0.4	+ 0.3
2									
3									
4									
0-4	47.2	35.2	39.3	45.7	37.9	41.9	- 1.5	+ 2.7	+ 2.6
5-9	2.1	2.1	2.1	2.6	2.5	2.5	+ 0.5	+ 0.4	+ 0.4
10-14	1.7	1.8	1.8	1.5	1.7	1.6	- 0.2	- 0.1	- 0.2
15-19	3.7	4.3	4.0	3.7	4.3	4	=	=	=
20-24	7.2	5.9	6.5	7.4	6	6.6	+ 0.2	+ 0.1	+ 0.1
25-29	7.9	6.0	6.8	8	6.3	6.9	+ 0.1	+ 0.3	+ 0.1
30-34	7.0	5.7	6.3	7.1	5.9	6.5	+ 0.1	+ 0.2	+ 0.2
35-39	7.9	6.0	7.05	8.2	6.1	7.07	+ 0.3	+ 0.1	+ 0.02
40-44	10.2	7.3	8.7	10	7.3	8.6	- 0.2	=	- 0.1
45-49	13.6	9.1	11.3	12.9	9.2	11	- 0.7	+ 0.1	- 0.3
50-54	18.8	12.4	15.4	19	12.9	15.8	+ 0.2	+ 0.5	+ 0.4
55-59	24.8	16.2	20.3	23.7	15.9	19.6	- 1.1	- 0.3	- 0.7
60-64	37.1	25.0	30.7	36.8	24.9	30.5	- 0.3	- 0.1	- 0.2
65-69	55.2	39.9	47.1	55.1	39.5	46.6	- 0.1	- 0.4	- 0.5
70-74	83.5	61.4	70.9	82.5	60.8	70.2	- 1.0	- 0.6	- 0.7
75-79	137.2	115.8	124.7	140.5	116.9	126.8	+ 3.3	+ 1.1	+ 2.1
80-84	282.7	241.0	256.7	277	238.6	254.7	- 5.7	- 2.4	- 2.0
85-89									
90 years and over									
Age unknown	0.8	0.5	0.6	0.7	0.2	0.4	- 0.1	- 0.3	- 0.2
Total	19.81	16.81	18.24	19.89	16.99	18.37	+ 0.08	+ 0.18	+ 0.13

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1926 AND 1927.¹

Original Source: "Report on Movement of Population in 1926 and 1927" (quoted from the *Official Journal*).

Month	Total Deaths (not including Still-births)				Increase (+) or Decrease (-) in Death Rate for 1927 compared with 1926
	Actual Figures		Monthly Death Rate calculated per 1,000 of Average Population and for the Year		
	1926	1927	1926	1927	
1	2	3	4	5	6
First Quarter ..	186,376	221,827	4.57	5.41	+ 0.84
Second Quarter ..	178,682	158,222	4.38	3.86	- 0.52
Third Quarter ..	160,901	136,872	3.95	3.34	- 0.61
Fourth Quarter ..	187,499	159,745	4.60	3.90	- 0.70
Total	713,458	676,666	17.50	16.51	- 0.99

¹ Monthly figures not available.

4. CAUSES OF DEATH.

Table No. 14.

MORTALITY FROM CERTAIN INFECTIOUS DISEASES IN 1926.

Original Source: *Statistics of Movement of Population in 1926*, Part 2, "Causes of Death". (Established according to the abridged list of 38 causes.)

International List of Causes of Death, 1920	Infectious Diseases	Deaths recorded according to Causes of Death Statistics	
		Actual Figures	Per 10,000 of Average Population
1	2	3	4
1 a	Typhoid fever.. .. .	2,191	0.56
1 b	Paratyphoid fever		
2	Typhus	17	0.0004
3	Relapsing fever		
5	Malarial fever or cachexia	150	0.0039
6	Smallpox	115	0.0030
7	Measles	2,885	0.74
8	Scarlet fever	458	0.12
9	Whooping-cough	1,410	0.36
10	Diphtheria	1,702	0.44
11 a	Influenza with pulmonary complications ..	6,997	1.80
11 b	Influenza without pulmonary complications		
14	Asiatic cholera	23	0.0006

Table No. 14 (concluded).

International List of Causes of Death 1920	Infectious Diseases	Deaths recorded according to Causes of Death Statistics	
		Actual Figures	Per 10,000 of Ave- rage Population
1	2	3	4
16	Dysentery		
17	Plague		
18	Yellow fever		
20	Leprosy		
21	Erysipelas	1,621	0.42
22	Acute poliomyelitis		
23	Encephalitis lethargica		
24	Epidemic cerebro-spinal meningitis		
25	Glanders and farcy		
27	Malignant pustule and anthrax		
28	Rabies		
31	Tuberculosis of the respiratory system	57,044	14.7
32	Tuberculosis of the meninges or tuberculosis of the central nervous system.. . . .	4,372	1.1
33	Tuberculosis of other organs	3,427	0.88
38	Syphilis		
39	Soft chancre		
40	Gonorrhœa		

Table No. 15.*

DEATH RATE FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO AGE AND SEX IN 1926.

Original Source : *Movement of Population in 1926*, Part 2, "Causes of Death".

Age-groups	Number of Deaths from All Forms of Tuberculosis			Death Rate from All Forms of Tuberculosis per 10,000 Persons of the Same Age and Sex		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	630	534	1,164	15.9	13.8	14.8
1-4	941	860	1,801	11.6	10.8	11.2
0-4	1,571	1,394	2,965	13	11.7	12.3
5-9	584	605	1,189	3.9	4	3.97
10-14	513	966	1,479	2.98	5.7	4.34
15-19	2,203	3,751	5,954	12.74	21.84	17.28
20-24	4,054	4,734	8,788	23.85	28.88	28.87
25-29	4,038	4,020	8,058	32.80	25.90	28.96
30-34	3,328	3,210	6,538	26.58	21.23	23.66
35-39	3,563	2,640	6,203	28.00	17.65	22.41
40-44	3,724	2,250	5,974	28.31	15.63	21.69
45-49	3,742	1,744	5,486	29.47	13.11	21.11
50-54	3,465	1,427	4,892	30.64	11.85	20.95
55-59	2,371	1,068	3,439	23.37	9.70	16.26
60-64	1,647	882	2,529	19.48	9.23	14.02
65-69	1,078	610	1,688	16.75	7.96	11.97
70-74	492	404	896	10.68	6.67	8.40
75-79	237	267	504	9.11	7.40	8.12
80-84	71	97	168	—	—	—
85-89	26	47	73	6.65	6.26	6.40
90 years and over	5	15	20	—	—	—
Age unknown	—	—	—	—	—	—
Total	36,712	30,131	66,843	19.91	14.81	17.23

Table No. 16.*

DEATH RATE FROM TUMOURS, 1925 AND 1926.

Original Source : *Movement of the Population*, New Series, Vols. V and VI.
(Statistics of Causes of Death are established according to the
Abridged International Nomenclature).

Year	Classification according to International List (Third Revision, 1920)					Other Nomenclatures			
	Cancer and Other Malignant Tumours (43-49)	Benign Tumours and Tumours not returned as malignant (50)	Cysts and Other benign Tumours of the Ovary (137)	Benign Tumours of the Uterus (139)	Total Number of Tumours (Cols. 2, 3, 4, 5 together)	Cancer	Sarcoma	Other Tumours	Total Number of Tumours
1	2	3	4	5	6	7	8	9	10
A. Actual Number of Deaths.									
1925 ..	30,135					30,135			
1926 ..	34,056					34,056			
B. Proportional Figures per 10,000 of Average Population.									
1925 ..	7.76								
1926 ..	8.77								

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 AND 1926.

Original Source : *Movement of the Population*, New Series, Vols. V and VI.

Year	Classification according to the International List, Third Revision, 1920						
	I. Classes of Disease						
	Affections						
	Of the Nervous System and Organs of Special Sense (70-86)	Of the Circulatory System (87-96)	Of the Respiratory System (97-107)	Of the Digestive System (108-127)	Non-venereal Diseases of Genito-urinary System (128-142)	Of the Skin and Cellular Tissue (151-155)	Of the Bones and Organs of Locomotion (156-158)
1	2	3	4	5	6	7	8
A. Actual Number of Deaths.							
1925 ..		52,753	75,987	27,427	16,343		
1926 ..		56,526	80,236	25,211	17,642		
B. Proportional Figures per 10,000 of Average Population.							
1925 ..		13.59	18.59	7.06	4.21		
1926 ..		14.57	20.67	6.50	4.54		

Table No. 17 (concluded).

Year	II. Various Important Diseases.								
	Cerebral Hæmorrhage, Apoplexy (74)	Diseases of the Heart (87-90)	Acute and Chronic Bronchitis (99)	Pneumonia (100, 101)	Diarrhœa and Enteritis, all ages (113,114)	Cirrhosis of the Liver (122)	Acute and Chronic Nephritis (128, 129)	Old Age (164)	Unknown or Ill-defined Diseases (204, 205)
	9	10	11	12	13	14	15	16	17
	A. Actual Number of Deaths.								
1925 ..	35,776	52,753	13,096	16,811	12,776	5,258	15,092	79,281	187,575
1926 ..	37,610	56,526	13,446	17,401	19,331	5,648	15,282	83,864	152,672
	B. Proportional Figures per 10,000 of Average Population.								
1925 ..	9.22	13.59	3.37	4.33	3.29	1.35	3.89	20.44	48.32
1926 ..	9.69	14.57	3.46	4.48	4.98	1.45	4.19	21.60	39.34

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925 TO 1927.

Original Source : *Movement of the Population, New Series, Vols. V and VI.*

Year	Number of Confinements notified	Total Number of Live-Births and Still-births together	Total Deaths from		Deaths from	
			Puerperal Septicæmia	Other Puerperal Diseases	Puerperal Septicæmia	Other Puerperal Diseases
			Actual Figures		Rate per 10,000 Confinements	
1	2	3	4	5	6	7
1925.. ..	800,514	800,514	719	1,124	89.0	139.6
1926.. ..	796,853	796,853	750	1,133	94.1	142.3
1927.. ..	770,692	770,692	Not yet published.			

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES,
1925 AND 1926.Original Source : *Movement of Population, 1925 and 1926, Part 2, "Causes of Death"*.

Causes	Actual Figures		Rate per 10,000 of Average Population	
	1925	1926	1925	1926
1	2	3	4	5
Deaths by suicide	7,822	7,861	2.02	2.03
Other external causes	20,253	20,507	5.22	5.30
Total deaths from external causes ..	28,075	28,368	7.24	7.33
Total deaths from all causes	707,816	712,751	182.40	183.7
Total deaths excluding deaths due to external causes (natural mortality)	679,741	684,383	175.16	176.37

5. INFANT MORTALITY.

Table No. 21.

SEASONAL VARIATIONS IN THE DEATH RATE OF CHILDREN UNDER ONE YEAR OF AGE
IN 1925 AND 1926¹.Original Source : "Reports on Movement of Population in 1925, 1926 and 1927"
(quoted from the *Official Journal*).

Quarter	Number of Deaths among Children under One Year	
	Actual Figures	Actual Figures
1	2	3
	Year 1925.	Year 1926.
First Quarter	19,432	16,474
Second Quarter	16,800	16,852
Third Quarter	17,007	23,937
Fourth Quarter	15,128	17,435
Total	68,367	74,698

¹ Monthly figures not available.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1925 AND 1926.

Original Source: Statistics of Causes of Death, 1925-26, according to Abridged International List.

No. in International List (Third Revision)	Causes of Death	Deaths among Infants under One Year (excluding Still-births)			
		Actual Figures		Death Rate per 1,000 Live Births of the Same Year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations				
160	Congenital debility, icterus and sclerema	12,907	13,918	16.8	18.17
161	Premature birth; injury at birth				
38	Congenital syphilis				
7	Measles	767	905	1.0	1.18
8	Scarlet fever	30	39	0.039	0.051
9	Whooping-cough	1,204	888	1.56	1.16
10	Diphtheria	207	220	0.27	0.29
11	Influenza	758	580	0.98	0.76
15	Cholera nostras	183	108	0.24	0.14
21	Erysipelas				
24	Epidemic cerebro-spinal meningitis				
31	Tuberculosis of the respiratory system	375	399	0.48	0.52
32	Tuberculosis of the meninges or of the central nervous system	539	617	0.70	0.81
33-37	Tuberculosis of other organs	123	148	0.16	0.19
71	Meningitis	2,993	3,592	3.89	4.69
80	Convulsions of infants				
99a	Acute bronchitis	1,592	1,742	2.07	2.27
100-101	Pneumonia	1,573	1,524	2.05	1.99
113	Diarrhœa and enteritis	11,422	17,432	14.85	22.75
175-199	External causes	370	441	0.48	0.57
200	Infanticide (murder of infants less than one year of age)				
205	Diseases not specified or ill-defined	19,274	16,123	25.06	21.04

7. DATA ON CURATIVE MEDICINE.

Table No. 27.

STATISTICS OF SANITARY PERSONNEL IN 1925, 1926 AND 1927.

Sanitary Personnel	Actual Figures		
	1925	1926	1927
1	2	3	4
Doctors	23,572	23,992	24,755
Dentists	5,007	5,418	5,647
Pharmacists	10,928	10,944	10,964
Midwives	11,646	11,629	12,205
Health Officers	229	217	181

II. CAMPAIGN AGAINST SOCIAL DISEASES.

1. ALLOCATION OF FUNDS DERIVED FROM THE CLUB TAX TO ANTI-TUBERCULOSIS, ANTI-VENEREAL AND ANTI-CANCER INSTITUTIONS.

The proceeds of the club tax employed for the establishment and improvement of social hygiene institutions amounted, during 1927, to 17,033,000 francs, allocated as follows :

	Francs
Establishment of anti-tuberculosis dispensaries	1,500,000
Establishment of sanatoria	6,273,000
Establishment of preventoria	1,460,000
Anti-syphilis institutions	4,800,000
Regional anti-cancer centres	3,000,000
Total	17,033,000

2. TUBERCULOSIS.

The administration of the Law of April 15th, 1916, concerning social hygiene dispensaries, and of the Law of September 7th, 1919, on sanatoria, called for no important comment in the course of 1927.

The number of dispensaries was increased by ten, bringing the total to 610.

The number of sanatoria rose from 97 to 99, with 277 additional beds. There are now 14,898 beds, 7,774 of which are for cases of pulmonary tuberculosis and 7,124 for patients suffering from tuberculosis of the bones and joints and of the glands. Some thirty schemes are still under consideration or being carried out.

Expenditure.

Government expenditure amounted to 36 millions.

SURVEY OF THE INSTITUTIONS FOR THE CAMPAIGN AGAINST TUBERCULOSIS IN 1925, 1926 AND 1927.

Type of Institution	Number of Institutions			Number of Beds			Number of Days of Treatment during the Year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
Anti-tuberculosis dispensaries	565	600	610						
Total number of sanatoria ..	95	97	99	14,520	14,621	14,898	941,556	1,036,215	Un-known of this day

3. CANCER.

Nothing calling for particular comment was done during 1927. The Government spent 4,000,000 francs on regional anti-cancer centres.

4. VENEREAL DISEASES.

The anti-venereal campaign, for which a sum of 6,950,000 francs was provided in 1927 by the Public Authorities, whilst the club tax yielded a further 4,800,000 francs was greatly extended during the past year. With the help of these funds the Central Service for the Prevention of Venereal Diseases was able to carry out its programme.

At the end of 1927, more than a thousand services were at work, including anti-syphilis services, services for the detection and treatment of hereditary syphilis, anti-gonorrhœa services, services for the treatment of venereal prisoners, services for rural venereal prophylaxis in co-operation with local practitioners, and approved central serological laboratories. As a result of special efforts on the part of the administrative authorities in France, numerous anti-venereal consultation centres have been organised in Algeria, the importance of which is best proved by the number of consultations given. In 1927, these amounted to 1,600,000, while 1,200,000 therapeutic injections and 600,000 laboratory tests were made.

Anti-syphilis Dispensaries.

The number of anti-syphilis dispensaries increased from 395 in 1926 to 406 in 1927. In some places (Rouen, Bordeaux), great improvements in the premises were carried out.

Detection and Treatment of Hereditary Syphilis.

The attempt made to attach services for the detection and treatment of hereditary syphilis to all maternity and infant welfare establishments has begun to yield results; in 1927, 80 new services were opened, bringing the total to 361.

Anti-gonorrhœa Services.

The organisation of these services is also being carried on systematically.

Services of Rural Prophylaxis in Co-operation with Local Practitioners.

In 44 Departments, services of rural venereal prophylaxis have been organised on various lines for the treatment of venereal patients living in the country at some distance from any town dispensary, or of those who, though unable to pay their doctor, would not consent to apply to the services which deal almost exclusively with the destitute, and, in certain towns, with foreigners and necessitous persons of a very special type.

Anti-venereal Campaign in the Mercantile Marine.

The measures prescribed by the International Agreement concerning facilities to be afforded to merchant seamen for the treatment of venereal diseases have continued to be profitably applied in the dispensaries of the principal seaports.

Laboratories.

Serological tests are now carried out with the greatest possible accuracy by the central laboratories.

Further, as success in the campaign against venereal disease depends essentially upon the technical value of therapeutic methods, the Health Administration has done its utmost to promote the immediate improvement of technique in this sphere. A laboratory for special research into the treatment of gonorrhoea was opened in 1927 and has already published an interesting summary of its work.

It was also important that anti-syphilitic specialities should be permanently supervised, and with that idea the Ministry requested the Academy of Medicine to organise a central testing laboratory ; negotiations were concluded at the end of 1927, and the laboratory was opened on June 15th, 1928.

Medical Supervision of Prostitutes.

The Bill drafted by the Anti-Venereal Commission to abolish the present police regulation of prostitution and substitute efficient medical superintendence has been submitted to Parliament for consideration.

Propaganda.

A special effort to promote propaganda has been made with the help of the National Office of Social Hygiene and the National Anti-Tuberculosis Committee. Combined campaigns have been carried out during the last two years, and use has been made of broadcasting, films, the stage, posters, the Press, tracts, etc.

Conclusions.

The results obtained have been most valuable: for example, the care given to pregnant women suffering from venereal disease has been largely instrumental in reducing infant mortality, which fell in 1927 to 37.5 still-born infants per 1,000 births.

SURVEY OF THE INSTITUTIONS FOR THE CAMPAIGN AGAINST VENEREAL DISEASES IN 1925, 1926 AND 1927.

Type of Institution	Number of Institutions			Number of Persons suffering from Venereal Disease admitted during the Year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
Consultation centres for persons suffering from venereal disease and anti-venereal dispensaries..	285 ¹	461 ¹	472 ¹	50,958 ²	59,671 ²	92,727 ²
Institutions for the treatment of hereditary syphilis	0	1	4			
Other institutions	187 ²	432 ²	529 ²			

¹ These figures include the anti-syphilis and anti-gonorrhoea dispensaries and the rural departmental services.

² These figures include the service for detection and treatment, prison services and laboratories.

³ These figures do not include consultations given by the Paris Public relief Service or the Prophylactic Institute.

III. PUBLIC HEALTH ACTIVITIES.

1. MATERNITY AND INFANT WELFARE.

The principal organisations for the campaign against infant mortality have been established in pursuance of the Law of December 23rd, 1874, on infant welfare, the Law of June 27th, 1904, concerning infants receiving relief, and the Laws of June 17th, 1913, and October 24th, 1919, concerning assistance to women in childbed and bonuses for nursing mothers.

The Law of December, 23rd, 1874, called the Roussel Law, instituted supervision by the public authorities of every infant under two years of age put out to nurse, to be weaned, or to be taken care of away from its parents' home.

All employment agencies for wet-nurses and all agencies employed in putting infants out to nurse, to be weaned or cared for, are also under supervision.

In Paris, the Prefect of Police, and in the departments, the Prefect, are severally responsible for the supervision.

Under the Roussel Law, medical inspectors are appointed by the Prefects from among the practitioners in their departments. They supervise wet-nurses and are themselves responsible to the departmental Poor Law Inspector.

Under this law, local and departmental committees and a central infant welfare committee were established.

Every woman who puts her child out to nurse must make a declaration to this effect to the mayor of her commune.

Similarly, every person who takes in a child to nurse must make a similar declaration and must hold a medical certificate.

The infant-welfare service is departmental and all expenses are referred to the departmental budget. Half is borne by the State, while the departments cover the remaining half.

Under the provisions of Section II of the Law of June 27th, 1904, on infants in receipt of relief, allowances may be granted to mothers to enable them to keep their children with them or to put them out to nurse. These allowances may be made payable to the nurse direct.

In this way, more than 50,000 infants receive relief each year.

Assistance to Women in Childbed.

The Law of June 17th to July 30th, 1913, established a daily allowance for a maximum period of eight weeks for women in childbed.

It is only granted to women whose means are inadequate, and on condition that they observe the rules of hygiene necessary for themselves and the child while they are in receipt of the grant.

The rate varies from 0.50 to 1.50 franc. It is increased by 0.50 franc per day after confinement if the mother suckles her child.

The payment of allowances to women in childbed is a departmental service, the expenses of which are referred to the departmental budget.

These expenses are divided between the State, the department and the communes, according to a scale based on the communal and departmental demographic 1 per cent tax.

More than 300,000 women are assisted each year in this manner.

Bonuses for Nursing Mothers.

In virtue of the law of October 24th, 1919, this bonus is granted to every woman already in receipt of the allowance for women in childbed who suckles her child.

It is a monthly allowance of 15 francs and is granted during the twelve months following confinement.

The expenses involved are divided between the State, the department and the communes according to a special scale.

There were 265,000 bonuses paid in 1926.

Consultation Centres for Infants.

The number of institutions for supervising the health of young infants has been increasing for the last twenty years. At present there are 2,000 consultation centres for infants in France, both public and private.

MATERNITY AND INFANT-WELFARE INSTITUTIONS IN 1927.

Type of Institution	Number of Institutions
Consultation centres for pregnant women.. .. .	453
Special obstetric hospitals	191
Dispensaries for mothers and newborn infants	3,162
Special hospitals for infants (in the Department of the Seine only)	35
Other organisations :	
Maternity homes and homes for expectant mothers	81
Milk distribution centres	227
Crèches	114
Supervised centres for the boarding out of infants	59

2. NATIONAL OFFICE OF SOCIAL HYGIENE.

(a) *Collection of Information.*

The service has continued to publish regularly a two-monthly bibliographical list with reference to all health questions, each issue containing about a hundred references.

Replies have been sent to a very large number of requests for information on the most varied subjects connected with social, public and urban health.

Special reference should be made to a comprehensive study on the French sanitary equipment for purposes of social hygiene, which afforded an opportunity for collecting full particulars of child-welfare work and the anti-tuberculosis campaign.

Information was supplied principally on maternity and infant welfare (pre-natal clinics, maternity homes, crèches, consulting centres for infants, milk distribution centres, suckling rooms, mothers' canteens, school medical inspection, school hygiene); the anti-tuberculosis campaign (dispensaries, preventoria, sanatoria, isolation hospitals and re-education centres); the prevention of venereal diseases and the campaign against cancer and alcoholism; cheap dwellings, workers' gardens, allotments, regulations concerning health questions, health budgets, water-supply and food hygiene; social insurance, accident prevention and mutual-benefit societies; statistics concerning various social evils, etc.

Large numbers of foreign doctors apply to the office for information as to the institutions they should visit to study some particular question of social hygiene.

For this purpose the service keeps a list of the principal institutions in Paris, the suburbs and the provinces, and supplies visitors with all the information they require to make their visits under the most favourable circumstances.

(b) *Service of Technical Investigations and Departmental Enquiries.*

Departmental Enquiries.

The enquiry into the health services in all French departments has now been carried right through. The work of bringing the reports up to date year by year has been taken in hand. During the year more than seventy reports have thus been revised from information supplied by correspondents or by the inspectors-general of the administrative services of the Ministry of the Interior.

Digests.

Digests and statistical compilations have been prepared from the majority of documents collected in the course of the enquiries.

This year attention has been given more especially to child-welfare organisations. A complete list of consultation centres for infants in France has been prepared, with a view to the publication of posters which will be distributed in all departments.

Maps and Charts.

Twelve new maps have been prepared showing the various health organisations in France.

Eight new charts showing the position of France compared with various European countries have also been drawn up.

The office is now in possession of twenty-seven maps and nine charts.

A few of the maps and the majority of the charts have been printed and widely distributed in the departments. They have been very favourably received, have aroused keen interest, and have induced a certain number of people to undertake a campaign in favour of social hygiene.

French Health Year-Book.

The service has undertaken the publication of a Year-Book which will give detailed information on all the health organisations now existing in France.

With the help of the information yielded by the enquiries into the health services, a draft has been prepared for each department. These drafts are being submitted to all concerned; thus providing a document which affords every guarantee of accuracy. It will show what has already been achieved and what still remains to be done.

Technical Investigation Service.

This service has continued to stimulate work in the departments.

During 1927, departmental inspectorates were established in five departments—Basses-Alpes, Eure, Haute-Saône, Lot and Deux-Sèvres.

Inspectors have been appointed in the Ardennes, Tarn-et-Garonne, Finistère, Aisne, Ille-et-Vilaine, Basses-Alpes and Isère.

The office has also contributed towards the establishment of a certain number of departmental offices, dispensaries, maternity homes, etc. It has taken part in the preparation of various schemes for the organisation of school health inspection, social hygiene institutions, etc.

The Technical Investigation Service has carried out a certain number of enquiries (into the causes of the excessively high death rate in 1926, abnormal children, etc.).

It has prepared propaganda in favour of anti-diphtheritic vaccination and has been working on an enquiry into the incidence of smallpox in France.

It has replied to numerous requests for technical information, and has established connections with the learned societies and persons and institutions who are in touch with the office.

(c) *Statistical Service.*

This service has enabled the technical service to carry out its work by furnishing the material required to meet a large number of requests for information and to prepare maps and charts.

It sifted the results of an important enquiry undertaken by agreement with the Ministries of Health and Education, with the object of taking a census of abnormal but teachable children in the elementary schools in France; 50,000 abnormal children were registered, 35,000 of whom were considered teachable.

A subsidy from the National Office enabled the General Statistical Service of France to publish statistics of causes of deaths in France during 1926.

(d) *Colonial Health Service.*

A Colonial Section has recently been established at the office. Its object is "to carry on continuous and systematic propaganda in the colonies for the purpose of familiarising the public with prophylactic measures necessary for the preservation of health and for the campaign against social diseases".

In co-operation with the Colonial Department and the various associations interested in colonial questions, the new section is making every effort to bring about in the colonies that combination of effort which the Office has already secured in the home country.

The service has already collected information concerning the colonies. The numerous requests sent in from the colonies are evidence of the importance which the Governors attach to the establishment of this section.

(e) *General Propaganda Commission.*

The General Propaganda Commission of the National Office of Social Hygiene has continued its work in the departments and amongst the large guilds.

(1) *General Work.*

Propaganda is carried on actively through the Press (1,300 articles, 15,000 communiqués and about 20,000 accounts of proceedings, have been published); by the cinema (1,000 films have been shown to a large public); by broadcasting, by exhibitions and by the dissemination of printed documents (about 500,000 posters, tracts or pamphlets were distributed during the year).

(2) *Work in the Departments.*

This work has been carried on with increasing vigour during the year.

More than 150 towns were visited; 250 lectures were given to an aggregate audience of more than 100,000 persons.

(3) *Work among the Large Guilds :*

(a) *Railwaymen.*—Propaganda against social diseases has been carried on at about sixty centres for railwaymen belonging to the great French railway systems. Lectures have been given, films screened, and printed pamphlets distributed in large numbers.

(b) *Merchant Seamen.*—Two illustrated and printed notices have been published. One of these explains how to avoid tuberculosis and syphilis; the other contains a list of anti-tuberculosis and anti-venereal dispensaries in the ports of France and of French Protectorates, together with all useful information.

Five thousand of these notices have been posted in the crews' quarters on all merchant vessels flying the French flag, and the Central Committee of French Shipowners has recommended that they should be displayed on board all ships.

(f) *Central Bureau for Nurses.*

This Service has dealt with all questions of interest to nurses.

More than 10,000 letters have been written in various connections, viz., schools for nurses; social work; to supply information concerning courses and posts for nurses; to obtain information from nurses, institutions and administrations; for the organisation of the International Fortnight in July 1928, and, more especially, of the International Conference on Social Service.

Information given verbally.

More than a thousand persons have called at the Central Bureau offering themselves as candidates for posts as nurses, or to obtain information concerning courses and schools.

The Bureau has drawn up the orders conferring the State Diploma on nurses, appointing the examination board, fixing the syllabus of work, and recognising the schools for nurses.

It has carried out a large number of enquiries at schools for nurses as regards salaries, conditions upon which scholarships are granted, etc.; enquiries from departmental offices for the anti-tuberculosis campaign to clear up the position on the question of higher salaries for visiting nurses, etc.

The Bureau has organised the State examinations held in more than twenty provincial towns.

A large number of establishments, schools and institutions which can take student nurses have been visited.

The employment agency has received nearly three hundred offers of employment and found situations for more than a hundred nurses.

Collection of Information.

The Central Bureau supplies much of the information collected by the National Office of Social Hygiene.

Work and Reports.

The Central Bureau had a large share in the preparations for the International Conference on Social Service. It prepared reports on the work of the social hygiene visiting nurse, anti-syphilis dispensaries, etc. It has taken action all over France on a large number of questions concerning nurses—appointments, organisation of probationary courses and of teaching, allocation of scholarships, etc.

Propaganda.

The service has engaged in active propaganda for the recruiting of social hygiene nurses.

This propaganda, which was carried out more especially among the 36,000 doctors in France, elicited a large number of requests for information.

A certain number of talks over the wireless and of lectures were given in Paris and the provinces.

A film and a pamphlet have been prepared for propaganda work in 1928.

3. PUBLIC SOCIAL HYGIENE OFFICE OF THE DEPARTMENT OF THE SEINE.

In 1927, an anti-tuberculosis dispensary was opened at Pavillons-sous-Bois, which brings the number of dispensaries belonging to the Office up to 42 (21 in Paris and 21 in the suburbs).

The work of detection and prophylaxis undertaken by the Office in 1918 has continued, both through the medium of its dispensaries and through private dispensaries in touch with it. Of the latter, eight operate in areas served by the Office and five in other areas. In two of the latter areas, social service is carried on by nurses from the Office.

The social maternity and infant welfare service, at 64, rue Desnouettes, Paris, is organised by the Public Social Hygiene Office.

In 1927, with the help of the Prophylactic Institute, the Office also opened two anti-venereal consulting-rooms in two of its suburban dispensaries, thus making a total of three. A fourth service will be opened in 1928. The dispensary established in 1926 for North African natives continued its work during 1927, giving consultations in general medical matters, tuberculosis and syphilis.

The number of patients on the books of the Office's dispensaries (not including the allied dispensaries) increased from 61,423 on December 31st, 1926, to 70,617 on December 31st, 1927.

The number of cases diagnosed and that of infectious patients have increased in equal proportions, as is shown by the following table :

	Cases of Tuberculosis diagnosed			Infectious Cases		
	Adults	Children	Total	Adults	Children	Total
December 31st, 1926	22,710	11,950	34,660	10,351	221	10,572
December 31st, 1927	26,057	13,923	39,980	11,862	233	12,095

The number of home visits during 1927 was 183,634.

In 1927, 224,178 examinations (general, laryngological, and X-ray) were made in the course of 13,934 consulting periods. The dispensary laboratories carried out 39,941 tests. A special service for the inoculation of guinea-pigs has been organised.

The number of days spent by patients (patient-days) in the establishments belonging to the Office or in those with which the Office has agreements was as follows in 1927 :

87,576 in the children's sanatoria ;
390,412 in the preventoria ;
326,668 in the adults' sanatoria ;
339,988 in families and colonies ;
34,120 in shelters ;

making a total of 1,085,881 patient-days.

The provision voted for 1927 by the *Conseil général de la Seine* for the working expenses of the Public Social Hygiene Office of the Department of the Seine was 20,207,500 francs.

IV. PUBLIC HEALTH LEGISLATION.

Health legislation in 1927 comprised a number of new orders, etc., issued by the Ministry of Health and Labour and the Ministry of Agriculture (Department of the Sanitary and Scientific Services and of the Service for the Repression of Fraud).

1. GENERAL HYGIENE AND SANITATION.

A circular has been addressed to the prefects of the maritime departments by the Directorate of Health concerning the discharge of sewers into the sea.

2. INDUSTRIAL HYGIENE.

The action taken by the Ministry of Labour during 1927 in the matter of industrial hygiene and safety is shown by the following :

In the matter of legislation, two draft laws have been brought in :

(a) The application of the Law of October 25th, 1919, extending to diseases of occupational origin the Law of April 9th, 1898, on industrial accidents, is now confined to diseases due to lead or mercurial poisoning, a list of which is contained in the tables annexed to the law. On February 24th, 1927, the Minister of Labour laid before the Chamber of Deputies a draft law providing for the revision and extension of these tables.

(b) A further draft law, submitted to the Chamber on November 3rd, 1927, provides that any person who proposes to employ a staff—no matter how small—in an industrial or commercial establishment, shall be obliged to notify the Service of Labour Inspection before engaging the staff. The object of this preliminary notification is to facilitate the enforcement of the laws and regulations for the protection of workers which apply in each case.

In the matter of regulations, two fresh decrees have been published, viz. :

(a) Decree of February 19th, 1927, abrogating and replacing the Decree of May 4th, 1921, on the compulsory notification of diseases of occupational origin. Under

the new provisions, the nomenclature of occupational diseases compulsorily notifiable by the doctors has been greatly increased with a view to the prevention of occupational diseases and the ultimate extension of the Law of October 25th, 1919, on the subject.

(b) Decree of February 20th, 1927, bringing into operation the draft International Convention concerning the use of white lead in painting, adopted at Geneva by the International Labour Conference. The Ministry of Labour has considered two draft Decrees prepared in 1926, to amend respectively the Decree of March 21st, 1914, regarding occupations dangerous to women and children, and the Decree of October 1st, 1913, concerning the use of white lead in painting.

Two fresh draft Decrees have been prepared relating to the following subjects :

- (a) The employment of persons on stalls outside shops and stores ;
- (b) The method of cleaning workshops, and work in basements ;
- (c) Special measures of protection applicable to the work of loading and unloading and handling in ports ;
- (d) Further regulations as to precautions against the risks of explosion attaching to inflammable liquids.

A draft order has been prepared as an amendment to the Ministerial Order dated October 9th, 1913, laying down particulars of instruction in first-aid to victims of electrical accidents in establishments using electric power.

Two further important questions have been considered, viz., the most suitable methods of securing a large reduction in the number of industrial accidents, and the possible abolition of the formality of the compulsory *mise en demeure* (issue of an injunction against the offender) where breaches of the regulations concerning the health and safety of workers have occurred.

The service of Labour Inspection has been invited to make enquiries into the following specific questions :

- (a) Further precautions to guard against the risk of explosion entailed by inflammable dust ;
- (b) Kinds of work to be forbidden to women and children under the Law of December 7th, 1926, modifying Article 72 of Book II of the Labour Code ;
- (c) Safety of workers in establishments manufacturing liquid chlorine ;
- (d) New special health measures concerning establishments in which the staff is exposed to anthrax infection ;
- (e) Application of the Decree of August 9th, 1925, concerning protection and sanitation in building yards and public works ;
- (f) Prohibition of home work when dangerous, unhealthy or inconvenient for the workers themselves, the neighbourhood or consumers ;
- (g) Application of the Decree of September 24th, 1926, concerning the protection of children and women against lead-poisoning.

* * *

In the matter of hygiene and safety, the Ministry of Labour has adopted the methods, followed in other branches of labour legislation, of seeking the assistance of the parties themselves, more especially that of the industrial organisations of employers and workers, by inviting them to co-operate both in the enforcement of existing regulations and in the preparation of new regulations. The results of this method, which is based on voluntary and active acceptance, have appeared much more real and lasting than any produced by mere enforcement from above and coercion.

3. SUPERVISION OF FOODSTUFFS.

An order was issued on March 10th, 1927, supplementing the Order of August 1st, 1906, concerning the method of preserving samples of milk taken by the agents of the service for the repression of fraud.

Article 1 of this order is worded as follows :

“ With a view to ensuring the preservation of the samples of milk taken by them, the agents of the service for the repression of fraud may either add bichromate of potassium in the manner prescribed in the Order of August 1st, 1906, or two drops of 40° formol with a half-gramme tablet of trioxymethylene per 250 cc. sample.”

V. BUDGET.—APPROPRIATION FOR HEALTH EXPENDITURE IN 1927.

(a) MINISTRY OF LABOUR, HEALTH, PUBLIC ASSISTANCE AND SOCIAL WELFARE.

	Francs
Expenditure incurred under the Law of February 15th, 1902, concerning the protection of public health ¹ (approximately)	1,500,000

DEPARTMENT OF PUBLIC ASSISTANCE AND HEALTH.

Child Welfare (Second Section).

Chapter 79.—Grants to maternity and infant-welfare institutions ; grants to institutions for the protection of children from tuberculosis, recognised as establishments of public utility.. .. .	5,500,000
Grants to holiday camps	1,000,000

Social Hygiene (Fourth Section)².

Chapter 27.—Campaign against tuberculosis	39,933,000
Campaign against venereal disease.. .. .	6,950,000
Campaign against cancer	4,000,000

General Hygiene and Sanitation (Fifth Section).

Chapter 31.—Grant to bacteriological laboratories	1,300,000
Chapter 33.—Analysis by the Academy of Medicine for official approval of springs.. .. .	1,500

<i>Carried forward</i>	60,184,500
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¹ In respect of expenditure incurred under the Law of February 15th, 1902, on the protection of public health, the departments and communes as a general rule receive State grants according to scales which are based for each department on the value of the department taxes (centime) per square kilometer and the value of the additional centime for the communes. The proportion of grants varies between 10 per cent and 90 per cent.

² See Chapter II.

	Francs
<i>Brought forward</i>	60,184,500
<i>Prophylaxis and Epidemics (Sixth Section).</i>	
Chapters 120, 121 and 122.—National Central Council of Public Health and Laboratory of the Ministry of Health	109,200
Chapter 123.—General hygiene and sanitation	2,257,000
Chapter 124.—Maritime health service: salaries	955,500
Chapter 125.—Maritime health service: allowances	164,000
Chapter 126.—Maritime health service: material and expenses	430,000
Chapter 130.—Work of the Permanent Commission for Protection against Tuberculosis	10,000
Chapter 140.—Technical health advisers	10,000
Total	64,120,200

Note.—In addition to the sums mentioned above, the State has certain revenues at its disposal, as, for example, the tax on the proceeds of the *Pari mutuel* (see 1924 *Year-Book*, pp. 148 and 149).

In 1927, 406 applications were considered by the Committee appointed to distribute the proceeds of the *Pari mutuel* attached to the Ministry of Health, and the grants made amounted in all to 48,291,000 francs. These grants are made as a contribution towards extraordinary expenditure incurred in respect of the purchase, erection, enlargement, improvement or equipment of charitable institutions such as hospitals, hostels, asylums, orphanages, lying-in hospitals, crèches, infants' homes, child-welfare institutions, dispensaries, etc.

Since 1919, a special tax of one per cent, has been reserved for institutions whose premises were destroyed during the war. This grant has enabled them to rebuild and even to open fresh establishments in places where none existed before 1914.

From 1891 to 1927, 432,626,000 francs derived from the *Pari-mutuel* funds have been used for establishing, improving or expanding the public and private social services.

From 1920 to 1927, grants to a total amount of 295,398,100 francs were made to these services.

They were distributed as follows :

	Francs
Maternity and infant-welfare institutions	71,803,000
Anti-tuberculosis campaign	26,908,000 ¹
Anti-cancer campaign	5,010,000 ¹
Hospitals, hostels, asylums	191,677,100
Total	295,398,100

¹ Since 1923, the expenditure for the establishment or expansion of anti-tuberculosis, anti-cancer and anti-venereal services has been charged to the club tax account. The hospital sanatoria will continue to be financed from *Pari-mutuel* funds until definitely classified as sanatoria.

(b) MINISTRY OF THE INTERIOR.

Grants made out of proceeds of the club and casino taxes :

	Francs
Sanitation (execution of 108 schemes)	14,439,000
Showers-baths (execution of 30 schemes)	3,980,000
Cemeteries (72 schemes)	775,500
Municipal slaughter-houses and wash-houses (36 schemes)	3,268,000
Homes, "patronages" and playgrounds (10 schemes) ..	665,000
Total .. .	23,127,500

(c) MINISTRY OF AGRICULTURE.

Grants for water-supply schemes made by the *Pari-mutuel* Committee¹.

	Francs
In uninhabited areas, 727 communes received grants amounting in all to	28,157,222
In liberated areas, 418 communes received grants amounting in all to	20,076,587
Total .. .	48,233,809

(d) APPROPRIATIONS FOR THE HEALTH SERVICES OF THE CITY OF PARIS AND THE PREFECTURE OF THE SEINE FOR 1927.

Social Hygiene.

	Francs
Grant to the Public Office of Social Hygiene of the Department of the Seine for placing with families in the country, or in sanatoria, children belonging to large families in Paris who are suffering from or threatened with tuberculosis	500,000
Grant toward the working expenses of child-welfare institutions ..	99,120
Grant for placing children in the convalescent home at Boulogne ..	46,520
Grants to children's dispensaries for distribution of sterilised milk	3,000
Grant to the Poor Relief Department for the reception of sick women in the Larue Sanatorium	224,840
Grants in aid of Paris crèches	454,200
Inspection of crèches, dispensaries, philanthropic and charitable institutions in the city of Paris and the Department of the Seine, and inspection of laundries and kitchens of charitable institutions	91,560
Grants to various dispensaries for sick children	113,450
<i>Carried forward</i> .. .	832,690

¹ From 1903 to 1926 inclusive, 5,889 communes in uninhabited areas received grants amounting to a total of 151,913,252 francs and, from 1921 to 1926, 971 communes in liberated areas received 75,818,036 francs.

	Francs
<i>Brought forward</i>	832,690
Grant to the Association for the Protection of Children from Tuberculosis	25,000
Grant to the Federation of Mothers' Canteens	110,000
Grant towards the working expenses of evening anti-venereal consultations at the six general hospitals and three special hospitals ..	342,056
Free distribution of milk for infants	1,234,848
Grant to the Organisation for Social Service in the hospitals..	100,000
Grant towards the working expenses of a dispensary at the Section for the Supervision and Protection of North African Natives, 6, rue Lecomte (Paris xvii ^e)	35,000
Total	3,579,594

School Hygiene.

	Francs
Open-air schools and classes, establishment and working expenses, grants, tuition, research and miscellaneous	235,000
Medical inspection of the educational establishments of the city of Paris and of private schools	919,460
Disinfection of schools (staff and material)	50,000
Permanent disinfection of premises, lavatories; provision of shower baths	36,000
Revaccination of pupils in the communal schools	18,800
Holiday excursions in the neighbourhood of Paris	40,000
Schools camps	800,000
Grant to the Tuberculosis Sanatorium at Ste.-Feyre (Creuse) ..	3,000
Total	2,062,260

	Francs
<i>Street Sanitation</i>	58,336,230

Health Service.

The principal items of this Service are as follows :

	Francs
Share of health services in annual payments on general loans ..	4,363,084.88
Refund to the department of the contribution of the city of Paris to expenditure on public health protection	90,000.—
Insanitary Dwellings Committee	104,050.—
Proportionate share in the expenditure on outside staff ..	840,635.—
Proportionate share in the expenditure on pensions and relief ..	430,900.—
Health Museum: staff and material	200,709.60
Technical Department for the hygiene of dwelling-houses and the sanitary register: salaries	285,223.20
Proportionate share of Health Services in cost of material ..	2,635,596.—
Proportionate share of Health Services in cost of lighting ..	220,795.—
Proportionate share of Health Services in water rate.. ..	315,000.—
<i>Carried forward</i>	9,491,783.68

		Francs
<i>Brought forward</i>		9,491,783.68
<i>Laboratories :</i>		
(a) General services		33,224.50
(b) Laboratory of Hygiene		721,853.34
(c) Inspection of water-supply		990,974.—
<i>Municipal disinfection service :</i>		
Staff		1,897,630.80
Equipment		109,310.—
Municipal bathing establishments (working expenses only) ..		1,112,500.—
Total		14,480,333.32
		Francs
<i>Sewage Disposal Services</i>		49,184,003.74

Summary.

(City of Paris and Prefecture of the Seine.)

		Francs
Social Hygiene		3,579,594.03
School Hygiene		2,062,260.—
Sanitation, Streets, Parks, Cemeteries		58,336,230.—
Health Services		14,480,333.32
Sewage Disposal		49,184,003.74
Grand total		177,642,421.09

It should be pointed out that this total represents an increase of 60,421,119.11 francs on the 1926 figure.

		Francs
(e) APPROPRIATIONS FOR THE HEALTH SERVICE OF THE PREFECTURE OF POLICE		7,868,500

September 1928.

GERMANY

**A. Results of the Vital Statistics of the German Reich
for 1926 and 1927**

BY

Dr. E. ROESLE,

Member of the Reich Office of Public Health (Berlin).

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A. Results of the Vital Statistics of the German Reich for 1926 and 1927

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I. POPULATION OF THE GERMAN REICH ACCORDING TO AGE AND SEX.

1. INCREASE IN THE PROPORTIONAL EXCESS OF PERSONS OVER 50.

It is more important than ever to-day to know the distribution of the population according to age and sex as, in the absence of such knowledge, it is impossible to understand fully many demographical phenomena peculiar to our era. It is even more important for purposes of statistical forecasts, which enable a likely estimate to be made of the future natural evolution of the population on the basis of its present distribution according to age and sex and of the laws which govern the duration of life.

During the period of the most intensive growth of the population of Europe, between 1874 and 1913, Germany belonged to the countries in which the natural increase of the population was largest. During this period the annual number of live births rose from 1,683,440 to its maximum of 2,032,313 in 1901, while the number of deaths remained practically stationary, merely fluctuating between 1,100,000 and 1,200,000 from 1874 to 1908, and after 1909 the returns even fell below the previous lowest figure. In consequence of this difference, the yearly excess of births over deaths rose almost as steeply as the number of births, namely, from about 561,000 in 1874 to its maximum of about 910,000 in 1906.

The influence of such a disparity on the structure of the population is bound to make itself chiefly felt in an *increase in the average duration of life*, a circumstance which modern hygiene is endeavouring to obtain, but which must have an unfavourable effect on the present birth rate and the future death rate. A period of inflation in the death rate is a logical consequence, after a certain time, of a period of inflation in the birth rate.

Serious difficulties, however, are encountered in determining the present stage of this reaction on the basis of the distribution of the German population according to age and sex in 1925, as given in Table I, since the regular evolution of both these figures was affected by the disastrous consequences of the world war between the time when the progressive disparity between the number of births and deaths ended in 1910 and the date of the last Census. Even if only the female sex is considered, an accurate evaluation of these effects is hardly possible.

Table No. 1.

DISTRIBUTION OF THE POPULATION OF THE GERMAN REICH BY AGE AND SEX ACCORDING TO THE RESULTS OF THE 1925 CENSUS.

Original source : *Wirtschaft und Statistik*, 8th Year, pages 118, 120-121 (Berlin 1928).

A. Actual figures.

Ages and age-groups (completed years)	Population with fixed residence			
	Males	Females		Total
		Total	Married Women	
1	2	3	4	5
0	601,819	579,674	—	1,181,493
1	553,973	534,259	—	1,088,232
2	572,418	554,747	—	1,127,165
3	617,247	599,828	—	1,217,075
4	638,834	618,718	—	1,257,552
0-4	2,984,291	2,887,226	—	5,871,517
5-9	2,023,170	1,963,342	—	3,986,512
10-14	3,134,743	3,079,331	—	6,214,074
15-19	3,286,042	3,257,899	37,540	6,543,941
20-24	3,064,136	3,085,907	751,602	6,150,043
25-29	2,467,856	2,839,342	1,738,596	5,307,198
30-34	2,026,739	2,552,713	1,887,439	4,579,452
35-39	1,964,537	2,318,713	1,781,962	4,283,250
40-44	1,853,466	2,054,090	1,594,133	3,907,556
45-49	1,860,219	1,986,491	1,523,305	3,846,710
50-54	1,587,634	1,645,402	1,210,000	3,233,036
55-59	1,326,657	1,400,757	924,407	2,727,414
60-64	1,028,744	1,136,965	631,381	2,165,709
65-69	740,238	876,435	376,551	1,616,673
70-74	466,764	590,947	173,291	1,057,711
75-79	246,246	337,962	61,237	584,208
80-84	103,294	149,741	15,479	253,035
85-89	27,036	41,790	2,548	68,826
90-94	4,523	7,898	496	12,421
95-99	462	799	98	1,261
100 and over	26	46	6	72
Total	30,196,823	32,213,796	12,710,071	62,410,619

Table No. 1 (continued).

B. Proportional figures.

Age-groups in completed years	1925 Census Population with fixed residence						
	Males	Females	Males	Females	Total	Married Women	
	Per 1,000 of the total population		Per 1,000 of the total population (all ages)			Per 1,000 females of the same age-group	Per 1,000 inhabitants (total population of all ages)
	Males	Females					
1	2	3	4	5	6	7	8
0-4	99	90	47.8	46.3	94	—	—
5-9	67	61	32.4	31.4	64	—	—
10-14.. .. .	104	96	50.2	49.3	99	—	—
15-19.. .. .	109	101	52.7	52.2	105	12	0.6
20-24.. .. .	101	96	49.1	49.4	98	21	12.0
25-29.. .. .	82	88	39.5	45.5	85	612	27.9
30-34.. .. .	67	79	32.5	40.9	73	739	30.2
35-39.. .. .	65	72	31.5	37.2	69	769	28.6
40-44.. .. .	61	64	29.7	32.9	63	776	25.5
45-49.. .. .	62	62	29.8	31.8	62	767	24.4
50-54.. .. .	53	51	25.4	26.4	52	735	19.4
55-59.. .. .	44	44	21.3	22.4	44	660	14.8
60-64.. .. .	34	35	16.5	18.2	35	555	10.1
65-69.. .. .	24	27	11.8	14.1	26	430	6.0
70-74.. .. .	15	18	7.5	9.5	17	293	2.8
75-79.. .. .	8	10	3.9	5.4	9	181	1.0
80 and over	5	6	2.2	3.2	5	83	0.3
Total	1,000	1,000	483.8	561.2	1,000	394	203.6

Table No. 1 (concluded).

C. Comparison with the Census Figures for 1910.

Age-groups	1910 Census (at December 1st) Population within territorial frontiers as in 1925					
	A. Actual figures			B. Proportional figures		
	Males	Females	Total	Males	Females	Total per 1,000 of the population
				per 1,000 of the total population		
Male	Female					
1	2	3	4	5	6	7
0-4	3,506,410	3,462,473	6,968,883	123	118	121
5-9	3,268,956	3,250,196	6,519,152	115	111	113
10-14	3,054,666	3,041,028	6,095,694	107	104	106
15-19	2,789,284	2,787,346	5,576,630	98	95	96
20-24	2,461,054	2,505,637	4,966,691	86	86	86
25-29	2,263,376	2,267,604	4,530,980	80	77	78
30-34	2,174,127	2,175,757	4,349,884	76	74	75
35-39	1,882,520	1,888,305	3,770,825	66	64	65
40-44	1,626,088	1,661,117	3,287,205	57	57	57
45-49	1,373,010	1,434,099	2,807,109	48	49	49
50-54	1,166,803	1,275,667	2,442,470	41	44	42
55-59	928,334	1,051,481	1,979,815	33	36	34
60-64	743,474	897,848	1,641,322	26	31	28
65-69	564,305	701,707	1,266,012	20	24	22
70-74	375,289	482,587	857,876	13	16	15
75-79	201,114	266,113	467,227	7	9	8
80 and over.	111,036	159,616	270,652	4	5	4
Total ..	28,489,846	29,308,581	57,798,427	1,000	1,000	1,000

A survey of the increase in the proportion of persons of the higher age-groups to the total population gives the following results as regards the female sex :

Age-groups	Number of females in the German Reich over 50 years of age to every 1,000 of the total female population in the following Census years						
	1871	1880	1890	1900	1910 German territory as in 1910	1910 German territory as in 1925	1925
50-60 years	84.7	82.3	81.0	81.0	79.3	80	94.6
60-70 " ..	53.7	55.4	55.2	54.0	54.8	55	62.5
70-80 " ..	21.7	22.6	25.3	25.0	26.0	25	28.3
80 and over	4.0	4.2	4.7	5.4	5.6	5	6.2
Total ..	164.1	164.5	166.2	165.4	165.7	165	192.1

A comparative survey, extending over several years, of the proportion of women over 50 years of age, who are therefore no longer fertile, to the total female population shows that the surprising stability of this ratio was modified for the first time after the war, when it rose from the former average of 164-166 to 192 per thousand in 1925.

Nevertheless, this was only the beginning of this phase of proportional excess of aged persons among the German population. This proportion will increase much more rapidly during the next decades, when the women born after 1875, who are exceptionally numerous, have attained the age when they have ceased to be fertile. At present the proportion of women of this age has not even reached the corresponding proportion of the female population in France in 1851, since in that year the proportion of women over 50 years of age was 212 per thousand of the total female population. It rose in France in 1921 to 258, accounted for by the increase in the average duration of life and the decrease in the proportion of the younger age-groups to the total population. This latter ratio is by far the highest, since the corresponding ratio for the female population of Sweden, which is the next highest, amounted to 223 in 1920, and thus still lags far behind.

These disparities between the proportions of the higher age-groups which still exist explain why the general death rate is at present far higher in France than in Germany, Sweden and the majority of European countries. It is evident that they will be neutralised later on as the ratios of aged persons to the total population in European countries are compensated.

The German population is still far from the stage of proportional excess in the higher age-groups reached by the French population. This is clearly brought out by the fact that in France the number of inhabitants over 70 years of age is not only relatively but also absolutely greater than in Germany, as the following comparative table shows :

Country and year	Number of inhabitants over 70 years of age					
	Absolute figures in 1,000's			Per 1,000 of the total :		
				Male population	Female population	Male and Female population
	Males	Females	Total	Males	Females	Total
Germany 1925 ..	848	1,129	1,977	28.0	24.0	32.0
France 1921 ..	876	1,224	2,100	47.5	60.1	54.1

The present population over 70 years of age in Germany and France was born at a period when the number of live births was about equal in both countries. The fact that the number of survivors of that period is greater in France than in Germany is due, not only to the decrease in infant mortality having begun a few decades later in Germany than in France, but also to the considerable wave of emigration from Germany between 1880 and 1892.

According to the demographic theory propounded by the Swedish demographic expert G. Sundbärg,¹ there are three different types of distribution of a population

¹ G. Sundbärg, *Grunddragen af Befolkningsläran* (Stockholm, 1894).

according to age, which nevertheless have this factor in common—that the age-group of 15 to 50 years normally composes about one-half of the population. This was true as regards the German population until the war. If we again confine ourselves exclusively to the female sex, we find that in 1910 this age-group constituted with mathematical exactitude one-half of the female population in the German territories of that period; of 32,885,827 females, 16,436,991¹ were between 15 and 50 years of age, giving a ratio of 499.8 per thousand. This apparently physiological and constant proportion of the most important age-groups which include the period of fertility began to fluctuate after the war. After the war and after the cession of large territories, there were in 1925 almost as many females as in 1910, namely, 32,213,796; yet the number of females between the ages of 15 and 50 was far greater than before the war, namely, 18,095,155, or 561.7 per thousand.

The increase in the absolute figures of the female population between 15 and 50 years of age is merely due to the fact that the numerous generations born between 1875 and 1910 had attained these ages in 1925. The increase in the proportion, however, from 500 to 562 per thousand of the female population is accounted for, in addition, by the simultaneous decrease in the proportion of children.

The increase in the absolute figures of the female population of this age-group will, of course, appear much greater if the Census results for 1910 are applied to the present reduced German territory. These figures are reproduced in Tables 1 C, and 2. In comparison with 1925, we find that the total female population has increased from 29,300,000 to 32,200,000, and the female population between the ages of 15 and 50 has increased from 14,700,000 to 18,100,000. The absolute increase in this age-group was therefore 3,400,000, or three-quarters of the increase of the total population in the same territory during that period. On the other hand, the increase in the proportion of the female population between 15 and 50 years of age to the total female population from 502 to 562 remains almost the same in this calculation as above.

Nevertheless, an excess in the age-group of 15 to 50 years is apparent also in the case of the *male* population, although the males of certain ages in this group were decimated during the war. There were 14,600,000 males of those ages in 1910 in the German territory of 1925, and 16,500,000 in 1925, *i.e.*, 511 and 548 per thousand respectively of the male population. Therefore, if the female population aged between 15 and 50 years has increased in absolute figures by 3,400,000 between 1910 and 1925, the male population of those age-groups increased during the same time by 1,900,000. On the other hand, the absolute increase of the two sexes as regards the age-groups of over 50 years was about the same during that period, namely, 1,350,000 in the case of females, and 1,440,000 in the case of males. This phenomenon is explained by the fact that the war had the same effect on the generations of both sexes born before 1875. Although, the percentage of males over 50 years compared to the total male population attained in 1925 the highest figure since 1910, it had not yet reached the corresponding percentage of females of the same age (192‰), since it only amounted to 183 per thousand of the male population, as against 144 in 1910.

The fact that between 1910 and 1925 *the increase in the population only affected persons over 15 years of age* constitutes the most significant symptom in the evolution of the German people, the effects of which have so far only been slightly felt since the progressive increase in the proportion of aged persons to the total population has only just begun.

¹ This figure is slightly larger than the one given in Table 2 B, as it in fact includes the number of persons aged between 14 years 11 months and 49 years 11 months.

From the time the German Empire was founded, and perhaps even earlier, until the beginning of the war, German political economy was based on the following distribution of the population: half of the total population belonged to the age-group of 15 to 50 years, and one-sixth belonged to the age-group over 50 years. These two groups together constituted therefore two-thirds of the population. This was the case in 1910, exactly the same as, for example, in 1871. This constant proportion could only be maintained if the population, under the threat of over-population in certain generations, restored the balance by increased emigration. This outlet, however, was closed at the beginning of the war, and has barely been reopened.

Table No. 2.

DISTRIBUTION OF THE GERMAN POPULATION ACCORDING TO THREE AGE-GROUPS AND SEX IN 1925, COMPARED WITH THE CORRESPONDING DISTRIBUTION IN 1910.

Age-groups	A. Actual figures			B. Proportional figures		
	Males	Females	Total	Males	Females	Total
				per 1,000 of the total population of the same sex		per 1,000 of the population
1	2	3	4	5	6	7
A. 1925 Census (June 16th).						
0-14	8,142,204	7,929,899	16,072,103	269.6	246.2	257.5
15-49	16,522,995	18,095,155	34,618,150	547.2	561.7	554.7
50 and over	5,531,624	6,188,752	11,720,366	183.2	192.1	187.8
Total ..	30,196,823	32,213,796	62,410,619	1,000	1,000	1,000
B. 1910 Census (December 1st) ¹ .						
0-14	11,170,714	11,061,378	22,232,092	348.3	336.0	342.1
15-49	16,307,491	16,429,447	32,736,938	508.4	499.1	503.7
50 and over	4,597,014	5,426,194	10,023,208	143.3	164.9	154.2
Total ..	32,075,219	32,917,019	64,992,238	1,000	1,000	1,000
C. 1910 Census. Population within the territorial frontiers as in 1925.						
0-14	9,830,032	9,753,697	19,583,729	345	333	340
15-49	14,569,459	14,719,865	29,289,324	511	502	506
50 and over	4,090,355	4,835,019	8,925,374	144	165	153
Total ..	28,489,846	29,308,581	57,798,427	1,000	1,000	1,000

¹ These figures show the distribution of the population according to age as estimated on December 31st, 1910. The figures showing ages as on the date of the Census only take into account the years of birth.

These changed demographic conditions, which can easily be proved to exist in other countries belonging to the economic sphere and civilisation of north-west Europe, and the end of which cannot yet be foreseen, provide new problems and new tasks for prophylactic medicine, which must in future concern itself rather with the *birth rate* than the death rate.

We thus come to the most important factor in the distribution of the population according to age, the *decrease in the proportion of children and the modification of the present type of distribution of the population* according to age, and the consequences resulting therefrom.

Until towards the end of the last century, the German Reich was included among the countries with a *progressive type* of distribution of population according to age, that is, Germany had many children and few aged persons and, in consequence of the large number of children, a high death rate. Now it is in the *transitional stage towards a retrogressive type*, since the number of children is decreasing and the number of inhabitants over 50 years is increasing. This transitional stage offers the advantage of a minimum death rate, which will only increase again if the number of children does not continue to diminish and if, on the other hand, the number of persons over 50 years of age increases. This process, which was first noted at the beginning of this century, has become sensibly accentuated as regards the decrease in the number of children since the war; its operation, as regards the increase in the number of aged persons, on the other hand, has been delayed since the effects of the food shortage at that period affected chiefly these latter. For the reasons explained above, this increase will become more marked in the near future.

In order to estimate the decrease in the number of children since 1910, the only method of comparison is to take the distribution according to age of the population in 1910, shown in Table 1, while adjusting the figures to the present territory of the German Reich. Compared with these figures, the number of children in 1925 was as follows:

Census years	Number of children under 15 years of age in the present territory of the German Reich	
	Absolute figures in 1,000's	Per 1,000 of the total population
1910	19,584	340
1925	16,072	257
Decrease	— 3,512	— 83

In 1925, the number of children under 15 years of age thus fell short of the figures for 1910 by 3,500,000, and the children only formed one-quarter of the total population, whereas they constituted one-third in 1910. If this decrease in the proportion of children were to continue, no further increase of the German population could be hoped for, since this proportion is equivalent to the proportion of children in a stationary population and is less than the corresponding proportion of the French population in all the Census years between 1851 and 1911. It is obvious that, with a stationary basis of 1,000,000 infants surviving the first year, a population of 60,000,000 can only be maintained at that figure if the average expectation of life at the begin-

ning of the second year amounts to 60 years. This was actually the case according to the latest German life table for the period 1924 to 1926, which was free from epidemics.

The present basis of the German population has been profoundly modified by the unnatural conditions of the war years, as the abnormally low figures for 1925 for children between 5 and 10 years of age clearly show. The birth rate would now appear to exhibit a tendency to revert to this low level. The influence of the birth rate on the distribution of the population according to age is in normal times as circumscribed as that of the death rate. The decisive factor is the balance between these *two* elements in the normal development of the population. How long the distribution of the German population according to age will maintain the present retrogressive type before entering upon the *stationary stage* depends upon the future evolution of these two factors.

A reversion to the progressive type is impossible before about another fifty years, when the greater part of the over-populated generations born before the war has died off, since these generations included, even in the age-group of 20 to 25 years, more persons alive in 1925 than the youngest quinquennial age-group.

2. VARIATIONS IN FERTILITY.

A knowledge of the distribution of the population according to sex, age and civil status, as given in the 1925 Census, enables us to obtain an insight into the attitude adopted by German women towards the problems outlined above. The effect of the present distortion of the demographic development of the German population is most marked on the women of child-bearing age. The evolution in the *fertility* of women enables us to judge their efforts to remedy these conditions.

The only statistics available for comparison with the fertility figures for 1925 are those for 1910, since this was the last Census before 1925 which gave any information concerning the distribution of the population according to age in combination with civil status. These figures are only available for the German territory as it existed in 1910, yet the relative changes in fertility which have taken place since then can be clearly traced.

Table No. 3.

GENERAL, LEGITIMATE AND ILLEGITIMATE FERTILITY IN 1925
COMPARED WITH THAT OF 1910.

Census years	Total female population	Female population between 15 and 49 years of age	Married Women		Married Women between 15 and 34 years of age	
			Actual figures	Proportional figures per 1,000 females of the same age	Actual figures	Proportional figures per 1,000 females of the same age
1	2	3	4	5	6	7
1925 ..	32,213,796	18,095,156	9,314,577	514.8	4,415,177	382.0
1910 ¹ ..	32,895,827	16,436,991	8,951,538	544.6	4,415,398	406.1
	Unmarried Women between 15 and 49 years of age		Unmarried Women between 15 and 34 years of age		Live-born children	
	Actual figures	Proportional figures per 1,000 females of the same age	Actual figures	Proportional figures per 1,000 females of the same age	Actual figures	
	8	9	10	11	Total	Legitimate
1925 ..	8,780,578	394.7	7,142,116	618.0	1,292,499	1,139,832
1910 ..	7,485,453	392.9	6,458,273	593.9	1,924,778	1,752,394
	Live-born children	Live-born children per			Legitimate children surviving one year	
	Actual figures	1,000 Women	1,000 Married Women	1,000 Unmarried Women	Actual figures	Proportional figures per 1,000 Married Women between 15 and 49 years of age
		Between 15 and 49 years of age				
	Illegitimate	Total	Legitimate	Illegitimate		
	14	15	16	17	18	19
1925 ..	152,667	71.4	122.4	21.4	1,030,244	110.6
1910 ..	172,384	117.1	195.8	26.7	1,485,223	165.9

¹ Territorial frontiers as in 1910. These figures show the distribution of the female population according to age at the date of the census (December 1st, 1910) and include women between 14 years, 11 months and 40 years, 11 months of age.

In 1925, there were 1,600,000 more women between 15 and 50 years of age in the German Reich than in 1910, in spite of the cessions of territory which have since been made. On the other hand, there were 632,279 fewer live births in 1925 than in 1910, thus reducing the *general fertility figure* from 117.1 in 1910 to 71.4 in 1925. The number of live births was 1,924,778 in 1910 and 1,292,499 in 1925. In the face of such radical changes, the demographical causes must be taken largely into account.

In all countries the statistics in which the births are calculated in relation to the age of the mothers show that vast differences in fertility exist between the various age-groups of women of child-bearing age. The German Reich, although its birth rate statistics, which are established on a different basis, do not allow it to be seen, is not an exception to this rule.

In view of the fact that fertility shows a marked decline after 35 years of age, the fertility rates must necessarily fall if the percentage of women between 15 and 35 years of age decreases and if that of women aged between 35 and 50 increases. This was actually the case in Germany, since the proportion of females between 15 and 35 years in comparison with the total number of females between 15 and 50 fell from 662 per thousand in 1910 to 639 in 1925, whereas the proportion of females between 35 and 50 rose from 338 to 361 per thousand. This change is due to the fact that in 1925 the number of women between 35 and 50 exceeded the figure for 1910 by 17.5 per cent, while the number of females of 15 to 35 in 1925 only exceeded the figure for 1910 by 6.3 per cent. The incipient increase in the proportion of women of higher age-groups to the total female population is already producing an effect on the child-bearing age-groups.

The decisive factor, however, as regards the level of the fertility figure is the number of *married women* between 15 and 35 and their ratio to the total number of women between 15 and 50 years. In 1925, the number of married women between 15 and 35 years of age in Germany was 4,415,177, and was therefore the same as in 1910, when the number was 4,415,398. Consequently, the married women who had reached the most fertile age had no share in the great addition to the female population of 15 to 50 years of age between 1910 and 1925 which amounted to 1,658,164. The ratio per thousand of married women between 15 and 35 to the total number of females between 15 and 50 fell from 269 in 1910 to 244 in 1925. The increase in the number of women between 15 and 35 was thus limited to the unmarried women. The number of the latter rose from 6,458,273 in 1910 to 7,412,116 in 1925. Whereas, in 1910, of every thousand women between the ages of 15 and 35—*i.e.*, the most fertile period—406 were married, the ratio was only 382 per thousand in 1925. A more considerable decrease must therefore occur in the case of legitimate fertility if it is calculated, as is usually done, in relation to the total number of women of child-bearing age, than if merely calculated in proportion to the number of married women between 15 and 35. In the first case, the *legitimate fertility rate* for 1925 is lower than that of 1910 by 37.4 per cent and in the latter only by 34.9 per cent.

The decrease in the *illegitimate fertility rate* during the same period must have been much less pronounced, since the proportion of unmarried women—spinsters, widows and divorced women—between 15 and 35 years per thousand women in those age-groups rose from 594 in 1910 to 618 in 1925. The proportion of unmarried women between 15 and 35 years per thousand females between 15 and 50 years of age also rose from 393 in 1910 to 395 in 1925. A calculation of the illegitimate fertility figures per thousand unmarried women between 15 and 50 shows a reduction of 24.8 per cent for 1925 as compared with 1910, but if this calculation is based on the number

of unmarried women between 15 and 35 the decrease is only 19.9. This latter calculation shows, therefore, that the reduction in the rate of illegitimate fertility was 15 per cent less than the reduction in the legitimate fertility rate.

The reduction in illegitimate fertility, however, is only responsible for a very slight reduction in the number of illegitimate children over 1 year of age. Whereas the number of illegitimate live births was 172,384 in 1910 and only 152,667 in 1925, the number of children that survived their first year was nearly the same in both years, *i.e.*, 128,097 and 126,266 respectively. These figures have only a practical significance and show that a decrease in the number of births does not always mean a decrease in the number of children.

Similarly, the decrease in the number of *legitimate children* over 1 year of age was much less than the decrease in the number of legitimate live births. The first amounted to 1,485,223 in 1910 and to 1,030,244 in 1925, whereas the number of legitimate live births was 1,752,394 and 1,139,832 respectively. Consequently, the reduction in the effective legitimate fertility rate, *i.e.*, the number of legitimate children who survived their first year per 1,000 married women between 15 and 50 years of age, from 165.9 in 1910 to 110.6 in 1925, or 33.3 per cent, was less than the simultaneous reduction in the general legitimate fertility rate mentioned above, *i.e.*, 37.4 per cent.

The distribution of the population according to age, sex and civil status also shows why only the number of unmarried women between 15 and 35 increased in 1925 as compared with 1910, although the abnormally high number of marriages after the war more than compensated for the diminution in this number during the war. Whereas the excess of females over males between 15 and 50 years of age constantly decreased before the war, the excess of females in that age-group amounted to 1,672,000 in 1925. In 1910, there were only 1,007 females of the same age-group to 1,000 males between 15 and 50 years, and in 1925 this ratio increased to 1,102, that is to say, there were 11 females between 15 and 50 years to 10 males in the same age-group.

The above figures, therefore, do not tend to justify the theory that the abnormally high proportion of females of child-bearing age, which, as has been stated, amounted to 562 per thousand in 1925, thus greatly exceeding the physiological ratio (500 per 1,000 of the total female population), must exercise a favourable influence on the number of births. For it can be proved that the most fertile part of this proportion, that is, the married women between 15 and 35 years of age, has no share in this increase. On the contrary, the proportion of these women in comparison with the total female population between 15 and 50 years of age has fallen off and will decrease even more in the future, since the younger generations, as shown in Table 1, are less numerous than those which reached the child-bearing age between 1910 and 1925.

This attempt to give a popular explanation of the complicated demographic conditions of a nation has been made because similar conditions already obtain in several other countries and threaten to do so in yet others, and a knowledge of the situation will enable important principles to be deduced for the future guidance of prophylactic medicine. The daily routine will gain in interest if attention is drawn to the more distant future, and to the problem as a whole.

II. MOVEMENT OF THE POPULATION IN 1927.

Table No. 4.

SURVEY OF THE MOVEMENT OF THE POPULATION WITHIN THE PRESENT TERRITORY OF THE GERMAN REICH FROM 1922 TO 1927.

Original source: *Statistik des Deutschen Reichs*, Vol. 336 (Berlin 1928); *Statistisches Jahrbuch für das Deutsche Reich*, 47th Year, 1928 (Berlin 1928).

Year	Mean population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)
1	2	3	4	5	6	7
<i>A. Actual figures</i>						
Average 1922-25	61,900	546,483	35,478	1,315,261	43,975	810,841
1926 ..	62,866	483,198		1,227,900	41,519	734,359
1927 ..	63,252	538,463		1,160,206	38,117	757,257
<i>B. Proportion per 1,000 of average population</i>						
Average 1922-25		8.8	0.57	21.3	0.71	13.1
1926...		7.7	0.54	19.5	0.7	11.7
1927 ..		8.5		18.4	0.6	12.0
	Excess of births (col. 5) over deaths (col. 7)	Overseas emigration	Effective annual increase	Excess of births over deaths	Overseas emigration	Effective annual increase
	8	9	10	11	12	13
<i>A. Actual figures</i>				<i>B. Proportion per 1,000 of average population</i>		
Average 1922-25	505,673	68,275	439,000	8.2	1.10	7.1
1926 ..	493,541	65,280	429,000	7.9	1.04	6.8
1927 ..	404,699	61,379	343,000	6.4	0.97	5.4

The year 1927 was characterised by a more favourable economic situation. This economic improvement (foreign loans, for example) had a certain effect upon the movement of the population, since in that year a very considerable increase in the number of marriages was recorded, together with a slight increase in the number of births during the first quarter, and probably also during the second quarter, of 1928. It is true that the latter circumstance was preceded in 1927 by a considerable decrease due to the unfavourable economic situation and to the great unemployment which prevailed in the preceding year. On the other hand, the death rate was again slightly higher in 1927 on account of the influenza epidemic in January and February. This fact is only of some importance because the minimum German death rate—11.7 per thousand for the average population—recorded in 1926 has not been attained since. In 1927, the birth rate and the rate of still-births reached figures lower than any hitherto registered in the Reich statistics, with the exception of the years 1916 to 1918. The excess of births over deaths in 1927 was about 400,000, and this figure corresponded to that for the decade 1861-70, when the population of Germany was 39,500,000. In view of this slight natural increase of the population, however, the loss caused by emigration becomes increasingly important, since in 1927 it already amounted to one-sixth of the excess of births over deaths.

III. BIRTH RATE.

1. GEOGRAPHICAL DISTRIBUTION OF THE BIRTH RATE.

The number of live births registered within the present territory of the German Reich fell from 1,404,215 in 1922 to 1,161,719 in 1927. Compared with 1926 the reduction was 67,694; accordingly the birth-rate per thousand of total population was only 18.3, compared with 16.5 in 1926, 20.7 in 1925 and 26.9 in 1913. This decrease did not follow a regular course, but was confined to 1923, 1926 and 1927. This fact proves that external influences must have been at work. The fundamental tendency is nevertheless quite obviously retrogressive, since the "fat" years have hitherto only succeeded in delaying the process. The situation was formerly quite different, for in the middle of the last century the German birth rate was only affected by the annual variations in the price of wheat and always reverted at the expiration of the "lean" years to the *status quo ante*.

Table No. 5 gives the distribution of births in the different parts of the Reich; it will be seen that the minimum regional birth rate figure in Hamburg fell in 1927 to 13.3, which is not far removed from the birth rate for Saxony—the country possessing the largest number of towns—namely, 15.7. These two figures are lower than the minimum European birth rate for 1927, which is to be found in Sweden, namely, 16.1. The maximum birth rate in German countries fell in 1927 to 22.3 in Oldenburg and 20.2 in Bavaria. These two countries, which are mainly agricultural, also showed the same birth rate figure in 1922, namely 25.0. Their birth rate, although still largely in excess of the rate for the whole Reich, shows the same evolution.

Table No. 5.

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.

Original source : *Wirtschaft und Statistik*, 8th and 9th Years (Berlin 1928 and 1929).

Administrative divisions	Average population (in 1,000's)		Live births				Difference between the birth rates in 1927 and 1926
			Actual figures		Rate per 1,000 inhabitants (average population)		
	1926	1927	1926	1927	1926	1927	
1	2	3	4	5	6	7	8
<i>German Reich</i>	62,866	63,252	1,227,900	1,161,719	19.5	18.4	- 1.1
<i>A. States.</i>							
1. Prussia	38,415	38,715	754,041	714,266	19.6	18.4	- 1.2
2. Bavaria	7,437	7,466	160,200	150,782	21.5	20.2	- 1.3
3. Saxony	5,021	5,029	84,798	78,759	16.9	15.7	- 1.2
4. Wurttemberg	2,595	2,601	49,072	46,564	18.9	17.9	- 1.0
5. Baden	2,328	2,337	47,396	45,440	20.5	19.4	- 1.1
6. Thuringia	1,621	1,627	32,261	30,413	19.9	18.7	- 1.2
7. Hesse	1,358	1,361	26,233	24,673	19.3	18.1	- 1.2
8. Hamburg	1,152	1,187	16,011	15,777	13.9	13.3	- 0.6
9. Mecklenburg-Schwerin	679	683	13,991	13,117	20.6	19.2	- 1.4
10. Oldenburg	552	555	12,646	12,360	22.9	22.3	- 0.6
11. Brunswick	504	504	9,060	8,408	18.0	16.7	- 1.3
12. Seven other States ¹	1,201	1,208	22,191	21,160	18.4	17.5	- 0.9
<i>B. Towns and Country.</i>							
Total for towns of 15,000 inhabitants and over ²	27,084	27,513	413,512	394,435	15.3	14.3	- 1.0
Total for communes of less than 15,000 inhabitants ²	35,782	35,739	814,388	767,284	22.8	21.4	- 1.4

A comparison of the birth rate of the Reich with the figures for the towns and country districts, that is to say, that of the towns with over 15,000 inhabitants and the communes with less than 15,000 inhabitants, shows that the figure for the whole Reich in 1927—namely, 18.4—approaches nearer to that for the country districts—

¹ Anhalt, Bremen, Lippe, Lübeck, Mecklenburg-Strelitz, Waldeck and Schaumburg-Lippe.
² Including live-born children born in towns of mothers not domiciled in those towns.

21.5—than to the figure for the towns, *i.e.*, 14.3. This approximation to the rural birth rate is due to the fact that the birth rate for the country districts, by reason of their larger population, is of greater statistical account than the urban figures. Further development would be possible in one direction only, namely, the population of the towns would continue to increase by absorbing the entire excess of births in the country districts, so that in the near future the Reich birth rate would approximate to the lower urban figure. The population of the towns with over 15,000 inhabitants has increased from 27,084,000 in 1926 to 27,513,000 in 1927, being an increase of 429,000, whilst that of the country districts has fallen by 43,000, although the rural birth rate exceeded the urban by 50 per cent. The greater part of the effective increase in the population of the towns is contributed by the country districts, whereas the towns themselves had but a slight share in this increase in 1927, the excess of births in the towns being only 104,773, or 3.8 per thousand inhabitants.

The struggle against over-population, therefore, differs in town and country. The country seeks to protect itself chiefly by yielding its excess of births to the towns, and the towns more particularly by limiting the number of births. The towns admit the adult peasant as welcome labour, but in the environment of the towns, he seeks to reproduce himself even less than the urban population itself.

2. DISTRIBUTION OF BIRTHS ACCORDING TO SEX AND VITALITY.

Table No. 6.

DISTRIBUTION OF BIRTHS ACCORDING TO SEX AND VITALITY FROM 1921 TO 1926.

Original source: see Table No. 4.

Year	Live births		Still-births		Total births, live-born and still-born together	
	Male	Female	Male	Female	Male	Female
1	2	3	4	5	6	7
Average for 1921-25	705,267	659,863	25,244	20,154	730,511	679,972
1926	632,370	595,530	23,308	18,211	655,678	613,741
	Excess of male births per 100 female births among children			Still-born children per 100 births of the same sex (live-born and still-born children together)		
	Live-born	Still-born	Live-born and still-born together	Male	Female	Total
	8	9	10	11	12	13
Average for 1921-25	106.9	125.3	107.4	3.45	2.96	3.22
1926	106.2	128.5	106.8	3.58	2.97	3.27

Whilst, in 1926, the physiological excess of male over female live births was recorded at 106.2 for the first time since the war, thus returning to its former level (about 106 boys to 100 girls), this increasing excess has continued in the case of still-births, reaching the surprising figure of 128.5. This latter phenomenon is connected with another new development, namely, that since the war only the proportion of male still-births has increased, whereas that of female still-births has remained almost stationary. In 1926, the percentage of male still-births was 3.58, that of female still-births only 2.97, calculated per 100 live and still-births of both sexes. In 1921, the ratios were 3.38 and 2.93 respectively.

3. CONCEPTIONS AND ABORTIONS.

The present struggle against over-population can be gauged even more accurately from the abortion statistics than from the decrease in the legitimate birth rate. Abortions are perhaps already as numerous as normal births. There are certainly symptoms in the large centres of population which appear to confirm this view. We are now in possession of documentary material which allows us to calculate, not only the number of abortions, but also their frequency per thousand women between 15 and 45 years of age. This material is not very copious, as the majority of abortion statistics do not give the figures for women of child-bearing age. The statistics in Table 7 furnish the percentage of normal confinements and of abortions among women of child-bearing age at Magdeburg and also figures regarding the female members of certain health insurance funds in Berlin before and after the war. The particulars regarding the number of women members of the health insurance fund of the Allgemeine Elektrizitäts-Gesellschaft and the Siemens-Werke, which are the two largest factory health insurance funds in Germany, include all the women members, among whom the abortion figure, however, is so high that it can be assumed that nearly all these women are still of child-bearing age.

As this comparison for that period shows, only the number of normal births was modified after the war; this number has declined as everywhere else. On the other hand, the material available does not allow of the conclusion that the percentage of abortions was higher after the war than before, since the increase at Magdeburg from 17 to 20 is sufficiently explained by the improvement since the war in the technical methods of collecting statistical material. There would appear to be no difference between the rate of births and the rate of abortions in the health insurance funds mentioned above. In reality, however, the abortions probably predominate to a considerable extent, since the data relative thereto are incomplete. In the case of one fund, however, we find an abortion rate of 42 as against a birth rate of 23. The usual order appears to be reversed, for to-day the poorer classes in the large towns show the fertility rate which formerly characterised the most aristocratic classes.

Table No. 7.

NORMAL CONFINEMENTS, ABORTIONS AND FREQUENCY OF CONCEPTIONS IN THE CITY OF
MAGDEBURG AND AMONG THE WOMEN MEMBERS OF VARIOUS SICKNESS INSURANCE FUNDS
BEFORE AND AFTER THE WAR.

Sources : *Statistisches Jahrbuch der Stadt Magdeburg*. 1927 Edition (Magdeburg 1928)
—W. PRYLL : *Ergebnisse der Allgemeinen Ortskrankenkasse der Stadt Berlin für
das Jahr 1927* (Berlin 1928).—Reports of the Sickness Insurance Funds of the
Allgemeine Elektrizitäts-Gesellschaft and Siemens-Werke, Berlin, for 1927.

Place and Year	Number of females between 15 and 45 (in 1,000's)	Actual figures			Rate per 1,000 females aged between 15 and 45		
		Normal confinements	Known abortions	Known conceptions	Normal confinements (general fertility)	Known abortions (pre-natal fertility)	Known conceptions (general and pre-natal fertility)
1	2	3	4	5	6	7	8
City of Magdeburg ¹.							
1913	72	6,180	1,257	7,437	86	17	103
1924-27 ²	81	4,345	1,624	5,969	54	20	74
1927, Married women	43	3,352	944	4,296	77	22	99
1927, Unmarried women	38	757	508	1,265	20	13	33
Berlin General Sickness Insurance Fund.							
1926	186	5,711	5,740	11,451	31	31	62
1927	186	5,916	6,269	12,205	32	34	66
Sickness Insurance Fund of the Allgemeine Elektrizitäts-Gesellschaft, Berlin.							
1927 ³	10	226	423	649	23	42	49
Sickness Insurance Fund of the "Siemens-Werke", Berlin							
1911-14 ²	10	760	342	1,102	76	34	110
1921-25 ²	17	528	636	1,164	31	37	68
1926-27 ²	15	484	579	1,063	32	39	71

¹ Not including persons domiciled elsewhere.

² Yearly average.

³ For the figures for 1921-26, see page 254, *International Health Year-Book*, 3rd Year, 1927.

Table No. 8.

BIRTHS AND ABORTIONS IN THE CITY OF MAGDEBURG FROM 1924 TO 1927, AND
IN THE CITY OF LÜBECK IN 1926.

Original sources: *Statistisches Jahrbuch der Stadt Magdeburg 1927* (Magdeburg 1928).
—J. Hartwig, "Die Fehlgeburten im Lübeckischen Freistaat im Jahre 1926,"
Archiv für soziale Hygiene und Demographie, Vol. III, page 147 (Berlin 1928).

A. Actual figures.

Year	Average population (in 1,000's)	Children		Abortions notified						Filiation Un-known	Total number of conceptions (col. 3+4+8)
		Live-born	Still-born	By hospitals	By doctors	By mid-wives	Total	Legitimate	Illegitimate		
1	2	3	4	5	6	7	8	9	10	11	12
<i>City of Magdeburg (not including persons domiciled elsewhere).</i>											
1924 ..	298	4,183	195	458	1,338	67	1,863	1,300	553	10	6,241
1925 ..	294	4,416	216	458	1,066	38	1,562	1,093	466	3	6,194
1926 ..	298	4,232	197	612	987	25	1,624	1,083	518	23	6,053
1927 ..	298	3,962	187	492	926	30	1,448	937	508	3	5,597
<i>City of Lübeck.</i>											
1926 ..	122	2,029	64	110	648	118	876	486	250	140	2,969
1927 ..	123	1,884	70	127	670	150	947	685	262	—	2,901

B. Proportional figures.

Year	Children		Total abortions notified	Total conceptions	Children		Abortions	Abortions per 1,000 births notified to the Registry of Births, Marriages and Deaths (col. 3+4 of Table 8, A)
	Live-born	Still-born			Live-born	Still-born		
	Per 1,000 of average population				Per 100 conceptions (col. 12 of Table 8, A)			
1	2	3	4	5	6	7	8	9
<i>City of Magdeburg.</i>								
1924 ..	14.0	0.65	6.3	20.9	66.9	3.1	30.0	42.4
1925 ..	15.0	0.7	5.3	21.1	71.3	3.5	25.2	33.7
1926 ..	14.2	0.7	5.5	20.3	69.9	3.2	26.9	26.7
1927 ..	13.3	0.6	4.9	18.8	70.7	3.3	26.0	34.9
<i>City of Lübeck.</i>								
1926 ..	16.8	0.5	7.2	24.3	68.3	2.2	29.5	41.8
1927 ..	15.3	0.6	7.7	23.6	64.0	2.4	32.6	48.5

We have assembled the latest data in Table 8 in order to complete the statistics relative to abortions given in the previous reports. The abortion statistics for Magdeburg, in which the whole medical faculty of that city co-operated voluntarily, thus giving a most commendable example, do not extend beyond 1927. These statistics contain the most detailed figures concerning abortions and were subject to an exhaustive analysis from the demographic, sociological and medical points of view in the fourth volume of the *Statistisches Jahrbuch der Stadt Magdeburg* (1927).

4. LEGITIMATE AND ILLEGITIMATE BIRTHS.

Table No. 9.

LEGITIMACY AND ILLEGITIMACY OF BIRTHS FOR THE YEARS 1921 TO 1927.

Original source: see Table No. 4.

A. Actual figures

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
Average 1921-25 ..	1,218,544	37,868	1,256,412	146,542	7,530	154,072	1,365,083	45,398	1,410,484
1926 ..	1,075,972	33,875	1,109,847	151,928	7,644	159,572	1,227,900	41,519	1,269,419

B. Proportional figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
	Live-born (col. A8)	Still-born (col. A9)	Total (col. A10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				Per 100 live-born and still-born children			Per 1,000 average population	
				Legitimate (col. A4)	Illegitimate (col. A7)	Total (col. A10)		
1	2	3	4	5	6	7	8	9
Average 1921-25 ..	107.4	165.9	109.2	3.01	4.89	3.22	19.7	2.4
1926	123.7	184.1	125.7	3.05	4.79	3.27	17.1	2.4

The statistical classification of births according to legitimacy is only available at present up to 1926, in which year the decrease in the number of births was as great as in 1927. The diminution in 1926 compared with 1925 was limited almost exclusively to legitimate births, whereas illegitimate births maintained very nearly the high level of the previous year. Therefore the ratio of illegitimate births, which in 1925 amounted to 120, and thus approximated to the former maximum ratio attained in 1918, namely, 131 per thousand live and still-births, necessarily increased. In 1926, this ratio rose to 126. The tragedy of the war appears to be re-enacting itself in the birth rate of the German people, for it approximates more and more to that of the war years, while the ratio of illegitimate births has already exceeded that for all the war years except 1918.

The table below indicates the changes in the various categories of births in compared with 1925.

Classification of births	1925	1926	Absolute decrease	Decrease per cent
Legitimate live births	1,139,832	1,075,972	— 63,860	— 5.6
Illegitimate live births	152,667	151,928	— 739	— 0.5
Legitimate still-births	36,043	33,875	— 2,168	— 6.0
Illegitimate still-births	7,785	7,644	— 141	— 1.8
Total	1,336,327	1,269,419	— 66,908	— 5.0

As indicated in Table No. 6, it is only the legitimate birth rate which has fallen, namely, from 18.3 in 1925 to 17.1 in 1926.

5. MONTHLY VARIATIONS IN THE BIRTH RATE.

The monthly fluctuations in the birth rate in towns of 15,000 inhabitants and over show that the considerable decrease recorded in 1927 had already begun in January and attained the lowest point in October, this birth-month corresponding to January 1927 as the month of conception. The urban birth rate during that month fell for the first time below 13, going down to 12.8; during the subsequent months, however, it recovered rapidly, reaching 15.4 in March 1928, only to relapse in the following month. This proves that even a low birth rate is subject to the periodical rise which occurs between January and March in spite of all the other restricting factors. The strikingly low minimum in October 1927 can be considered as due to the effects of the influenza epidemic in January and February 1927, similar effects having been observed in connection with previous epidemics.

This comparison has been continued in Table No. 10 to the most recent possible date in order to supplement the comparative statistics given in last year's report between the monthly curve of the birth rate in the towns and the index figure of the cost of living. The index figure rose from 139.6 in April 1926 to 150.0 in July 1927, mainly because of the increase in house rents, a factor which, in view of the housing shortage still persisting in the towns, was bound to influence the birth rate. As in the towns this is already at a very low level, its reaction to the rise in the index figure cannot be very marked, though it would become clearly discernible if seasonal influences

were eliminated. The minimum urban birth rate figures observed during the birth-months between October 1923 and September 1924, consequent upon the inflation period, have not been recorded again since January 1927.

Table No. 10.

FALL IN GERMAN TOWNS OF 15,000 INHABITANTS AND OVER OF THE BIRTH RATE OF CHILDREN CONCEIVED DURING THE YEARS 1924 TO 1927, AND THE SIMULTANEOUS RISE IN THE COST-OF-LIVING INDEX FIGURE IN RELATION TO THE YEAR 1924.

Month	Birth rate—with reference to date of conception—of live-born infants per 1,000 inhabitants of German towns with a population of 15,000 and over for the years :				Reduction compared with the monthly rates in 1924 (100 being taken as the figure for that year) in the years :			Cost-of-living index figure (for the Reich) in gold marks (1913=100) for each month of the years :				Increase compared with the monthly average for 1924 (=127.5) taken as 100 in the years :		
	1924	1925	1926	1927	1925	1926	1927	1924	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
January	14.9	14.6	14.3	12.8	98	96	86	125.9	135.6	139.3	144.6	106	109	113
February	15.1	14.5	14.3	13.4	96	95	89	119.9	135.6	138.8	145.6	106	109	114
March	15.4	14.6	14.3	13.8	95	93	90	121.9	136.0	138.3	114.9	106	110	114
April	16.4	15.4	15.1	14.7	94	92	90	125.3	136.7	139.6	146.4	107	110	115
May	17.2	16.4	15.3	15.0	95	89	87	126.9	135.5	139.9	146.5	106	110	115
June	17.5	16.6	15.0	15.4	95	86	88	123.5	138.3	140.5	147.7	108	110	115
July	17.4	16.2	15.0	15.0	93	86	86	126.4	143.3	142.4	150.0	112	112	118
August	16.9	15.7	15.0	14.0	93	89	83	126.7	145.0	142.5	146.6	114	112	115
September .. .	16.3	15.2	14.7	14.1	93	90	86	129.4	144.9	142.0	147.1	114	111	115
October .. .	15.8	15.5	14.2	13.9	98	90	88	134.9	143.5	142.2	150.2	113	111	118
November .. .	14.8	14.5	13.9	14.0	98	94	95	135.4	141.4	143.6	150.6	110	113	118
December .. .	15.2	14.8	14.0	14.1	97	92	93	135.4	141.2	144.3	151.3	111	113	119

IV. MORTALITY.

1. GEOGRAPHICAL DISTRIBUTION OF GENERAL MORTALITY.

The mortality figures still present a more favourable picture than the birth rate figures, although in 1927 the general mortality figure was 12.0 and therefore slightly higher than in the previous year, the death rate for which—11.7—was the lowest ever recorded in the German Reich. The annual variations in this rate appear at present to be due merely to fortuitous reasons. The influenza epidemic that broke out early in 1927 was the cause of an increased mortality in that year. This epidemic was not, however, equally severe in all parts of the Reich, and consequently the rise in the death rate in 1927 was not uniform throughout Germany.

Table No. 11.

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.

Original source: *Wirtschaft und Statistik*, 8th Year, page 116, and 9th year.

Administrative divisions	Total deaths (not including still-births)				Difference in death rate (+ or -) in 1927 as compared with 1926
	Actual figures		General death rate per 1,000 of average population		
	1926	1927	1926	1927	
1	2	3	4	5	6
<i>German Reich</i>	734,976	757,020	11.7	12.0	+ 0.3
A. States.					
1. Prussia	445,417	461,938	11.6	11.9	+ 0.3
2. Bavaria	96,474	96,989	13.0	13.0	± 0
3. Saxony	53,017	55,429	10.6	11.0	+ 0.4
4. Wurttemberg	30,038	31,173	11.6	12.0	+ 0.4
5. Baden	28,072	28,181	12.1	12.1	± 0
6. Thuringia	19,181	18,715	11.8	11.5	- 0.3
7. Hesse	14,805	15,305	10.9	11.2	+ 0.3
8. Hamburg	12,864	13,733	11.2	11.6	+ 0.4
9. Mecklenburg-Schwerin	9,214	9,094	13.6	13.3	- 0.3
10. Oldenburg	5,628	5,732	10.2	10.3	+ 0.1
11. Brunswick	6,111	6,356	12.1	12.6	+ 0.5
12. Seven other States	14,155	14,375	11.8	11.9	+ 0.1
B. Towns and Country.					
Total for towns with 15,000 in- habitants and over	275,209	289,662	10.2	10.5	+ 0.3
Total for communes of less than 15,000 inhabitants ¹	459,150	467,358	12.8	13.1	+ 0.3

As set out in Table 11, a further decrease in the death rate was recorded in certain administrative territories which were the least affected by the influenza epidemic. As against this, the increase in the towns and country districts was uniform, since in such a summary return the regional differences in the death rates necessarily disappear. A curious fact in connection with the present lower mortality figures is the markedly lower rate in the urban as compared with the healthier country districts. We know, nevertheless, that there are far fewer children and aged persons in the towns than in the country. In these times, therefore, it is necessary that the details of the mortality figures should be known.

¹ Including deaths of persons not domiciled in the towns.

2. GENERAL AND STANDARDISED MORTALITY ACCORDING TO SEX.

Table No. 12.

DEATH RATE ACCORDING TO SEX DURING THE YEARS 1921 TO 1926.

Original source : See Table No. 4.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (difference between col. 6 and 7)	Proportion between male and female death rates (Female = 100)
	Males	Females	Males	Females	Males	Females		
1	2	3	4	5	6	7	8	9
Average								
1921-25	29,819	31,853	415,116	408,372	13.9	12.8	- 1.1	108.6
1926	30,438	32,428	370,193	364,166	12.1	11.2	- 1.1	108.0

Table No. 13.

COMPARISON OF GENERAL GERMAN DEATH RATES OF BOTH SEXES WITH THE DEATH RATES
COMPUTED ON THE BASIS OF A STANDARD POPULATION (STANDARDISED DEATH RATE)
FOR 1920 TO 1926.

Year	Males			Females			Total			Proportion between sexes (Female = 100)	
	Death rate		Difference	Death rate		Difference	Death rate		Difference	General	Standardised
	General	Standardised		General	Standardised		General	Standardised			
1920 ..	15.8	16.1	+ 0.3	14.7	15.3	+ 0.6	15.1	15.7	+ 0.6	107.8	105.2
1921 ..	14.6	14.5	- 0.1	13.3	13.6	+ 0.3	13.9	14.0	+ 0.1	109.8	106.6
1922 ..	15.0	14.9	- 0.1	13.8	13.9	+ 0.1	14.4	14.4	+ 0.1	108.7	107.2
1923 ..	14.4	14.6	+ 0.2	13.4	13.6	+ 0.2	13.9	14.1	+ 0.2	107.5	107.4
1924 ..	12.7	12.4	- 0.3	11.8	11.8	+ 0	12.2	12.1	- 0.1	107.7	105.1
1925 ..	12.4	12.0	- 0.4	11.5	11.3	- 0.2	11.9	11.7	- 0.2	107.8	106.2
1926 ..	12.2	11.6	- 0.6	11.2	10.9	- 0.3	11.7	11.4	- 0.3	108.9	106.4

In 1926, the general mortality figure, both for males (12.2) and for females (11.2), reached the lowest figure so far recorded. The same applies to the standard mortality figure for both sexes, which amounted to 11.6 for males and to 10.9 for females. The present proportional excess of old people, therefore, has not had the effect of raising the latter figures. This standard mortality figure, indeed, was bound to fall below the general mortality figure, since a decrease has taken place in the ratio

to the total population of the age-groups with the highest expectation of death, that is, the age-groups between 0 and 5 years of age and those of 60 and over, compared with the corresponding ratio to the "standard population", *i.e.*, the distribution of the German population according to age in 1910. This decrease is due to the fact that the decrease in the mortality ratio of the age-group between 0 and 5 years was greater than the increase in the mortality of the age-group of 60 years and over.

As the modification of these conditions is of importance from the point of view of the standardisation theory, further details on this subject are of interest.

Age-groups in years	Proportion of each age-group to the total German population of the same sex								
	Male		Differ- ence	Female		Differ- ence	Both sexes		Differ- ence
	1910	1925		1910	1925		1910	1925	
0-5	124.5	98.8	- 25.6	119.5	89.6	- 29.9	121.8	94.2	- 27.6
60 and over	70.2	86.7	+ 16.4	85.8	97.6	+ 11.8	78.2	92.3	+ 14.1
Together	194.7	185.5	- 9.2	205.3	187.2	- 18.1	200.0	186.5	- 13.5
5-60	805.3	814.5	+ 9.2	794.7	812.8	+ 18.1	800.0	813.5	+ 13.5
Total	1,000.0	1,000.0		1,000.0	1,000.0		1,000.0	1,000.0	

This summary shows that the ratio of age-groups with the highest expectation of death was actually considerably lower in 1925 than in 1910, since the increase in the proportion of the age-group of 60 years and over was more than counterbalanced by the greater decrease in the age-group 0 to 5 years. On the other hand, the ratio of the age-group 50 to 60 years increased during the same period. Consequently, it is not surprising that, with so favourable a distribution of the age-groups, the general mortality should have reached its minimum figure. It would obviously rise again if the ratio of the age-group 0 to 5 years were to increase and if the chances of death in the case of children should cease to show a downward tendency. In so far as a forecast can be made at present, the only possible development would be an increase in the ratio of the age-group 60 years and over at the expense of the abnormally large age-group 5 to 60 years, and for this reason alone a subsequent increase in the general mortality is to be anticipated.

3. MORTALITY ACCORDING TO AGE AND SEX.

The detailed mortality figures show that the decrease in mortality in 1926 was an actual one since it affects nearly all the age-groups. The 1925 Census returns offered a reliable basis for calculating the number of persons still living in the various age-groups, and it was found that the number of males over 90 years of age had been under-estimated in 1925 by 300. However slight this discrepancy may appear, it gives the impression that the mortality rate for this age-group had decreased in 1926 in comparison with 1925 by 43.4 per thousand survivors in this age-group, since this under-estimation of the survivors was sufficient to make the death rate appear far too high. In reality, the decrease was only 7.9.

In 1926 also, as in all the years since the war, it was observed that the death rate for men between 25 and 35 years of age was lower than for men between 20 and 25 and that the rate for men between 30 and 40 was lower than that for women of the same age.

Table No. 14.

DEATH RATE ACCORDING TO AGE AND SEX IN 1926.

Original source: *Statistisches Jahrbuch für das Deutsche Reich*, 48th Year, 1928.

Ages and Age-groups	A. Actual figures			B. Proportional figures			Increase (+) or decrease (-) in mortality in 1926 compared with 1925		
	of deaths in 1926								
	Males	Females	Total	Mortality per 1,000 persons of the same age and sex			Males	Females	Total
				Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
(a) Of 5 years.									
0-1	70,721	54,044	124,765	118.9	95.0	107.2	+ 3.1	+ 1.1	+ 2.0
1-4	15,892	13,770	29,662	6.9	6.2	6.5	- 0.6	- 0.8	- 0.7
0-4	86,613	67,814	154,427	29.8	24.2	27.1	- 1.5	- 1.4	- 1.4
5-9	4,296	3,668	7,964	1.9	1.7	1.8	± 0	± 0	± 0
10-14:	3,806	3,451	7,257	1.3	1.2	1.3	- 0.1	- 0.1	± 0
15-19	8,808	7,414	16,222	2.7	2.3	2.5	- 0.1	- 0.1	- 0.3
20-24	12,717	10,358	23,075	4.1	3.3	3.7	- 0.3	- 0.2	- 0.2
25-29	10,452	10,809	21,261	4.0	3.8	3.9	- 0.3	- 0.1	- 0.1
30-34	8,082	10,449	18,531	3.9	4.0	4.0	- 0.3	- 0.2	- 0.2
35-39	8,830	10,722	19,552	4.5	4.6	4.5	- 0.2	- 0.2	- 0.3
40-44	11,107	11,321	22,428	5.9	5.4	5.7	- 0.2	- 0.3	- 0.2
45-49	15,075	13,958	29,033	8.2	7.1	7.6	- 0.3	- 0.3	- 0.3
50-54	19,639	17,348	36,987	11.8	10.0	10.9	- 0.5	- 0.2	- 0.3
55-59	24,345	20,817	45,162	18.2	14.8	16.5	- 0.4	+ 0.5	- 0.4
60-64	29,624	27,377	57,001	27.9	23.4	25.6	- 0.9	- 0.6	- 0.7
65-69	34,406	34,480	69,886	44.7	38.2	41.2	± 0	- 0.7	- 0.3
70-74	34,153	37,912	72,065	71.6	63.2	66.9	- 0.3	- 1.1	- 0.7
75-79	29,655	39,906	66,561	114.1	104.5	108.6	+ 0.8	+ 0.5	+ 0.7
80-84	18,983	25,511	44,494	177.4	164.6	169.8	- 0.3	- 2.6	- 1.7
85-89	7,689	10,880	18,569	265.1	241.8	250.9	- 9.5	- 14.2	- 12.5
90 and over ..	1,170	2,922	4,692	295.0	292.2	293.3	- 43.4	- 4.1	- 4.9
Age unknown	143	49	192						
Total ..	370,193	364,166	734,359	12.2	11.2	11.7	- 0.3	- 0.3	- 0.2

Table No. 14 (concluded).

Ages and Age-groups	Mortality per 1,000 persons of the same age and sex in 1926						
	Males	Females	Total	According to English age-groups	Males	Females	Total
(b) Of 10 years,							
30-39	4.2	4.3	4.2	25-34 ..	4.0	3.9	3.9
40-49	7.1	6.2	6.6	35-44 ..	5.2	5.0	5.1
50-59	14.6	12.1	13.4	45-54 ..	9.9	8.0	9.2
60-69	35.0	29.9	32.3	55-64 ..	22.5	18.7	20.5
70-79	86.6	78.5	82.0	65-74 ..	55.0	48.2	51.3
80-89	196.1	182.0	187.7	75-84 ..	132.5	122.9	126.9
90 and over	295.0	292.2	293.3	85 and over	270.3	250.9	258.5

Table No. 15.

GERMAN MORTALITY TABLE FOR 1924-26 COMPARED WITH THE FRENCH TABLE FOR 1920-23 AND THE ENGLISH TABLE FOR 1920-22.

Source: *Wirtschaft und Statistik*, 8th Year, 1928, pages 450 and 451.—*Bullein de la Statistique générale de la France*, tome XVII, pages 440 et 441.—*The Registrar-General's Decennial Supplement*, 1921, Part I: Life Tables (London 1927), pages 58-63.

Age in years	Males			Females		
	German Reich 1924-26	France 1920-23	England 1920-22	German Reich 1924-26	France 1920-23	England 1920-22
1	2	3	4	5	6	7
A. Death rate per 1,000 at the specified ages.						
0	115.38	108.23	89.96	93.92	88.21	69.42
5	2.42	3.48	4.17	2.19	3.78	4.24
10	1.42	1.91	1.81	1.20	2.14	1.80
15	1.94	2.72	2.18	1.81	3.55	2.27
20	4.27	6.39	3.49	3.32	5.19	3.06
25	4.39	6.50	3.98	3.94	5.93	3.50
30	4.05	6.60	4.34	4.14	5.90	3.92
35	4.25	7.54	5.53	4.52	6.16	4.51
40	5.35	9.30	7.88	5.31	6.89	5.32
45	7.23	10.79	8.81	6.44	8.11	6.68
50	10.30	14.30	11.79	8.86	10.37	9.15
55	15.48	20.05	17.55	12.73	13.89	13.19
60	23.62	28.31	25.61	19.47	19.89	18.97
65	39.62	40.48	39.75	31.55	30.05	29.92
70	58.08	65.12	59.97	51.98	50.94	46.46
75	93.91	91.99	93.79	85.29	79.47	75.94
80	141.96	169.07	140.02	133.71	134.24	117.66

Table No. 15 (concluded).

Age in years	Males			Females		
	German Reich 1924-26	France 1920-23	England 1920-22	German Reich 1924-26	France 1920-23	England 1920-22
1	2	3	4	5	6	7
<i>B. Number of survivors out of 100,000 births.</i>						
0	100,000	100,000	100,000	100,000	100,000	100,000
10	85,070	84,496	85,693	87,452	86,278	87,909
20	83,268	81,923	83,748	85,808	83,412	85,938
30	79,726	76,736	80,549	82,597	78,724	83,019
40	76,313	71,248	76,294	78,917	73,876	79,381
50	71,006	63,839	69,916	73,943	68,093	74,246
60	60,883	52,122	58,804	65,076	59,192	65,202
70	41,906	34,355	39,526	47,255	43,347	48,401
80	16,066	11,950	15,035	19,711	18,163	22,295
90	1,599	878	1,710	2,356	2,018	3,447
<i>C. Expectation of life in years at the specified ages.</i>						
0	55.97	52.19	55.62	58.82	55.87	59.58
5	60.09	55.13	58.81	61.62	58.53	61.67
10	55.63	51.51	54.64	57.11	54.49	57.53
20	46.70	42.93	45.78	48.09	46.16	48.73
30	38.56	35.50	37.40	39.76	38.61	40.26
40	30.05	27.84	29.19	31.37	30.82	31.86
50	21.89	20.45	21.36	23.12	22.99	23.69
60	14.60	13.84	14.36	15.51	15.63	16.22
70	8.74	8.25	8.75	9.27	9.33	9.95
80	4.77	4.33	4.93	5.06	5.04	5.56

The 1925 Census provided the possibility of making an accurate calculation of the mortality of the German population in 1924-26 by means of a new mortality table, an extract of which, referring to certain age-groups, has been reproduced in Table 15, in comparison with the latest English and French mortality tables.

As in the case of the crude mortality figures, the exact mortality rate shows that the death rate for males between 30 and 35, which was cited as an example, is lower than that for males of 25, a peculiar feature which is to be found neither in the French nor the English mortality tables. Contrary to the German mortality table, the French and English tables do not show an excess in the death rate of women between 30 and 35 as compared with men of the same age.

The comparability of the results of the German mortality table with those of the other tables is impaired less by the use of different methods of calculation than by the fact that the tables refer to different periods. In this respect also international rules should be laid down in order to make such tables of practical value for purposes of biological statistics. The German table refers to the most favourable mortality years known so far and for this reason alone shows more favourable general results than the other two tables. The French figures include the years 1920 to 1923 and the English table 1920 to 1922, when mortality conditions were everywhere much more unfavourable than in the subsequent years. Nevertheless, as regards certain ages, and particularly with respect to females, the English table shows a lower

rate than the German table. The number of females living of all ages was higher in England than in Germany and consequently the expectation of a long life in that country was greater for women of all ages.

All these countries have to record a great increase of longevity, which applies also to women; they need not therefore be surprised at the large number of persons comprised in their higher age-groups. A girl 5 years old can expect to live on an average 61.62 years according to the German mortality table, 58.63 according to the French and 61.67 according to the English table. As pointed out in Chapter I, we are only on the threshold of the demographic evolution due to these facts.

V: MORTALITY ACCORDING TO CAUSES OF DEATH.

1. INFECTIOUS DISEASES.

Table No. 16.

MORTALITY. INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES IN 1926, 1927 AND 1928.¹

Original source: *Reichsgesundheitsblatt*, 1929, No. 4, *Statistische Beilage* to No. 26, 1928, and Reports not yet published.

International List of Causes of Death 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notified cases of diseases subject to compulsory notification		Notified cases which ended fatally		Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics (col. 4)
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)	
1	2	3	4	5	6	7	8	9	10
1a	Typhoid fever ..	1926	1,514 ²	0.2 ²	11,630	1.9	1,200	10.32	79.3
		1927	1,054 ²	0.2 ²	7,505	1.2	676	9.05	64.1
		1928			6,880		705	10.3	
2b	Typhus	1926	1 ³	0.0002	3	0.0005	0	0	0
		1927	0	0	6	0.001	1	14.29	
		1928			2	0.0003	0	0	
3	Relapsing fever ..	1926	0	0	1	0.0002	0	0	—
		1927	0	0	1	0.0002	0	0	—
		1928			2		0	0	
5	Malarial fever or cachexia.. ..	1926	46	0.01					
		1927	42	0.01					
6	Smallpox	1926	0	0	7	0.001	0	0	—
		1927	2	0.0003	4	0.001	1	25.00	50.0
		1928			2	0.0003	0		
7	Measles	1926	3,926	0.6					
		1927	3,670	0.6					

¹ The figures for 1928 are provisional.

² The figures for certain States (Prussia, Thuringia, Mecklenburg-Schwerin and Lübeck) also include the deaths due to paratyphoid fevers.

³ This case occurred in 1919 and was imported from abroad; it was registered in 1926.

Table No. 16 (concluded).

International List of Causes of Death 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics.		Notified cases of diseases subject to compulsory notification		Notified cases which ended fatally		Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics (col. 4)
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)	
1	2	3	4	5	6	7	8	9	10
8	Scarlet fever . . .	1926	964	0.2	56,146	8.93	681	1.21	70.64
		1927	1,336	0.2	91,883	14.5	965	1.07	72.2
		1928			121,752	19.3	1,079	0.9	
9	Whooping-cough . .	1926	5,884	0.9					
		1927	4,202	0.7					
		1928							
10	Diphtheria . . .	1926	2,189	0.4	30,299	4.82	1,497	4.94	68.39
		1927	2,612	0.4	33,890	5.4	1,695	5.05	64.9
		1928			41,160	6.4	2,380	5.8	
11	Influenza . . .	1926	16,194	2.6					
		1927	29,269	4.6					
		1928							
16	Dysentery . . .	1926	328	0.1	4,366	0.69	276	6.32	84.15
		1927	210	0.03	3,161	0.5	174	5.64	82.9
		1928			3,368				
21	Erysipelas . . .	1926	1,661	0.3					
		1927	1,773	0.3					
		1928							
22	Poliomyelitis . .	1926	205	0.03	1,533	0.24	179	11.68	87.32
		1927	363	0.12	2,723	0.43	297	10.87	81.8
		1928			998	0.2	127	12.7	
24	Epidemic cerebro-spinal meningitis	1926	417	0.1	730	0.12	343	46.99	82.25
		1927	474	0.1	830	0.13	382	45.80	80.6
		1928			809	0.1	380	47.0	
26	Glanders and farcy	1926	0	0	1	0.0002	0	0	—
		1927	1	0.0002	0	0	0	0	
		1928			2	0.004	0	0	
27	Malignant pustule and anthrax . .	1926	16	0.003	105	0.02	13	12.38	81.25
		1927	20	0.003	205	0.03	20	9.76	100
		1928				0.04	25	9.8	
28	Rabies . . .	1926	7	0.001	7	0.001	7	100	100
		1927	2	0.0003	0	0	0	0	—
		1928				0.0003	2	100	
31	Tuberculosis of the respiratory system	1926	51,577	8.2					
		1927	49,635	7.8					
		1928							
32	Tuberculosis of other organs . .	1926	9,831	1.6					
		1927	9,402	1.5					
		1928							
38	Syphilis	1926	2,158	0.3					
		1927	2,208	0.3					
		1928							
85c	Trachoma	1926	0	0	2,168	0.34	0	0	—
		1927	0	0	1,979	0.32	0	0	—
		1928			1,978	0.3	0	0	
116c	Trichinosis	1926	5	0.001	10	0.002	0	0	0
		1927	1	0.0002	10	0.002	3	30.00	
		1928			0	0	0	0	
146	Puerperal fever . .	1926	3,125	0.5	7,066	1.12	2,020	28.59	64.64
		1927	3,126	0.5	6,659	1.03	1,739	26.75	55.6
		1928			7,135	1.1	1,957	27.4	

The total number of *deaths* in the whole Reich in 1926 classified according to epidemic and infectious diseases under the German Nomenclature of Causes of Death was 100,048, or 15.9 per 10,000 of the average population. In order to obtain the total number of deaths due to these diseases in accordance with the International List of Causes of Death, deaths from puerperal fever and trichinosis must be deducted, since these diseases, as also trachoma, are classified under other disease-groups in the International List. In comparison with the last two years, the incidence of deaths from infectious diseases was as follows :

Year	Total number of deaths in Germany due to epidemic and infectious diseases, classified according to :			
	German List, 1905		International List, 1920 (Nos. 1-42)	
	Actual figures	Per 10,000 of the average population	Actual figures	Per 10,000 of the average population
1924	114,224	18.4	110,595	17.8
1925	110,777	17.8	107,434	17.2
1926	100,048	15.9	96,918	15.4
1927	119,197	18.8	113,115	17.9

This decline must be attributed chiefly to the great decrease in the death rate from tuberculosis. In 1926, the infectious diseases group yielded the first place to the diseases group affecting the organs of circulation, the mortality from which increased to 17.8 in that year. In 1927, there was an epidemic of influenza.

It should be noted that 1926 was the first year during which no death occurred in Germany from smallpox, and that the death rate from diphtheria and typhoid fever fell to the lowest figures ever recorded. The rate for diphtheria has declined without interruption since 1916, falling from 3.2 to 0.4 per 10,000 of the average population. The rate for typhoid fever fell to 0.2, after remaining constant for four years at 0.3. This low figure was recorded in 1926 in spite of the severe epidemic of typhoid fever in the town of Hanover, which, however, was the only serious epidemic in that year.

The *number of cases* of the fifteen diseases compulsorily notifiable throughout the Reich was only slightly lower in 1926 than the number of deaths from all epidemic and infectious diseases, the former amounting to 114,070, or 18.1 per 10,000 of the average population, in 1926, and to 111,132, or 17.8 in 1925. The increase compared with the previous year must be attributed chiefly to the increase in the number of cases of scarlet fever, which rose from 40,556 in 1925 to 56,146 in 1926. In 1927, for which we have only the provisional weekly returns at present, this figure rose to over 90,000, which is, however, much lower than the corresponding figures for the period before the war. Apart from scarlet fever, acute poliomyelitis is the only disease with an increasing incidence since 1925 ; it rose from 380 in 1925 to 2,723 in 1927. As against this, other diseases, such as typhoid fever, dysentery and trachoma, show a steady decline.

If it is considered that, of the 114,000 cases of epidemic diseases notified in 1926, there were no fewer than 86,445 cases of scarlet fever and diphtheria, 2,263 of poliomyelitis and cerebro-spinal meningitis, to which, as a rule, only children are subject,

and 7,066 cases of puerperal fever, that is, 95,774 cases of diseases to which not everyone is exposed, it must be admitted that these morbidity statistics cannot be used as an index of the state of health of the adult population, for there remain only 18,296 cases of epidemic diseases, or about 3 cases per 10,000 of the population of diseases to which the total population is liable. Only a slight fraction of the actual morbidity is covered by the statistics. This fraction, however, is in reality larger since all cases of epidemic diseases are not notified. In view of the obligation in Germany to declare the fatal issue of all notifiable diseases, it is possible to calculate the *case fatality* of these diseases. The case fatality is shown in column 9, Table 16, but these figures have only a statistical value as regards diseases with a high incidence. It should be observed that, in spite of the increase in the incidence of scarlet fever, the case fatality of this disease has continued to decrease during the last few years, and was only 1 per cent in 1927. Similarly, a decrease has occurred in the case fatality of poliomyelitis, the percentage having fallen from 21 in 1925 to 11 in 1927. In view of these wide and incomprehensible fluctuations, the assumption that the disease notifications were very incomplete in 1925 would appear to be justified. Long psychological experience has shown that medical practitioners are more likely to remember their obligation to notify a disease when it assumes the proportions of an epidemic and therefore heavier calls are made upon medical assistance. All this contributes to make the curve of an epidemic appear higher than it is in reality. A correct idea of the extent of an epidemic can best be gathered from a tabulation of the causes of death which includes all deaths. These figures show that deaths from poliomyelitis rose from 88 in 1925 to 205 in 1926, an increase of 135 per cent. On the other hand, according to the morbidity figures, the number of cases rose during the same period from 380 to 1,533, an increase of 303 per cent. The assumed decrease in the case fatality, the correctness of which must, however, be doubted in view of the foregoing statements, is due to the disproportion between these two percentages.

Column 10, Table 16, shows that the number of cases of and deaths from notifiable epidemic diseases is incomplete in comparison with the figures for the causes of death; these only agree with the number of deaths notified by medical practitioners in respect of one disease that is always fatal, viz., rabies. In the case of all the other diseases, the figures for the causes of death have been higher than the deaths notified by medical practitioners. The greatest discrepancy exists in the case of puerperal fever, since only two-thirds of the deaths from this disease were notified.

2. MORTALITY FROM TUBERCULOSIS ACCORDING TO AGE AND SEX.

The number of deaths due to tuberculosis, which has diminished very considerably since its last rise in 1923, continued to decrease in 1926, amounting only to 61,408, as against 93,074 in 1923. The death rate from this disease fell during this period from 15.1 to 9.8 per 10,000 of the average population, the last figure being the lowest so far recorded.

Table No. 17.

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX IN 1925 AND 1926.

Original source : *Statistische Sonderbeilage zur Nr. 26 des Reichsgesundheitsblatts*, 1928.

Age-groups	Number of deaths from all forms of tuberculosis in 1925 and 1926						Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex					
	Males		Females		Total		Males		Females		Total	
	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926
	1	2	3	4	5	6	7	8	9	10	11	12	13
A. German Reich.												
0-1 ..	849	804	695	621	1,544	1,425	12.7	12.7	11.4	10.4	11.9	11.6
1-4 ..	1,539	1,369	1,403	1,263	2,942	2,632	6.4	5.9	6.1	5.7	6.3	5.8
0-4 ..	2,388	2,173	2,098	1,884	4,486	4,057	8.0	7.5	7.3	6.7	7.6	7.1
5-14 ..	1,201	1,122	1,683	1,572	2,884	2,694	2.3	2.2	3.3	3.1	2.8	2.7
15-29 ..	11,171	9,907	13,146	12,178	24,317	22,085	12.7	11.0	14.3	13.3	13.5	12.1
30-59 ..	13,666	12,863	13,419	12,166	27,085	25,029	12.9	12.0	11.2	10.0	12.0	10.9
60-69 ..	2,935	2,862	2,575	2,473	5,510	5,335	16.6	15.6	12.8	11.9	14.6	13.7
70 and over	1,026	994	1,194	1,209	2,220	2,203	12.0	11.3	10.5	10.4	11.2	10.8
Age unknown	2	5	1	—	3	5	—	—	—	—	—	—
Total ..	32,389	29,926	34,116	31,482	66,505	61,408	10.7	9.8	10.6	9.7	10.7	9.8
B. Towns and rural districts.												
350 towns of 15,000 inhabitants and over					28,711	26,698					10.9	9.9
Communes of less than 15,000 inhabitants					37,794	34,710					10.4	9.7

As shown in Table 17, all the age-groups shared in the decreased death rate from tuberculosis in 1926 in comparison with 1925.

The decline in the rate for both sexes belonging to the age-group 60 to 70 has already to a great extent neutralised the disparities in adult mortality from tuberculosis. The simultaneous decline in child mortality from tuberculosis is an indication that the younger generations are also less liable to this disease, and that the tuberculosis death rate will continue to be more favourable for the total population.

3. TUMOURS.

Table No. 18.

DEATH RATE FROM TUMOURS DURING THE YEARS 1925 TO 1927.

Original source : See Table No. 17.

Year	Classification according to :				
	International List (Third Revision, 1920) Nos. 43-49 Cancer or other malignant tumours	German Nomenclature, 1904			Total deaths from tumours
		Cancer	Sarcoma	Other tumours	
1	2	3	4	5	6
<i>A. Actual number of deaths.</i>					
Reich :					
1925		63,564	7,077		70,641
1926		66,255	7,552		73,807
1927		68,945	8,118		77,063
Towns of 15,000 inha- bitants and over :					
1926	31,931				
1927	33,772				
<i>B. Proportional figures per 10,000 of average population.</i>					
Reich :					
1925		10.2	1.1		11.3
1926		10.5	1.2		11.7
1927		10.9	1.3		12.2
Towns of 15,000 inha- bitants and over :					
1926	11.8				
1927	12.3				

The consequences of the steady increase in the proportion of aged persons to the total German population are beginning to be apparent in the constant increase in the death rate from carcinoma. This rate has increased uninterruptedly from 8.4 per 10,000 of the average population in 1919 to 10.5, and, in view of the constancy of this factor, it will continue to increase so long as the present retrogressive type of distribution of the German population according to age persists. This, however, does not mean that the probability of death from this disease will also increase. A study of the death rate for the various age-groups shows that the increase only applies to the group of 70 and over. It is questionable, however, whether an increase in the

death rate from cancer will occur in that age-group, since it is known that formerly "old age" was diagnosed instead of cancer as a cause of death at that age more frequently than is the case to-day.

The German returns relative to autopsies on deaths due to cancer collected in 1920-21 by the Central German Committee for Cancer Research and Prevention, with the co-operation of all the pathological institutes and published by me in 1929 in the *Zeitschrift für Krebsforschung*, show that even the clinical diagnosis of this disease is still very imperfect. It has been proved that, in the case of males, 20 per cent of the cases found upon autopsy to be due to carcinoma and 17 per cent in the case of females were not diagnosed as such. These statistics include 9,513 autopsies on cases of carcinoma. They give an idea of the distribution of carcinoma in the various human organs concerning which German statistics relative to the causes of death do not give any data, and they correct the erroneous indications contained in the causes-of-death statistics with reference to the occurrence of carcinoma during the first year of life. As a matter of fact, the autopsy figures do not show a single death from this disease at that age.

4. ORGANIC DISEASES.

Table No. 19.

DEATH RATE FROM ORGANIC DISEASES DURING THE YEARS 1925 AND 1926.

Original source: See Table No. 17.

Classification according to International List (Third Revision, 1920)

Year	I. Classes of disease					II. Particularly important diseases				
	Diseases					Cerebral hæmorrhage	Pneumonia	Diarrhoea and enteritis (all ages)	Old age	Unknown or ill-defined diseases
	Of the nervous system and of the organs of special sense	Of the circulatory system	Of the respiratory system	Of the digestive system	Non-venereal diseases of the genito-urinary system					
Nos. 70-78	Nos. 87-96	Nos. 97-107	Nos. 108-127	Nos. 128-142	No. 74	Nos. 100-101	Nos. 113-114	No. 164	Nos. 204-205	
1	2	3	4	5	6	7	8	9	10	11
A. Actual number of deaths.										
1925 ..	70,493	109,969	86,395	58,402	18,089	41,061	58,283	24,702	79,726	4,474
1926 ..	68,786	112,009	83,875	56,980	18,485	39,388	55,548	22,290	80,904	3,910
1927 ..	69,280	119,859	90,815	52,703	19,811	40,803	60,415	18,420	81,499	2,582
B. Proportional figures per 10,000 of average population.										
1925 ..	11.3	17.6	13.8	9.4	2.9	6.6	9.3	4.0	12.8	0.7
1926 ..	10.9	17.8	13.3	9.1	2.9	6.3	8.8	3.5	12.9	0.6
1927 ..	11.0	19.0	14.4	8.3	3.1	6.5	9.6	2.9	12.9	0.4

The decline in the death rate in 1926 affected all the groups of organic diseases except the group of diseases of the circulatory system. This group shows the highest

number of deaths—112,009 in 1926. As in the case of carcinoma, the increased death rate in this group must be attributed to the increased proportion of aged people to the total German population, as here, too, it is chiefly the diseases of old age that are in question. On the other hand, it is surprising to note that the number of deaths due to cerebral hæmorrhage decreased again in 1926, although for the same reasons the reverse was to be expected. The death rate from this cause in 1925 reached the record figure of 6.6 per 10,000 of the average population, but fell to 6.3 in 1926. This presumably is merely a temporary and fortuitous decrease, since such fluctuations have been observed in previous years and in other countries. It is further remarkable that the death rate in 1926 due to old age slightly increased again in spite of the simultaneous and considerable increase in the death rate from carcinoma.

5. PUERPERAL DISEASES.

Table No. 20.

DEATHS FROM PUERPERAL DISEASES BETWEEN 1925 AND 1927.

Original source : See Table No. 17.

A. Reich.

Year	Number of notified confinements	Total number of live births and still-births	Total deaths from :					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1925..	1,220,258	1,336,327	3,343	3,071	25.3	25.0	23.3	23.0
1926..	1,254,212	1,269,419	3,125	2,916	24.9	24.6	23.3	23.0
1927..		1,200,029	3,126	2,955		26.0		24.6

B. Towns of 15,000 inhabitants and over.

Year	Number of live births and still-births among the resident population	Total deaths (among resident population of the towns) from :					
		Puerperal septicæmia		Total	Other puerperal diseases	Septicæmia <i>post partum</i>	Other puerperal diseases
		<i>post partum</i>	<i>post abortum</i>				
		Actual figures				Rate per 10,000 live births and still-births	
1	2	3	4	5	6	7	8
1926 . . .	428,660	509	872	1,381	1,181	11.9	27.5
1927 . . .	408,423	450	741	1,191	1,137	11.0	27.8

The high death rate from puerperal diseases is still extremely serious, although a slight decrease in the mortality from puerperal fever was recorded in 1926. Mortality from puerperal fever and the other consequences of childbirth in 1926 far exceeded the corresponding rates for the pre-war period. The puerperal fever death rate calculated per 10,000 live births and still-births was 24.6 in 1926 and double that of 1906. It may be gathered from the figures in Table 20, B, relative to mortality from puerperal fever in the towns, that the large majority of the deaths must be considered as due to abortion.

Magdeburg is the only town for which it is possible to make theoretically exact calculations concerning the death rate from puerperal fever *post abortum*, since reliable figures are available for this town relative to the frequency of abortions (see Table No. 8). These figures give the following results for the four years 1924 to 1927:

Categories of Population	Number of confinements	Number of abortions	Number of deaths due to puerperal fever		Puerperal fever death rate	
			<i>post partum</i>	<i>post abortum</i>	<i>post partum</i>	<i>post abortum</i>
			Notified in the City of Magdeburg between 1924 and 1927 (total)				Per 10,000
					Confinements	Abortions
1	2	3	4	5	6	7
Females domiciled in the town ..	17,382	6,497	24	61	14	94
Females not domiciled in the town	1,966	756	12	25	61	331

The above comparison shows that the death rate from puerperal fever *post abortum* in the case of women domiciled in the town of Magdeburg was nearly seven times the death rate due to puerperal fever *post partum*. The figures for women not domiciled in the town show an increase in the mortality due to puerperal fever both *post partum* and *post abortum*, explained by the fact that these were serious cases and the women of the surrounding district sought help in urban institutions. In the case of these women the death rate from puerperal fever *post abortum* was almost six times that of puerperal fever *post partum*. This comparison also shows the importance in the case of local statistics of eliminating the figures relative to persons who are not resident in the district, as otherwise it is absolutely impossible to judge of local conditions.

6. DEATHS DUE TO VIOLENT CAUSES.

The death rate from suicide, which had attained a figure hitherto unknown in 1925, increased still further in 1926, rising to 2.6 per 10,000 of the average population. It should be noted that this increase in the rates in 1925 and 1926 also affected women. It was particularly noticeable in the case of women of 70 years of age and over. In view of the fact that suicides in the older age-groups had already considerably increased during the inflation period, the further increase during subsequent years must also be considered as a consequence of these tragic times. As, however, this rate decreased in 1927 in respect of the urban population, it may be assumed that the increase in the number of suicides is coming to an end.

Table No. 21.

DEATH RATE FROM VIOLENT OR ACCIDENTAL CAUSES AND GENERAL DEATH RATE FROM
NATURAL CAUSES FROM 1925 TO 1927.

Original source : See Table No. 17.

Description	Actual figures				Rate per 10,000 of average population			
	Reich		Towns with a population of 15,000 and over ¹		Reich		Towns with a population of 15,000 and over ¹	
	1925	1926	1926	1927	1925	1926	1926	1927
1	2	3	4	5	6	7	8	9
Deaths by suicide.. . . .	15,273	16,480	7,526	7,373	2.5	2.6	2.8	2.7
Homicides	1,413	1,442	465	478	0.2	0.2	0.2	0.2
Executions	16	14						
Other violent or accidental causes.. . . .	23,601	23,384	8,168	8,799	3.8	3.7	3.0	3.2
Total deaths from external causes.. . . .	40,303	41,320	16,161	16,655	6.5	6.3	6.0	6.0
Total deaths from all causes.. . . .	744,691	734,359	275,209	289,662	119.3	116.8	101.6	105.3
Total deaths excluding deaths due to violent or accidental causes (natural mortality)	704,388	693,039	259,048	273,007	112.8	110.5	95.8	99.3

Mortality due to other violent causes diminished slightly in 1926. The obvious increase of these causes of death in the towns in 1927 points to an increase for 1927 for the whole of the Reich. Statistics relative to the causes of fatal accidents have been compiled for the Reich since 1925. The results for 1925-26 were published in the review *Wirtschaft und Statistik*, 8th Year, pages 329-334. These causes are classified according to the International List of Causes of Death, but certain summary headings have been divided into subheadings. According to these statistics, 1,953 of the accidental deaths in Germany in 1926 were due to motor-car accidents, 426 to motor-bicycle accidents and 30 to aeroplane accidents.

VI. INFANT MORTALITY.

1. MORTALITY OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OF AGE.

In 1927, in Germany, the number of deaths of infants under 1 year of age did not follow the general rise in the total number of deaths, but fell from 124,322 in 1926 to 112,362 in 1927. At the same time, the death rate for infants under 1 year calculated per thousand live births fell for the first time below 100, namely, 97. The marked decline in infant mortality which began in 1924 has therefore continued.

It should be pointed out that the decline in the mortality of infants under 1 year was more marked in the case of illegitimate than in that of legitimate infants, as the following comparative table shows :

MORTALITY OF INFANTS UNDER 1 YEAR IN GERMANY PER 1,000 LIVE BIRTHS,
LEGITIMATE AND ILLEGITIMATE.

Year	Legitimate and Illegitimate : Total	Legitimate	Illegitimate	Difference between Legitimate and Illegitimate
1922	130	117	236	+ 119
1923	132	120	236	+ 116
1924	109	99	192	+ 93
1925	105	96	173	+ 77
1926	102	94	158	+ 64
1927	97			

The considerable decrease in the death rate of illegitimate children is of particular importance at the present time, since the number of illegitimate births did not, as already mentioned, share in the decline in the birth rate since 1922. In comparison with the decrease in the mortality of illegitimate infants, that of the (considerably lower) mortality of legitimate infants since 1924 appears very slight.

2. INFANT MORTALITY BY MONTHS OF AGE.

Table No. 22.

INFANT MORTALITY ACCORDING TO MONTHS OF AGE AND SEX IN 1926 COMPARED WITH 1913.

Source : *Wirtschaft und Statistik*, 8th Year, 1928, page 116.

Months of age	Death rate per 1,000 live-born infants of the same sex and per 1,000 infants surviving at each age-month					
	Males		Decrease	Females		Decrease
	1913	1926		1913	1926	
0	56.7	48.6	— 8.1	45.0	38.5	— 6.5
1	20.3	11.9	— 8.4	16.0	9.2	— 6.8
2	17.9	10.4	— 7.5	14.5	8.2	— 6.3
3	15.2	8.5	— 6.7	12.3	6.8	— 5.5
4	12.7	7.0	— 5.7	10.1	5.5	— 4.6
5	10.4	5.8	— 4.6	8.7	4.7	— 4.0
6	9.1	5.0	— 4.1	7.9	4.1	— 3.8
7	8.1	4.7	— 3.4	7.1	3.8	— 3.3
8	7.4	4.2	— 3.2	6.7	3.8	— 2.9
9	6.6	3.6	— 3.0	6.3	3.3	— 3.0
10	5.9	3.2	— 2.7	5.5	2.8	— 2.7
11	5.2	2.7	— 2.5	5.0	2.5	— 2.5

In order to supplement the detailed report on mortality according to months of age published in the International Health Year-Book, 1927, we add here the results of the calculation of the probability of death during the first twelve months of life for 1926 and the corresponding comparative figures for 1913. The latter year was distinguished by the lowest infant-mortality figure known before the war, namely, 151 per thousand live births.

In Germany, the decline in the comparatively high death rate for the first three months of life and, above all, for the first month exercised a decisive influence on the decrease in infant mortality. The death rate for those months at present shows the greatest absolute decrease since 1913. For the subsequent months the decrease in the death rate was doubtless proportionately greater than for the first three months, but this decrease is of less importance as regards the decline in the death rate for the whole of the first year than the decline during the first three months, when the number of deaths is highest.

3. INFANT MORTALITY ACCORDING TO CAUSES OF DEATH.

Table No. 23.

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1925 AND 1926.

Original source : See Table No. 17.

No. in International List (Third Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)				Increase (+) or decrease (-) in mortality in 1926 compared with 1925
		Actual figures		Death rate per 1,000 live births of the same year		
		1925	1926	1925	1926	
1	2	3	4	5	6	7
159	Congenital malformations					
160	Congenital debility, icterus and scleroma	46,452	43,887	35.9	35.7	- 0.2
161	Premature birth ; injury at birth					
38	Congenital syphilis	1,280	1,064	1.0	0.9	- 0.1
7	Measles	2,530	1,616	2.0	1.3	- 0.7
8	Scarlet fever	78	45	0.06	0.04	- 0.02
9	Whooping-cough	4,542	4,193	3.5	3.4	- 0.1
10	Diphtheria	457	332	0.4	0.3	- 0.1
11	Influenza	1,763	1,842	1.4	1.5	+ 0.1
21	Erysipelas	262	294	0.2	0.2	± 0
29-41	Tetanus, septicaemia	1,080	1,063	0.8	0.9	+ 0.1
24	Epidemic cerebro-spinal meningitis	103	100	0.08	0.08	± 0
31	Tuberculosis of the respiratory system	709	644	0.6	0.5	- 0.1
32-37	Tuberculosis of other organs	835	781	0.65	0.6	- 0.05
99a	Acute bronchitis	5,409	5,184	4.2	4.2	± 0
100-101	Pneumonia	15,655	15,383	12.1	12.5	+ 0.4
113	Diarrhoea, enteritis and choleraform enteritis	19,940	17,625	15.4	14.4	- 1.0
	Other diseases	31,982	25,668	24.7	20.9	- 3.8
	External causes	450	465	0.35	0.4	+ 0.05
175-199	Infanticide (murder of infants less than 1 year of age)	402	441	0.3	0.4	+ 0.1
201	Diseases not specified or ill-defined	2,060	1,664	1.6	1.4	- 0.2
205						
	Total deaths	135,989	124,761	105.2	101.6	- 3.6

Just as the decrease in the infant death rate was very small in 1926 in comparison with the previous year, so, too, the decrease in infant mortality due to various causes of death was slight. The above applies even to the most frequent causes of death during the first year of childhood, summarised in the German statistics under the heading "Congenital Debility", to which over one-third of the deaths which occurred in 1926 during the first year of life were attributed. These causes of death were responsible for 35.7 deaths per thousand live births in 1926. In the tabulation of deaths according to sex, the rate was 39.2 for males and 32.0 for females. A comparison of these rates with the death rate during the first month of life in Table 22 shows that there were only slight disparities between these rates in 1926. On the other hand this difference appears much greater in comparison with the figures for 1913, which show that the decrease in the death rate for the first months must be almost exclusively due to the decline in mortality from causes of death other than congenital debility, as indicated in the following comparative table :

Year	Mortality due to all causes in the first month of life per 1,000 live births of the same sex		• Mortality due to congenital debility per 1,000 live births of the same sex	
	Males	Females	Males	Females
1913	56.7	45.0	40.6	33.3
1926	48.6	38.5	39.2	32.0
Decrease	— 8.1	— 6.5	— 1.4	— 1.3

The possibility of a fresh decline in mortality during the first month of life and consequently in the mortality during the first year depends in the main on the number of deaths for which congenital debility may be responsible in the future.

October 1928.

**B. Progress made in the German Reich in the Domain of Public
Health during 1927**

BY

Professor B. MÖLLERS, M.D. (Berlin).

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B. Progress made in the German Reich in the Domain of Public Health during 1927.

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B. Progress made in the German Reich in the Domain of Public Health during 1927

BY PROFESSOR B. MÖLLERS, M.D. (BERLIN).

I. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

1. An Order of the Reich Ministry of Defence of May 19th, 1927, deals with the *cancelling of leave* on account of *epidemic or communicable* diseases among the civil population or in the army (*Reich Health Gazette*, 1927, page 634).

2. A Decree of the Reich Minister of Food and Agriculture and the Reich Minister of the Interior of August 22nd, 1927 (*Reich Health Gazette*, page 762), regulating the *use of dangerous poisons for the destruction of insect and other pests* prohibits the use in any form whatsoever of hydrocyanic acid (prussic acid), and all substances, compounds and preparations which generate or give off hydrocyanic acid or highly volatile cyanogen compounds, for the destruction of vegetable and insect and animal pests.

3. On February 25th, 1927 (*Reich Health Gazette*, page 370), Prussia promulgated the new text of the law for combating communicable diseases. This law includes previous amendments.

B. CHRONIC DISEASES.

1. Tuberculosis.

During the year 1927, there was once more a marked decline in tuberculosis. A survey of what was done in 1927 to combat tuberculosis in Germany is given in the business report of the German Central Tuberculosis Committee, published at Bad Wildbad in 1928 in connection with the Tuberculosis Conference.

The German Tuberculosis Conference was held at Bad Salzbrunn from June 8th to 12th, 1927.

On December 7th, 1927, the Reich Ministry of the Interior issued a circular to all the State Governments with "Instructions for protecting the Nursing Staff employed in Institutions from Tuberculosis Infection" (*Reich Health Gazette*, 1927, page 874).

So far as anti-tuberculosis legislation is concerned, we may note the Police Decree of the Free State of Anhalt of April 16th, 1927 (*Reich Health Gazette*, page 425), whereby all infectious cases and all deaths from tuberculosis must be notified.

The Reich Ministry of the Interior allocated 500,000 marks to the German Central Tuberculosis Committee, in addition to which further grants were made of 67,700 marks for promoting scientific research in connection with tuberculosis and 33,000 marks for sanatoria. Jointly with the Ministry of Labour, another 97,850 marks were appropriated for the purpose of giving sanatorium treatment to members of the nursing staff who had contracted tuberculosis in the course of their employment.

In 1927, the Reich Ministry of Labour spent 175,000 marks on improving the equipment of the consumptive homes under the Pensions and Relief Office. In addition, subsidies amounting in all to 318,800 marks were granted for building and other improvements to sanatoria which had contracted to take war invalids. In 1926-27 sanatorium treatment was authorised in 6,372 cases by the Pensions and Relief Office.

The central associations of private welfare organisations received 250,000 marks for the purpose of providing sanatorium treatment, and 1,201,700 marks in the form of advances and loans for general health purposes.

The Reich Railways Company devoted 2,000,000 marks to tuberculosis relief work in the business year 1927, and secured special treatment for 2,971 adults and 307 children. During 1927, the Reich Postal Administration spent 625,000 marks on tuberculosis relief for its employees and their families.

A report published by the Reich Insurance Office on the measures for curative treatment adopted by the invalidity insurance organisations shows that, in all, 43,810 persons suffering from pulmonary and laryngeal tuberculosis, 1,991 pulmonary tuberculosis suspects, 141 persons with lupus and 185 persons with tuberculosis of the bones and joints were given continuous treatment in 1926.

According to a collective enquiry instituted by the Central Tuberculosis Committee, a total number of 50,618 tuberculosis patients were treated in 100 German sanatoria in 1926; of these, adopting the Turban-Gerhardt classification, 39.8 per cent were in the first stage, 33.8 per cent in the second and 26.4 per cent in the third. The ratio of cases of open to cases of closed tuberculosis was 36 to 64 (from the 1928 Business Report of the Central Tuberculosis Committee).

2. Venereal Diseases.

The new Reich Law of February 18th, 1927, for dealing with *venereal disease* (*Reich Health Gazette*, page 182) came into force on October 1st, 1927. One of its provisions is that every infected person must submit to treatment by a doctor who has been approved for the German Reich. Infected persons or persons suspected of communicating venereal infection may be made to undergo special treatment, or may be sent to hospital if this is deemed necessary to prevent the spread of the disease. Only doctors approved for the German Reich may undertake the treatment of venereal disease or diseases of the genital organs. Housing restrictions which limit the keeping of premises for prostitution to particular streets are prohibited. The law is supplemented by various executory regulations issued by the different German States.

A Reich Ministerial Decree of September 11th, 1927 (*Reich Health Gazette*, page 750), prescribes that, in the case of compulsory treatment, certain forms of treatment may not be resorted to without the patient's consent. These include the use of salvarsan, mercury and bismuth preparations, the taking of fluid from the spinal cord, endoscopic examination of the bladder, catheterisation of the ureter and the dilatation of the urethra.

A return of venereal cases for the Reich was prepared between November 15th and December 14th, 1927. The provisional results are published in the *Reich Health Gazette* for 1928, page 372. Compared with the Census taken in 1919, the figures show a marked decline in the frequency of venereal disease, amounting to about one-third for gonorrhœa and congenital syphilis, about two-thirds for primary and secondary syphilis, and as much as nine-tenths for soft chancre. The annual incidence of venereal infection among the population may be estimated at 58 in 10,000.

II. PUBLIC HEALTH ACTIVITY.

1. HEALTH PROPAGANDA.

A circular of the Reich Ministry of the Interior of July 19th, 1927 (*Reich Health Gazette*, page 762), recommends a publication issued by the Health Office on the *fly nuisance and how to overcome it*. In connection with the "rural health campaign" organised all over Germany in the second fortnight of June 1927 by the Reich Commission for Health Propaganda, 30,000 copies of this pamphlet were sent to schools and to medical officers in the small towns and urban districts for free distribution.

2. MATERNITY AND CHILD WELFARE.

The Law of July 16th, 1927 (*Reich Health Gazette*, 1927, page 618), concerning *employment before and after confinement* regulates the employment of women workers subject to compulsory health insurance. Expectant mothers may refuse to work if they can produce a medical certificate stating that their confinement will probably take place in the next six weeks; mothers may not be employed for six weeks after confinement. Other provisions regulate the intervals which may be allowed for breast-feeding.

3. THE FOOD TRADE.

The Law of May 14th, 1879, hitherto in force concerning the sale of victuals, luxuries and articles in general use has been superseded by the Law of July 5th, 1927, concerning the sale of food and requisites (Food Law) (*Reich Health Gazette*, page 562). *Food*, within the meaning of the law, includes all commodities, whether raw or prepared, intended to be eaten or drunk by human beings, except such as are used mainly for the cure, alleviation or prevention of disease. Tobacco and products containing tobacco and the like which are intended for smoking, chewing or snuffing are regarded as food. *Requisites* comprise eating, drinking and cooking utensils, preparations for cleaning, tending or colouring the skin, hair, nails or mouth, articles of clothing, toys, wall-paper, masks, candles, artificial plants, petroleum, colours and other articles specified by the Reich Government.

4. HEALTH INSURANCE.

The Law of December 16th, 1927, concerning *seamen's health insurance* (*Reich Health Gazette*, 1928, page 18) embodies, in connection with the creation of a maritime health insurance fund, the necessary amendments to the Reich Insurance Regulations, the Regulations for Seamen and the Commercial Code.

III. PUBLIC HEALTH LEGISLATION.

(a) WITHIN THE REICH (see Chapters I and II).

(b) INTERNATIONAL CONVENTIONS.

1. The Law of March 12th, 1927 (*Reich Health Gazette*, page 338), relating to the *Convention between Germany and the Economic Union of Belgium and Luxemburg* concerning minor frontier traffic contains rules for veterinary supervision.

2. The Law relating to the *Sanitary Agreement between Germany and Latvia* of June 29th, 1927 (*Reich Health Gazette*, page 546), lays down the obligations of the contracting parties in the event of the outbreak of infectious diseases within their territories, the treatment of incoming, transit and maritime traffic, restrictions on the movements of lepers, etc.

3. By the Law of July 16th, 1927 (*Reich Health Gazette*, page 619), the Reich accedes to the *Washington Convention* of November 29th, 1919, concerning the employment of women before and after childbirth.

4. The Law of July 6th, 1927 (*Reich Health Gazette*, page 606), approves the *Agreement between the German Reich and France* concerning the establishment of frontier stations signed at Paris on April 13th, 1925.

5. The Law of October 28th, 1927 (*Reich Official Gazette*, II, page 887), deals with the *International Agreement* concerning the health insurance of workers employed in industry and trade and of shop assistants and health insurance of agricultural labourers.

IV. BUDGET.

HEALTH IN THE REICH BUDGET.

In the budget of the *Reich Ministry of the Interior* for the financial year 1928, the following amounts are allocated :

	1928 Marks	1927 Marks
(a) <i>General Grants for Science, Education and Schools</i> .—To encourage gymnastics and sport (contributions to the big Reich associations, embracing all forms of physical culture, sport and rambling, and to certain representative sporting institutions, and subsidies to important German and international athletic contests)	1,000,000	1,000,000
To encourage efforts to raise the moral standard of the people, especially the young, so far as these efforts are of general importance (promotion of welfare organisations and associations, especially child welfare)	300,000	300,000

	1928 Marks	1927 Marks
(b) <i>Health Activities.</i> —To encourage efforts to raise the health standard of the people, especially the young, so far as these efforts are of general importance, including in particular health relief for infants, young children and cripples, and health propaganda	500,000	500,000
Contribution of the Reich to Prussian expenditure in respect of gendarmerie officials posted on the eastern frontier to protect the country from cattle plague	200,000	200,000
To combat alcoholism and the physical evils resulting therefrom (tuberculosis, venereal disease, relief to the mentally unbalanced and the insane)..	1,400,000	1,800,000
(c) <i>Miscellaneous.</i> —Subscription to the Office international d'hygiène publique at Paris	12,500	
In the ordinary budget, the cost of the Reich Health Office for salaries, staff and material amounts to	1,707,800	1,440,981
In the budget of the Reich Ministry of the Interior for 1928, the following amounts are appropriated as non-recurrent expenditure for health purposes :		
To promote the study and prevention of human diseases	200,000	200,000
Contribution to the maintenance of an institution for combating infant mortality in Germany (the Reich bears three-fifths and Prussia two-fifths of the total cost)	240,000	240,000
To promote the study and prevention of diseases of animals	100,000	100,000
In addition, a sum of	400,000	500,000
was allocated to promote the study of foot-and-mouth disease and the means of combating it.		
For specific scientific researches to be pursued by the Emergency Union of German Scientists in the interests of the national economy and of national health and well-being	3,000,000	3,000,000
For the extension of the Reich Health Office laboratories and the construction of a field laboratory for typhus, a non-recurrent appropriation of	30,000	
Extraordinary contribution to the library of the Reich Health Office	20,000	
The carrying out of accident insurance in Reich undertakings calls for	1,380,000	1,407,000
(4,081 persons received benefit in 1926.)		

	1928 Marks	1927 Marks
In 1927, the estimate for maternity benefit for wives and daughters of insured persons (Section 205 (a) and (d) of the Reich Insurance Act) was 25,000,000 marks ; this figure had to be increased to 30,000,000 in 1928, as the amount was insufficient	30,000,000	25,000,000
For the study and improvement of hygiene and working conditions for labour, including contributions to organisations for investigating and preventing the causes of accidents, especially in mines	120,000	
The Reich-owned sanatoria under the Pensions and Relief authorities require for food, etc.	1,150,000	
and for drugs, bandages and other medical accessories	380,000	
For the scientific training of doctors and pharmacists employed by the Pensions and Relief authorities are provided	50,000	
The administrative expenditure of the central and subsidiary relief offices for the computation and payment of supplementary benefits (Sections 88-95 of the Reich Pensions and Relief Law of July 31st, 1925) amounts to	3,500,000	3,500,000
The ordinary budget of the Reich Ministry of Labour for 1928 allocates towards the support of organisations and institutions (especially consumptive homes) which are in a position to second the Reich in its task of health relief	420,000	420,000
A second instalment of	350,000	500,000
is allocated for the completion and thorough overhauling of equipment, furniture, etc., in the principal and subsidiary Pensions and Relief offices and the orthopædic and clinical diagnosis centres under the Pensions and Relief authorities, and another	150,000	
for the completion and improvement of arrangements for protecting X-ray operators in clinical and curative institutions under the same authorities.		
Pensions and relief to dependants of deceased members of the defence forces absorb	680,089,000,000	
Estimates of	41,260,000	
are provided to defray the cost of medical treatment and accessory expenses, ; for assistance to disabled ex-army men with no statutory right to free medical treatment	400,000	
and	1,950,000	
for the relief of hard cases.		

The total pensions and relief charge under the Law of June 30th, 1923, regarding injuries to persons sustained during the war are calculated at 2,255,000 marks a year. The aggregate figures provided for are 1,100 disabled men, 1,500 widows, 1,500 orphans, 100 parents (reckoned singly) and 40 parents (couples).

The total budget for military pensions and relief amounts to 1,780,389,500 marks, as against 1,474,823,000 marks in the previous year.

In the 1928 budget of the Reich Debt, 7½ million marks are earmarked for subscriptions to free and denominational welfare institutions and organisations, and 2½ million marks to institutions and organisations for promoting scientific training and research.

The budget of the General Finance Administration assigns 10 million marks to the alleviation of distress among officials caused by adverse economic conditions (emergency allowances on the occasion of sickness, births and death), and 2½ million marks for subscriptions to private charitable institutions and organisations with approximately 600,000 beds and a personnel of over 100,000.

A sum of 10 million marks is earmarked to provide housing accommodation at the Reich's expense for officials, employees and workers in the Reich administrations.

Expenditure in respect of war burdens amounts to 1,437.1 million marks in the ordinary budget and 19,666 million marks in the extraordinary budget.

In the ordinary budget of the Reich Ministry of Defence, expenditure under the head of Medical Service amounts to 6,410,950 marks for the army and 1,496,340 marks for the navy.

V. MEDICAL PRACTICE.

1. MEDICAL EXAMINATION REGULATIONS.

The medical examination regulations of July 5th, 1924, were amended by a Decree of the Reich Minister of the Interior dated December 22nd, 1927 (*Reich Health Gazette*, 1928, page 74). As from June 21st, 1928, every doctor must have studied medicine at German universities for at least eleven half-year terms, including the five half-year terms for the preliminary medical examination.

2. NUMBER OF DOCTORS, DENTISTS, MEDICAL AND DENTAL STUDENTS, ETC.

According to the list published in the *Reich Medical Calendar* for 1928, Part II, the number of doctors in Germany on August 31st, 1927, was 47,338, not including 361 doctors in the Saar Territory.

The proportion of doctors to every 10,000 inhabitants was 7.58 in the Reich and 4.73 in the Saar Territory.

The proportion of doctors to every 100 square kilometers was 10.10 in the Reich and 19.19 in the Saar Territory.

In the examination year 1925-26, 2,037 candidates took their medical degree, and 1,494 in 1926-27, while the figures for the dental diploma were 151 in 1925-26 and 113 in 1926-27.

The number of *medical students* at the twenty-three German universities and the Medical Academy at Düsseldorf was as follows :

Summer half-year	Male	Female	Winter half-year	Male	Female
1925	6,715	1,234	1925-26	6,536	1,198
1926	7,255	1,308	1926-27	7,280	1,322

The number of *students in dentistry* (twenty-two universities) was as follows :

Summer half-year	Male	Female	Winter half-year	Male	Female
1925	843	205	1925-26	1,038	202
1926	1,366	221	1926-27	1,516	230

(*Reich Health Gazette*, 1927, page 809.)

The number of medical and dental students is steadily increasing.

The *Government pharmacist's diploma* was obtained by 485 candidates in 1924-25, and 415 candidates in 1925-26.

In 1924-25, 26 candidates qualified as *food chemists* and 35 in 1925-26.

December 1928.

HUNGARY

Report prepared by the Sanitary Reform Bureau
(Budapest).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Area : 92,916 square kilometers.

Population :

At the end of 1926 : 8,457,852 inhabitants.

At the end of 1927 : 8,525,725 inhabitants.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE LAST CENSUS (1920) AND ESTIMATE¹ OF THIS DISTRIBUTION FOR 1927.

A. Actual Figures.

Ages and age-groups in years	I. 1920 Census. Actual population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	108,230	104,297	—	212,527
1	82,325	79,670	—	161,995
2	49,151	47,914	—	97,065
3	47,557	46,387	—	93,944
4	48,816	48,596	—	97,412
0-4	336,079	326,864	—	662,943
5-9	433,606	432,911	—	866,517
10-14	458,514	455,581	19	914,095
15-19	418,817	425,776	43,242	844,593
20-24	350,198	405,390	195,157	755,588
25-29	285,198	340,572	233,529	625,770
30-34	250,096	297,614	227,746	547,710
35-39	242,452	275,441	219,371	517,893
40-44	216,693	240,161	189,539	456,854
45-49	193,527	200,312	155,148	393,839
50-54	181,295	184,883	231,510	366,178
55-59	155,463	152,866	—	308,329
60-64	134,265	140,372	117,098	274,637
65-69	100,535	102,795	—	203,330
70-74	61,123	68,016	—	129,139
75-79	33,270	34,883	26,300	68,153
80-84	13,787	16,432	2,382	30,219
85-89	3,528	4,644	—	8,172
90 and over	831	1,509	129	2,340
Unknown	1,627	2,217	1,005	3,844
Total	3,870,904	4,109,239	1,642,176	7,980,143

¹ Estimative figures not available.

Table No. 3* (concluded).

B. Proportional Figures.

Age and age-groups in years	1. 1920 Census. Actual population						
	Males	Females	Males	Females	Total	Married Women	
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)
	Male	Female	4	5	6	7	8
1	2	3	4	5	6	7	8
0	28.0	25.4	509.2	490.8	1,000.0		
1	21.3	19.4	508.2	491.8	1,000.0		
2	12.7	11.7	506.3	493.7	1,000.0		
3	12.3	11.3	506.2	493.8	1,000.0		
4	12.6	11.8	501.2	498.8	1,000.0		
0-4	86.9	79.6	507.0	493.0	1,000.0		
5-9	112.0	105.4	500.4	499.6	1,000.0		
10-14	118.5	110.9	501.6	498.4	1,000.0	0.0	
15-19	108.2	103.6	495.8	504.2	1,000.0	101.5	
20-24	90.5	98.7	463.5	536.5	1,000.0	481.5	
25-29	73.7	82.9	455.7	544.3	1,000.0	685.6	
30-34	64.6	72.4	456.7	543.3	1,000.0	765.2	
35-39	62.6	67.0	468.2	531.8	1,000.0	796.6	
40-44	56.0	58.4	474.3	525.7	1,000.0	789.0	
45-49	50.0	48.7	491.4	508.6	1,000.0	774.4	
50-54	46.8	45.0	495.2	504.8	1,000.0	685.5	
55-59	40.2	37.2	504.2	495.8	1,000.0		
60-64	34.7	34.2	489.0	511.0	1,000.0		
65-69	25.9	25.0	494.4	505.6	1,000.0	481.5	
70-74	15.8	16.5	473.2	526.8	1,000.0		
75-79						255.6	
80-84	8.6	8.5	488.2	511.8	1,000.0		
85-89	3.5	4.0	456.3	543.7	1,000.0		
	0.9	1.1	431.7	568.3	1,000.0	113.0	
90 and over	0.2	0.4	355.1	644.9	1,000.0	85.5	
Unknown	0.4	0.5	423.3	576.7	1,000.0	453.3	
Total	1,000.0	1,000.0	485.1	514.9	1,000.0		

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of			
							Births (col. 5) over deaths	Deaths over births		
1	2	3	4	5	6	7	8	9		
A. Actual Figures.										
1922	8,141	87,871	7,297	249,279	6,584	173,351	75,928			
1923	8,221	78,706	6,933	238,971	6,579	159,287	79,684			
1924	8,275	75,060	6,246	221,462	6,592	167,668	53,794			
1925	8,368	74,382	5,626	235,480	6,656	142,150	93,330			
1926	8,458	76,849	5,853	229,484	6,803	139,905	89,579			
Average : 1922-26 ..	8,293	78,574	6,391	234,935	6,643	156,472	78,463			
1927	8,526	77,026		218,548	6,230	150,675	67,873			
B. Proportion per 1,000 of Average Population.										
1922	100.0	10.8	0.9	30.8	0.8	21.4	9.4			
1923	100.0	9.6	0.8	29.2	0.8	19.5	9.7			
1924	100.0	9.1	0.8	26.8	0.8	20.3	6.5			
1925	100.0	8.9	0.7	28.3	0.8	17.1	11.2			
1926	100.0	9.1	0.7	27.3	0.8	16.6	10.7			
1927	10.	9.1		25.7	0.7	17.7	8.0			
		Emigration		Excess of			Emigration		Excess of	
	Immigration	Total	Overseas	Immigration over emigration	Emigration over immigration	Immigration	Total	Overseas	Immigration over emigration	Emigration over immigration
	10	11	12	13	14	15	16	17	18	19
A. Actual Figures.						B. Proportion per 1,000 of Average Population.				
1922		3,076	1,701				0.4	0.2		
1923		2,951	1,935				0.4	0.2		
1924		2,025	673				0.2	0.1		
1925		2,986	1,530				0.4	0.2		
1926		3,436	2,790				0.4	0.3		
Average : 1922-26 ..		2,895	1,726				0.4	0.2		
1927		3,516	3,171				0.4	0.4		

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.

Counties and County boroughs ¹	Estimated population		Live births			
			Actual figures		Rate per 1,000 inhabitants	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
Baranya	249,536	250,880	6,324	6,091	25.4	24.3
Pécs	47,134	47,135	1,305	1,261	27.7	26.7
Féjer	240,756	243,387	6,884	6,360	28.8	26.3
Székesfehérvár	39,554	39,666	788	813	20.0	20.5
Győr	99,716	100,849	2,929	2,710	29.6	27.0
Győr	51,187	51,303	1,005	967	19.7	18.9
Komárom	120,453	121,687	3,316	3,131	27.7	25.9
Moson	56,247	56,931	1,622	1,585	29.0	28.0
Somogy	384,049	386,314	9,207	9,056	24.1	23.5
Sopron	150,356	151,705	4,222	3,939	28.3	26.1
Sopron	36,794	36,492	729	700	20.2	19.2
Tolna	275,034	276,702	6,610	6,340	24.1	23.0
Vas	288,456	290,909	7,585	7,042	26.4	24.3
Veszprém	248,146	250,318	6,584	6,455	26.7	25.9
Zala	369,570	372,438	9,976	9,162	27.2	24.7
Esztergom	60,396	61,035	1,884	1,725	31.4	28.4
Hont	28,711	28,946	651	666	22.8	23.1
Nógrád	191,607	193,395	5,652	5,371	29.7	27.9
Pozsony	1,710	1,748	57	53	33.6	30.7
Bács-Bodrog	101,695	102,358	2,821	2,589	27.9	25.4
Baja	19,153	19,135	494	496	25.8	25.9
Csongrád	152,482	154,075	4,264	4,196	28.1	27.4
Hódmezővásárhely	62,199	62,321	1,268	1,199	20.4	19.3
Szeged	123,642	124,347	3,060	2,911	24.9	23.5
Heves	317,432	320,187	9,620	8,818	30.5	27.7
Jász-Nagykun-Szolnok	412,943	417,084	12,068	11,457	29.4	27.6
Pest-Pilis-Solt-Kiskun	1,234,762	1,246,325	33,073	31,553	26.9	25.4
Budapest	928,626	927,906	16,767	15,809	18.1	17.0
Kecskemét	77,716	78,546	2,272	2,199	29.4	28.1
Abauj-Torma	93,777	94,669	2,859	2,582	30.7	27.4
Bereg	4,389	4,440	169	138	38.8	31.3
Szatmár	23,727	24,000	827	877	35.1	36.7
Borsod	272,135	275,114	8,604	8,073	31.9	29.5
Miskolc	58,580	58,769	1,344	1,338	23.0	22.8
Gömör and Kishont	17,108	17,241	456	447	26.8	26.0
Ung	1,502	1,519	30	48	20.0	31.8
Zemplén	149,014	150,720	4,729	4,462	32.0	29.8
Békés	328,835	331,413	9,017	8,660	27.6	26.2
Bihar	173,829	175,774	5,375	5,216	31.1	29.8
Hajdu	181,531	184,119	5,972	5,973	33.1	32.7
Debrecen	107,181	107,976	2,979	2,843	27.9	26.4
Szabolcs	375,691	381,762	14,496	14,025	39.0	37.0
Szatmár	121,913	123,549	4,537	4,429	37.5	36.1
Arad	23,950	24,200	846	760	35.6	31.6
Csanád	138,592	139,639	3,789	3,593	27.5	25.8
Torontál	16,536	16,697	418	430	27.4	25.9
Total for the Kingdom	8,457,852	8,525,725	229,484	218,548	27.3	25.7

¹ The italics indicate county boroughs.

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1927.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922 . . .	128,786	120,493	249,279	3,714	2,870	6,584	132,500	123,363	255,863
1923 . . .	123,455	115,516	238,971	3,681	2,898	6,579	127,136	118,414	245,550
1924 . . .	114,073	107,389	221,462	3,680	2,912	6,592	117,753	110,301	228,054
1925 . . .	121,569	113,911	235,480	3,650	3,006	6,656	125,219	116,917	242,136
1926 . . .	118,108	111,376	229,484	3,841	2,962	6,803	121,949	114,338	236,287
Average: 1922-26 . .	121,198	113,737	234,935	3,713	2,930	6,643	124,911	116,667	241,578
1927	112,820	105,728	218,548	3,603	2,627	6,230	116,423	108,355	224,778
	Excess of Male births per 100 Female births, among children			Still-born children per 100 births of the same sex, live-born and still-born children together					
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922 . . .	107	129	107	2.8	2.3	2.6			
1923 . . .	107	127	107	2.9	2.5	2.7			
1924 . . .	106	126	107	3.1	2.6	2.9			
1925 . . .	107	121	107	2.9	2.6	2.8			
1926 . . .	106	130	107	3.2	2.6	2.9			
1927 . . .	107	137	107	3.1	2.4	2.8			

Table No. 6a.

GEOGRAPHICAL DISTRIBUTION OF BIRTHS ACCORDING TO VITALITY, 1927.

Counties and County boroughs ¹	Estimated population	Actual figures		Rate per 1,000 inhabitants	
		Live births	Still-births	Live births	Still-births
Baranya	250,880	6,091	158	24.3	0.6
Pécs	47,135	1,261	43	26.7	0.9
Féjér	243,387	6,360	168	26.3	0.7
Szekesfehérvár	39,666	813	47	20.5	1.2
Győr	100,849	2,710	59	27.0	0.6
Győr	51,303	967	37	18.9	0.7
Komárom	121,687	3,131	106	25.9	0.9
Moson	56,931	1,585	36	28.0	0.6
Somogy	386,314	9,056	227	23.5	0.6
Sopron	151,705	3,939	68	26.1	0.5
Sopron	36,492	700	27	19.2	0.7
Toina	276,202	6,340	175	23.0	0.6
Vas	290,909	7,042	180	24.3	0.6
Veszprém	250,318	6,455	153	25.9	0.6
Zala	372,438	9,162	263	24.7	0.7
Esztergom	61,035	1,725	41	28.4	0.7
Hont	28,946	666	13	23.1	0.5
Nógrád	193,395	5,371	153	27.9	0.8
Pozsony	1,748	53	1	30.7	0.6
Bács-Bodrog	102,358	2,589	75	25.4	0.7
Baja	19,135	496	11	25.9	0.6
Csongrád	164,075	4,196	92	27.4	0.6
Hódmezővásárhely	62,321	1,199	42	19.3	0.7
Szeged	124,347	2,911	111	23.5	0.9
Heves	320,187	8,818	218	27.7	0.7
Jász-Nagykun-Szolnok	417,084	11,457	371	27.6	0.9
Pest-Pilis-Solt-Kiskun	1,246,325	31,553	910	25.4	0.7
Budapest	927,906	15,809	601	17.0	0.7
Kecskemét	75,546	2,199	77	28.1	1.0
Abauj-Torma	94,669	2,582	46	27.4	0.5
Bereg { Szabolcs	4,440	138	2	31.3	0.5
Bereg { Szatmár	24,000	877	24	36.7	1.0
Borsod	275,114	8,073	164	29.5	0.6
Miskolc	58,769	1,338	57	22.8	1.0
Gömör and Kishont	17,241	447	7	26.0	0.4
Ung	1,519	48	—	31.8	—
Zemplén	150,720	4,462	103	29.8	0.7
Békés	331,413	8,660	314	26.2	1.0
Bihar	175,774	5,216	166	29.8	1.0
Hajdu	184,119	5,973	174	32.7	1.0
Debrecen	107,976	2,843	153	26.4	1.4
Szabolcs	381,762	14,025	342	37.0	0.9
Szatmár	123,549	4,429	104	36.1	0.9
Arad	24,200	760	7	31.6	0.3
Csanád	139,639	3,593	96	25.8	0.7
Torontál	16,697	430	8	25.9	0.5
Total for the Kingdom	8,525,725	218,548	6,230	25.7	0.7

¹ The italics indicate county boroughs.

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS, 1922 TO 1927.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	231,128	5,858	236,986	18,151	726	18,877	249,279	6,584	255,863
1923 ..	221,456	5,830	227,286	17,515	749	18,264	239,971	6,579	245,550
1924 ..	204,874	5,824	210,698	16,588	768	17,356	221,462	6,592	228,054
1925 ..	216,479	5,863	222,342	19,001	793	19,794	235,480	6,656	242,136
1926 ..	210,220	5,984	216,204	19,264	819	20,083	229,484	6,803	236,287
Average: 1922-26	216,831	5,872	222,703	18,104	771	18,875	234,935	6,643	241,578
1927 ..	200,151	5,489	205,640	18,397	741	19,138	218,541	6,230	224,778

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
	Live-born (col. A8)	Still-born (col. A9)	Total (col. A10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				Per 100 live-born and still-born children			Per 1,000 average population	
				Legitimate (col. A4)	Illegitimate (col. A7)	Total (col. A10)		
1	2	3	4	5	6	7	8	9
1922 ..	7.3	11.0	7.4	2.5	3.8	2.6	28.6	2.2
1923 ..	7.3	11.4	7.4	2.6	4.1	2.7	27.1	2.1
1924 ..	7.5	11.7	7.6	2.8	4.4	2.9	24.8	2.0
1925 ..	8.1	11.9	8.2	2.6	4.0	2.8	26.0	2.3
1926 ..	8.4	12.0	8.5	2.8	4.1	2.9	25.1	2.2
Average: 1922-26 ..	7.7	11.6	7.8	2.6	4.1	2.8	26.3	2.2
1927 ..	8.4	11.9	8.5	2.7	3.9	2.8	23.6	2.1

3. GENERAL DEATH RATE.

Table No. 11.

DEATH RATE ACCORDING TO SEX, 1922 TO 1927.

Year	Total deaths	
	Males	Females
1	2	3
1922	89,658	83,693
1923	82,820	76,467
1924	86,408	81,260
1925	72,793	69,357
1926	71,355	68,550
Average: 1922-26	80,607	75,865
1927	76,765	73,910

4. CAUSES OF DEATH.

Table No. 14.

MORTALITY FROM CERTAIN INFECTIOUS DISEASES, 1926 AND 1927.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics	
			Actual figures	Per 10,000 of average population
1	2	3	4	5
1a	Typhoid fever	1926 1927		
1b	Paratyphoid fever	1926 1927	1,207 1,304	1.4 1.5
2	Typhus	1926 1927	4 4	0.0 0.0
3	Relapsing fever	1926 1927	2 1	0.0 0.0
5	Malarial fever or cachexia	1926 1927	15 9	0.0 0.0
6	Smallpox	1926 1927	2 4	0.0 0.0
7	Measles	1926 1927	247 592	0.3 0.7
8	Scarlet fever	1926 1927	468 553	0.6 0.7
9	Whooping-cough	1926 1927	420 416	0.5 0.5
10	Diphtheria	1926 1927	789 1,053	0.9 1.2
11a	Influenza with pulmonary compli- cations	1926 1927	12,472 17,540	14.8 20.7
11b	Influenza without pulmonary compli- cations	1926 1927	450 1,694	0.5 2.0
14	Asiatic cholera	1926 1927	— —	— —
16	Dysentery	1926 1927	370 424	0.4 0.5

Table No. 14 (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics	
			Actual figures	Per 10,000 of average population
1	2	3	4	5
17	Plague	1926 1927	— —	— —
18	Yellow fever.. .. .	1926 1927	— —	— —
20	Leprosy	1926 1927	— —	— —
21	Erysipelas	1926 1927	384 442	0.5 0.5
22	Acute poliomyelitis	1926 1927	415 480	0.5 0.6
23	Encephalitis lethargica	1926 1927	— —	— —
24	Epidemic cerebro-spinal meningitis..	1926 1927	34 31	0.0 0.0
26	Glanders and farcy	1926 1927	— —	— —
27	Malignant pustule and anthrax ..	1926 1927	77 67	0.1 0.1
28	Rabies	1926 1927	12 14	0.0 0.0
31	Tuberculosis of the respiratory system	1926 1927	17,758 17,844	21.1 21.0
32	Tuberculosis of the meninges or tubercu- losis of the central nervous system	1926 1927	1,195 1,106	1.4 1.3
33	Tuberculosis of other organs	1926 1927	1,195 1,106	1.4 1.3
38	Syphilis	1926 1927	440 403	0.6 0.5
39	Soft chancre	1926 1927	— —	— —
40	Gonorrhoea	1926 1927	— —	— —

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1927.

Age-groups	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
Under 1 year ..						
1-4	337	281	618	31.1	26.9	29.1
0-4						
5-9	1,286	1,559	2,845	11.5	14.0	12.8
10-14						
15-19	902	1,445	2,347	21.5	33.9	27.8
20-24	1,279	1,577	2,856	36.5	38.9	37.8
25-29	1,047	1,402	2,449	36.7	41.2	39.1
30-34						
35-39	1,520	1,756	3,276	30.9	30.6	30.7
40-44						
45-49	1,285	1,020	2,305	31.3	23.2	27.1
50-54						
55-59	1,089	748	1,837	32.3	22.1	27.2
60-64						
65-69	714	606	1,320	30.4	24.9	27.6
70-74						
75-79	217	198	415	23.0	19.2	21.0
80-84						
85-89	22	19	41	12.1	8.4	10.1
90 and over ..						
Age unknown ..	3	1	4	18.4	4.5	10.4
Total	9,701	10,612	20,313	25.1	25.8	25.5

Table No. 16.*

DEATH RATE FROM TUMOURS, 1925 TO 1927.

Year	Classification according to International List (3rd revision, 1920)					Other nomenclature			
	No. 43-49 Cancer or other malignant tumours	No. 50 Non- malignant tumours or tumours of which the malignant character is not specified	No. 137 Cysts and other benign tumours of the ovary	No. 139 Benign tumours of the uterus	No. 43-50, 137, 139 Total number of tumours (Cols. 2, 3, 4, 5 together)	Cancer	Sarcoma	Other tumours	Total number of tumours
1	2	3	4	5	6	7	8	9	10
<i>A. Actual Number of Deaths.</i>									
1925 ..	6,942					6,229	713		6,942
1926 ..	7,521					6,763	758		7,521
1927 ..	7,823					7,093	730		7,823
<i>B. Proportional Figures per 10,000 of Average Population.</i>									
1925 ..	8.3					7.5	0.8		8.3
1926 ..	8.9					8.0	0.9		8.9
1927 ..	9.2					8.3	0.9		9.2

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927.

Year	Classification according to International List (3rd Revision, 1920)						
	I. Classes of Diseases						
	Affections						
	Of the nervous system and organs of special sense No. 70-86	Of the circulatory system No. 87-96	Of the respiratory system No. 97-107	Of the digestive system No. 108-127	Non-venereal diseases of genito-urinary system No. 128-142	Of the skin and cellular tissue No. 151-155	Of the bones and organs of locomotion No. 156-158
1	2	3	4	5	6	7	8
	A. Actual Number of Deaths.						
1925..	14,590	13,275	16,106	14,355	2,651	327	229
1926..	14,124	13,662	15,109	15,032	2,548	334	249
1927..	14,349	14,819	13,697	15,112	2,683	498	222
	B. Proportional Figures per 10,000 of Average Population.						
1925..	17.5	16.0	19.4	17.3	3.2	0.4	0.3
1926..	16.8	16.2	18.0	17.9	3.2	0.4	0.3
1927..	16.9	17.5	23.2	17.8	3.2	0.6	0.3

Year	II. Various Important Diseases								
	Cerebral hæmorrhæe, apoplexy No. 74	Diseases of the heart No. 87-90	Acute and chronic bronchitis No. 99	Pneumonia No. 100-101	Diarrhœa and enteritis (all ages) No. 113-114	Cirrhosis of the liver No. 122	Acute and chronic nephritis No. 128-129	Old age No. 164	Unknown or ill-defined diseases No. 204-205
	9	10	11	12	13	14	15	16	17
	A. Actual Number of Deaths.								
1925..	5,349	13,051	1,062	13,316	8,209	208	2,295	19,382	815
1926..	5,443	13,325	967	12,585	8,872	199	2,246	19,451	759
1927..	5,837	14,502	1,357	16,540	8,914	202	2,269	21,748	808
	B. Proportional Figures per 10,000 of Average Population.								
1925..	6.4	15.7	1.3	16.0	9.9	0.2	2.8	23.3	1.0
1926..	6.5	15.8	1.2	15.0	10.5	0.2	2.7	23.1	0.9
1927..	6.9	17.1	1.6	19.5	10.5	0.2	2.7	25.6	1.0

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925 TO 1927.

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1925 .		242,136	338	350		14.0		14.5
1926 .		236,287	370	359		15.7		15.2
1927 .		224,778	347	317		15.4		14.1

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1925 TO 1927.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
Deaths by suicide	2,443	2,558	2,430	2.9	3.0	2.9
Other external causes	2,922	3,055	3,075	3.5	3.6	3.6
Total deaths from external causes ..	5,365	5,613	5,505	6.4	6.7	6.5
Total deaths from all causes	142,150	139,905	150,675	170.8	166.3	177.5
Total deaths excluding deaths due to external causes (natural mortality)	136,785	134,292	145,170	164.4	159.6	171.0

5. INFANT MORTALITY.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH, 1926 AND 1927.

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1926	1927	1926	1927
1	2	3	4	5	6
159	Congenital malformations	175	191	0.8	0.9
160	Congenital debility, icterus and scleroma . .	14,136	13,852	61.6	63.4
161	Premature birth; injury at birth	747	729	3.2	3.3
38	Congenital syphilis	335	320	1.5	1.5
7	Measles	68	161	0.3	0.7
8	Scarlet fever	38	28	0.1	0.1
9	Whooping-cough	245	219	1.1	1.0
10	Diphtheria	71	87	0.3	0.4
11	Influenza	158	572	0.7	2.6
15	Cholera nostras	17	19	0.1	0.1
21	Erysipelas	120	135	0.5	0.6
24	Epidemic cerebro-spinal meningitis	6	3	0.0	0.0
31	Tuberculosis of the respiratory system . . .	401	399	1.7	1.8
32	Tuberculosis of the meninges or of the central nervous system	166	169	0.7	0.8
33-37	Tuberculosis of other organs	74	50	0.3	0.2
71	Meningitis	316	300	1.4	1.4
80	Convulsions of infants	4,090	3,908	17.8	17.9
99a	Acute bronchitis	627	874	2.7	4.0
100-101	Pneumonia	4,809	6,053	21.0	27.7
113	Diarrhœa and enteritis	6,758	6,920	29.4	31.7
175-199	External causes	164	142	0.7	0.6
200	Infanticide (murder of infants less than 1 year of age)	49	47	0.2	0.2
205	Diseases not specified or ill-defined	4,915	5,264	22.5	22.9

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

Compulsory notification is the main condition in the prevention of acute infectious diseases.

The notifications hitherto recorded by the Ministry of Public Welfare will in future be centralised by the State Public Health Institute opened in 1927.

The State Disinfection Course commemorated its 20th anniversary in 1927. During these twenty years, 345 courses were held and 4,914 persons were trained as disinfectors. Of these, 3,050 were employed by the provincial authorities, and 50 by various institutions of the capital. The rest of the skilled disinfectors entered the service of the disinfection institutes of the city of Budapest and of the army.

In post-war times, 1,140 persons have received training as disinfectors. Of these, 716 are now in provincial employment and 388 in the capital.

B. CHRONIC DISEASES.

1. *Tuberculosis.*

The chief organ for combating tuberculosis is the State Committee for the Prevention of Tuberculosis. In 1927 this Committee founded 10 tuberculosis dispensaries and 2 rest wards.

Two public hospitals have been provided with separate tuberculosis pavilions. A tuberculosis sanatorium with 300 beds is being built in the Mátra Mountains.

2. *Malaria.*

Malaria did not show any considerable rate of morbidity and no special measures were necessary.

3. *Cancer.*

A special Cancer Committee has been formed within the Hungarian Surgical Society. In one of the sanatoria of the capital 12 beds have been placed at the Committee's disposal for scientific research.

4. *Venereal Diseases.*

The Anti-Venereal Committee is the advisory organ of the Ministry of Public Welfare in its campaign against venereal diseases.

Venereal dispensaries have been founded in ten different places by municipal authorities and the National Sickness Insurance Institute. Their programme is as follows :

- (a) Free consultation and treatment for the poor ;
- (b) Medical advice and social aid ;
- (c) Information and propaganda.

The Committee has distributed three pamphlets, each in 20,000 copies.

At the Committee's suggestion, the Ministry of Public Welfare has prepared a survey of venereal diseases to be carried out by the State Statistical Bureau in 1928. The reports on persons afflicted with venereal diseases are anonymous.

5. *Alcoholism.*

The cultivated vineyards covered a total of 385,529 Hungarian acres¹ and yielded 1,532,543 hectolitres of wine.

During the brewing season of 1926-27 there were produced 690,201 hectolitres of beer and 104,036 hectolitres of alcohol liable to excise duty.

Licensed public-houses were distributed at the end of the year 1927 as follows :

	With unrestricted licence	With restricted licence	Total
Budapest	2,207	1,737	3,944
The counties	14,573	9,195	23,768
Whole country	16,780	10,932	27,712

Hungary being a wine-producing country with numerous licensed "small stills", as they are called, the campaign against alcoholism encounters great difficulties.

The campaign is now directed by the Health Museum, which has developed into a State Institute of Social Hygiene.

Statistical data are being collected and an anti-alcoholic congress is to be held in February 1929.

III. PUBLIC HEALTH ACTIVITIES.

1. THE STATE PUBLIC HEALTH INSTITUTE.

The State Public Health Institute for the training of public health officers was opened in the autumn of 1927. On this occasion, the Health Organisation of the League of Nations arranged in Budapest a meeting of directors of all European public health schools to deal with the reform of public health education.

2. POST-GRADUATE TRAINING FOR MEDICAL MEN.

The Central Committee for Post-graduate Medical Training held several special medical courses in the larger towns, in university clinics and at different hospitals.

3. REFORM OF THE TRAINING OF PRIMARY SCHOOL TEACHERS.

The primary school teachers acquire during their four years' training elementary knowledge in anatomy, physiology, pathology and hygiene. Health institutes are visited during the third year, and two months during the fourth year of training are spent in children's homes, paediatric departments of hospitals and at dispensaries.

¹ Hungarian acre = 1.422 English acre.

4. HEALTH MUSEUM.

In 1927, the former Health Museum developed into a State Institute of Social Hygiene. Its aims are scientific investigations, surveys, etc. in social and preventive hygiene, health propaganda and popular education in health questions.

5. MATERNITY AND CHILD WELFARE.

The national "Stephanie" Association, which is officially responsible for maternity and infant welfare, had, at the end of 1927, 113 branch establishments, 139 dispensaries, 15 "gouttes de lait", 7 maternity homes and 7 crèches, with 256 medical men in attendance.

(a) *Maternity Welfare.**Protection of Pregnant Women.*

Pregnant women under care of dispensaries on January 1st, 1927	3,704
New admissions	18,927
Discharged	17,865
Under care on December 31st, 1927	4,766
Number of medical examinations in dispensaries	21,755
Women sent to hospital	3,591
Pathological cases found	3,153

Protection of Women after Childbirth.

Number of women under care of dispensaries on January 1st, 1927	5,362
New admissions	47,080
Discharged	47,271
Under care on December 31st, 1927	5,171
Pathological cases found	1,234

(b) *Infant Welfare.*

Number of infants under care of dispensaries on January 1st, 1927	43,074
New admissions	66,957
Out of this total of	110,031
40,565 had completed their first year before the end of 1927.	
5,303 died before the end of 1927; and	
19,286 were no longer brought to the dispensaries for various reasons.	
Under care of dispensaries on December 1st, 1927	44,877
Infants registered in dispensaries brought for medical consultation	213,609
Pathological cases found	95,775
Sent to hospital	5,054

(c) *Protection of Children from 1 to 3 Years of Age.*

Under care of dispensaries on January 1st, 1927	..	63,619
New admissions	.. .. .	58,494
Out of this total of	.. .. .	122,113
28,572 had completed their third year ;		
1,056 died ; and		
16,585 ceased to attend the dispensaries for various reasons.		
Under care of dispensaries on December 1st, 1927	..	75,450
Children registered in dispensaries brought for medical consultation	.. .. .	95,787
Pathological cases found	.. .. .	46,552

(d) *Social Welfare.**Work of the Visiting Nurses.*

The nurses visited :

32,314 pregnant women ;
 64,865 women after confinement ;
 338,196 infants ; and
 347,546 children from 1 to 3 years of age.

The senior visiting nurses made 68,435 visits.

Homes were found for 3,665 mothers and infants, and work was given to mothers in 1,242 cases.

6. SEWAGE DISPOSAL.

Foreign loans raised by several provincial towns have been used for sewage disposal work.

IV. PUBLIC HEALTH LEGISLATION.

1. The new Hungarian Workmen's Health Insurance Law (Law XXI) of 1927 has changed the entire system of health insurance, and centralised all existing institutes in the Workmen's Sickness Insurance Institute.

Insurance is obligatory for industrial workers¹, for all employees earning less than 3,600 pengö a year, for State, municipal, military and police pensioners, their widows and orphans.

In addition, the law provides facilities for voluntary insurance.

The benefits given are considerable and extend to members of families of insured persons.

Occupational diseases are regarded as industrial diseases and are equally compensated.

¹ Even foreign workmen and all workmen employed by Hungarian firms abroad, if they are Hungarian subjects and not already insured.

The Institute is a self-governing body, administered by a council composed of the insured and of employers.

The costs of insurance are paid by the employers and by the insured in equal proportions.

2. Law XXXIII of 1927 provides for the protection of youth against alcoholic drinks and certain places of amusement.

3. Law II of 1927 enforces the Convention concluded by the International Labour Conference of 1921 concerning the minimum age at which children may be employed in agricultural work.

4. Decree No. 29297 fixes the list of patent drugs that may be put on the market.

5. Decree No. 144069 fixes a new Hungarian Pharmacopœia.

6. Decree No. 24223 orders the compulsory notification of influenza.

7. Decree No. 108421 orders the fixing of placards with first-aid instructions in crowded places.

8. By Decree No. 160100, within a fixed time-limit all brothels are to be closed ; instead, licences are given for places of " rendez-vous ".

V. BUDGET.

The budget estimates of the Ministry of Public Welfare and Labour amount to 60,343,560 pengő, which represents 8 per cent of the total budget of the State.

Details.

	Pengő
1. Personal expenditure and office expenses of the Ministry ..	2,188,710
2. Public health	42,247,020
3. Sanitary institutions	5,000,510
4. Child welfare	8,740,850
5. Workmen's insurance.. .. .	787,540
6. Humanitarian and charitable institutions	501,490
7. War disablement pensions	873,980

The item " Public Health " includes the following :

	Pengő
Campaign against infectious diseases	325,000
Prophylaxis against endemic diseases	500,000
Supply of drinking-water.. .. .	100,000
Association for sanitation courses	120,000
Establishment of venereal dispensaries.. .. .	24,000
Establishment of dispensaries for diseases of the lungs ..	35,000
Hospital treatment for the poor	16,000,000
State Public Health Institute	100,000
Health Museum	46,000

VI. CURATIVE MEDICINE.

1. HOSPITALS.

The hospitals and beds provided are distributed as follows :

(a) *Budapest.*

	Beds
16 University clinics	2,479
8 State hospitals, lunatic asylums, midwives' schools, orphanages	6,547
10 Municipal hospitals	648
4 Public hospitals	648
11 Private hospitals	884
14 Sanatoria	1,054
<hr/>	
63 Establishments	13,649

(b) *The Counties.*

21 University clinics	2,110
14 State institutions	2,200
30 Municipal hospitals	7,058
26 Public hospitals	1,927
31 Private hospitals	1,542
18 Sanatoria	1,906
<hr/>	
140 Establishments	16,743

(c) *Whole Country.*

203 Establishments	30,438
----------------------------	--------

2. PHARMACIES.

In Budapest	202
In the counties	1,126
<hr/>	
In the whole country	1,328

3. PHYSICIANS.

In Budapest	2,987
In the counties	3,755
<hr/>	
In the whole country	6,742

4. MENTAL DISEASES.

At the end of 1927, the hospitals for persons suffering from mental diseases contained 5,566 patients: 2,950 men and 2,616 women. During the year, 6,446 new cases were admitted: 3,621 men and 2,835 women. The total number of patients under treatment was therefore 5,629: 2,937 men and 2,652 women.

As the establishments in the capital were overcrowded, 1,428 patients (841 men and 587 women) were transferred to similar institutions in the counties, so that only 5,018 cases (2,780 men and 2,238 women) are to be regarded as new admissions.

There are 29 establishments and departments, with 6,082 beds, available for the observation and treatment of persons suffering from mental diseases; that means one bed for 1,315 inhabitants.

An increase of general paralysis and of schizophrenia, especially among men, was observed.

The new cases were divided as follows:

	Males	Percentage for Males	Females	Percentage for Females	Total
Dementia paralytica ..	1,047	28.9	368	13.02	1,415
Schizophrenia	1,170	32.31	1,088	38.51	2,258
Alcoholism	371	10.24	32	1.13	403
Epilepsy	329	9.08	244	8.63	573
Oligophrenia	419	11.57	275	9.73	694
Mania depressiva ..	170	4.69	384	23.59	554

The home treatment of persons suffering from mental diseases made great progress; 21 per cent of the patients have enjoyed the benefits of this treatment.

One of the State institutes in the capital established a dispensary for nervous diseases.

November 1928.

IRISH FREE STATE

**Report prepared by the Department of Local Government
and Public Health (Dublin).**

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ¹ ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1926 AND 1911.

Date of census	Area in square kilometers ²	Resident population		
		Males	Females	Total
1	2	3	4	5
April 1926	68,893	1,506,889	1,465,103	2,971,992
April 1911	—	1,589,509	1,550,179	3,139,688
Increase (+) or decrease (—) in 1926 compared with 1911 :				
(a) Actual		— 82,620	— 85,076	— 167,696
(b) Yearly average		— 5,508	— 5,672	— 11,180
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period)		— 3.32	— 3.53	— 3.42

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1926 AND 1911.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the resident population ¹	Excess of Males over Females	
		Resident population	
		Actual figures	Per 1,000 Males
1	2	3	4
1926	43.1	41,786	27.7
1911	45.6	39,330	24.7
Increase (+) or decrease (—) in 1926 as compared with 1911	— 2.5	+ 2,456	+ 1.5

¹Present population figures not available.
²Area shown is exclusive of the area under the larger lakes, rivers and tideways.

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Original sources of information relating to marriages, births and deaths: Registers of Marriages, Births and Deaths.—Immigration and emigration: Masters of Vessels Returns to the Department of Industry and Commerce (Statutory):

Year	Average population	Marriages	Live births	Deaths (excluding still-births) ¹	Excess of births over deaths	Immigration ² (outside Europe)	Emigration ² (outside Europe)	Excess of emigration
1	2	3	4	5	6	7	8	9
<i>A. Actual Figures.</i>								
1922.. .. .	3,022,000	15,141	58,849	44,547	14,302	—	15,000	—
1923.. .. .	3,014,000	15,632	61,690	42,217	19,473	—	20,570	—
1924.. .. .	3,005,000	14,822	63,402	45,180	18,222	3,392	19,311	15,919
1925.. .. .	2,985,000	13,820	62,069	43,650	18,419	2,791	30,302	27,511
1926.. .. .	2,969,000	13,570	61,176	41,740	19,436	1,983	30,359	28,376
Average: 1922-26	2,999,000	14,597	61,437	43,467	17,970	—	23,108	—
1927.. .. .	2,957,000	13,418	60,054	43,677	16,377	2,084	27,309	25,225
<i>B. Rates per 1,000 of Average Population.</i>								
1922.. .. .		5.01	19.47	14.74	4.73	—	4.96	—
1923.. .. .		5.19	20.47	14.01	6.46	—	6.82	—
1924.. .. .		4.93	21.10	15.03	6.06	1.13	6.43	5.30
1925.. .. .		4.63	20.79	14.62	6.17	0.94	10.15	9.22
1926.. .. .		4.57	20.60	14.05	6.55	0.67	10.23	9.56
Average: 1922-26		4.87	20.49	14.49	5.99	—	7.71	—
1927.. .. .		4.54	20.31	14.77	5.54	0.70	9.24	8.53

Note.—Divorces are not permissible in Saorstát Éireann.

¹ Still-births are not registered.

² Immigration and emigration from and to places out of Europe but not within the Mediterranean Sea.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.

Provinces, counties and county boroughs	Population Census 1926	Live births			
		Actual figures		Rate per 1,000 inhabitants (Census population)	
		1926	1927	1926	1927
1	2	3	4	5	6
<i>Saorstát Éireann</i> ¹	2,971,992	61,176	60,054	20.60	20.31
Leinster Province :					
Carlow	34,476	631	752	18.29	21.81
Dublin ¹	188,961	3,750	3,587	19.82	18.90
Dublin Co. Borough ¹	316,693	8,802	8,602	27.81	27.08
Kildare	58,028	1,202	1,186	20.71	20.44
Kilkenny	70,990	1,483	1,459	20.90	20.55
Leix	51,540	1,011	919	19.61	17.83
Longford	39,847	772	744	19.38	18.67
Louth	62,739	1,398	1,173	22.30	18.70
Meath	62,969	1,177	1,239	18.71	19.68
Offaly	52,592	1,048	1,020	19.95	19.39
Westmeath	56,818	1,218	1,122	21.45	19.75
Wexford	95,848	1,910	1,879	19.93	19.60
Wicklow	57,591	1,104	1,155	19.17	20.06
Munster Province :					
Clare	95,064	1,701	1,840	17.90	19.36
Cork	287,257	5,069	4,929	17.65	17.16
Cork Co. Borough	78,490	1,808	1,827	23.04	23.28
Kerry	149,171	3,048	3,111	20.20	20.86
Limerick	100,895	2,158	2,126	21.53	21.07
Limerick Co. Borough	39,448	1,062	1,052	26.76	26.67
Tipperary, N. Riding	59,645	1,219	1,221	20.45	20.47
Tipperary, S. Riding	81,370	1,652	1,652	20.31	20.30
Waterford	51,915	992	988	19.12	19.03
Waterford Co. Borough	26,647	606	641	22.74	24.06
Connaught Province :					
Galway	169,366	3,494	3,454	20.64	20.39
Leitrim	55,907	959	1,006	17.16	17.99
Mayo	172,690	3,271	3,050	18.94	17.66
Roscommon	83,556	1,636	1,516	19.59	18.14
Sligo	71,388	1,219	1,302	17.07	18.24
Ulster Province, part of :					
Cavan	82,452	1,592	1,499	19.31	18.18
Donegal	152,508	2,949	2,788	19.34	18.28
Monaghan	65,131	1,235	1,215	18.96	18.65
Total for urban districts	861,611	20,894	20,661	24.24	23.93
Total for rural districts	2,110,381	40,282	39,393	19.08	18.82

* The rates for Saorstát Éireann for 1926 and 1927, and for Dublin County and Dublin County Borough for 1927, are calculated on estimated population.

Table No. 6.
NUMBER OF BIRTHS ACCORDING TO SEX AND LEGITIMACY, 1922 TO 1927.

Year	Live births				Legitimate births	Illegitimate births		Rates per 1,000 of population	
	Males	Females	Total	Excess of Males per 100 Females		Total	Per 1,000 total births	Legitimate births	Illegitimate births
1	2	3	4	5	6	7	8	9	10
1922	30,345	28,504	58,849	6.5	57,329	1,520	26	19.0	0.5
1923	31,808	29,882	61,690	6.5	60,066	1,624	26	19.9	0.5
1924	32,713	30,689	63,402	6.6	61,725	1,677	26	20.5	0.6
1925	31,818	30,251	62,069	5.2	60,407	1,662	27	20.2	0.6
1926	31,382	29,794	61,176	5.3	59,460	1,716	28	20.0	0.6
Average : 1922-26 ..	31,613	29,824	61,437	6.0	59,797	1,640	27	19.9	0.6
1927	30,606	29,448	60,054	3.9	58,296	1,758	29	19.7	0.6

Table No. 9.*

MONTHLY¹ NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1925 TO 1927.

Quarter ended	Actual figures for live-born children					
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
	1925		1926		1927	
1	2	3	4	5	6	7
March 31st ..	14,848	397	14,452	372	14,504	388
June 30th ..	16,007	419	15,711	517	15,335	499
September 30th ..	15,567	490	15,154	446	14,855	447
December 31st ..	13,985	356	14,143	381	13,602	424
Total	60,407	1,662	59,460	1,716	58,296	1,758
Live-born children (legitimate and illegitimate together)						
	Actual figures			Rate per 1,000 of average population (calculated on an annual basis)		
	1925	1926	1927	1925	1926	1927
	8	9	10	11	12	13
March 31st ..	15,245	14,824	14,892	20.43	19.97	20.14
June 30th ..	16,426	16,228	15,834	20.01	21.86	21.42
September 30th ..	16,057	15,600	15,302	21.52	21.02	20.70
December 31st ..	14,341	14,524	14,026	19.22	19.57	18.97
Total	62,069	61,176	60,054	20.79	20.60	20.31

¹ Figures by months not available.

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926 AND 1927.

Provinces, counties and county boroughs	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of census population, 1926		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
<i>Saorstát Éireann</i> ¹	41,740	43,677	14.05	14.77	-0.57	+0.72
Leinster Province :						
Carlow	500	533	14.49	15.46	-0.41	+0.97
Dublin ¹	2,492	2,620	13.17	13.81	-0.04	+0.64
Dublin Co. Borough ¹	5,184	5,583	16.38	17.57	-0.87	+1.19
Kildare	769	809	13.25	13.94	-0.17	+0.69
Kilkenny	1,054	1,107	14.85	15.59	-0.28	+0.74
Leix	736	794	14.28	15.41	+0.41	+1.13
Longford	503	625	12.63	15.68	-3.31	+3.05
Louth	924	956	14.74	15.24	-0.40	+0.50
Meath	866	1,027	13.77	16.31	-1.47	+2.54
Offaly	701	676	13.35	12.85	-1.81	-0.50
Westmeath	750	732	13.21	12.88	-2.04	-0.33
Wexford	1,510	1,703	15.76	17.77	+0.03	+2.01
Wicklow	827	899	14.36	15.61	-0.17	+1.25
Munster Province :						
Clare	1,191	1,354	12.53	14.24	-1.13	+1.71
Cork	3,964	4,062	13.80	14.14	+0.43	+0.34
Cork Co. Borough	1,381	1,175	17.60	14.97	+1.96	-2.63
Kerry	1,814	2,043	12.02	13.70	+0.49	+1.68
Limerick	1,491	1,439	14.87	14.26	+1.33	-0.61
Limerick Co. Borough	761	613	19.17	15.54	+4.23	-3.63
Tipperary, North Riding	842	861	14.12	14.44	-0.24	+0.32
Tipperary, South Riding	1,169	1,253	14.37	15.40	-0.48	+1.03
Waterford	722	791	13.91	15.24	-0.47	+1.33
Waterford Co. Borough	431	421	16.18	15.80	+2.11	-0.38
Connaught Province :						
Galway	2,151	2,174	12.70	12.84	-0.60	-0.14
Leitrim	765	795	13.69	14.22	-3.79	+0.53
Mayo	1,995	2,216	11.55	12.83	-1.55	+1.28
Roscommon	1,089	1,145	13.04	13.70	-1.61	+0.66
Sligo	945	1,066	13.24	14.93	-2.48	+1.69
Ulster Province, part of :						
Cavan	1,098	1,136	13.32	13.78	-3.41	+0.46
Donegal	2,151	2,110	14.10	13.84	-2.65	-0.26
Monaghan	964	959	14.80	14.72	-1.95	-0.08
Urban districts	13,380	13,711	15.52	15.88	-0.11	+0.36
Rural districts	28,360	29,966	13.44	14.31	-0.85	+0.87

¹ The rates for Saorstát Éireann for 1926 and 1927, and for Dublin County and Dublin County Borough for 1927, are calculated on estimated population.

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1927.

Year	Average population		Total deaths		Rate per 1,000— of average population of same sex		Difference— (+ or —) between male and female death rates (Difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	1,529,000	1,493,000	22,748	21,799	14.88	14.60	+ 0.28
1923	1,526,000	1,488,000	21,561	20,656	14.13	13.88	+ 0.25
1924	1,521,000	1,484,000	22,821	22,359	15.00	15.07	— 0.07
1925	1,512,000	1,473,000	22,118	21,532	14.63	14.62	+ 0.01
1926	1,505,000	1,464,000	20,844	20,896	13.85	14.27	— 0.42
Average: 1922-26	1,518,600	1,480,400	22,018	21,448	14.50	14.49	+ 0.01
1927	1,499,000	1,458,000	21,812	21,865	14.55	15.00	— 0.45

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1926 AND 1927.¹*Actual Figures.*

Ages and age-groups	Total Deaths					
	1926			1927		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	2,538	2,014	4,552	2,381	1,873	4,254
1	556	558	1,114	530	505	1,035
2	277	269	546	273	228	501
3	181	151	332	175	170	345
4	124	113	237	124	137	261
0-4	3,676	3,105	6,781	3,483	2,913	6,396
5-9	363	421	784	375	364	739
10-14	239	331	570	236	264	500
15-19	452	511	963	461	517	978
20-24	534	543	1,077	535	548	1,083
25-29	520	578	1,098	545	646	1,191
30-34	473	557	1,030	529	523	1,052
35-39	518	617	1,135	555	664	1,219
40-44	659	663	1,322	673	637	1,310
45-49	804	763	1,567	825	793	1,618
50-54	1,079	1,036	2,115	1,168	1,036	2,204
55-59	1,189	1,071	2,260	1,286	1,127	2,413
60-64	1,535	1,452	2,987	1,728	1,536	3,264
65-69	1,795	1,713	3,508	1,979	1,733	3,762
70-74	2,321	2,458	4,779	2,498	2,783	5,281
75-84	3,365	3,596	6,961	3,491	4,076	7,567
85-94	1,197	1,319	2,516	1,314	1,499	2,813
95 and over ..	125	162	287	131	156	287
Total	20,844	20,896	41,740	21,812	21,865	43,677

¹ Proportional figures not available.—See footnote to Table No. 15.

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS, 1926 AND 1927.¹

Quarter ended	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1927 compared with 1926
	Actual figures		Quarterly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
March 31st	11,548	13,410	15.6	18.1	+ 2.5
June 30th	10,898	11,816	14.7	16.0	+ 1.3
September 30th .. .	8,746	8,651	11.8	11.7	- 0.1
December 31st .. .	10,548	9,800	14.2	13.3	- 0.9
Total	41,740	43,677	14.1	14.8	+ 0.7

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY² OF CERTAIN INFECTIOUS DISEASES, 1926 AND 1927.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
1a	Typhoid fever	1926	124	0.41	294	0.99
		1927	97	0.33	358	1.20
1b	Paratyphoid fever	1926	2	0.01		
		1927	1	—		
2	Typhus	1926	8	0.03	35	0.12
		1927	11	0.04	13	0.04

¹ Monthly figures not available.² Case-fatality figures not available.

Table No. 14* (continued).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes- of-death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
3	Relapsing fever	1926	0	—		
		1927	0	—		
5	Malarial fever or cachexia .. .	1926	2	0.01		
		1927	7	0.02		
6	Smallpox	1926	.	.		
		1927	.	.		
7	Measles	1926	519	1.75		
		1927	175	0.59		
8	Scarlet fever	1926	134	0.45	2,168	7.29
		1927	81	0.27	1,895	6.37
9	Whooping-cough	1926	258	0.87		
		1927	448	1.52		
10	Diphtheria	1926	197	0.66	1,686	5.67
		1927	218	0.74	1,754	5.90
11a	Influenza with pulmonary compli- cations	1926	184	0.62		
		1927	774	2.62		
11b	Influenza without pulmonary com- plications	1926	470	1.58		
		1927	1,325	4.48		
14	Asiatic cholera	1926	0	—		
		1927	0	—		
16	Dysentery	1926	6	0.02		
		1927	13	0.04		
17	Plague	1926	0	—		
		1927	0	—		
18	Yellow fever	1926	0	—		
		1927	0	—		
20	Leprosy	1926	0	—		
		1927	0	—		
21	Erysipelas	1926	42	0.14		
		1927	31	0.10		

Table No. 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes- of-death statistics		Notifiable diseases Cases			
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population		
1	2	3	4	5	6	7		
22	Acute poliomyelitis	1926	11	0.04				
		1927	13	0.04				
23	Encephalitis lethargica	1926	43	0.15				
		1927	57	0.19				
24	Epidemic cerebro-spinal meningitis	1926	17	0.06				
		1927	12	0.04				
26	Glanders and farcy	1926	0	—				
		1927	0	—				
27	Malignant pustule and anthrax	1926	1	0.00				
		1927	2	0.01				
28	Rabies	1926	0	—				
		1927	0	—				
31	Tuberculosis of the respiratory system	1926	3,369	11.35				
		1927	3,409	11.53				
32	Tuberculosis of the meninges or tuberculosis of the central nervous system	1926	227	0.76			2,205	7.42
		1927	204	0.69					1,725	5.80
33-37	Tuberculosis of other organs	1926	766	2.58				
		1927	688	2.33				
38	Syphilis	1926	31	0.10				
		1927	31	0.10				
39	Soft chancre	1926	0	—				
		1927	0	—				
40	Gonorrhœa	1926	4	0.01				
		1927	2	0.01				

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1927. ¹

Age-groups	Number of deaths from all forms of tuberculosis		
	Males	Females	Total
Under 1 year	58	44	102
1-4	92	79	171
0-4	150	123	273
5-9	64	58	122
10-14	60	103	163
15-19	179	325	504
20-24	278	322	600
25-29	262	333	595
30-34	225	184	409
35-39	202	191	393
40-44	173	147	320
45-49	139	113	252
50-54	146	87	233
55-59	110	68	178
60-64	72	37	109
65-69	43	34	77
70-74	27	27	54
75-84	8	10	18
85-94	—	1	1
95 and over	—	—	—
Total	2,138	2,163	4,301

¹ The death rates by age-periods have not been tabulated, as the age distribution of the population according to the recent census is not yet available.

Table No. 16.

DEATH RATE FROM TUMOURS, 1925, 1926 AND 1927.

Year	Classification according to International List (1920).					
	No. 43-49 Cancer, or other malignant tumours	No. 50 Non-malignant tumours and unspecified tumours	No. 84 Cerebral tumours, non-malignant	No. 137 Tumours of ovary, non-malignant	No. 139 Tumours of uterus, non-malignant	No. 43-45, 84, 137, 139 Total number of tumours
	A. <i>Actual Number of Deaths.</i>					
1925	2,801	51	35	8	20	2,915
1926	3,021	59	28	15	23	3,146
1927	3,113	48	33	18	21	3,233
	B. <i>Rates per 10,000 of Population.</i>					
1925	9.39	0.17	0.12	0.03	0.06	9.77
1926	10.17	0.20	0.09	0.05	0.08	10.59
1927	10.52	0.17	0.11	0.06	0.07	10.93

Table No. 17.

DEATHS FROM THE PRINCIPAL CAUSES, 1925, 1926 AND 1927.

No. in Internation- al List	Causes of death	Number of deaths			Rates per 10,000 of population		
		1925	1926	1927	1925	1926	1927
1	Enteric fever ..	105	126	98	0.35	0.42	0.33
2	Typhus	9	8	11	0.03	0.03	0.04
6	Smallpox	—	—	—	—	—	—
7	Measles	198	519	175	0.66	1.75	0.59
8	Scarlet fever ..	70	134	81	0.23	0.45	0.27
9	Whooping-cough	429	258	448	1.44	0.87	1.52
10	Diphtheria	158	197	218	0.53	0.66	0.74
16	Dysentery	13	6	13	0.04	0.02	0.04
11	Influenza	1,171	654	2,099	3.92	2.20	7.10
23	Encephalitis lethargica ..	51	43	57	0.17	0.15	0.19

Table No. 17 (concluded).

No. in International List	Causes of death	Number of deaths			Rates per 10,000 of population		
		1925	1926	1927	1925	1926	1927
24	Meningococcal meningitis ..	12	17	12	0.04	0.06	0.04
31	Tuberculosis of respiratory system ..	3,667	3,369	3,409	12.29	11.35	11.53
32-7	Other tuberculosis ..	1,006	993	892	3.37	3.34	3.02
43-9	Cancer, malignant disease ..	2,801	3,021	3,113	9.39	10.17	10.52
57	Diabetes ..	222	226	232	0.74	0.76	0.78
74	Cerebral hæmorrhage ..	1,312	1,339	1,363	4.40	4.51	4.61
87-90	Heart disease ..	4,965	4,656	5,031	16.63	15.68	17.01
91b	Arteriosclerosis ..	197	221	230	0.66	0.74	0.78
99	Bronchitis ..	2,654	2,433	2,610	8.89	8.19	8.83
100-01	Pneumonia (all forms) ..	2,338	2,314	2,833	7.83	7.79	9.58
97-8	Other diseases of respiratory system ..	737	666	684	2.47	2.24	2.31
102-07	Ulcer of stomach or duodenum ..	270	264	271	0.90	0.89	0.92
111	Diarrhoea and enteritis under 2 years ..	640	815	493	2.15	2.75	1.67
117	Appendicitis ..	156	189	185	0.52	0.64	0.63
122	Cirrhosis of the liver ..	90	113	106	0.30	0.38	0.36
128-29	Acute and chronic nephritis ..	1,128	1,145	1,117	3.78	3.36	3.78
146	Puerperal sepsis ..	105	115	77	0.35	0.39	0.26
143b-45	Other accidents and diseases of pregnancy and parturition ..	186	184	194	0.63	0.62	0.65
147-50	Congenital debility and malformation: premature birth ..	1,783	1,841	1,698	5.97	6.20	5.74
159-161	Suicide ..	88	97	96	0.30	0.33	0.32
165-174	Other deaths from violence ..	728	792	749	2.44	2.67	2.53
175-203	Other defined diseases ..	14,914	13,745	14,066	49.06	46.30	47.58
—	Causes ill-defined or unknown ..	1,447	1,240	1,016	4.85	4.18	3.44
204-05a	All causes ..	43,650	41,740	43,677	146.23	140.59	147.71

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES,
1925 TO 1927.

Causes	Actual figures			Rates per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
Deaths by suicide	88	97	96	0.30	0.33	0.32
Other external causes	728	792	749	2.44	2.67	2.53
Total deaths from external causes ..	816	889	845	2.74	3.00	2.85
Total deaths from all causes	43,650	41,740	43,677	146.23	140.59	147.71
Total deaths, excluding external causes (natural mortality)	42,834	40,851	42,832	143.49	137.59	144.86

5. INFANT MORTALITY.

Table No. 20.

INFANT MORTALITY BY AGE, SEX AND LEGITIMACY, 1925 TO 1927.

Year	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live Births of the same category				
	Males	Females	Total	Legitimate	Illegitimate	Males	Females	Total	Legitimate	Illegitimate
	1925.									
Under 24 hours	254	189	443	395	48	7.98	6.25	7.14	6.54	28.88
1- 7 days	271	172	443	391	52	8.52	5.68	7.14	6.47	31.29
7-14 days	134	97	231	217	14	4.21	3.21	3.72	3.59	8.42
14-21 days	92	75	167	143	24	2.89	2.48	2.69	2.37	14.44
21 days and under 1 month	138	111	249	220	29	4.34	3.67	4.01	3.64	17.45
Total under 1 month	889	644	1,533	1,366	167	27.94	21.29	24.70	22.61	100.48
1- 2 months	280	212	492	436	56	8.80	7.01	7.92	7.22	33.69
2- 3 months	204	181	385	323	62	6.41	5.98	6.20	5.35	37.30
3- 6 months	498	354	852	747	105	5.65	11.70	13.73	12.37	63.15
6-12 months	514	440	954	867	87	16.16	14.54	15.37	14.35	52.30
Total under 1 year	2,385	1,831	4,216	3,739	477	74.96	60.52	67.92	61.90	287.08
	1926.									
Under 24 hours	281	202	483	415	68	8.95	6.78	7.90	6.98	39.63
1- 7 days	282	202	484	430	54	8.99	6.78	7.91	7.23	31.47
7-14 days	134	106	240	220	20	4.27	3.56	3.92	3.70	11.65
14-21 days	109	57	166	143	23	3.47	1.91	2.71	2.40	13.40
21 days and under 1 month	153	107	260	217	43	4.88	3.59	4.25	3.65	25.06
Total under 1 month	959	674	1,633	1,425	208	30.56	22.62	26.69	23.96	121.21
1- 2 months	299	211	510	433	77	9.53	7.08	8.34	7.28	44.87
2- 3 months	216	187	403	335	68	6.88	6.28	6.59	5.64	39.66
3- 6 months	484	403	887	770	117	15.42	13.53	14.50	12.95	68.18
6-12 months	580	539	1,119	1,036	83	18.48	18.09	18.29	17.42	48.37
Total under 1 year	2,538	2,014	4,552	3,999	553	80.87	67.60	74.41	67.25	322.26
	1927.									
Under 24 hours	260	225	485	414	71	8.50	7.64	8.08	7.10	40.39
1- 7 days	283	192	475	437	38	9.25	6.51	7.91	7.50	21.62
7-14 days	133	86	219	205	14	4.34	2.92	3.65	3.52	7.96
14-21 days	79	77	156	138	18	2.58	2.61	2.60	2.37	10.24
21 days and under 1 month	139	98	237	207	30	4.54	3.32	3.94	3.55	17.06
Total under 1 month	894	678	1,572	1,401	171	29.21	23.00	26.18	24.04	97.27
1- 2 months	287	211	498	414	84	9.38	7.17	8.30	7.10	47.78
2- 3 months	204	151	355	294	61	6.66	5.13	5.91	5.04	34.70
3- 6 months	418	373	791	687	104	13.66	12.67	13.17	11.78	59.16
6-12 months	578	460	1,038	952	86	18.69	15.63	17.28	16.33	48.92
Total under 1 year	2,381	1,873	4,254	3,748	506	77.80	63.60	70.84	64.29	287.83

Table No. 21.

SEASONAL VARIATIONS¹ IN THE DEATH RATE OF CHILDREN UNDER 1 YEAR OF AGE,
1925, 1926 AND 1927.

Quarter ended	Number of deaths among children under 1 year	
	Actual figures	Per 1,000 live births of the same category occurring in the same quarter; number of deaths reckoned as rate for the year
	1925.	
March 31st	1,199	79
June 30th	1,043	64
September 30th	1,046	65
December 31st	928	65
Total for 1925	4,216	68
	1926.	
March 31st	1,199	81
June 30th	1,060	65
September 30th	1,146	74
December 31st	1,147	79
Total for 1926	4,552	74
	1927.	
March 31st	1,328	89
June 30th	1,083	68
September 30th	866	57
December 31st	977	70
Total for 1927	4,254	71

¹ Figures by months are not available.

Table No. 22.

INFANT MORTALITY BY CAUSES, 1925, 1926 AND 1927.

Causes of death (No. in International List)	Deaths among children under 1 year (excluding still-births)					
	Actual figures			Death rate per 1,000 live births of the same year		
	1925	1926	1927.	1925	1926	1927
All causes	4,216	4,552	4,254	67.92	74.41	70.84
Measles (7)	39	97	28	0.63	1.59	0.47
Scarlet fever (8)	2	2	5	0.03	0.03	0.08
Whooping-cough (9)	203	111	204	3.27	1.81	3.40
Diphtheria (10)	8	15	18	0.13	0.25	0.29
Influenza (11)	55	33	129	0.89	0.54	2.15
Tuberculosis of the nervous system (32)	30	19	13	0.48	0.31	0.22
Tuberculosis of intestines and peri- toneum (33)	23	29	29	0.37	0.47	0.48
Other tuberculosis diseases (31, 34-37)	31	43	60	0.50	0.70	1.00
Syphilis (38)	17	17	16	0.27	0.28	0.27
Meningitis (71)	55	82	72	0.89	1.34	1.19
Convulsions (80)	504	513	476	8.12	8.39	7.92
Bronchitis (99)	233	258	257	3.75	4.22	4.28
Pneumonia (100-101)	353	374	456	5.69	6.11	7.60
Inflammation of stomach (112)	83	98	87	1.34	1.60	1.45
Diarrhoea and enteritis (113)	552	732	431	8.89	11.97	7.18
Congenital malformations (159)	139	132	145	2.24	2.16	2.42
Atrophy, debility, marasmus (160 <i>b</i>)	1,209	1,184	1,073	19.48	19.35	17.86
Premature birth (161)	405	492	460	6.52	8.04	7.66
Suffocation (overlying) (180)	6	9	7	0.10	0.15	0.12
Other causes	269	312	288	4.33	5.10	4.80

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

1. *General.*

During 1927, a correlation of registered deaths with the statistics of the known incidence of the graver epidemic diseases, typhoid fever, diphtheria and scarlet fever, led to the conclusion that the duty of notification was insufficiently observed and that the deficiency was more clearly marked in rural than in urban districts. The position was explained by a circular letter addressed to all sanitary authorities, which were advised to give general notice of the duty of notification, and of the liability to penalty in case of default, to members of the medical profession and to the public at large by advertisement in the local Press and other suitable means.

The following table summarises the principal diseases reported to the Department of Local Government and Public Health in the year ending March 31st, 1928:

			Typhus	Typhoid fever	Diphtheria	Scarlet fever
Urban districts	..	..	9	21	193	269
Rural districts	..	..	4	295	505	970
Total	..	..	13	316	698	1,239

A change of system has come into effect during the year consequent upon the appointment of county medical officers of health, who furnish the Department with comprehensive weekly returns of infectious diseases notified in their respective areas, replacing the individual reports previously submitted by district medical officers. Exception, however, is made in the cases of smallpox and typhus, where, to obviate possible loss of time, direct communication between the district medical officer and the Department continues.

2. *Typhus.*

The prevalence has shown a substantial reduction and, contrary to the experience of recent years, was on a smaller scale in rural than in urban districts.

3. *Typhoid Fever.*

The incidence of this disease in urban districts presented no special feature. In rural districts, however, the occurrences were appreciably more numerous, although, for the most part, of small extent and sporadic character.

Contaminated water was the most generally assigned cause. The sources of supply in some of the country districts not infrequently consist of shallow open wells, which are insufficiently protected against surface pollution, or of pump wells, to which the soakage of an adjacent refuse dump or of a drain may gain access through a previous covering or by subsoil percolation.

In three instances only did the outbreaks assume considerable proportions.

There has been a satisfactory absence of outbreaks of typhoid fever associated with infected milk, and recent years have witnessed a notable disappearance of local epidemics among dairy customers which in past periods sometimes accompanied the initial stages of co-operative butter-making.

B. CHRONIC DISEASES.

1. Tuberculosis.

Notification of Tuberculosis.—The Tuberculosis Prevention (Ireland) Act, 1908, which provides for the compulsory notification of tuberculosis, was applied to every district in the Saorstát by Section 17 of the Local Government Act, 1925. Notification of the disease has not yet become generally operative, but it is expected that, on the appointment of county medical officers of health, it will be placed on a more satisfactory basis.

Tuberculosis Schemes.—The areas in which comprehensive tuberculosis schemes were in operation during the period under review remained the same as in the preceding year, viz., 22 counties and Dublin and Waterford County Boroughs. Partial arrangements restricted to insured persons and their dependents suffering from tuberculosis were administered in two other counties by the county insurance committees.

Tuberculosis Officers.—Each approved scheme is in charge of the medical superintendent of the central tuberculosis dispensary, a medical practitioner with special training or experience.

Tuberculosis Dispensaries.—A central tuberculosis dispensary is generally located near the administrative headquarters of each approved scheme and serves as a focus for the various activities of the scheme. There are at present 20 such dispensaries in existence.

Branch tuberculosis dispensaries or depots are established in suitable centres of population throughout each county and now number 134, an average of 6 for each county in which approved anti-tuberculosis arrangements are in operation.

Approved Institutions.—Under the provisions of the National Insurance Act, 1911, the approval of the Minister is required for sanatoria and other institutions in which sanatorium benefit is provided for insured patients. As a result of the county amalgamation schemes, many of the institutions formerly approved for the above purpose were closed or merged with hospitals under the control of boards of health and public assistance. It was therefore found necessary to repeal the prohibition against the making of arrangements with Poor Law authorities for the provision of sanatorium benefit. Consequent on that alteration in the law, most of the county and district hospitals were recognised for the treatment of surgical or of advanced cases of tuberculosis.

The approved institutions contain in all 2,100 beds specially reserved for tuberculous patients and 5,113 beds not exclusively used for such cases but made available as required. The sanatoria for early and moderately early cases of pulmonary tuberculosis comprise 851 beds, of which 50 are in a children's pavilion at Peamount Sanatorium, where a school for the young patients has been established. For surgical cases of tuberculosis 495 beds have been specially provided, and accommodation for this class of patients is also obtainable as required in institutions containing an aggregate of 4,453 beds. The provision included therein for children suffering from this form of the disease amounts to 275 beds, of which 180 are accounted for by St. Mary's Tubercular Hospital, which has been considerably extended and specialises in open-air treatment, with an open-air school. A substantial advance has been made in regard to the facilities provided for the residential treatment and isolation of

advanced cases of tuberculosis. There are now 327 beds assigned exclusively for the reception of these patients, and further accommodation is allotted to such cases as required in institutions containing upwards of 2,460 beds.

Domiciliary Treatment.—Under the National Insurance Act, 1911, the Minister's approval is required when the treatment of tuberculous insured persons (otherwise than in sanatoria and other institutions) is undertaken by persons and local authorities. In counties in which tuberculosis officers have been appointed, general approval was conveyed in 1913 to such treatment if carried out in suitable surroundings and on certain given lines. Where no tuberculosis officer is functioning, the individual cases recommended for domiciliary treatment are reported to the Public Health Department.

National Tuberculosis Grant.—A grant-in-aid of the net cost of approved schemes for the treatment of tuberculosis is voted annually by the Oireachtas and recoupment is made therefrom of:

- (a) Half the net expenditure incurred by a county or county borough council in carrying out an approved tuberculosis scheme; and
- (b) Half the excess expenditure of an insurance committee above the amount of their sanatorium benefit fund incurred in affording sanatorium benefit to insured persons and their dependents and sanctioned by the county or county borough council and the Minister for Finance.

The annual disbursements from the grant were as follows:

	£	s.	d.
1925-26	40,092	13	6
1926-27	40,062	14	3

Agreements with County Insurance Committees.—In 20 counties and in Dublin and Waterford County Boroughs, the local authorities have concluded with the insurance committees agreements in pursuance of which treatment is provided under the approved tuberculosis schemes for insured and exempt patients recommended by the insurance committees for sanatorium benefit, within a certain limit of cost proportioned to the amount in each area of the sanatorium benefit fund which under the agreement is transferred to the local authority. These agreements are made for varying periods.

Development of Tuberculosis Schemes.—The aggregate numbers of patients treated under the approved tuberculosis schemes were 11,104 in 1925-26 and 12,628 in 1926-27, which compares favourably with the number dealt with in 1922-23, 7,132. It is obvious, however, from the returns of mortality attributable to the disease that there is still a considerable proportion of tuberculous patients who have not come within the scope of these schemes and that there is room for the development and improvement of the arrangements. The total number of deaths from tuberculosis in the Saorstát in 1926 was 4,360, and in 1927, 4,301. Calculated on the 1926 Census, the death rate from tuberculosis per thousand of the population was 1.47 in 1926 and 1.45 in 1927. This result is all the more encouraging as the unfavourable industrial and economic conditions of some years ago might reasonably have been expected to be reflected in an increased rate of morbidity and mortality from tuberculosis. It is worthy of note that the ratio of the number of tuberculous patients under 15 years of age treated under the approved schemes to the number of deaths from the disease under

that age was twice the corresponding ratio in the case of adult tuberculous patients, and that the reduction in the rate of mortality from tuberculosis in the age-groups under 15 years since 1904 has been much more marked than at the later ages. As the various factors of improved housing, sanitation, standard of living, etc., which tend towards the reduction of the incidence of tuberculosis, may be taken to affect generally the population of various ages to a somewhat similar extent, it appears to be a reasonable deduction from the foregoing comparison that, if the facilities for the treatment and isolation of tuberculous patients were more widely availed of, a decided decline in the prevalence of the disease would follow. It is hoped that, when the public health arrangements in each county have been reorganised under a county medical officer of health, an effective system of notification of tuberculosis will be initiated with a view to extending the efficiency of the county tuberculosis schemes and to rendering the facilities provided thereunder available to all sufferers from the disease.

2. Venereal Diseases.

Approved arrangements have been organised by county and county borough councils for affording, free of cost and irrespective of means and residence, facilities for the confidential examination, diagnosis and treatment of cases or suspected cases of venereal disease in certain areas in the Saorstát. In view of the extension of treatment to applicants of all classes, and as an incentive to the development of the schemes, recoupment has been made available from a State grant to the extent of 75 per cent of net expenditure.

Approved schemes are now in operation in several counties. According as a scheme came into operation in each area, an Order was made prohibiting any person, other than a duly qualified medical practitioner, from treating or prescribing for a person suffering from venereal disease.

The arrangements in force in each area are generally uniform and may be classified under three headings :

- (a) Assistance to medical practitioners ;
- (b) Treatment centres ; and
- (c) Pathological laboratories.

Any registered practitioner practising in a district in which an approved scheme is in force is entitled to obtain free of cost from the recognised pathological laboratory apparatus and instructions for obtaining and transmitting specimens from any case or suspected case of venereal disease and pathological reports on such specimens. If the medical practitioner proposes to treat the case, he can procure from the approved treatment centre a gratuitous supply of salvarsan substitutes, but such of these remedies as require to be administered by intravenous injection will only be supplied to doctors possessing the qualifications prescribed in the regulations.

The treatment centre consists of an out-patient clinic and of accommodation for in-patients. Sessions of the clinic are held at fixed intervals as required, usually several times a week, and patients needing residential treatment are admitted to special beds in the hospital, but the arrangements are so organised as to prevent the venereal disease cases being distinguished from other patients. The records containing the names and addresses of persons using the treatment centre are kept confidentially by the clinical officers, who allocate identification numbers to their patients, and it is by these numbers alone that the patient is known in the ordinary records and case-sheets. Treatment is afforded gratis to all applicants and the travelling expenses of poor patients are defrayed.

The principal treatment centres are attached to two Dublin hospitals. A similar centre has been established in Cork. Wassermann and other bacteriological tests are carried out at three approved pathological laboratories in Dublin and at one such laboratory in Cork.

The total numbers of out-patient attendances and in-patient days at the Dublin treatment centres and of bacteriological examinations at the pathological laboratories in Dublin during the years 1925-26 and 1926-27, compared with 1922-23, are shown hereunder :

	1922-23	1925-26	1926-27
Out-patient attendances ..	22,230	29,315	26,598
In-patient days	6,783	7,993	8,833
Bacteriological tests	5,602	6,133	5,699

The amounts disbursed from the State grant as recoupment in respect of the cost of approved schemes for the treatment of venereal disease were as follows :

	£	s.	d.
1925-26	6,541	18	6
1926-27	6,445	10	6

The Inter-Departmental Committee appointed to make enquiries as to the steps, if any, which are desirable to secure that the extent of venereal disease may be diminished concluded its sessions and presented a report, which is at present under consideration.

III. PUBLIC HEALTH ACTIVITIES.

1. GENERAL.

The Census of 1926 has furnished a reliable basis for the calculation of local death rates and has been of much service to public health administration. The larger town districts in 1927 showed a death rate of 16.2 per thousand of the population from all causes, constituting a small increase over the previous year. There was greater mortality from influenza and from tubercular diseases, and persons of advanced age suffered more heavily. The year, however, was more favourable to infants, and the death rate from the principal epidemic diseases was represented by a reduced figure of 1.1 per thousand, mainly in consequence of fewer deaths from infantile diarrhoea. A decrease under the head of measles was neutralised by a material increase of fatalities attributable to whooping-cough. The towns with the largest general mortality were Galway (18.0), Dublin County Borough (17.6) and Kilkenny (17.3).

Comparison with the record of the year 1916, when the death rate of the towns amounted to 19.3 per thousand, affords evidence of gratifying progress in the saving of life. The marked improvement in modern health conditions may be ascribed to a variety of direct and indirect causes, some with immediate and others with a slow or gradual effect. Many individual local reforms within the sphere of sanitary administration have taken place without systematic record ; for example, a gravitation water supply will replace dependence on wells and pumps. The result will be a proper sewerage system, improved housing standards and the introduction of sanitary conveniences.

The progress in the conditions of health during the present century is attributable to a variety of tendencies and influences. An epidemic will lead to permanent improvements in sanitary personnel and greater vigilance will be exercised over conditions likely to be injurious. The notification of disease is another means of protection which has been increasingly resorted to. Such remedial measures have been in gradual operation for the past thirty years and have in their combined effects notably reduced mortality.

Specific administrative measures have also been helpful factors ; for instance, the closer supervision of the milk supply and the development of arrangements for the treatment of tuberculosis and for the care of infants and young children.

Amongst the achievements secured, no one familiar with conditions as they existed some thirty years ago can fail to be impressed by the improvement in housing and the disappearance of the single-room hovel. Typhus is being gradually eliminated. Reference to reports of the Local Government Board of twenty years ago as to the frequency of this disease in County Kerry will illustrate the marked change which has taken place. There has, moreover, been a signal reduction of typhoid fever and the extensive outbreaks formerly experienced in country districts are now unknown. Finally, the course of sanitary progress has been facilitated by improved economic circumstances, notably by the creation of peasant proprietorship and the elevation of the standard of living amongst the labouring classes.

There is not, however, a single county in which to a greater or lesser extent restrictions of finance do not retard valuable improvements which would be effected by additional water supplies and sewerage schemes ; the poorer and more backward the area, the greater the difficulty.

The wider interest evinced by local bodies is evident, however, from the increased capital expenditure upon the promotion of public health works. The majority of loans for sanitary purposes were raised by the county borough and urban district councils.

The provision of sanitary facilities for the smaller towns which are not urban districts devolves upon the board of health.

2. COUNTY HEALTH SCHEMES.

The progress of preventive medicine depends in a great measure on the enlightenment and education of the people. Heretofore this duty has been undertaken through voluntary agencies and by the medical officers and nurses connected with various maternity and child welfare and tuberculosis schemes throughout the country. There is no doubt that much has already been done in this direction, and no stinted praise is due to those early propagandists who, without proper machinery or organisation, spread the gospel of health. Enlightenment has proceeded apace, but yet has far to go. In matters of public health the application of the results of experience demand co-ordination and administration. The appointment of county medical officers of health and the inauguration of school medical services, which are now being steadily advanced, afford the opportunity of placing health schemes on a sound and systematic basis.

The county medical officer of health is given jurisdiction over the entire county area, including urban districts, and he is responsible for all that relates to preventive medicine, personal as well as environmental. In order to secure complete co-ordination of the services, his jurisdiction has been extended to school medical services and to tuberculosis. In addition to duties relating to general sanitation, the county medical officer of health is concerned with the adequacy and purity of water supplies, cleanliness

in milk and other food and with healthy houses ; the prevention of the spread of infectious diseases ; the supervision of midwives ; maternity and child welfare and school medical inspection ; and the welfare of the blind.

The problem of the most effective use of the county medical staff of a public health scheme has engaged the earnest attention of the Department. The easiest administrative arrangement would probably be to allocate an assistant medical officer of health to a particular section of the work, but the effect of this method would be to create watertight compartments, in which the staff would lose the wider outlook which is essential to their highest development. At the present time, curative and preventive medicine cannot be separated on any sound principle. The more varied the work, the more stimulating and interesting it becomes. In order, therefore, to attain the highest ultimate efficiency, the medical staff of each county unit will be given powers in as many branches of the work as it may be possible to arrange.

County medical officers of health are now installed in four counties, and it is intended to press for further appointments as opportunity offers in the remaining counties.

In Cork and Kildare, the Department has been enabled, through the generous financial assistance of the Rockefeller Foundation, to set about providing the requisite organisation for these health units. The scheme in Cork provides for the appointment of three whole-time assistant medical officers of health, to whom shall be assigned definite areas. These assistant medical officers of health will also act as tuberculosis medical officers under the supervision and direction of the county medical officer of health. A superintendent public health nurse and six other whole-time nurses for the school service will shortly be appointed. Maternity and child welfare work will, it is hoped, be carried on here and elsewhere by nurses employed by district nursing associations under the supervision of the county medical officer of health.

The training of sanitary inspectors and public health nurses has been a matter of much concern to the Department. A three-month course of practical experience, supplemented by a series of lectures, has been arranged in Dublin to enable persons seeking the position of sanitary inspector to acquire a knowledge of the duties of the office. It is intended to appoint whole-time sanitary inspectors where county health schemes are in operation, and it is hoped that the higher salaries attaching to the positions will attract persons of good education. The prescribed course of training is short, but the county medical officers of health already in office have expressed their willingness to give further instruction and to complete the training of persons appointed as sanitary inspectors. This arrangement has many advantages which commend it to the Department, as there are many sanitary problems of rural life that do not present themselves for solution in the cities.

In formulating a scheme for the training of nurses for public health work, many difficulties, financial and otherwise, arose. The nurses employed in connection with maternity and child welfare schemes are for the most part Jubilee nurses, who, in addition to receiving post-graduate lectures in hygiene, fevers, tuberculosis, child welfare and social subjects, were given a course of practical training as health visitors.

3. MATERNITY AND CHILD WELFARE.

(a) *Maternal Mortality.*

The death rate among women in the Irish Free State in connection with childbirth is regrettably high, and has shown no sign of a definite reduction, notwithstanding

the increasing application of measures for the supervision of midwifery. During the past five years, a substantial advance has taken place in the enforcement of the Midwives Act and in the elimination of "handy women", and the newly appointed county medical officers of health have displayed an active interest in securing qualified assistance in maternity cases. Further progress may be looked for when county health officers are generally installed.

It is noticeable in connection with maternal mortality that rural districts have a distinctly worse record, a circumstance which may be partially explained by greater difficulty (owing to distances) in procuring skilled aid. Again, custom exercises a powerful influence, and when the kindly and gratuitous offices of a neighbour have been a tradition in the family, it is not easy to break through the practice. The effect of enlightenment is clearly evidenced in the statistics, which show the larger towns suffer least heavily from puerperal deaths.

(b) *Child Welfare.*

On an extended outlook it will be seen that infant mortality in the Irish Free State has undergone a decided reduction, but the experience of more recent years indicates that a stationary condition has been reached and that the remedial influences have for the time being spent their force.

Generally, infant mortality is definitely low in rural districts, but the urban rate, which is virtually double the rural rate, must be described as high. In urban districts, unemployment, bad housing, defective sanitary conveniences and indifferent scavenging arrangements are attended with baneful consequences to infant life.

In studying the detailed statistics, the decrease in the infant death rate under the heading of "Convulsions" is a hopeful sign pointing to the exercise of greater care in the feeding of infants and to increased resort to skilled aid in case of illness. On the other hand, the high record of diarrhoeal mortality in 1926 is a warning that the protection against the effects of a hot dry summer is still imperfect, although that year compares not unfavourably with earlier periods when similar seasonal conditions prevailed.

It is a gratifying reflection that local authorities have shown an increasing readiness to participate in arrangements for promoting the welfare of mothers and young children, but the community owes much to the pioneer work undertaken by nursing societies and other voluntary agencies.

The deaths of illegitimate infants have considerable influence in maintaining infant mortality at a high level, especially in Dublin and surrounding districts. This forms part of the difficult problem of dealing with the case of the unmarried mother, which lies in the main outside the sphere of child welfare services. So far as child welfare is involved in safeguarding the health of such infants, a co-ordinated programme of remedial and protective measures has been brought under the notice of the local authorities and agencies concerned.

Grant for Maternity and Child Welfare.—The disbursements for the year 1927-28 amounted to £17,303. In the distribution, 29 local authorities (taking £8,113) and 82 voluntary agencies (taking £9,190) participated.

The classification of voluntary agencies was as under :

Health visitors	67	Boarding out	6
Institutions	7	Centres	2

School Meals.—The provision of meals for children attending National Schools in county boroughs and urban districts has been found of great assistance in furthering the interests of education.

The Education (Ireland) Acts, 1914 to 1917, form the legislative basis of the system; under their provisions any urban district council may be authorised to incur expenditure from the rates for the supply of food in school meals if they are satisfied that there are children attending National Schools in the district unable by reason of lack of food to take full advantage of the education provided, and if there are no other funds available to defray the cost of such meals. Recoupment is payable from the State grant to an extent not exceeding one-half of the net expenditure incurred from the rates for the actual provision of meals, apart from the cost of administration and equipment.

Although the powers conferred on urban district councils by the above-mentioned Acts have been repeatedly brought under their notice, there has been no general movement by local authorities to take advantage of those powers.

Particulars of the operation of the approved school-meal scheme during the years 1925-26 and 1926-27 are given hereunder.

	Number of schools in scheme	Average daily number of children participating	Total number of meals supplied	Total cost: £
1925-26	96	11,628	2,238,424	12,422
1926-27	106	12,837	2,478,471	13,359

4. WELFARE OF THE BLIND.

The facilities available for the education, industrial training, employment and maintenance in homes of blind persons are centred in four institutions. The services provided comprise workshops, hostels, homes and school residences for the blind.

The latest returns disclose that the total number of blind persons thus provided for is 405. The usual industries of basket, mattress, rug and mat making and repairing are carried on in the workshops for the blind, and also knitting and manufacture of artificial flowers by the female blind. There is considerable difficulty experienced in disposing of the output of the workshops at remunerative rates. In two of these institutions special provision is made for the education of blind children under 15 years of age. In addition to general instruction in Braille, the children and adults in these two institutions are taught singing and instrumental music and there are in both excellent orchestras composed entirely of the blind.

A number of old or infirm blind are maintained in the homes attached to the institutions. Most of these were admitted at the instance of Poor Law authorities subject to the payment of fixed contributions towards their support. In 1919, a State grant was provided for the employment, training, education, care or maintenance in institutions of persons who are too blind to perform work for which eyesight is essential.

The State grant is paid to the governing body of each institution on a capitation basis and is calculated on the average number of workers employed or of inmates resident in the institution during the financial year.

December 1928.

ITALY

BY

Dr. Alessandro MESSEA,

Director-General of Public Health for the Kingdom, Rome.

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INTRODUCTION : THE ORGANISATION OF PUBLIC HEALTH IN ITALY¹.

Public health in its main aspects is in the hands of the Health Administration proper and of executive organs : *Central, Provincial and Communal*. A study of its organisation shows :

At the Centre.—The Minister of the Interior, and under him the General Directorate of Public Health with all its administrative and technical offices of doctors, veterinary surgeons, pharmacists and its inspection department ; the laboratories and other institutions for scientific research and applied science ; and the advisory bodies, such as the Supreme Health Council, the Central Advisory Board for School Hygiene, the Patent Medicines Board, etc.

In each Provincial Capital.—The Prefect, and under him the Provincial Medical and Veterinary Officers and the Inter-provincial Inspector of Venereal Diseases, the Maritime Health Officers, the Port Medical Officers, the Provincial Anti-Tuberculosis Association, etc.

Parallel with the Prefecture, the provincial laboratories, with their clinical, micrographical and chemical sections ; the dispensaries and similar institutions, and the advisory bodies (Provincial Health Council, Lunacy Commission, Anti-Alcohol Commission).

In each Commune.—The Mayor, and under him the Medical Officer of Health, school doctors, sanitary inspectors, and the communal doctors, midwives, veterinaries and pharmacists.

Parallel with the Communal Office, the communal laboratories (as above) in communes with a population of over 150,000, the isolation hospitals of the communes or associations of communes, various dispensaries, slaughter-houses, etc.

Numerous other official, semi-official and other organisations, including some of an international character, function in connection either with the central or local authorities, but mostly with the central organ, the General Directorate of Health (Ministry of the Interior) and the Office of the Provincial Medical Officer (Prefecture). These include the Colonial Governments, the General Directorates of Civil Administration and of the Police Department (also under the Ministry of the Interior), the Health Sections of the Ministries of War and Marine, of Communications and of National Economy ; the National Maternity and Child Welfare Society, the National Society in Aid of Disabled Soldiers, the National Ex-service Men's Association, the National Welfare and Recreation Organisation ("Dopolavoro"), the "Balilla" (Youth Organisation), the National Institute of Cinema Propaganda ("Luce"), the Italian Red Cross, the National Social Insurance Fund, etc.

¹ Sources : 1. *Report to the Supreme Health Council on the Work of the Public Health Administration from July 1st, 1926, to June 30th, 1927*, submitted by the Director-General of Public Health at the meeting of January 30th, 1928 ; Volume I (Reports), Volume II (Annexes). 2. *The Organisation of Hygiene and Public Health in Italy*, published by the Ministry of the Interior (General Directorate of Public Health), Rome, 1928.

**ORGANISATION OF HYGIENE AND PROTECTION OF PUBLIC HEALTH
IN THE KINGDOM OF ITALY**
(December 31st, 1927 — Year VI.)
HEALTH ADMINISTRATION

Seat	Health Authorities	EXECUTIVE ORGANS		
		Health Offices	Laboratories and Institutes of Research and of Scientific Application and Assistance	Advisory Organs
1	2	3	4	5
THE CENTRAL GOVERNMENT	THE MINISTRY OF THE INTERIOR	<p style="text-align: center;">GENERAL DIRECTORATE OF PUBLIC HEALTH</p> <p>Director-General. General Inspector : Chief Medical Officer. Assistant Director-General.</p> <p><i>General Affairs Department :</i> Head of Department—a Sub-Prefect (Personnel—Maritime and Frontier Health—International Prophylaxis—Budget).</p> <p><i>General Health Service Division :</i> Head of the Division—a General Medical Inspector.</p> <p><i>Anti-Tuberculosis Inspection Department :</i> Head of the Department—a General Medical Inspector.</p> <p><i>Administrative Services Division :</i> Head of the Division—a Sub-Prefect (Health Works—Public Relief services).</p> <p><i>Veterinary Division :</i> Head of the Division—a General Veterinary Inspector.</p> <p><i>Special Services Department (Medical Specialities, Pharmacopœia) :</i> Head of the Department—a Sub-Prefect.</p> <p><i>Technical Department :</i> Head of the Department—a Civil Engineer (under the Administrative Division).</p> <p><i>Inspection Service :</i> General medical inspectors (7), General veterinary inspectors (5), General pharmaceutical inspectors (2), General bacteriological inspector, General chemical inspector, Health delegates abroad (2).</p>	<p><i>Bacteriological Laboratory, to which is attached the Nettuno Anti-Malaria School.</i></p> <p><i>Chemical Laboratory. Physical Laboratory.</i></p> <p><i>Royal Physiotherapeutic Institute and S. Maria and S. Gallicano Hospital at Rome (semi-governmental).</i></p> <p><i>Experimental Anti-Malaria Station at Rome (Rockefeller Foundation).</i></p> <p><i>Central Store of Prophylactic Material.</i></p>	<p><i>Central Health Board.</i></p> <p><i>Central Advisory School Hygiene Commission.</i></p> <p><i>Central Advisory Commission for Boarding Schools for Nurses and Special Schools for Visiting Health Assistants.</i></p> <p><i>Commission for Poison Gases.</i></p> <p><i>Commission for Pharmaceutical Specialities.</i></p> <p><i>Permanent Central Commission for Rewards connected with Public Health.</i></p>

6 THE CAPITALS OF THE PROVINCES	7 THE PREFECTS. (For the City and Province of Naples, the High Commissioner.)	8 Provincial Health Office : <i>Provincial Medical Officer.</i> <i>Provincial Veterinary officer.</i> <i>Inter-Provincial inspector of the Anti-Venereal Service.</i> <i>Visiting doctors of brothels.</i> <i>Maritime health officers, port medical officers, frontier and port veterinary officers.</i> <i>Provincial administration.</i> <i>Provincial Anti-tubercular Association.</i>	9 Provincial Laboratories of Health Supervision and Prophylaxis, including : <i>A Medico-Micrographical Section and a Chemical Section.</i> <i>Health stations on the land and sea frontiers.</i> <i>Anti-venereal dispensaries for seamen.</i> <i>Specialised provincial dispensaries for public relief and prophylaxis.</i> <i>Dispensaries and other institutions dependent on the Provincial Anti-tubercular Association.</i> <i>Stores of prophylactic material on the outskirts of towns.</i>	10 Provincial Health Board. <i>Permanent Pharmacy Commission.</i> <i>Commission for the Supervision of Lunatic Asylums.</i> <i>Permanent Commission for the Campaign against Alcoholism.</i>
11 THE COMMUNES	12 THE MAYORS. (At Rome, the Governor.)	13 Communal Health Office, comprising : <i>The health officer.</i> <i>The doctors attached to the Communal Office of Hygiene.</i> <i>The school doctors.</i> <i>Health guardians.</i> <i>Public relief doctors.</i> <i>Public relief midwives.</i> <i>Communal veterinary officers.</i> <i>Public relief chemists.</i>	14 Communal Laboratories of Health Supervision and Prophylaxis, confined to communes with more than 150,000 inhabitants. <i>Communal or inter-communal isolation hospitals.</i> <i>Wards for the hospital treatment of venereal cases.</i> <i>Special dispensaries for the prophylaxis and cure of :</i> <i>(a) Venereal diseases,</i> <i>(b) Tuberculosis,</i> <i>(c) Trachoma,</i> <i>(d) Malaria,</i> <i>(e) Rabies,</i> <i>(f) Leprosy,</i> <i>(g) Cancer,</i> <i>(h) Adenoiditis,</i> <i>Public slaughter-houses.</i>	15

**ADMINISTRATIONS, INSTITUTES AND ORGANISATIONS CO-OPERATING WITH
THE HEALTH ADMINISTRATION.**

Seat	Governmental	Semi-Governmental	Miscellaneous	International
A	B	C	D	E
THE CENTRAL GOVERNMENT	<p>Colonial Governments. Government of Rhodes. Diplomatic and Consular Representatives. General Directorate of Civil Administration. General Police Directorate. Central Military Health Directorate. Central Naval Health Directorate. Aviation Health Office. Central Health Directorate of the Voluntary National Defence Militia. Medical Inspectorate of Industry and Labour. Central Health Office of the State Railways. Central Public Works Board. General Directorate of Waterworks, Drainage, etc. Government Quinine Establishment, Turin. Higher Malariological School. Committee for Land Transformations. Permanent Committee for Migrations within the Country. General Directorate of Italians Abroad. Royal Commission for examining the Plans of Ships for Subsidised Lines. General Directorate of Agriculture. General Directorate of Commerce and Political Economy. General Directorate of Industry and Mines. General Directorate of Labour, Public Welfare and Credit.</p>	<p>National Association for Disabled Ex-Service Men. National Association for Workmen's Leisure (<i>Dopolavoro</i>). National Maternity and Infants Association. National "Balilla" and Physical Culture Institution. Central Statistical Institute. "Luce" National Institute for Propaganda. National Research Board.</p>	<p>Italian Red Cross. Sovereign Military Order of Malta. Italian Anti-Cancer League. Federated Institute of the Alimentary Preserves Industry. National Social Insurance Fund: campaign against tuberculosis and trachoma; industrial hygiene and infants' welfare. Compulsory insurance against tuberculosis.</p>	<p>League of Nations. Office international d'hygiène publique, Paris. International Epizootics Office, Paris. Sanitary Maritime and Quarantine Board of Egypt.</p>

THE CAPITALS OF THE PROVINCES	<p style="text-align: center;">G</p> <p>Scientific University Institutes. Public Works Directorates for Southern Italy and the Islands. Civil Engineering Offices. Regional Directorates for Studies. Customs. Harbour Commands and port offices. Marine Biology Laboratory at Taranto.</p>	<p style="text-align: center;">H</p> <p>Provincial Federation of the National Maternity and Infants Association. Local Sections for Workmen's Leisure (<i>Dopolavoro</i>). Provincial Committee for the National "Balilla" Institution. Autonomous Institution for the Campaign against Malaria in Venetia. Apulian Aqueduct Autonomous Institution. Compulsory Sicilian Insurance Association against Accidents in the Sulphur Mines.</p>	<p style="text-align: center;">I</p> <p>Associations of Public Health Officers, Veterinary Surgeons and Pharmacists. Syndicates of Doctors, Veterinary Surgeons and Pharmacists. Boarding Schools for professional nurses and Schools for visiting health assistants. Experimental Stations for infectious diseases of animals : Milan, 1908—Naples, 1911—Rome, 1912—Turin, 1913—Brescia, 1920—Foggia, 1921—Sassari, 1924, respectively, founded by the local bodies with the help of a Government subsidy.</p>	<p style="text-align: center;">J</p>
	THE COMMUNES	<p style="text-align: center;">L</p>	<p style="text-align: center;">M</p> <p>Communal Committee for the National "Balilla" Institution.</p>	<p style="text-align: center;">N</p> <p>Hospital Institutions, Lunatic Asylums, Medical Assistance Institutions, Dispensaries, First-aid Stations and Prophylactic Stations.</p>	O

I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1921 AND 1911.

Original source : *Censimento* 1921 and 1911.

Date of census	Area in square kilometers	Present population			Resident population		
		Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8
December 1st, 1921 ¹	286,610.37	18,303,048	18,839,838	37,142,886			38,334,210
June 10th, 1911 ²	310,120	19,089,535	19,621,041	38,710,576			39,943,528
June 10th, 1911 ²	286,610.37	17,021,690	17,469,687	34,871,377			35,845,048
Increase (+) or decrease (-) in 1921, compared with 1911 :							
(a) Actual		+ 1,281,358	+ 1,190,151	+ 2,471,509			+ 2,489,162
(b) Yearly average		+ 122,034	+ 113,348	+ 235,382			+ 237,063
(c) Yearly average per 1,000 inhabitants (average population during the intercensus period) ..		+ 7.2	+ 6.4	+ 6.8			+ 6.6

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1921 AND 1911.

Original source : *Censimento* 1921 and 1911.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of Females over Males	
	Present	Resident	Present population	
			Actual figures	Per 1,000 Males
1	2	3	4	5
1921 ³	129.6	133.8	536,790	1,029
1911	121.0	125.1	627,997	1,037
Increase (+) or decrease (-) in 1921 as compared with 1911 ..	+ 8.6	+ 8.7	- 91,207	- 8

¹ The figures of the first line refer to the area of the pre-war territory and to the population of that territory in 1921; those of the second line refer to the present territory.

² Year of previous census, pre-war territory.

³ Pre-war territory.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX ACCORDING TO THE RESULTS OF THE LAST CENSUS (1921) AND ESTIMATE¹ OF THIS DISTRIBUTION FOR 1927 (LAST ESTIMATE).

Original source : *Censimento* 1921 and 1911.

A. Actual Figures.

Ages and age-groups in years	I. 1921 Census. Actual population ²			
	Males	Females		Total
		Total	Married ³	
1	2	3	4	5
0	500,891	475,980		976,871
1	473,764	452,312		926,076
2	335,303	321,962		657,265
3	261,827	251,794		513,621
4	276,616	267,785		544,401
0-4	1,848,401	1,769,833		3,618,234
5-9	2,102,212	2,027,602		4,129,814
10-14	2,171,848	2,098,083	495	4,269,931
15-19	1,915,319	1,898,075	71,387	3,813,394
20-24	1,658,317	1,735,929	559,010	3,394,246
25-29	1,332,213	1,528,593	933,807	2,860,806
30-34	1,229,269	1,400,149	1,078,709	2,629,418
35-39	1,114,464	1,237,644	1,031,451	2,352,108
40-44	1,042,802	1,100,161	947,717	2,142,963
45-49	964,977	984,872	865,111	1,949,849
50-54	857,778	877,113	778,502	1,734,891
55-59	789,916	796,438	713,541	1,586,354
60-64	700,557	726,762	653,970	1,427,319
65-69	527,823	536,983	484,470	1,064,806
70-74	392,727	408,646	368,048	801,373
75-79	223,812	224,620	201,262	448,432
80-84	97,142	109,006	97,510	206,148
85-89	28,046	32,889	29,287	60,935
90 and over ..	6,181	9,266	8,157	15,447
Unknown	85,731	118,377	64,385	204,108
Total	19,089,535	19,621,041	8,886,819	38,710,576

¹ Figures not available.

² Present territory.

³ Including widows and women legally separated.

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1921 Census. Actual population						
	Males	Females	Males	Females	Total	Married	Women
	Per 1,000 of population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total popu- lation of all ages)
	Male	Female					
1	2	3	4	5	6	7	8
0	26.2	24.3	513	487	1,000		
1	24.8	23.1	512	488	"		
2	17.6	16.4	510	490	"		
3	13.7	12.8	510	490	"		
4	14.5	13.6	508	492	"		
0-4	96.8	90.2	511	489	1,000		
5-9	110.1	103.3	509	491	"	0.2	0.1
10-14	113.8	106.9	509	491	"		
15-19	100.3	96.7	502	498	1,000	37.6	18.7
20-24	86.9	88.5	489	511	"	322.0	164.7
25-29	69.8	77.9	466	534	"	610.9	326.4
30-34	64.4	71.4	468	532	1,000	770.4	410.2
35-39	58.4	63.1	474	526	"	833.4	438.5
40-44	54.6	56.1	487	513	"	861.4	442.2
45-49	50.6	50.2	495	505	1,000	878.4	443.7
50-54	44.9	44.7	494	506	"	887.6	448.7
55-59	41.4	40.6	498	502	"	895.9	449.8
60-64	36.7	37.0	491	509	1,000	899.8	458.2
65-69	27.6	27.4	496	504	"	902.2	455.0
70-74	20.6	20.8	490	510	"	900.7	459.3
75-79	11.7	11.4	499	501	1,000	896.0	448.8
80-84	5.1	5.6	471	529	"	894.5	473.0
85-89	1.5	1.7	460	540	"	890.5	480.6
90 and over ..	0.3	0.5	400	600	1,000	880.3	528.1
Unknown ..	4.5	6.0	420	580	"	543.9	315.4
Total ..	1,000	1,000	493	507	1,000	452.9	229.6

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1926.

Original source : *Movimento della popolazione secondo gli atti dello stato civile.*

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of	
							Births (col. 5) over deaths	Deaths over births
1	2	3	4	5	6	7	8	9
A. <i>Actual Figures.</i>								
1926 ..	40,235	295,566		1,094,587	43,932	680,307	414,280	
B. <i>Proportion per 1,000 of Average Population.</i>								
1926 ..		7.35		27.20	1.09	16.91	10.29	

Emigrants	}	Continental	141,000
		Transoceanic	129,000
		Total	270,000
Returned emigrants	}	Continental	119,000
		Transoceanic	79,000
		Total	198,000
Deficit due to emigration			-72,000

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926.

Original source : *Movimento della popolazione secondo gli atti dello stato civile.*

Provinces	Average population (1,000's)	Live births	
		Actual figures	Rate per 1,000 inhabitants (average population)
1	2	3	4
1. Piedmont	3,463	61,263	17.69
2. Liguria	1,388	23,768	17.12
3. Lombardy	5,288	132,720	25.10
4. Venezia Tridentina	669	16,737	25.01
5. Venetia	4,411	129,095	29.27
6. Venezia Giulia and Zara	770	17,603	22.85
7. Emilia	3,150	78,801	25.02
8. Tuscany	2,860	63,470	22.19
9. Marches	1,206	33,785	28.01
10. Umbria	666	18,896	28.37
11. Latium	1,763	49,429	28.04
12. Abruzzi e Molise	1,521	48,810	32.09
13. Campania	3,781	121,061	32.02
14. Apulia	2,463	83,828	34.04
15. Basilicata	498	18,240	36.62
16. Calabria	1,630	52,983	32.51
17. Sicily	4,295	114,862	26.75
18. Sardinia	922	29,236	31.72
Total for the Kingdom	40,235 ¹	1,094,587	27.20

¹ The figure for the total population of Italy is not identical with the sum of the figures given for the different provinces, as it is arrived at by a different method of calculation.

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1926.

Original source : *Movimento della popolazione secondo gli atti dello stato civile.*

Year	Live births			Still-births			Total births (live born and still-born together)			Still-born children per 100 births of the same sex (live-born and still-born children together)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10	11	12	13
1926	560,225	534,362	1,094,587	24,766	19,166	43,932	584,991	553,528	1,138,519	4.23	3.46	3.86

Table No. 8.*

LEGITIMACY AND ILLGITIMACY OF BIRTHS, 1926.¹Original source : *Movimento della popolazione secondo gli atti dello stato civile.**Actual Figures.*

Year	Legitimate births			Illegitimate births			Total births		
	Live born	Still-born	Total	Live born	Still-born	Total	Live born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1926	1,041,485	40,578	1,082,063	53,102	3,354	56,456	1,094,587	43,932	1,138,519

¹Proportional figures not available.

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926.

Original source : *Movimento della popolazione secondo gli atti dello stato civile.*

Provinces	Total deaths (not including still-births)		Difference in death rate (+ or -) for 1926 as compared with 1925
	Actual figures	General death rate per 1,000 of average population	
1	2	3	4
1. Piedmont	53,445	15.43	+ 0.42
2. Liguria	19,121	13.77	+ 0.33
3. Lombardy	94,523	17.87	+ 0.69
4. Venezia Tridentina	11,716	17.51	+ 0.61
5. Venetia	67,240	15.24	+ 0.46
6. Venezia Giulia and Zara	12,423	16.13	+ 0.06
7. Emilia	48,341	15.35	+ 0.85
8. Tuscany	40,904	14.30	+ 0.05
9. Marches	18,998	15.75	- 0.05
10. Umbria	11,017	16.54	+ 0.71
11. Latium	28,655	16.26	- 0.72
12. Abruzzi e Molise	28,702	18.87	- 1.50
13. Campania	69,345	18.34	- 1.84
14. Apulia	51,312	20.84	- 0.15
15. Basilicata	11,509	23.10	+ 0.78
16. Calabria	28,147	17.27	- 0.34
17. Sicily	67,506	15.72	+ 0.56
18. Sardinia	17,403	18.88	+ 1.14
Total for the Kingdom ..	680,307	16.91	+ 0.12

Table No. 11.

DEATH RATE ACCORDING TO SEX, 1926.

Original source : *Movimento della popolazione secondo gli atti dello stato civile.*

Year	Number of deaths	
	Males	Females
1	2	3
1926	348,548	331,759

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1926.

Original source : *Movimento della popolazione secondo gli atti dello stato civile.**Actual Figures.*

Ages and age-groups	Total deaths		
	Males	Females	Total
1	2	3	4
0	74,979	63,539	138,518
1	26,040	24,531	50,571
2	9,947	9,496	19,443
3	5,111	4,947	10,058
4	3,479	3,313	6,792
0-4	119,556	105,826	225,382
5-9	6,324	6,210	12,534
10-14	4,634	4,972	9,606
15-19	7,544	8,436	15,980
20-24	9,219	9,553	18,772
25-29	7,607	9,049	16,656
30-34	6,612	8,058	14,670
35-39	7,099	8,036	15,135
40-44	7,914	7,953	15,867
45-49	9,311	8,069	17,380
50-54	11,723	9,701	21,424
55-59	14,421	11,549	25,970
60-64	20,239	17,747	37,986
65-69	24,516	22,673	47,189
70-74	29,488	29,036	58,524
75-79	29,534	29,189	58,723
80-84	21,259	22,156	43,415
85-89	8,929	10,081	19,010
90 and over	2,374	3,220	5,594
Unknown	245	245	490
Total	348,548	331,759	680,307

Table No. 13.

SEASONAL DISTRIBUTION OF DEATHS, 1926.

Original source : *Movimento della popolazione secondo gli atti dello stato civile.*

Month	Total deaths (not including still-births)
1	2
A. <i>Per Month.</i>	
January	66,844
February	65,787
March	71,480
April	55,589
May	53,488
June	49,870
July	55,337
August	54,674
September	49,368
October	50,612
November	47,333
December	59,925
Total	680,307
B. <i>Per Quarter.</i>	
1st Quarter	204,111
2nd Quarter	158,947
3rd Quarter	159,379
4th Quarter	157,870
Total	680,307

4. CAUSES OF DEATH

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1926.¹Original source: *Statistica delle cause di morte.*

Age-groups	Number of deaths from all forms of tuberculosis		
	Males	Females	Total
1	2	3	4
Under 1 year ..	860	728	1,588
1-4	2,217 ¹	2,006	4,223
0-4	3,077	2,734	5,811
5-9	902	892	1,794
10-14	851	1,543	2,394
15-19	2,330	4,282	6,612
20-24	7,136	9,095	16,231
25-29			
30-34	4,623	5,264	9,887
35-39			
40-44	3,505	3,203	6,708
45-49			
50-54	2,565	1,822	4,387
55-59			
60-64	1,626	1,266	2,892
65-69			
70-74	502	514	1,016
75-79			
80-84	59	56	115
85-89			
90 and over ..	—	2	2
Unknown	12	18	30
Total	27,188	30,691	57,879

¹Proportional figures not available.

Table No. 16.*

DEATH RATE FROM TUMOURS, 1926.¹Original source : *Statistica delle cause di morte.*

Year	Classification according to International List (3rd Revision, 1920)				
	No. 43-49 Cancer or other malignant tumours	No. 50 Non-malignant tumours, or tumours of which the malignant character is not specified	No. 137 Cyst and Other non-malignant tumours of ovary	No. 139 Non-cancerous tumour of the uterus	No. 43-50, 137, 139 Total number of tumours (col. 2, 3, 4, 5 together)
1	2	3	4	5	6
<i>Actual Number of Deaths.</i>					
1926	22,548	127	121	266	23,062

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1926.¹Original source : *Statistica delle cause di morte.*

Year	Classification according to International List (3rd Revision, 1920)						
	I. Classes of Disease.						
	Affections						
	Of the nervous system and organs of special sense No. 70-86	Of the circulatory system No. 87-96	Of the respiratory system No. 97-107	Of the digestive system No. 108-127	Non-venereal diseases of genito-urinary system No. 128-142	Of the skin and cellular tissue No. 151-155	Of the bones and organs of locomotion No. 156-158
1	2	3	4	5	6	7	8
<i>Actual Number of Deaths.</i>							
1926	74,349	76,906	129,045	108,031	21,406	2,914	898

¹ Proportional figures not available.

Table No. 17* (concluded).

Year	II. Various Important Diseases								
	Cerebral hæmorrhage, apoplexy No. 74	Diseases of the heart No. 87-90	Acute and chronic bronchitis No. 99	Pneumonia No. 100, 101	Diarrhœa and enteritis (all ages) No. 113, 114	Cirrhosis of the liver No. 123	Acute and chronic nephritis No. 128, 129	Old age No. 164	Unknown or ill-defined diseases No. 204, 205
1	2	3	4	5	6	7	8	9	10
<i>Actual Number of Deaths.</i>									
1926 . . .	43,071	66,944	23,875	97,100	84,020	5,271	16,654	60,709	1,010

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1926.

Original source : *Statistica delle cause di morte.*

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from						
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases		
			Actual figures		Rate per 10,000				
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)	
1	2	3	4	5	6	7	8	9	
1926 . . .	1,125,426	1,138,519	1,071	1,572					

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1926.¹Original source : *Statistica delle cause di morte.*

Description	Actual figures
1	2
Deaths by suicide	3,871
Other external causes	13,911
Total deaths from external causes	17,782
Total deaths from all causes	680,307
Total deaths, excluding deaths due to external causes (natural mortality)	662,525

rtional figures not available.

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE, SEX AND LEGITIMACY, 1926.¹Original source : *Movimento della popolazione secondo gli atti dello stato civile.*

Age	Number of deaths among children under 1 year				
	Actual figures				
	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6
(a) Days of age :					
0					
1					
2					
3	9,255	7,506	16,761	15,558	1,203
4					
5					
6					
7					
8					
9					
10	6,001	4,762	10,763	9,836	927
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	7,833	6,243	14,076	12,529	1,547
23					
24					
25					
26					
27					
28					
29					
(b) Months of age :					
0	23,089	18,511	41,600	37,923	3,677
1	6,451	5,418	11,869	10,688	1,181
2	5,547	4,685	10,232	9,498	734
3	5,400	4,470	9,870	9,184	686
4	4,719	4,047	8,766	8,216	550
5	4,475	3,863	8,338	7,895	443
6	4,581	3,861	8,442	8,082	360
7	4,340	3,755	8,095	7,742	353
8	4,370	3,966	8,336	8,004	332
9	4,176	3,775	7,951	7,663	288
10	4,093	3,804	7,897	7,608	289
11	3,738	3,384	7,122	6,864	258
Total (under 1 year) .. .	74,979	63,539	138,518	129,367	9,151

¹ Proportional figures not available.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH, 1926.¹Original source : *Statistica delle cause di morte.*

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)
		Actual figures
1.	2.	3.
159	Congenital malformations	1,898
160	Congenital debility, icterus and scleroma ..	25,035
161	Premature birth ; injury at birth	8,231
38	Congenital syphilis	644
7	Measles	910
8	Scarlet fever	140
9	Whooping-cough	2,046
10	Diphtheria	271
11	Influenza	1,802
15	Cholera nostras	—
21	Erysipelas	510
24	Epidemic cerebro-spinal meningitis	8
31	Tuberculosis of the respiratory system ..	351
32	Tuberculosis of the meninges or of the central nervous system	834
33-37	Tuberculosis of other organs	403
71	Meningitis	1,336
80	Convulsions of infants	7,073
99 ^α	Acute bronchitis	7,657
100-101	Pneumonia	21,210
113	Diarrhœa and enteritis	49,733
175-199	External causes	254
201-203	Infanticide (murder of infants less than 1 year of age)	23
200	Diseases not specified or ill-defined	31

¹ Proportional figures not available.

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL IN 1925, 1926 AND 1927

Original source : Central Statistical Institute.

Sanitary personnel	M. = Males F. = Females T. = Total	Actual figures			Rate (males and females together) per 10,000 of the average population		
		1925 ¹	1926 ²	1927 ³	1925 ¹	1926 ²	1927 ³
1	2	3	4	5	6	7	8
I. Medical students ..	M. F. T.	9,190 239 9,429	8,783 343 9,126	9,890 378 10,268	2.32 0.06 2.38 ¹	2.19 0.09 2.28	2.45 0.09 2.54
II. Doctors graduated during the year ..	M. F. T.	1,322 40 1,362	1,099 38 1,137	1,344 47 1,391	0.33 0.01 0.34	0.27 0.01 0.28	0.33 0.01 0.34
III. Doctors (total) ⁴ ..	M. F. T.			30,034			7.40
IV. Dental students ⁵ ..	M. F. T.						
V. Dentists graduated during the year ..	M. F. T.						
VI. Dentists (total) ⁴ ..	M. F. T.			707			0.17
VII. Pharmacists	M. F. T.			12,523			3.08
VIII. Assistant Pharmacists	M. F. T.						
IX. Midwives ⁴	F.			16,099			3.97
X. Doctors' Assistants (Feldchers)	M. F. T.						

¹ School year 1924-25.² " " 1925-26.³ " " 1926-27.⁴ Persons entered on the registers of the Prefectures; Return made out in August 1927.⁵ In virtue of the law of March 31st, 1912, all candidates for the dentist's degree must hold the surgeon's degree.

Table No. 28.*

STATISTICS OF HEALTH INSURANCE FUNDS IN 1927.

Original Source : Funds named in following tables

(Health insurance is governed by the Royal decree-law No. 2146 dated November 29th, 1925, and its executive Regulations approved by Decree-law No. 528 dated March 4th, 1926.)

A. *Number of Funds and membership.*

Category of Fund	Number of Funds	Membership		
		Males	Females	Total
1	2	3	4	5
1. District funds of Venezia, Giuli and Zara, and of Venezia Tridentina ¹	19	123,566	34,409	157,975
2. Employees Mutual Association, Trieste ..	1	5,608	2,179	7,787
3. General Mariners Sickness Fund, Trieste ..	1	8,000	100	8,100
4. Trieste Workmen's Society	1	1,079	1,012	2,091
5. Workmen's Health Insurance Fund of the Predil Mines and Quarries Co.	1	912	84	996
6. Workmen's Health Insurance Fund of Royal Mines of Idria	1	972	—	972
7. Health Insurance Fund of Brioni	1	372	194	566
8. Miners' Mutual Health Insurance Fund, Trent	1	851	39	890
Total for both sexes	26	141,360	38,017	179,377

¹ With the exception of the Funds of Riva, Trent and Cortina d'Ampezzo.

Table No. 28* (concluded).

B. Number of Sick Members and Duration of Sickness.

Category of Fund	Number of sick members			Number of days' illness		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
1. District funds of Venezia Giulia and Zara and of Venezia Tridentina ¹			81,860			1,720,622
2. Employees Mutual Association, Trieste	1,727	838	2,565	44,013	24,589	68,602
3. General Mariners' Sickness Fund, Trieste	3,583	40	3,623	134,325	1,843	136,168
4. Trieste Workmen's Society	259	226	485	9,580	8,997	18,577
5. Workmen's Health Insurance Fund of the Predil Mines and Quarries Co.	593	36	629	9,018	1,021	10,039
6. Workmen's Health Insurance Fund of Royal Mines of Idria	618	—	618	5,777	—	5,777
7. Health Insurance Fund of Brioni	134	58	192	1,850	630	2,480
8. Miners' Mutual Health Insurance Fund, Trent	456	24	480	9,134	341	9,475
Total for both sexes			90,452			1,971,740

C. Proportional Figures for the Total Number of Funds.

Year	Number of Members per 1,000 of average population of the same sex			Percentage of members of each sex			Rate of morbidity per 100 members of same sex			Average duration of illness (in days) for					
										One case			One member		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1927				78.81	31.19	100			3.01			19.25			21.80

¹With the exception of the Funds of Riva, Trent and Cortina d'Ampezzo.

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

In 1926 and 1927, health conditions in Italy were on the whole good.

This is proved, in the first place, by the fall in the death rate, with in 1927 dropped to about 15.9 per thousand inhabitants, the lowest rate ever reached in Italy, and, secondly, by the diminution in the cases of infectious disease. Most of these diseases showed an improvement compared with 1925, with the exception of a slight increase of typhoid fever, influenza and whooping-cough.

1. *Plague.*

As in previous years, the special provisions against plague were strictly enforced. In particular, close supervision of the services for catching and examining rodents was continued, and better provision for rat-catching appliances was made (Ministerial Circular of March 23rd, 1927).

In the ports most exposed to plague, warehouses continued to be improved and rendered as far as possible rat-proof, drainage brought up to date and standardised, and sanitary supervision exercised over the workers in the port.

Very careful inspection of flour-mills and factories for macaroni, etc., was continued. Twenty-nine concerns were protected by the use of *cavie sentinelle* or "control guinea-pigs".

2. *Smallpox.*

For some years Italy has been immune from epidemics of smallpox. The few purely local outbreaks recorded were due to imported infection, and were promptly isolated. (This isolation is most important in view of the frequent possibility of the disease entering from other countries where serious and widespread epidemics of smallpox have occurred in recent years.)

The present position is a result of the reorganisation of the compulsory vaccination and revaccination service, on the new lines prescribed by the Law of December 30th, 1923.

Only calf-lymph is employed; neuro-vaccine is never used.

Neither anti-vaccination nor humanised vaccination propaganda has had any success; and, unlike some other countries, there was no feeling in Italy as to the possibility of post-vaccinal troubles in the way of nervous disorders and encephalitis, which complications have never yet been observed in Italy.

3. *Typhoid Fever and Paratyphoid Infections.*

There was a recrudescence of endemic typhoid in 1926.

Principal measures adopted.—By Ministerial Circular of July 28th, 1926, instructions were issued to Prefects as to prophylactic measures, including immediate notification, verification of diagnoses, disinfection, hospital treatment of typhoid patients, vaccination, etc. By the Decree of December 2nd, 1926, anti-typhoid

vaccination was made compulsory in certain circumstances and for certain classes of persons, and the Prefects were empowered also to make it compulsory for whole sections of the population, whenever this was necessary to check the spread of the disease. Later, "technical instructions" were issued concerning the vaccination in question.

The foregoing immunisation methods are steadily becoming more popular, and hence the above enactments can be very widely applied by the local authorities.

Special steps were taken regarding the water-supply of some of the urban and rural centres. Among other measures, the purification of unsafe drinking-water with chlorine was tried with good results; special orders were made for improving the water-supply of the communes of Castelli Laziali by increasing the volume of water available and conveying it to communes where there was a scarcity.

The inspection of foodstuffs and beverages—in particular, the sale of milk and the growing and cleansing of green vegetables—has been intensified. The condition of some of the public wash-houses called for attention, and at some of these places plant was put in for disinfecting clothes before washing.

In the localities where there was most typhoid fever, special temporary hospital accommodation was provided in order that cases might, as far as possible, be removed from their homes.

4. *Influenza.*

In the first quarter of 1927 there was an increase in influenza almost all over the country, especially in the northern and central provinces.

The attacks were generally mild. The epidemic gradually subsided in April, and disappeared altogether in the following months.

Principal measures adopted.—Technical instructions of a preventive character were issued by the circulars of January 20th and February 10th, and bacteriological researches into the cause of the epidemic were instituted in certain centres.

5. *Rabies.*

There were seventeen anti-rabies institutes in Italy. Under the auspices of public bodies and administrations, special anti-rabies dispensaries were set up, which function as separate sections of the regular institutes.

Under a circular of April 16th, 1927, particulars were collected as to the method of inoculation employed, number of cases treated, failures, etc.

At these dispensaries phenicated vaccine is always used, whereas in the anti-rabies institutes Pasteur vaccine is mostly employed.

As regards prevention, general supervision and the catching of stray dogs were more energetically pursued, and orders were issued to the Prefects under the circular of April 12th, 1927, for the better organisation of municipal kennels.

In the last quarter of 1926, over 32,000 dogs were caught and 13,589 killed.

Further, certain experiments concerning the practice and inspection of anti-rabies vaccination of dogs were made with a view to ascertaining its practical value. These experiments are still proceeding.

B. CHRONIC DISEASES.

1. *Tuberculosis.*

In 1927, the campaign against tuberculosis was reinforced by two legislative acts of capital importance :

1. The Law of June 23rd, 1927, which made the founding of tuberculosis associations compulsory in every province ;
2. The Law of October 27th, 1927, on compulsory insurance against tuberculosis.

The provincial associations are a powerful and effective factor in promoting the anti-tuberculosis campaign ; they have already done splendid work in many provinces, not only as regards relief work, but also in the way of prevention and propaganda, through tuberculosis dispensaries in the communes, preventoria, sanatoria, special wards in hospitals, permanent colonies and open-air schools.

In 1927 alone they controlled, in the aggregate, funds amounting to over 40 million lire, about half of which was spent on hospital treatment.

Although administrative action is therefore only in its initial stages, yet it has already had rapid and promising results, because it is supported by the general feeling of the country.

The Legislative Decree of October 27th, 1927, made insurance against tuberculosis compulsory for persons of both sexes who are already insured against disablement and old age, and for seamen who are contributors to the Merchant Service Disablement Fund.

Insured persons and their families may be received (*a*) in special curative institutions such as sanatoria, hospitals and convalescent institutions and (*b*) in legally recognised hospitals having special separate wards approved by the provincial health authorities.

Further, insured persons with dependents to support are entitled, while undergoing treatment in one of these establishments, to a daily allowance of from 4 to 6 lire according to the contribution they pay.

Each beneficiary pays a fortnightly contribution of 50 centesimi or one lira, the same amount being paid by the employer.

The extension of insurance to certain other diseases, on the lines of Point XXVII of the Labour Charter of April 21st, 1927, is being considered by the competent Ministries.

The holding of a " Flower Day " for the purpose of arousing interest in the tuberculosis question was again recommended by the Circular of February 27th, 1927.

This was held in most cities with great success, from the financial as well as the moral standpoint, and substantial sums were raised in aid of other philanthropic efforts of the kind.

Other organisations also have co-operated in special ways in the campaign against tuberculosis, in particular : the National Society for Disabled Ex-service Men, which appropriated over 10 million lire for various anti-tuberculosis measures ; the National Maternity and Child Welfare Society, which runs fresh-air colonies for delicate children ; the Italian Red Cross, which runs various sanatoria and permanent colonies, as well as summer camps and anti-tuberculosis out-patient centres ; the National

Federation for Combating Tuberculosis, which has been carrying on a campaign of propaganda and education.

The National Social Insurance Fund also co-operates in many ways. In the past year, it set up an institution new to Italy, the object of which is to get hold of insured workers in the early stages of the disease, and find them new occupations.

Statistical Summary of the Permanent Anti-tuberculosis Institutions working with the Provincial Tuberculosis Associations in 1927¹.

Total number of dispensaries	193
Preventoria	62
Sanatoria and tuberculosis homes	29
Hospital wards	149
Establishments for surgical tuberculosis	29
Special hospitals	22
Open-air schools	55

2. Leprosy.

The campaign against leprosy has become much more effective since the promulgation of the Law of February 11th, 1926, introducing sanitary measures *against leprosy*.

Cases are very few, chiefly occurring among emigrants returned from South America.

The circular of February 9th, 1927, defined the conditions governing the admission of lepers to homes in which they are treated and kept at State expense.

Prophylaxis consists in taking patients away from their families and caring for them in these establishments. For this purpose two leper homes have been set up at Cagliari and Acquaviva delle Fonti, and leper wards have been set apart in certain skin and venereal hospitals.

3. Malaria.

A glance at the health statistics shows that malaria, after a period of recrudescence during and immediately after the war, has since steadily declined and is still declining.

The campaign is being waged unremittingly by the most various means, enlisting the services alike of the hygienist, the hydraulic engineer and the agriculturist, and controlled by the concerted efforts of several ministries and other bodies. Its aims are: the radical cure of the malaria cases, and the protection of the healthy, the reclaiming of the malaria zones by means of large and small "bonification" works and the destruction of the mosquito that carries the infection.

Among recent enactments, the following may be mentioned:

Royal Decree of December 30th, 1923, No. 2889, which defines the

¹ This summary does not include similar institutions controlled by the above-mentioned organisations.

obligations of the provinces as regards free distribution of quinine and their share in general relief, treatment and prophylaxis;

Royal Decree of December 30th, 1923, ratifying the Improvement Works Act (Consolidated) and making minor improvement works directed against malaria and measures against anophelines on open waters compulsory;

Royal Decree of May 18th, 1924, on "Land Conversions of Public Utility" with a view to the general improvement of unhealthy areas (sanitary, hydraulic and agricultural);

Royal Decree of March 4th, 1926, setting up the Inland Migration Control Committee;

Special orders for assisting Istria and the autonomous institute of the Venetian provinces in an intensive anti-malaria campaign (Legislative Decrees of July 28th, 1926, and August 13th, 1926);

Legislative Decree of July 21st, 1927, amending the regulations for Government quinine distribution and for the anti-malaria campaign, and making special provision in the budget of the Ministry of the Interior for grants in aid of the treatment and prevention of malaria.

In carrying out the anti-malaria programme recommended to Prefects by the circulars of January 21st and April 16th, 1927, the plan of detailing personnel to search for malaria cases in country districts (*scouls*) proved extremely useful, as did also that of nurses for prophylactic work who follow the main body of the mobile squad.

The institutions for relief and prophylaxis already founded in past years (*out-patient centres, malaria sanatoria, research stations*) steadily continued their work. The co-ordinative operations, subsidised by the Ministry of the Interior and carried out by the Italian Red Cross and other bodies, were continued and extended, especially in the areas where endemicity is greatest and in the mining districts.

Work in the rice-fields was kept under closer observation.

Improvement work in malarial zones and anti-mosquito prophylaxis were pursued with increased activity.

In particular, the recent appointment of Superintendents of Public Works for Sardinia, Sicily, Calabria, Basilicata, Apulia, Campania and the Abruzzi, and one for the Maremma, has greatly stimulated minor improvement works, especially for the protection of centres of population. Special instructions were issued for the regularisation of loan pools (Ministry of Public Works Circular of November 16th, 1926).

Paris green has been increasingly used for destroying anopheles larvæ on open waters, especially by the anti-malarial station established with the aid of the Rockefeller Foundation.

To facilitate spraying with this preparation over extensive surfaces, some experiments in spraying from aeroplanes were carried out with good results.

As regards colonisation and public utility land conversions, certain necessary works were declared "urgent", and have already been started in malarial areas, under the Royal Public Utility Land Conversions Decree of May 18th, 1924. These works are mainly hydraulic regularisation, afforestation, drainage, dyking, rectification of watercourses and roads, utilisation of water for irrigation, and building of settlers' dwellings.

An extension of anti-malaria propaganda was the institution of special courses for teachers.

Practical courses in anti-malaria methods for the auxiliary staff were also held at the *Practical School of Malariology* established by the Health Department at Nettuno (Rome), at the University Institute of Hygiene, and elsewhere.

In addition, the Legislative Decree of May 8th, 1927, set up in Rome an *Advanced School of Malariaology* for promoting research and giving instruction on malaria problems.

Eighty persons, including doctors, engineers and agriculturists, attended the first theoretical and practical course.

4. Venereal Diseases.

New regulations for the prevention of these diseases and the control of prostitution, to supersede the present regulations of March 25th, 1923, are now under consideration.

Meanwhile, the *examining dermosyphilographers*, who assist the Provincial Medical Officer in the prophylaxis of these diseases, and the *medical inspectors* of brothels have continued their work.

The number of State-subsidised *communal venereal dispensaries* rose to 187 in 1926, and the number of clinics for the reception and treatment of infected persons to 145.

During that year 64,115 out-patients (48,321 men and 15,794 women) were treated for venereal disease in 148 dispensaries; and over 14,000 cases were received in 115 of the *clinics*.

In the same year, sixteen *Government venereal dispensaries for seamen* were set up in the principal ports under the Brussels International Agreement of December 1st, 1924.

The technical organisation of both clinics and dispensaries is being continually improved, so that the arsenobenzols and bismuth preparations can be more freely used in the treatment of syphilis, and further progress made in the treatment of gonorrhoea.

5. Cancer and Malignant Tumours.

The more vigorous action lately taken by the Government against cancer may be summarised as follows:

Legislative Decree of July 23rd, 1926, making initial budget provision for practical Government action.

Legislative Decree of January 13th, 1927, to facilitate the purchase of radium.

Ministerial circular of April 7th, 1927, to prefects throughout the country, with directions for carrying out a progressive anti-cancer programme.

Allotment of funds for scholarships and study abroad in order to promote the difficult researches into the origin of malignant tumours, their treatment, etc.

Legislative Decree of June 16th, 1927, whereby the sum of 1,800,000 lire allotted under the Decree of July 23rd, 1926, was raised to 2,500,000 lire annually, for work against cancer and malignant tumours.

Appointment of a Committee of Experts on the demographic and sanitary enquiry into the incidence of cancer in Italy to draw up a final report. This enquiry, in the course of which 44,077 cases of deaths from malignant tumours in the two years 1924-25 were examined, was completed, and furnished a mass of material. The Committee is to submit its report as soon as possible.

6. Trachoma.

The General Directorate of Public Health, through the Provincial Health Offices, instituted an enquiry into the incidence of trachoma. From the mass of material

thus collected and the information gathered from medical examinations of recruits, it was found that the incidence of trachoma is heaviest in the south and in the islands, less in central Italy, and least of all in the north. Workers in spinning-mills, rice-fields and hemp-fields (Northern Italy) and in the tobacco industry (Southern Italy) are the classes chiefly affected.

Preventive Institutions.—In addition to the 208 State-subsidised trachoma dispensaries, which function continuously, there are numerous other out-patient eye-departments of hospitals and other organisations. In this connection, the work of the National Social Insurance Fund, which has established eighteen trachoma treatment centres, deserves mention.

For serious cases requiring surgical or hospital treatment, *trachoma wards* have been founded, mostly as annexes to the University clinics. In 1926 and 1927, special courses for doctors and teachers on the diagnosis, treatment and prevention of trachoma were held in various towns.

School prophylaxis received the concerted attention of the Public Health and school authorities. The circular of May 12th, 1926, deals with the prevention of social diseases (trachoma, tuberculosis, malaria, etc.) in juvenile communities. In many communes separate classes and schools were formed for trachomatous children, and the number of communes with a *school medical service* increased.

Great activity was displayed in this field in Apulia, Sicily and Sardinia.

7. Alcoholism and Mental Diseases.

Although alcoholism is comparatively uncommon, there is no denying that of late years it has been steadily increasing. From 1919 to 1925 the total number of deaths from chronic and acute alcoholism had more than doubled, rising from 557 to 1,336.

As in other countries, alcoholism is most common among the working classes in the industrial centres and large towns, and less prevalent among agricultural labourers, even in the vine-growing regions.

Certain clauses in the Police Act and in the maternity and child welfare Act seek to check the spread of alcoholism by making it illegal for children and young persons to be supplied with wine and by restricting the licencing hours for the sale of alcoholic drinks.

Of late years particular attention has been directed to the prevention of mental diseases. A *Mental Diseases Statistical Office* was founded in connection with the provincial lunatic asylum at Ancona.

The first returns compiled for all Italy show that the majority of the insane, viz, 51,931 in 1926, were received in the public mental hospitals, while the remaining ten to twelve thousand were cared for in private institutions.

For 1927, the number of mentally deranged persons was reckoned at roughly 64,000.

Questionnaires and a *list of the public institutions for mental cases* were also prepared by the Statistical Office.

In the principal towns, the following organisations exist: free out-patient departments and dispensaries for the prevention of nervous and mental diseases, free welfare centres for mentally deficient or abnormal infants, special schools for backward children, institutional schools for abnormal children, etc. All these enjoy the active assistance of the Italian Mental Hygiene League and other philanthropic organisations, such as the National Society in Aid of Mentally Abnormal War Orphans,

the Societies in Aid of the Insane Poor, and the Anti Alcohol Leagues, which pursued their activities in certain provinces.

8. *Hookworm Disease.*

Although the spread of hookworm disease has not been exactly disquieting of late, the Health Administration continued its work of investigation, supervision and prophylaxis in mines, railway tunnels under construction and other confined spaces. The prefects of the provinces concerned were urged to insist on the observance of the Rules of Hygiene for Excavation Works, etc., embodied in the Decree of July 25th, 1913.

In the sulphur mines, in particular, the arrangements introduced at the end of 1914 for diagnosis, treatment and the cleansing of the infested mines were extended. Investigations were also made in other Sardinian mines, no hookworm case being found.

In some of the infested mines, the administration, as *curative treatment*, of a mixture of oil and chloroform to hospital patients and systematic *thymolisation* were found practical and effective.

In extensive tunnelling operations, all the ordinary precautionary measures already adopted on the Florence-Bologna express line were maintained, their efficacy having been confirmed by experience.

III. PUBLIC HEALTH ACTIVITIES.

1. FOOD HYGIENE.

a) *Special measures.*

This is among the foremost and constant concerns of the Health Administration. The following measures were adopted during the past year :

Flour and Bread.—The observance of the Legislative Decree of August 13th, 1925, and subsequent regulations for ensuring the sale of wholesome bread to the public was enforced by the adoption of a standard flour, containing the equivalent of a yield of 85 per cent for wheat of a specific weight of 78 kilogrammes.

For the manufacture of biscuits for export, flour may be bolted at a rate below 80 per cent.

Meat.—The Legislative Decree of May 19th, 1927, and the various circulars emanating from the Ministry of National Economy jointly with the Ministry of the Interior, prescribed that slaughtered meat (beef, mutton, and pork) must be classified and kept separately in *two qualities*, according to state of nourishment, proportion of fat, age, etc., and must be sold to the public at two different prices according to quality.

The Royal Decree of July 21st, 1927, confirms the new *Regulations for the Sanitary Inspection of Meat*, which settles the whole question in the light of scientific progress ; it deals with slaughterhouses, slaughtering and inspection of live-stock and meat, sale of fresh and frozen meat, meat warehouses and cold-storage plants, transport of meat, offal, sausage and tinned-meat factories, etc , also with poultry and game, etc.

Milk.—A draft has been prepared by the technical organs and approved by the Supreme Health Council, embodying regulations for the hygienic inspection of milk. The scheme is designed to safeguard the purity of this valuable food and to enforce honest dealing.

These regulations will shortly be promulgated; meanwhile, conditions have been improved through the efforts of many intelligent farmers and veterinary specialists, and also of public bodies in some of the big centres like Milan, Rome and Naples.

Among recent enactments tending towards the fulfilment of what is an essential condition of a *wholesome milk supply*—the construction of byres and their dependencies on scientific principles—we may mention the Act of June 23rd, 1927, making properly constructed manure-pits compulsory in all rural byres.

Preserved Foods.—The manufacture of preserved vegetable foods is governed by the Legislative Decree of February 8th, 1923, and the regulations of October 14th, 1926, concerning health conditions in preserved-food factories. As regards technical sanitary supervision, the health side of which is controlled by the Ministry of the Interior, and the industrial side by the Ministry of National Economy, special instructions were issued to prefects by a circular of April 9th, 1927.

Statistical Information as to Ice-Factories and Cold-Storage Plants.—Having regard to the importance of the cold-storage industry for the preservation of foodstuffs in general and of meat in particular, prefects all over Italy were asked, by Ministerial circular of February 8th, 1927, to collect the above information in order to provide accurate data on the position as regards cold-storage plants.

It was found that the Italian cold-storage industry (ice-factories and cold-storage plants for food only) comprised, on January 31st, 1927, 3,022 plants with 3,498 compressors, with a capacity of 95,218,430 frigorific-hours, and developing an aggregate of 60,763 h.p.

In January 1927 alone, 291 plants were set up, representing 3,298,350 frigorific-hours.

b) *General Measures and Problems.*

In order to inflict speedier and more drastic punishment for infringements of the regulations for the production and sale of foodstuffs, the Act of June 23rd, 1927, empowered prefects to order the closing-down of businesses, without regard to the outcome of the prosecution.

In preventing fraud in the preparation of and trade in the above-mentioned and other foodstuffs and beverages (coffee, oil, wine, etc.), those responsible locally—in particular, the communal health laboratories and the central laboratories controlled by the Health Directorate—displayed great activity.

Investigation of food problems. A special Committee of the National Research Council was formed for this purpose, the Director-General of Health being a member. Many practical problems were dealt with, which will be discussed later as the various reports come out.

2. INDUSTRIAL HYGIENE.

The Royal Decree of April 14th, 1927, issued jointly by the Ministries of National Economy and of the Interior, approved the *General Regulations for Industrial Hygiene*. These lay down rules of hygiene for workers in industrial, commercial and agricultural establishments—*i.e.*, requirements as to space, temperature, lighting, protection

against poisoning, water-supply, cleanliness of the premises, latrines, baths, canteens, dormitories, etc.—and are designed to protect the physical health of the workers and to increase their output.

By Ministerial Decree of February 26th, 1927, vegetable oil-refining was *scheduled as a dangerous occupation* (under the Ministerial Decree of July 12th, 1912), except in concerns which have put in fume-preventing appliances.

By circular of June 23rd, 1927, issued by the Ministry of the Interior (General Directorate of Health), and circular of July 11th, 1927, issued by the Ministry of Public Works (Water, etc., Department), *General Rules for Regulating the Disposal of Sewage Waters and the Refuse of Sugar Factories* were issued.

By circular of April 16th, 1927, prefects of the rice-growing provinces were specially urged to enforce the provisions concerning *rice-growing*, the planting of ricefields, and the health of the workers.

3. ACTIVITIES AND PROGRESS IN OTHER FIELDS OF PUBLIC HEALTH.

(a) *Central Scientific Laboratories controlled by the General Directorate of Health.*

The Micrographical and Bacteriological Laboratory carried out numerous inspections at sero-vaccine institutes and mineral-water factories, and investigations and diagnoses were made in outbreaks of infectious diseases of men and animals.

Propaganda on hygiene and sanitation, especially in connection with the malaria campaign, took the form of theoretical and practical courses given at the Nettuno School of Malariology to medical officers of the Royal Air Force, personnel of the Ministry of Finance, schoolmasters and schoolmistresses, superintendents of land improvement works, orderlies and nurses of the Italian Red Cross, and members of the sanitary staff of the Agro Romano and the Rome Governor's district.

In the experimental field, 295 bacteriological examinations were carried out on samples of water and food, as well as 200 tests of sera, vaccines, kindred biological products, and arsenobenzol preparations, made by private institutions, and 1,964 diagnoses of infectious or parasitic diseases in men and animals.

The tests of vaccines, sera, etc., with 186 successes and only twelve failures, show that the home product is steadily improving and has in most cases reached its optimum point.

In addition, the Micrographical and Bacteriological Laboratory prepared curative sera, bacterio-vaccines, and, for diagnostic purposes, agglutinant and precipitant sera, specific for most germs of the commonest native and exotic infectious diseases.

The Chemical Laboratory carried out in the course of the year 1926-27 over 2,300 analyses on 468 different samples of drinking-water, chemical and pharmaceutical preparations, foodstuffs, etc. Certain questions of the moment, including the bolting of wholemeal flour and the use of soya-bean flour, the coffee trade, the use of poisonous gas for destroying fruit parasites, the proportion of iodine contained in drinking-water and food (with reference to goitre), the new edition of the *Official Pharmacopœia*, the best composition for glass receptacles for medicinal solutions, etc., were also studied in detail.

Some of these studies led to administrative measures, such as :

Ministerial Decree of August 30th, 1926, confirming the "*compulsory technical rules* for the taking of samples and the analysis of flour and bread", and subsequent Ministerial circulars and Decrees on the same subject ;

Ministerial Decree of February 19th, 1927, allowing the use of unmixed vaseline oil for coffee-roasting, in a proportion not exceeding five parts of oil to 1,000 parts of roasted coffee by weight ;

Royal Decree of January 9th, 1927, confirming the special regulations for the use of poisonous gases, and Ministerial Decree of May 9th, 1927, making further regulations on the same subject. The General Directorates of Public Health and Agriculture have come to an agreement as to the enforcement of these regulations.

The *Physics Laboratory* and *Radium Office* carried out in the course of the year various investigations on the use of radium natural waters, waters artificially rendered radio-active, minerals supposed to be radio-active, and various samples of medicinal preparations. Total, 167 investigations.

By Royal Decree of July 29th, 1926, the Royal Physiotherapeutic Hospital of S. Maria and San Gallicano was founded at Rome. This also is a centre of research into the applications of physiotherapy, and is therefore under the General Directorate of Public Health, which uses it in co-ordination with the Physics Laboratory and the Radium Office.

(b) *Provincial and Communal Laboratories for Hygiene and Prophylaxis.*

By Royal Decree of January 16th, 1927, the regulations for the establishment and work of these laboratories in every province were published.

Each laboratory is in two sections, the Chemical Section and the Medical and Micrographical Section, with a qualified technical staff for each (director, sub-director, and at least one assistant).

(c) *Sanitation : Aqueducts, Sewerage, etc.*

The Health Administration continued to encourage the building of aqueducts and other public works of sanitation.

Schemes for sanitary works to be encouraged or financed are examined by the Health Directorate's Technical Office, to which engineers are attached.

In the financial year 1926-27, authority was given for many loans for aqueducts to communes in northern and central Italy, amounting in all to about 28,000,000 lire.

As regards hygiene for *rural dwellings*, besides the action of the Health Administration as laid down in Article 71 of the Public Health Act (Consolidated), attention may be called to the provisions of the new *General Regulations for Industrial Hygiene*, and the recent rules, now in force under the Act, for the proper construction or modernisation of manure-pits for all byres.

In all the prefects' Decrees now being executed in every province, it is laid down that new manure-pits must be *at least twenty-five metres* from dwelling-houses and from drinking-water tanks or conduits.

(d) *Sanitary improvements in Hotels and Watering-places*

The regulations of March 24th, 1925 and the Legislative Decree of April 15th, 1926, for stricter supervision of the hotel trade, especially, as regards health and sanitation, are gradually being put into force, and have already produced a marked improvement in the large centres.

Further, by Circular of April 30th 1927, the Prefects were urged to exercise the strictest supervision over the establishment and running of watering-places by the sea, lakes and rivers.

(e) *Maternity and Child Welfare.*

In this domain, the fundamental law is the Law of December 10th, 1925, and the regulations thereunder, confirmed by Decree of April 15th, 1926.

The circular of May 12th, 1926, laid down rules of hygiene for juvenile communities, with special reference to malaria, trachoma, etc.

The Legislative Decree of December 19th, 1926, prohibited the sale of feeding-bottles with tubes, artificial teats and other articles injurious to infant health.

The circular of March 24th, 1927, laid down the lines of a campaign against adenoids, under the existing infant welfare and school hygiene regulations.

The Law of June 23rd, 1927, provides for the careful supervision, by provincial doctors, of miscarriages, and defines more explicitly the obligations and responsibilities of midwives.

The competitive examination syllabus for Medical Officers, etc., now includes a part covering infectious diseases of infancy, questions of milk, food, child hygiene, wet-nursing, foundling hospitals, and the law on these matters. Further, the Law of June 23rd, 1927, prescribes that every provincial Health Council must include a children's doctor.

The Decree of June 10th, 1927, concerning temporary loans of prophylactic material, by the Public Health Department, contains clauses permitting such loans to be made to *fresh-air colonies*. Up to July 1st, 1927, the loans of material (tents and equipment) for seaside and mountain camps had already exceeded the figures for past years; 255 outfits, with equipment for some 5,000 beds, were lent out.

The Royal Decree of December 29th, 1927, confirmed the regulations for the enforcement of the Legislative Decree of May 8th, 1927, concerning assistance to illegitimate children deserted or in danger of desertion.

The National Maternity and Child Welfare Society created in the country districts "travelling chairs of puericulture".

(f) *Health Propaganda.*

A Royal Decree of January 30th, 1927, established a Cinema Centre for Hygiene and Social Prophylaxis Propaganda, which has its headquarters at the National "Luce" Institute.

By arrangement between the Ministries of the Interior and Education, practical courses in hygiene and the prophylaxis of the commonest school infectious diseases were held for elementary teachers and head masters.

The Advanced School of Malariology for doctors, engineers and agriculturists began its work in 1927.

Practical courses in malariology for male nurses were also held under the direction of the Health Department and other bodies.

Special courses on trachoma were given at certain university ophthalmic clinics.

The Italian Red Cross, with the help of officials of the Health Department, gave courses of instruction for *professional nurses* and *visiting nurses*, and the National Maternity and Child Welfare Society arranged special courses in child welfare and hygiene for midwives.

Booklets containing advice to the public on personal defence against various diseases, published by the Health Department, were widely distributed.

(g) *Veterinary Service.*

This service is under the General Directorate of Public Health, and is conducted by central and local technical organisations.

Central.—A Veterinary Division with technical and administrative officials; an inspection office with five veterinary Inspectors-General; a Veterinary Section at the Bacteriological Laboratory.

In the Provinces.—The provincial veterinary officer; frontier and port veterinaries.

In the Communes.—Managers of public slaughter-houses, and veterinary surgeons for communes and groups of communes.

In addition, veterinary surgeons are included in the advisory bodies (Supreme Health Council and Provincial Health Councils).

For investigations and scientific and practical applications, the Government veterinary service commands, in addition to the services of the central laboratories directly responsible to the Health Department, those of the provincial and communal health and prophylaxis laboratories, and more especially the *experimental stations for infectious diseases of live-stock* situated in the chief agricultural and cattle-rearing centres.

International and National Prophylaxis of Epizootics.

By Legislative Decree of November 18th, 1926, the International Convention for the creation of an International Epizootics Office at Paris was made operative in Italy.

Land and Sea Frontier Veterinary Service.

The inspection of imported stock is sometimes accompanied by special sanitary measures, such as sero-immunisation against sheep-pox in the case of sheep coming from eastern countries, and the mallein diagnostic test (intrapalpebral reaction) for horses from the same countries, under the Veterinary Order of January 31st, 1926.

It is estimated that, from July 1926 to July 1927, 14,000 horses imported from the aforesaid countries were thus tested for glanders.

During the same period various other provisions relating to the veterinary frontier and port services were enacted. For instance, by a Ministerial Order of April 4th, 1927, the importation of lard was better regulated, a certificate of origin and purity being required; by a Ministerial Decree of October 30th, 1926, issued jointly with the Ministry of National Economy, the importation of bees from abroad was prohibited as a protective measure against acarasis; by a circular of February 27th, 1927, the rules for the use of hay, straw and other forage in the packing of goods consigned to Canada were improved; by a circular of June 23rd, 1927, the export of live poultry to Switzerland was regulated.

Further, orders were given for the more efficient collection of statistical data relating to this branch of the veterinary service.

Campaign against Zoonoses communicable to Man and Epizootics in general.

Anthrax.—A systematic campaign founded on immunisation is being conducted with good results. Over three million animals were vaccinated and sero-vaccinated during the year.

Rabies.—See Chapter II A, sub-section §.

Glanders.—In the year between July 1st, 1926, and June 30th, 1927, 166 horses infected with glanders were slaughtered, and 48,300 lire were paid by the Government in compensation.

Health control by the mallein test is being continued on the frontier for horses coming from eastern countries.

Bovine Tuberculosis.—The immunisation of cattle with Calmette-Guérin vaccine was tried on a large scale by the Anti-Tuberculosis Vaccine Institute at Milan, with the financial support of the Ministry of the Interior. The results so far seem to be satisfactory, and give every encouragement to pursue the investigation.

Foot-and-Mouth Disease.—During the year 1926-27, outbreaks of this disease occurred in many provinces; it was prevented from spreading to Sardinia by special measures, such as the prohibition to bring into the island either animals of a kind prone to the disease or products liable to carry the infection.

In the campaign against foot-and-mouth disease, large-scale experiments with *hyper-immune anti-aphthous serum* were carried out in certain provinces. For this purpose the Milan, Turin and Brescia experimental stations for infectious diseases of live-stock were instructed to prepare and keep on hand a large quantity of serum for distribution to farmers at reduced rates.

Sheep-pox.—Against this disease immunisation treatments based on *sensitised virus* and *specific serum* were widely employed, in addition to the usual sanitary measures.

Most of the biological products used were prepared by the Anti-Scabies Laboratory at Foggia, founded for the purpose by the Ministry of the Interior and the local bodies. In 1926, over 150,000 immunisation treatments were carried out.

Veterinary Inspection to ensure the Purity of Meat, Milk and Other Animal Products.

New regulations for the sanitary supervision of meat, under date July 21st, 1927, have already come into force throughout the country, and are being brought into application, including rules for the modernisation and better sanitation of slaughter-houses, cold-storage plants and preserved-meat factories.

Veterinary Supervision of Movements of Cattle for Purposes of Pasturage or in the Course of Trade.

The extensive "Alpeggio" movement, *i.e.*, the transfer of cattle from the plains to the mountains (the high pasturages of the Alps) at the beginning of the hot season and their return to the plains in autumn, was again subjected during the year to the statutory veterinary control.

Disinfection of Vehicles.—In accordance with proposals submitted by a special technical committee, certain amendments were made to the orders appended to the current Veterinary Regulations of May 10th, 1924, concerning the disinfection of cattle-trucks (Ministerial Decree of April 21st, 1926).

Scientific and Practical Progress in Immunisation Prophylaxis of Epizootics.

Work of the Experimental Stations for Infectious Diseases.—The experimental stations at Milan, Turin, Brescia, Rome, Naples (Portici), Foggia and Sassari, all co-operated in the campaign against infectious diseases of live-stock, in particular by carrying out prompt diagnostic tests and preparing biological products for immunisation.

Auto-vaccines, made from antigens directly taken from the foci of the disease in question, were produced in particular for diseases of swine (swine-fever, septicæmia and paratyphoid) and for infectious diseases of poultry (fowl plague, chicken-cholera and typhosis).

Altogether, in the course of the year, vaccinations and sero-vaccinations against infectious diseases of swine were carried out on about 55,000 animals, with good results, especially in the case of swine erysipelas; and against infectious diseases of poultry, on over 47,000 birds.

IV. HEALTH LEGISLATION.

The following list shows in chronological order the principal measures passed in the year 1927.

1. Royal Decree of January 9th, 1927, No. 147, confirming the special regulations for the use of poisonous gases (see Chapter III, Sub-section 3 (*a*)).
2. Royal Decree of January 16th, 1927, No. 155, confirming the regulations for provincial and communal hygiene and prophylaxis laboratories (see Chapter III, Sub-section 3 (*a*)).
3. Ministerial Decree of January 20th, 1927, confirming the Orders (Consolidated) regarding the utilisation of mineral waters.
4. Ministerial Circular of January 27th, 1927, giving rules for the supervision of port health services.
5. Ministerial Circular of February 3rd, 1927, giving rules for the water-supply of ships.
6. Royal Decree of March 3rd, 1927, No. 478, confirming the regulations for the application of Legislative Decree of August 7th, 1925, No. 1732, on patent medicines (see Chapter V, Sub-section 3).
7. Ministerial Circular of March 23rd, 1927, concerning rat-catching in ports (see Chapter II A, Sub-section 1).
8. Law of May 8th, 1927, No. 798, regulating assistance to illegitimate children deserted or in danger of desertion (see Chapter III, Sub-section 3 (*e*)).
9. Legislative Decree of June 16th, 1927, No. 1016, whereby the sum to be devoted annually to the campaign against cancer and malignant tumours was raised to 2,500,000 lire (see Chapter II B, Sub-section 5).

10. Law of June 23rd, 1927, No. 1070, embodying various public health provisions regarding :

(a) An improved composition for the Supreme Health Council and the Provincial Health Councils (see list of advisory bodies in Chapter I).

(b) Prevention of food adulteration (see Chapter III, Sub-section 1).

(c) Heavier penalties for failure of medical officers to notify infectious diseases.

(d) Provisions against birth control, for the protection of motherhood and infancy (see Chapter III, Sub-section 3 (e)).

(e) Permission for the sale of certain heroic remedies to be scheduled (see Chapter V, Sub-section 6).

11. Law of June 23rd, 1927, No. 1276, regarding the tuberculosis campaign, providing for the compulsory foundation, in every province, of provincial tuberculosis associations with a view to :

(a) Promoting the founding of organisations for the tuberculosis campaign, either singly or in conjunction with other provincial anti-tuberculosis associations ;

(b) Co-ordinating and regulating, in a consistent programme of action and propaganda, the activities of all other anti-tuberculosis organisations in the provinces, and to notify the prefect of any irregularities or deficiencies ;

(c) Providing for the protection and medical and social assistance of the tuberculous, and suggesting to the prefect such measures as are necessary to enable them to benefit by the resources of local institutions for the prevention and cure of tuberculosis ;

(d) Supplementing out of their own funds the action of the anti-tuberculosis institutions, and, if need be, acting on their behalf in emergencies (see Chapter II B, Sub-section 1).

12. Law of June 23rd, 1927, No. 1155, making manure-pits compulsory (introduced by the Ministry of National Economy) (see Chapter III, Sub-section 1, and Chapter III, Sub-section 3 (c)).

13. Law of June 23rd, 1927, No. 1264, concerning the practice of crafts ancillary to the healing professions, and regulating the aforesaid crafts by restrictions, making it illegal for persons not possessing the statutory qualifications to practise them (see Chapter V, Sub-section 2).

14. Law of June 23rd, 1927, No. 1187, admitting dental operatives licensed in the new provinces to a qualifying examination enabling them to practise dental surgery and make artificial dentures (see Chapter V, Sub-section 2).

15. Royal Decree of July 21st, 1927, No. 1588, on the sanitary inspection of meat (see Chapter III, Sub-section 1, and Chapter III, Sub-section 3 (g)).

16. Royal Decree of July 21st, 1927, No. 1502, concerning the appropriation in the budget of the Ministry of the Interior of a sum to be devoted to prizes and grants for reducing the causes of malaria (see Chapter II B, Sub-section 3).

17. Legislative Decree of August 12th, 1927, No. 1580, concerning the milling trade, classifying mills in four categories according to the type of product (introduced by the Ministry of National Economy) (see Chapter III, Sub-section 1).

18. Legislative Decree of October 27th, 1927, No. 2055, on compulsory insurance against tuberculosis (introduced by the Ministry of National Economy) (see Chapter II B, Sub-section 1).

This provision gives effect to one of the points in Declaration XXVII of the Labour Charter, and is a most effective contribution to rational action against tuberculosis, enlisting as it does the active participation of all the productive forces of the country. It is proposed, indeed, to attain an aggregate strength of some 20,000,000 contributors, and to establish sanatoria with not less than 18,000 beds, as well as after-care institutions with another 2,000 beds.

Further assistance for children under fifteen is also to be provided, in the shape of a daily allowance to insured persons undergoing treatment in sanatoria and having families dependent on them. Having regard to the enormous number of the insured, the cost will be covered by a very small fortnightly contribution, to be paid in equal proportions by employers and workers.

19. Royal Decree of December 29th, 1927, No. 2822, confirming the regulations for the enforcement of Legislative Decree of May 8th, 1927, No. 798, on assistance to illegitimate children deserted or in danger of desertion (see Chapter III, Sub-section 3 (e), and No. 8 of this list).

V. CURATIVE MEDICINE.

1. HEALTH PERSONNEL.

A recent investigation, carried out throughout the country (not including the Colonies), give the following result:

Physicians and surgeons	30,034
Veterinary surgeons	3,615
Pharmacists	12,523
Qualified dentists	707
Midwives	15,999
Number of pharmacies	9,892

2. REGULATION OF CRAFTS ANCILLARY TO THE HEALING PROFESSION.

The Law of June 23rd, 1927, No. 1264, (a) defines the auxiliary health crafts requiring regulation; (b) makes their practice subject to the possession of a licence obtainable after a special course of study; and (c) regularises the position of persons already practising these crafts.

The Law contemplates only dental operatives, opticians, specialists in orthopædic appliances, trusses, etc., and nurses. The practice of these crafts is circumscribed by certain restrictions, and will be prohibited to persons not possessing the statutory qualifications.

By another Law of June 23rd, 1927, No. 1187, provisions were made for the benefit of dental operatives licensed to practise in the new provinces.

3. PHARMACEUTICAL SERVICE.

The ordinary and extraordinary inspections of pharmacies by the provincial Medical Officers in every province, and by the Inspectors-General for the Pharmaceutical Service, were duly carried out.

Arrangements were made for the opening of pharmacies in various places, particularly in new suburbs, where none existed.

The official tariffs of medicines for sale to the public and for supply to the poor, introduced by Ministerial Decree of June 20th, 1926, which became operative on December 1st, 1926, continued in force. They comprise three schedules: *Schedule A*, fixing the charges for making up prescriptions for sale to the public; *Schedule B*, fixing the charges for making up medicines for supply to the poor; *Schedule C*, fixing the price of medicines, including the proportion allowed for overhead charges.

By Ministerial Decree of June 30th, 1927, various amendments were introduced in the tariffs, for the purpose of reducing the cost of the medicines most in demand.

The Law of January 9th, 1927, gave statutory force to the Royal Decree of August 7th, 1925, No. 1732, and the regulations of March 3rd, 1927, No. 478, laid down rules for the sale and manufacture of patent medicines.

4. SERA, VACCINES AND KINDRED PRODUCTS.

Opotherapeutic products, like biological products in general, are subject to all the rules already in force, as well as to the new law on the production and sale of patent medicines.

During the year, the *compulsory preliminary testing* of sera, vaccines, and kindred products was continued by the Public Health Laboratories.

By the Legislative Decree of November 25th, 1926, which afterwards became the Law of December 28th, 1927, and the circular of March 3rd, 1927, the rules governing the use, *for human beings, of therapeutic or immunisation products not yet authorised* were promulgated and explained. The use of such products was sanctioned solely in public hospitals or similar institutions and in public dispensaries authorised by the prefect, under the responsibility of the head of the institution, and it was prescribed that auto-vaccines must be prepared exclusively in provincial, communal and other institutes, and in hospitals and health control laboratories having special permission from the Ministry of the Interior.

5. SUPERVISION OF THE TRADE IN NARCOTICS.

The double supervision of the trade in narcotics is being continued, so as to restrict their use to pharmaceutical and scientific requirements and suppress *illicit traffic*. Control is exercised both by the Public Health Administration and by the Police and Customs.

By Ministerial Decree of January 24th, 1927, two more products (eucodal and dicodide) were added to the schedule of poisons falling under the regulations of November 9th, 1923, No. 2534.

An investigation made in 1927 showed that the licences issued all over Italy to dealers in narcotics numbered 340. Numerous inspections were carried out at their establishments, with useful results.

The new *Police Act (Consolidated)* of November 6th, 1927, enacted two important provisions affecting this trade; one making it compulsory for physicians and surgeons to notify cases of chronic alcoholism or drug-poisoning to the police, and the other prescribing the permanent closing of houses of prostitution where poisonous or narcotic drugs are supplied or kept, or the use thereof encouraged.

6. SUPERVISION OF TREATMENT CENTRES, PRE-NATAL CLINICS, HEROIC REMEDIES, AND ADVERTISEMENTS FOR THE SALE OF MEDICINES.

By the Law of June 23rd, 1927, No. 1070, many new rules for supervision in these matters were enacted with a view to safeguarding health and, in certain cases, decency and public morals.

VI. BUDGET.

The following tables summarise the principal items of expenditure in respect of health services incurred by the Ministry of the Interior and other Ministries, and by the provinces and communes, under the laws in force.

(A) EXPENDITURE INCURRED FOR THE PUBLIC HEALTH SERVICES BY THE MINISTRY OF THE INTERIOR DURING THE FINANCIAL YEAR JULY 1ST, 1928, TO JUNE 30TH, 1927.

Nature of expenditure	Lire
1. General expenses, personnel, inspections and upkeep of laboratories ..	9,857,777
2. General and international prophylaxis ..	5,175,000
3. Special prophylaxis (pellagra, venereal disease, tuberculosis, malaria, trachoma, leprosy, cancer, wet-nursing) ..	16,235,670
4. Prophylaxis of epizootic diseases ..	1,657,894
5. Sanitation and improvement works ..	7,769,123
Total	40,745,464

(B) HEALTH EXPENDITURE SANCTIONED IN THE BUDGETS OF THE FOLLOWING MINISTRIES.

	Lire
Ministry of Public Works ¹ ..	100,000,000
Ministry of War ² ..	63,338,369
Ministry of Marine ² ..	8,160,001
Ministry of Air ² ..	3,967,410
Ministry of National Economy ³ ..	45,554,252
Ministry of Communications ² ..	5,995,235
Total	227,015,267

(C) EXPENDITURE IN RESPECT OF LOCAL POLICE AND SANITATION SERVICES, PROVIDED FOR IN THE PROVINCIAL AND COMMUNAL BUDGET ESTIMATES UNDER THE LAW ORGANISING THE PROTECTION OF PUBLIC HEALTH OF DECEMBER 22ND, 1888.

	Lire
Provincial Administrations ⁴ ..	23,749,800
Communal Administrations ⁵ ..	693,013,784

Rome, July 1928.

¹ Drainage of swamps and marshlands.

² Medical service.

³ Grants for reducing the causes of pellagra and for minor improvement works and agricultural improvements in the

Agro Romano.

⁴ Provision of vaccine lymph, medical examinations in epidemics and epizootics, contributions to salaries of provincial veterinary officers, health and prophylaxis laboratories, contributions to provincial anti-tuberculosis associations, cancer campaign, etc., (figures for 1926).

⁵ Service of urban scavenging, health service for the poor, medical treatment and assistance, vaccination burial, supervision, health supervision, etc. (figures for 1925).

JAPAN

Report prepared by the Sanitary Bureau,
Department of Home Affairs, Tokio.

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VITAL AND PUBLIC HEALTH STATISTICS.¹

1. AREA AND POPULATION.

The area of Japan proper is 381,250 square kilometers (*i.e.*, 56.6 per cent of that of the whole Japanese Empire).

The population of Japan proper, according to the result of the second national census (October 1st, 1925), was 59,736,822 (30,013,109 males and 29,723,713 females). The estimated population on October 1st, 1926, was 60,521,600 (30,422,800 males and 30,098,800 females).

2. BIRTH RATES.

LIVE BIRTHS AND STILL-BIRTHS, 1917-26.

Years	Live births		Still-births	
	Number	Rate per 1,000 inhabitants	Number	Rate per 1,000 inhabitants
1917	1,812,413	32.34	140,328	2.50
1918	1,791,992	32.19	142,507	2.56
1919	1,778,685	31.62	132,939	2.36
1920	2,025,564	36.19	144,038	2.57
1921	1,990,876	35.06	138,301	2.44
1922	1,969,314	34.16	132,244	2.29
1923	2,043,297	34.94	133,863	2.29
1924	1,998,520	33.79	125,839	2.13
1925	2,086,091	34.92	124,403	2.08
1926	2,104,405	34.77	124,038	2.05

¹ The present data deal with *Japan proper* only.

(a) Geographical Distribution of Live Births and Still-Births, 1926.

Prefecture		Live births		Still-births	
		Number	Rate per 1,000 inhabitants	Number	Rate per 1,000 inhabitants
Hokkaido		98,669	39.04	4,864	1.92
Tohoku District	Aomori	36,157	43.84	1,740	2.11
	Iwate	38,088	41.74	2,742	3.00
	Miyagi	43,267	40.78	2,488	2.34
	Akita	39,547	41.88	2,831	3.00
	Yamagata	42,584	40.97	2,248	2.16
	Fukushima	56,281	38.73	3,700	2.55
Kanto District	Ibaraki	53,465	37.62	3,953	2.78
	Tochigi	41,500	37.74	3,421	3.11
	Gumma	42,476	37.50	3,065	2.71
	Saitama	53,467	37.92	3,988	2.83
	Chiba	50,893	36.03	3,551	2.51
	Tokio	137,856	29.66	8,882	1.91
	Kanagawa	47,065	32.77	3,227	2.25
Hokuriku District	Niigata	70,399	37.75	3,709	1.99
	Toyama	29,305	38.85	1,384	1.83
	Ishikawa	26,262	34.94	1,506	2.00
	Fukui	22,052	36.90	1,167	1.95
Tosan District	Yamanashi	19,772	32.72	1,425	2.36
	Nagano	56,908	34.64	3,853	2.35
	Gifu	43,042	37.57	2,422	2.11
Tokai District	Shizuoka	64,655	38.12	3,874	2.28
	Aichi	83,588	35.31	4,514	1.91
	Mie	40,032	35.93	2,048	1.84
Kinki District	Shiga	31,948	33.01	1,223	1.84
	Kioto	42,920	29.99	2,663	1.86
	Osaka	92,384	29.26	6,501	2.06
	Hiogo	80,608	32.42	4,918	1.98
	Nara	19,760	33.62	1,371	2.33
	Wakayama	25,977	32.67	1,614	2.03
Chugoku District	Tottori	15,817	33.24	1,121	2.36
	Shimane	23,542	32.52	1,442	1.99
	Okayama	39,861	32.07	2,613	2.10
	Hiroshima	54,873	33.59	2,897	1.77
	Yamaguchi	34,342	31.06	1,384	1.25
Shikoku District	Tokushima	25,932	37.37	1,700	2.45
	Kagawa	26,350	37.38	1,303	1.85
	Ehime	39,281	35.49	1,976	1.79
	Kochi	22,905	33.15	1,387	2.01
Kyushu District	Fukuoka	75,607	32.51	4,483	1.93
	Saga	24,084	35.05	1,144	1.54
	Nagasaki	38,368	32.80	1,804	1.54
	Kumamoto	43,898	33.53	1,303	1.00
	Oita	32,169	34.72	1,473	1.59
	Miyazaki	24,612	35.19	1,301	1.86
	Kagoshima	46,619	31.41	1,813	1.22
Okinawa	15,168	27.34	2	0.00	
Grand Total		2,104,405	34.77	124,038	2.05

(b) *Live Births and Still-Births.*

LIVE BIRTHS ACCORDING TO SEX, 1925-26.

Year	Males	Females	Number of males for 100 females
1926	1,081,793	1,022,611	105.8
1925			103.5

STILL-BIRTHS ACCORDING TO SEX, 1925-26.

Year	Males	Females	Number of males for 100 females
1926	67,562	56,136	120.4
1925			119.6

(c) *Distribution according to Legitimacy and Illegitimacy.*

LIVE BIRTHS ACCORDING TO LEGITIMACY, 1925.

Year	Legitimate		Illegitimate	
	Total	Rate per 100 live births	Total	Rate per 100 live births
1925	1,954,933	92.9	149,472	7.1

STILL-BIRTHS ACCORDING TO LEGITIMACY, 1925.

Year	Legitimate		Illegitimate	
	Total	Rate per 100 still-births	Total	Rate per 100 still-births
1925	98,972	79.8	25,054	20.2

(d) *Seasonal Distribution of Live Births and Still-Births, 1926.*

Month	Live births		Still-births	
	Number	Daily average of each month on an annual basis of 1,000 births a day	Number	Daily average of each month on an annual basis of 1,000 births a day
January	250,188	1,399.8	12,357	1,173.0
February	204,461	1,266.5	10,953	1,151.1
March	258,114	1,444.2	11,807	1,120.8
April	147,388	852.1	10,328	1,013.1
May	157,079	878.9	9,873	937.2
June	135,231	781.8	8,642	847.7
July	142,736	798.6	9,221	875.3
August	154,626	865.1	9,588	910.1
September .. .	159,355	921.3	9,865	967.6
October	170,270	952.7	10,263	974.2
November .. .	181,169	1,047.4	10,207	1,001.2
December .. .	143,788	804.5	10,931	1,037.6
Month unknown..	—	—	3	—
Total	2,104,405		124,038	

3. MORTALITY.

(a) *General Mortality.*

In recent years, the death rate in Japan proper has been rather high, mainly due to the increase of infant mortality, the prevalence of influenza (1917-19), and the great earthquake in the Kanto district (1923). Since 1924, however, there has been a gradual decline, and this tendency is more accentuated in the districts containing such big cities as Tokio, Kyoto, Osaka, etc.

GENERAL MORTALITY, 1917-26.

Year	Number of deaths	Rate per 1,000 of population
1917	1,199,669	21.41
1918	1,493,162	26.83
1919	1,281,965	22.79
1920	1,422,096	25.41
1921	1,288,570	22.69
1922	1,286,941	22.32
1923	1,332,485	22.78
1924	1,254,946	21.22
1925	1,210,706	20.27
1926	1,160,734	19.18

(b) Geographical Distribution of Deaths, 1926.

Prefecture		Number	Per 1,000 of population
Hokkaido		43,303	17.13
Tohoku District	Aomori	18,570	22.52
	Iwate	19,139	20.97
	Miyagi	20,347	19.18
	Akita	21,870	23.16
	Yamagata	22,576	21.72
	Fukushima	27,462	18.90
Kanto District	Ibaraki	27,381	19.26
	Tochigi	19,437	17.68
	Gumma	20,643	18.23
	Saitama	27,880	19.77
	Chiba	30,002	21.24
	Tokio	72,933	15.69
	Kanagawa	24,770	17.25
Hokuriku District	Niigata	40,267	21.59
	Toyama	19,089	25.30
	Ishikawa	18,667	24.84
	Fukui	14,526	24.31
Tosan District	Yamanashi	10,829	17.92
	Nagano	28,365	17.26
	Gifu	22,604	19.72
Tokai District	Shizuoka	30,659	18.07
	Aichi	45,213	19.10
	Mie	21,723	19.47
Kinki District	Shiga	13,812	20.78
	Kioto	26,967	18.84
	Osaka	55,736	17.65
	Hiogo	46,871	18.85
	Nara	11,153	18.97
	Wakayama	14,076	17.70
Chugoku District	Tottori	8,989	18.89
	Shimane	16,175	22.34
	Okayama	24,506	19.72
	Hiroshima	32,233	19.73
	Yamaguchi	22,039	19.93
Shikoku District	Tokushima	14,496	20.89
	Kagawa	14,295	20.28
	Ehime	21,698	19.61
	Kochi	14,215	20.57
Kyushu District	Fukuoka	45,695	19.65
	Saga	14,540	21.16
	Nagasaki	20,999	17.95
	Kumamoto	25,692	19.62
	Oita	19,655	21.21
	Miyazaki	12,244	17.51
	Kagoshima	26,822	18.07
Okinawa	9,571	17.25	
Grand Total	1,160,734	19.18	

The deaths in 1926 included 597,292 males, or 19.63 to every 1,000 male inhabitants ; and 563,435 females, or 18.72 to every 1,000 female inhabitants.

DISTRIBUTION OF DEATHS BY SEX, 1925-26.

Year	Males		Females	
	Total	Rate per 1,000 of male population	Total	Rate per 1,000 of female population
1926	597,292	19.63	563,435	18.72
1925	621,357	20.70	589,349	19.83

DISTRIBUTION OF DEATHS BY AGE, 1926.

Age in years	Number	Per 1,000 of total deaths
0-4	438,419	377.7
5-9	30,167	26.0
10-14	22,475	19.4
15-19	49,733	42.8
20-24	47,510	40.9
25-29	37,497	32.3
30-34	30,378	26.2
35-39	30,368	26.2
40-44	32,638	28.1
45-49	38,038	32.8
50-54	43,126	37.2
55-59	47,753	41.1
60-64	56,628	48.8
65-69	66,511	57.3
70-74	73,287	63.1
75-79	61,155	52.7
80-84	37,178	32.0
85-89	13,599	11.7
90-94	3,528	3.0
Over 95	637	0.6
Age unknown.. .. .	109	0.1
Total	1,160,734	1,000

(c) *Seasonal Distribution of Deaths, 1926.*

The largest number of deaths in Japan proper occurs usually in the summer season (June, July, August), and next come the winter months (December, January, February). The autumn (September, October, November) shows a slight decrease, while spring (March, April, May) brings up the rear with the smallest number of deaths. The figures for 1926, however, were exceptions to this rule, as will be seen from the following table.

Month	Number	Daily average for each month per 1,000 of daily average deaths for each year.
January	103,870	1,043.5
February	93,638	1,051.7
March	103,491	1,049.8
April	94,266	988.1
May	93,063	944.0
June	90,721	951.0
July	97,671	990.8
August	106,231	1,077.6
September	98,498	1,032.5
October	95,559	969.4
November	87,569	917.9
December	97,110	985.1
Month unknown	47	—
Total	1,160,734	

(d) Causes of Death.

DEATH RATE ACCORDING TO CAUSES OF DEATH, 1926.

Causes of death	Number of deaths	Per 1,000 of total deaths	Per 1,000 of population
Typhoid and paratyphoid fevers.. . . .	10,216	8.8	0.17
Typhoid fever only...	9,783	8.4	0.16
Typhus	4	0.0	0.00
Malaria	190	0.2	0.00
Smallpox	158	0.1	0.00
Measles	10,510	9.1	0.17
Scarlet fever	300	0.3	0.00
Whooping-cough	7,312	6.3	0.12
Diphtheria.. . . .	3,631	3.1	0.06
Influenza	4,610	4.0	0.08
Cholera	13	0.0	0.00
Cholera nostras.. . . .	127	0.1	0.00
Other epidemics and endemics	17,821	15.4	0.29
Including :			
Dysentery	2,178	1.9	0.04
Plague	4	0.0	0.00
Cerebro-spinal meningitis	236	0.2	0.00
Pulmonary tuberculosis	80,330	69.2	1.33
Tuberculous meningitis	5,376	4.6	0.09
Other forms of tuberculosis	27,339	23.6	0.45
Intestinal tuberculosis only	22,303	19.2	0.37
Cancer and other malignant neoplasms	42,588	36.7	0.70
Cancer only	41,316	35.6	0.68
Meningitis	56,759	48.9	0.94
Cerebral hæmorrhage and malacia	98,516	84.9	1.63
Organic diseases of the heart	35,990	31.0	0.59
Acute bronchitis	16,941	14.6	0.28
Chronic bronchitis	14,400	12.4	0.24
Pneumonia and broncho-pneumonia	108,106	93.1	1.79
Other diseases of the respiratory organs	28,261	24.3	0.47
Pleuritis only	15,179	13.1	0.25
Diseases of the stomach.. . . .	23,073	19.9	0.38
Diarrhœa and enteritis	141,200	121.6	2.33
Appendicitis and cellulitis of the iliac fossa	2,559	2.2	0.04
Hernia and intestinal occlusion	4,835	4.2	0.08
Cirrhosis of the liver	3,965	3.4	0.07
Nephritis	59,581	51.3	0.98
Diseases of the female organs of reproduction.. . . .	2,280	2.0	0.04
Puerperal fever	2,031	1.7	0.03
Other diseases due to pregnancy and delivery	3,690	3.2	0.06
Deformity, congenital debility and diseases peculiar to children	84,480	72.8	1.40
Deformity and congenital debility only	70,580	60.8	1.17
Senile decay	67,576	58.2	1.12
Deaths from external causes	26,009	22.4	0.43
Suicide.. . . .	12,484	10.8	0.21
Other diseases	118,329	101.9	1.96
Including :			
Syphilis	7,183	6.2	0.12
Beriberi	12,109	10.4	0.20
Diabetes mellitus	2,045	1.8	0.03
Peritonitis	19,651	16.9	0.32
Ambiguous diagnosis given or causes unknown	39,144	33.7	0.65
Total	1,160,734	1,000.0	19.18

DEATHS ACCORDING TO CAUSES OF DEATH, IN DECREASING ORDER, 1926. ¹

Causes of death	Number	Per 1,000 of total deaths
Diarrhoea and enteritis	141,200	121.6
Pneumonia and broncho-pneumonia	108,106	93.1
Cerebral hæmorrhage and malacia	98,516	84.9
Pulmonary tuberculosis	80,330	69.2
Deformity and congenital debility	70,580	60.8
Senile decay	67,576	58.2
Nephritis	59,581	51.3
Nephritis	56,759	48.9
Meningitis	41,316	35.6
Cancer	35,990	31.0
Organic diseases of the heart	26,009	22.4
Deaths from external causes	23,073	19.9
Diseases of the stomach	22,303	19.2
Intestinal tuberculosis	19,651	16.9
Peritonitis	16,941	14.6
Acute bronchitis	15,179	13.1
Pleuritis	14,400	12.4
Chronic bronchitis	12,484	10.8
Suicide	12,109	10.4
Beriberi	10,510	9.1
Measles	9,783	8.4
Typhoid fever	7,312	6.3
Whooping-cough	7,183	6.2
Syphilis	5,376	4.6
Tuberculous meningitis	4,835	4.2
Hernia and intestinal occlusion	4,610	4.0
Influenza	3,965	3.4
Cirrhosis of the liver	3,631	3.1
Diphtheria	2,559	2.2
Appendicitis and cellulitis of the iliac fossa	2,178	1.9
Dysentery	2,045	1.8
Diabetes mellitus	2,031	1.7
Puerperal fever		

¹ Causes of less than one in a thousand of the total number of deaths are omitted.

DEATH RATES FROM TEN PRINCIPAL CAUSES OF DEATH PER 1,000 OF POPULATION, 1917-26.

Year	Diarrhoea and enteritis	Pneumonia and broncho-pneumonia ¹	Cerebral hæmorrhage and malacia	Pulmonary tuberculosis	Deformity and congenital debility ¹	Senile decay	Nephritis	Meningitis	Cancer	Organic diseases of the heart ¹
1926	2.33	1.79	1.63	1.33	1.17	1.12	0.98	0.94	0.68	0.59
1925	2.38	2.16	1.61	1.37	1.17	1.17	1.00	0.98	0.68	0.64
1924	2.57	2.09	1.74	1.34	1.23	1.25	1.05	1.16	0.68	0.66
1923	2.82	2.04	1.62	1.39	1.30	1.31	1.07	1.26	0.68	0.70
1922	2.66	1.95	1.58	1.48	1.11	1.32	1.06	1.21	0.69	0.63
1921	2.73	2.00	1.59	1.46	1.16	1.33	1.05	1.20	0.70	0.64
1920	2.54	3.14	1.57	1.56	1.19	1.31	0.99	1.24	0.71	0.62
1919	2.42	2.68	1.50	1.66	1.11	1.23	0.93	1.14	0.68	0.60
1918	2.61	3.69	1.54	1.78	1.25	1.47	1.03	1.29	0.71	0.79
1917	2.31	1.77	1.39	1.57	1.14	1.28	0.86	1.22	0.68	0.66

¹ Differently defined since January 1st, 1923.

4. INFANT MORTALITY.

(a) *Deaths of Children below Five Years of Age, 1917-26.*

Year	Number of deaths	Rate per 1,000 deaths
1917	468,292	390.3
1918	531,835	356.2
1919	474,452	370.1
1920	517,822	364.1
1921	504,054	391.2
1922	492,060	382.4
1923	505,750	379.6
1924	475,615	379.0
1925	461,419	381.1
1926	438,419	377.7

(b) *Deaths of Children below Five Years of Age by Age-Groups and Sex, 1926.*

Age	Number			Rate per 1,000 deaths
	Male	Female	Total	
Under 1 year	156,181	133,093	289,275	659.8
1 year	38,305	36,838	75,143	171.4
2 years	18,139	17,982	36,121	82.4
3 years	11,426	11,754	23,180	52.9
4 to 5 years	7,112	7,588	14,700	33.5
Total	231,163	207,255	438,419 ¹	1,000.0

¹ The figures for the total of males and females do not tally. This is due to the fact that there were some children whose sex was unknown.

(c) *Infant Mortality by Age-Groups, 1926.*

Death occurred	Number of deaths	Rate per 1,000 deaths
Within five days after birth	47,287	163.4
Within five to ten days after birth	25,602	88.5
Within ten to fifteen days after birth	16,945	58.6
Within fifteen days to one month after birth.	Number of days unknown	0.1
days unknown		
Within one to two months after birth	16	0.1
Within two to three months after birth	35,140	121.5
Within three to six months after birth	23,090	79.8
Within six months to one year	43,816	151.5
Number of months unknown	67,564	233.5
	23	0.1
Total	289,275	1,000.0

Infant mortality in 1926 was 137 per 1,000 live births, a decrease of five as compared with the preceding year.

(d) *Principal Causes of Infant Mortality.*

PRINCIPAL CAUSES OF DEATH OF CHILDREN BELOW 5 YEARS OF AGE, 1926.¹

Diseases	Number	Per 1,000 of infantile deaths
Diarrhœa and enteritis	106,135	242.1
Pneumonia and broncho-pneumonia	75,147	171.4
Deformity and congenital debility	70,580	161.0
Meningitis	40,899	93.2
Acute bronchitis	14,798	33.8
Diseases peculiar to infants	13,900	31.7
Measles	9,780	22.3
Deaths from external causes	7,780	17.7
Nephritis	7,297	16.6
Whooping-cough	7,139	16.3
Beriberi	6,977	15.9
Syphilis	4,895	11.2
Peritonitis	2,915	6.6
Diphtheria	2,910	6.6
Diseases of the stomach	2,577	5.9
Pleuritis	2,454	5.6
Organic diseases of the heart	2,041	4.7
Pulmonary tuberculosis	1,992	4.5
Influenza	1,831	4.2
Tuberculosis of the brain and central nervous system	1,631	3.7
Chronic bronchitis	1,218	2.8
Hernia and intestinal occlusion	1,021	2.3

¹ The causes of death from which less than 1,000 deaths occurred were omitted from the above table.

(e) *Deaths of Children according to Legitimacy, 1926.*

DEATHS OF CHILDREN BELOW 5 YEARS OF AGE, 1926.

Year	Legitimate		Illegitimate		Unknown
	Actual figures	%	Actual figures	%	Actual figures
1926	400,616	91.4	37,717	8.6	85

DEATHS OF INFANTS BELOW 1 YEAR OF AGE, 1926.

Year	Legitimate		Illegitimate	
	Actual figures	%	Actual figures	%
1926	258,777	89.5	30,422	10.5

The general infant mortality rate for 1926 was 137 per 1,000 live births. The corresponding rate for legitimate children was 132, and for illegitimate children 204.

II. BUDGET FOR THE FISCAL YEAR OF 1927. (April 1927 to March, 1928.)

1. Expenditure defrayed by the National Treasury :

	Yen
For the Bureau of Health of the Department of Home Affairs	71,110
Contribution to the Office international d'hygiène publique at Paris . .	7,740
Contribution to the Far Eastern Epidemiological Intelligence Bureau of the League of Nations	15,000
For the Health Laboratories	915,179
For the Research Institute of Nutrition	86,474
For expenditure on sanitary measures incurred by local administrative authorities	296,445
For grants for the prevention of notifiable infectious diseases	766,474
For grants for the prevention of leprosy	293,485
For grants for the prevention of tuberculosis	347,600
For grants for the prevention of trachoma	97,516
For grants to lunatic asylums	207,555
For grant for the construction of waterworks	1,450,300
For grants for the construction of sewerage works	169,700
For expenses in connection with the establishment of a National Lepers' Home	7,960
For the establishment of a National Lepers' Home (annual appropria- tion to the total amount of 900,000 yen)	300,000
For the prevention of infectious diseases	1,290,423
For the preparation of medicines and the testing of medical plants	115,340
For investigation into and encouragement of public health measures	68,457
For research work in connection with the control of communicable intestinal diseases and intestinal parasites	21,300
For the prevention of dangers in factories and investigation of the sanitary conditions of factories and mines	51,028
For the purveyance of health insurance benefits and for making provi- sions for the promotion of popular hygiene	28,337,385
For the Insurance Section of the Bureau of Social Work of the Depart- ment of Home Affairs	240,613
For the fund to be handed over to the Health Insurance Unions	1,398,440
Total	36,556,524

2. Expenditure defrayed by public bodies, such as the expenditure on the prevention of infectious diseases, infectious diseases hospitals, isolation wards, hospitals, waterworks and sewerage, the collection and destruction of refuse, on slaughterhouses, cemeteries and crematoria, and on the provision of parks :

	Yen
For sanitary and hospital expenditure in Hokkaido and different prefectures	8,790,147
For sanitary expenditure in cities	88,603,139
For sanitary expenditure in towns and villages	23,441,216
Total	120,834,502
Grand total	157,391,026

III. PUBLIC HEALTH LEGISLATION.

1. Law for the prevention of venereal diseases.
2. Regulations for the control of the importation of meat (Home Department Ordinance No. 4 of January 1927).

Designation of the ports under Article 2 of the regulations for the control of the importation of meat (Home Department Notifications, No. 159 of January 1927 and No. 405 of August 1927).
3. Revision of the by-laws for the enforcement of the law for the prevention of infectious diseases and enactment of regulations for the inspection of substitute disinfectants.
4. Regulations for sanitary inspection of aircraft (Home Department Ordinance No. 37 of August 1927).
5. Notification for the control of morphine, cocaine and salts thereof (drugs referred to in Article 12, paragraph 3, of the Home Department Notification, No. 89 of June 1926 ; revised by the Home Department Notification, No. 153 of October 1926).
6. Law for the improvement of areas occupied by uninhabitable dwelling-houses and its by-laws.
Law for the improvement of areas occupied by uninhabitable dwelling-houses (Law No. 14 of March 1927).
7. By-laws concerning hospitals attached to the universities which render medical service to the health insurance.

IV. SOCIAL ASPECTS OF PREVENTIVE MEDICINE.

1. CAMPAIGN AGAINST EPIDEMIC DISEASES.

Notifiable Diseases.

CASES OF NOTIFIABLE DISEASES AND GERM CARRIERS REPORTED IN 1927.

	January	February	March	April	May	June	July	August	September	October	November	December
Cholera.. ..	1	—	—	—	—	—	—	—	1	—	—	—
Dysentery and "Ekiri" ..	264	258	488	575	1,137	1,995	4,598	5,631	3,789	1,977	897	507
Typhoid fever	1,840	1,425	1,347	1,594	2,033	2,983	3,719	5,186	5,992	4,721	3,489	2,736
Paratyphoid..	146	106	106	107	192	418	621	947	996	564	335	210
Smallpox ..	33	26	28	18	30	34	51	12	2	23	11	82
Typhus ..	2	—	—	—	—	2	1	—	1	—	1	—
Scarlet fever..	389	306	329	368	434	347	256	132	219	368	468	531
Diphtheria ..	1,614	1,561	1,678	1,451	1,308	1,033	629	492	762	1,203	1,559	1,919
Cerebro-spinal meningitis ..	22	23	36	28	34	27	23	40	45	17	19	17
Plague	—	—	—	—	—	—	—	—	—	—	—	—

	Total in 1927	Total in 1926	Cases per 100,000 of population in 1927	Deaths in 1927		Germ carriers in 1927	
				Total	Per 100 cases	Conva- lent carriers	Healthy carriers
Cholera.. ..	2	25	0.00	1	50.00	—	4
Dysentery and "Ekiri" ..	22,116	17,132	3.61	9,791	44.27	33	164
Typhoid fever	37,565	43,912	6.13	7,319	19.48	892	743
Paratyphoid..	4,748	4,425	0.77	505	10.64	195	201
Smallpox ..	350	1,256	0.06	92	26.29	—	—
Typhus ..	7	36	0.00	1	14.29	—	—
Scarlet fever..	4,147	3,319	0.68	219	5.28	—	—
Diphtheria ..	15,209	13,655	2.48	3,677	24.18	21	16
Cerebro-spinal meningitis ..	331	408	0.05	215	64.95	—	31
Plague	—	8	—	—	—	—	—

Cholera.—A case of cholera recorded for January in the above table occurred in a private bacteriological laboratory at Osaka, where a member of the staff was infected by cholera vibrio during his work.

A case of cholera having broken out in Okayama Prefecture in September of the current year, precautionary measures, such as isolation of the patient's family, were taken at once. Due to such precautions, the epidemic was suppressed, although four cholera-carriers were found.

In the middle of June, an outbreak of cholera in Shanghai was reported. Due precautions were at once taken by way of port quarantine, but with the spread of the epidemic, Shanghai was declared cholera-infected on August 8th, and vessels arriving from that port were subjected to rigorous measures. On October 26th, the interdiction against the port was removed.

Measles and Whooping-cough.—Only the normal seasonal and local cases of an epidemic character have occurred, as is the case every year.

Influenza.—Sporadic cases of mild influenza, hardly distinguishable from ordinary cold, occurred in January, February and March all over the country; but, with the advent of warmer weather, the epidemic abated by degrees, and by August it had almost disappeared.

Encephalitis epidemica.—There were 860 cases and 596 deaths during the year, and the seasonal and geographical distribution of the disease were almost identical with those of the preceding year.

Hyogo Prefecture was the most affected (319), followed by Okayama (269), Kagawa, Kyoto. The disease was at its height in August and September; in November it had almost disappeared.

Rabies.—The total number of cases of rabies was 21. The districts returning the largest numbers of cases were Osaka, Tokio, and Kanagawa Prefectures; seven other prefectures each reported only one case.

Rabid dogs reported this year totalled 1,083, showing a decrease of 769 as against the total for the preceding year. Prefectures where the largest number of rabid dogs were found were Osaka (339), Kanagawa (236), Tokio (188) and Kyoto (94). Twenty-three prefectures were entirely free from rabid dogs.

On the whole, the disease was most prevalent in the prefectures in which large cities are situated, as was the case the preceding year.

Investigation for the Improvement of Privies.—Since 1925, various experiments have been made for the purpose of the improvement of privies at a research laboratory constructed in the town of Omiya, near Tokio. Having succeeded in devising a certain type of improved privy, this was installed this year at thirteen different rural districts to be practically tested under the supervision of local health officials.

2. CAMPAIGN AGAINST SOCIAL DISEASES.

(a) Tuberculosis.

TUBERCULOSIS DEATH RATE IN JAPAN, 1925-26 (PER 10,000 OF POPULATION).

Year	Tuberculosis (all forms) death rate	Pulmonary tuberculosis death rate
1925	19.40	13.65
1926	18.68	13.27

TUBERCULOSIS DEATH RATE FOR SIXTEEN CITIES WITH A POPULATION OF NOT LESS THAN 100,000 (PER 10,000 OF POPULATION).

Year	Tuberculosis (all forms) death rate	Pulmonary tuberculosis death rate
1925	26.08	18.59
1926	24.79	17.83

In accordance with the Law for the Prevention of Tuberculosis, the prefectures carry out medical examinations of persons engaged in occupations favouring the spread of the disease and of those living or working in places where the spread of the disease is feared. The results of examinations in the last two years were as follows :

Year	Number of persons examined	Number of notified patients	Rate of patients per 1,000 persons examined
1925	1,177,425	587	0.51
1926	1,201,509	518	0.43

Tuberculous persons engaged in occupations which, by their nature, favour the spread of the disease are compelled to give them up. Financial aid is extended to them and those unable to pay the cost of treatment are placed, as a preventive measure, in a tuberculosis sanatorium by order of the local governor. The number of persons thus aided and the amounts spent were as follows :

Year	In receipt of daily financial aid		Total amount of aid given (Yen)
	Actual number receiving relief	Total number of days	
1925	38	6,513	3,282.69
1926	89	4,626	3,458.65

The number of tuberculosis clinics established for the purpose of early diagnosis is as follows :

	Number of public and private tuberculosis clinics				Persons examined			Medical personnel employed
	Established by cities, towns and villages	Established by the Japanese Association for the Prevention of Tuberculosis	Established by other bodies	Total	Paying	Free	Total	
End of March, 1926	4	1,208	148	1,360	8,957	31,304	40,261	1,405
End of March, 1927	4	1,273	202	1,479	3,394	26,733	30,127	1,458

The Minister for Home Affairs may order cities with a population of not less than 50,000 and, in case he deems it necessary, other public organisations to establish sanatoria for the admission of tuberculosis patients who are unable to pay the cost of treatment. The number of sanatoria thus established by order of the Minister for Home Affairs up to the end of 1927 was ten, with 2,099 beds.

In 1927, the National Treasury granted subsidies amounting to 347,600 yen to prefectures and other public organisations for work in connection with the prevention of tuberculosis.

(b) *Malaria.*

Malaria in Japan proper, except the district of Okinawa, is due to *Plasmodium vivax*, and its character is rather mild.

Tropical malaria prevails only in the district of Okinawa, and even there the death rate from malaria is not very high.

NUMBER OF DEATHS FROM MALARIA IN OKINAWA PREFECTURE, 1922-26.

Year	Deaths	Male	Female	Per 100,000 of population
1922	42	29	13	7.13
1923	46	31	15	7.70
1924	35	25	10	5.78
1925	43	24	19	7.71
1926	117	73	44	20.89

Blood tests carried out in 1926 on 765 persons in three villages at Miyako Island (Okinawa Prefecture) showed plasmodium in 273 (35.56 per cent) cases, of which 142 (18.56 per cent) were *Plasmodium vivax*, 68 (9.02 per cent) *Plasmodium immaculatum* and 59 (7.71 per cent) *Plasmodium malarix*.

In comparison with the number of plasmodium carriers, the ratio of *Plasmodium vivax* carriers was 52.01 per cent, that of *Plasmodium immaculatum* carriers, 24.91 per cent, and of *Plasmodium malarix*, 21.61 per cent.

Patients and carriers are given the normal dose of hydrochloride of quinine for the first week, the dose for an adult being 0.7 gramme per day, to be taken three times a day. After this three days of rest and three days of quinine are repeated alternately until cured.

(c) *Cancer.*

The death rate from cancer has remained almost stationary during the last ten years (1917-26), there being only a slight oscillation between 6.7 and 7.1 per 10,000 of population.

NUMBER OF DEATHS FROM CANCER IN 1925-26.

Year	Male	Female	Total
1925	20,562	20,031	40,593
1926	20,935	20,381	41,316

DEATHS FROM CANCER PER 1,000 OF TOTAL DEATHS.

Year	Male	Female	Total
1925	33.1	34.0	33.5
1926	35.1	36.2	35.6

NUMBER OF DEATHS FROM CANCER, ACCORDING TO THE ORGANS AFFECTED.

Organs affected	1926			1925		
	Male	Female	Total	Male	Female	Total
Mouth and throat	703	298	1,001	776	291	1,067
Stomach and liver (including oesophagus)	15,965	9,913	25,874	17,180	10,439	27,619
Peritoneum, intestines and rectum	1,141	1,204	2,345	1,224	1,133	2,357
Female genital organs	—	6,711	6,711	—	6,624	6,624
Breasts	—	646	646	—	644	644
Skin	148	123	271	127	96	223
Other internal organs	1,318	838	2,156	1,255	804	2,059
Total	19,271	19,733	39,004	20,562	20,031	40,593

(d) Venereal Diseases.

DEATH-RATE FROM SYPHILIS, CONGENITAL SYPHILIS AND DORSAL TABES IN 1925-26
(PER 100,000 OF POPULATION).

	1925	1926
Syphilis	11.7	11.9
Congenital syphilis	7.3	7.1
Dorsal tabes	2.0	1.9

CASES OF VENEREAL DISEASES AMONG CONSCRIPTS, 1925-26.

Year	Number of conscripts examined	Number suffering from			
		Syphilis	Gonorrhœa	Soft chancre	Total
1925	526,571	1,002	4,689	1,565	7,256
1926	524,103	1,142	4,270	1,492	6,904

CASES OF VENEREAL DISEASES AMONG PROSTITUTES, 1925-26.

Year	Number of prostitutes examined	Number suffering from			
		Syphilis	Gonorrhœa	Soft chancre	Total
1925	3,174,994	3,984	35,269	15,655	54,908
1926	3,136,738	4,364	37,909	20,077	62,350

NUMBER OF LOCK HOSPITALS FOR LICENSED PROSTITUTES, 1925-26.

Year	Number of lock hospitals	Number of beds	Number of admissions	Prostitutes admitted in accordance with the provisions of Administrative Enforcement Law.
1925	149	5,476	994,609	10,547
1926	149	5,609	1,015,030	25,189

Arrangements are being made for the enforcement of the Law for the Prevention of Venereal Diseases, promulgated in April 1927 as Law No. 47.

(e) *Alcoholism.*

NUMBER OF DEATHS FROM ALCOHOLISM, 1925-26.

Year	Sex	Number of deaths	Per 100,000 of population	Rate for each sex per 100,000 of population
1925	Male	432	0.72	1.44
	Female.. ..	26	0.04	0.09
1926	Male	347	0.57	1.14
	Female.. ..	16	0.03	0.05

The number of temperance societies in Japan in 1927 reached 418, showing an increase of 104 compared with the preceding year. Their membership increased by 12,140, the total aggregating 121,265. The largest and most important is the National Temperance League of Japan, comprising 348 societies, with 31,000 members. The expenditure of this League, for 1926, amounted to 26,000 yen, and the Government's grant was 900 yen. There is also the Loyal Temperance Legion, with 32,000 members, attached to the Women's Christian Temperance Union of Japan. Its expenditure for 1926 reached 15,000 yen. In addition, there are the Intercollegiate Prohibition Association of Japan and the Aoki Temperance Reform Foundation. The former is a temperance league of 5,600 students of 48 universities, colleges and higher-grade schools.

V. CURATIVE MEDICINE.

1. HOSPITALS.

NUMBER OF HOSPITALS¹ AND BEDS AT THE END OF 1926.

	Established by public bodies			Established by private bodies			Grand total
	Ordinary	Charity	Total	Ordinary	Charity	Total	
Number of hospitals ..	80	5	85	1,749	23	1,772	1,857
Number of beds for :							
Epidemics	434	—	434	2,913	5	2,918	3,352
Tuberculosis	114	—	114	2,064	91	2,155	2,269
Mental diseases ..	361	—	361	5,564	15	5,579	5,940
Other diseases ..	7,805	556	8,361	46,187	1,627	47,814	56,175
Total number of beds ..	8,714	556	9,270	56,728	1,738	58,466	67,736

¹ * Excepting those established by the central Government, those for epidemic diseases, those for the treatment of licensed prostitutes and all private hospitals with less than ten beds.

NUMBER OF PATIENTS TREATED IN 1926.

In Public Hospitals,

In-patients 75,737 Out-patients.. . . . 844,591

In Charity Hospitals,

In-patients 21,275 Out-patients.. . . . 161,687

DISTRIBUTION OF HOSPITALS IN THE VARIOUS CITIES AND RURAL DISTRICTS
ACCORDING TO THE NUMBER OF THEIR BEDS, 1926.

Number of beds	Cities	Rural districts	Total
10-29	624	583	1,207
30-49	173	129	302
50-99	105	58	163
100 and more ..	52	25	77
Total.. . . .	954	795	1,749

DISTRIBUTION OF HOSPITALS IN THE VARIOUS CITIES AND RURAL DISTRICTS
ACCORDING TO THE DISEASES TREATED, 1926.

Hospitals	Cities	Rural districts	Total
General	417	603	1,020
For internal medicine	122	58	180
For the insane .. .	27	21	48
Surgical	100	26	126
Pediatric	32	4	36
Ophthalmological ..	67	35	102
Obstetrical and gy- næcological	108	36	144
For skin, venereal and genito-urinary diseases	31	8	39
For oto-rhino-laryn- gology	49	4	53
Dentistry	1	—	1
Total.. . . .	954	795	1,749

The category "General hospitals" includes all those in which more than two of the above-mentioned groups of diseases are treated.

EPIDEMIC HOSPITALS AT THE END OF 1925 AND 1926.

Year	Number of hospitals	Number of beds	Number of isolation wards	Number of beds
1925	1,462	26,999	7,865	74,195
1926	1,401	27,174	7,744	72,854

HOSPITALS FOR LICENSED PROSTITUTES AT THE END OF 1925 AND 1926.

Year	Number of hospitals	Number of beds
1925	149	5,476
1926	149	5,609

2. SANATORIA.

In 1927, there were 15 *public sanatoria for the treatment of tuberculosis*, with a total of 2,149 beds, showing an increase of one sanatorium and 184 beds.

The number of *public hospitals for the insane* in 1927 was 7, with 11,921 beds, and that of private hospitals for the insane, 66, with 7,271 beds.

The number of *public leper hospitals* remained stationary in 1927 (5), although the number of their beds increased by 27, making a total of 507.

3. DISPENSARIES.

In March 1927, there were two public and 1,475 privately managed dispensaries for the early diagnosis of tuberculosis, showing a decrease of two in the former and an increase of 119 in the latter since 1926. The number of physicians in the service of these institutions was 1,458.

In 1927, dispensaries for trachoma under the management of cities, towns and villages numbered 1,558, while prefectural and private institutions of the same kind numbered 5 and 124 respectively. Compared with the figures for the preceding year, there was an increase in the number of institutions managed by cities, towns and villages of 148, and in private ones of 56, while there was no change in the number of institutions maintained by prefectures. The number of physicians engaged in the examination and treatment of patients in these institutions was 1,415.

At the end of 1927, there were also 219 maternity and child-welfare centres in Japan.

4. PHARMACIES.

The number of persons trading in medicines at the end of 1926 was as follows :

Pharmacists	8,333
Druggists	28,706
Manufacturers of medicines	2,367

In addition to the above, the number of hospitals, physicians, dental surgeons and veterinary surgeons who keep their own pharmacies and prepare medicines for the use of their own patients was 90,919.

The number of places visited by travelling medicine inspectors reached 27,664, and the number of places where improper medicines were discovered was 8,432, of which 342 cases were punished.

5. NUMBER OF MEDICAL PRACTITIONERS, DENTAL SURGEONS, PHARMACISTS, MIDWIVES, NURSES AND OTHER HEALTH PERSONNEL.

1. *Medical Practitioners.*

	Total number	Number per 10,000 of population
End of 1925	45,326	7.59
End of 1926	45,900	7.58
Increase (+) or decrease (—)	+ 574	— 0.01

2. *Dental Surgeons.*

	Total number	Number per 10,000 of population
End of 1925	11,392	1.91
End of 1926	12,548	2.07
Increase	1,156	0.16

3. *Pharmacists.*

	Total number	Number of medical practitioners per pharmacist
End of 1925	13,569	3.34
End of 1926	14,826	3.10
Increase (+) or decrease (—)	+ 1,257	— 0.24

4. *Midwives.*

	Total number	Number per 10,000 of population
End of 1925	42,877	7.18
End of 1926	44,776	7.40
Increase	1,899	0.22

5. *Number of Nurses.*

	Total number
End of 1925	44,105
End of 1926	47,980
Increase	5,021

6. *Number of Persons engaged in Acupuncture, Moxa-cauterisation, and Massage.*

	Acupuncture	Moxa-cauterisation	Massage
End of 1925	5,247	4,707	34,220
End of 1926	4,951	4,445	33,768
Decrease	296	262	452

VI. PUBLIC HEALTH ACTIVITIES.

1. PUBLIC HEALTH EDUCATION.

Health propaganda of the Home Department and of the local governments consist in :

1. *Publication and Distribution of Pamphlets.*

By the end of 1927, 18 pamphlets in 2,500,000 copies had been distributed by the Home Department.

The pamphlets published by the local governments in 1925 numbered some 265,000 copies and 17.5 millions of posters and leaflets.

2. *Manufacture and Screening of Cinema Films.*

The Home Department has prepared 18 cinema films dealing with the prevention of infectious diseases, child welfare and physical culture. These films are loaned to the local governments or sold at cost price.

3. *Lecture Courses.*

Lecture courses on various problems of public health are organised for local government officials, social workers, teachers and physicians. In 1927, a lecture course on maternity and child welfare was held. In 1925, lectures arranged by the local governments numbered about 800, and 127,000 persons attended the course.

4. *Exhibitions.*

In Tokio, a Children's Health Exhibition was organised in 1920, and the material displayed there was loaned to all local governments.

2. PHYSICAL EDUCATION.

Athletic sports are becoming increasingly popular.

At the end of 1927, the playgrounds of Japan numbered 720, being an increase of 287 since 1925.

3. PROTECTION OF INFANTS AND CHILDREN.

The number of deaths of infants and children in Japan in recent years was about 500,000 annually, representing some 40 per cent of the total number of deaths.

Following special investigations into infantile mortality, the Home Department induced local governments to establish child welfare centres and started educational propaganda work among the general public concerning maternity and child welfare by means of publications, lecture courses, exhibitions, etc.

The centres for maternity and child welfare in 1927 were as follows :

Infant Welfare Centres	69
Child Welfare Centres	102
Maternity Centres	48
Midwives employed by the Government	239
Visiting Midwives	48
Lying-in Hospitals	53
Midwives' Training-Schools	172
Milk Plant	1
Hospitals for Infants	11
Permanent Facilities for Sickly Children	15

4. WATER SUPPLY.

The number of permits granted for constructing waterworks during 1927 were 30. This number comprises 2 cities and 27 towns and villages. There is a tendency of late to derive the source of waterworks from the underground current of a river. This source of water, being roughly filtrated by the gravel strata, is less liable to turbidity and contamination.

EXTENSION OF WATERWORKS IN 1927.

Character of locality	Number of places authorised to construct waterworks in 1927	Number of places authorised to construct waterworks up to 1926	Total	Percentage of extension
Cities	2	69	71	70.00 %
Towns or villages	27	151 174 ¹	178 202	
Other than cities, towns or villages	1	29 38 ¹	30 38 ¹	2.34 %
Total	30	249	279	

5. SEWERAGE.

In 1927, new permits to construct sewers were granted to two cities and one town. Up to the end of 1926, this authorisation had been granted to twenty-two cities and four towns.

¹ Shows the number of towns and villages embraced in the area of water supply.

6. HOUSING.

NUMBER OF HOUSES UNDER CONSTRUCTION OR WHOSE CONSTRUCTION IS UNDER CONSIDERATION WITH LOANS ADVANCED BY THE GOVERNMENT AT A LOW RATE OF INTEREST DURING 1926.

Kinds	Number of houses to be built	Total amount advanced by the Government in Yen
Houses under public management to be built by cities, towns and villages	589	1,177,000
Houses to be built by housing associations	2,413	4,825,000
Houses to be built by industrial associations,	382	764,000
Total	3,384	6,766,000

With a view to improving congested slums, the Law No. 14, 1927, was promulgated.

7. MILK SUPPLY.

Of late, the number of farmers who keep one or two milch cows as a subsidiary to farming increased and this, coupled with the growing supply by the milk trader, has tended to augment the amount of cow's milk produced in the country.

With regard to the improvement of the quality of the milk, local government authorities periodically inspect dairy farms, cows and farm products and instruct those interested by lectures, posters and pamphlets. The milk traders themselves are now also awake to the necessity of the said improvement, and in certain districts they have formed professional associations for the attainment of this purpose.

The distribution of milk in Japan has hitherto been made through small retailers scattered in large numbers throughout the country. In urban districts, however, the collection and distribution of milk are managed scientifically.

The milk now supplied is almost all pasteurized before delivery.

DATA CONCERNING MILK PRODUCTION.

<i>Cow's Milk:</i>	1925	1926
Number of Dairies	5,750	6,012
Number of Milch Cows	48,149	49,955
Amount of Milk extracted (in litres).. .. .	77,514,428	85,582,373
Number of Milk Traders	9,468	10,350

<i>Goat's Milk:</i>	1925	1926
Number of Dairies	204	209
Number of Milch Goats	2,717	2,544
Amount of Goat's Milk extracted (in litres)	437,100	443,776
Number of Traders in Goat's Milk	202	209
 <i>Milk Products:</i>		
Number of Manufacturers	46	39
Amount of Condensed Milk manufactured ..	20,518,284	19,984,013
Amount of Condensed Skim Milk manufactured	271,520	640,378
Amount of Powdered Milk manufactured ..	1,274,472	1,118,644

8. HEALTH INSURANCE.

The total number of insured persons on September 30th, 1927, was 1,925,978 of whom 1,149,568 came under the control of the Government and 776,410 under that of the Health Insurance Unions.

The medical agencies for State health insurance are the national associations of physicians, dental surgeons, and pharmacists, with whom the Government has entered into contracts for medical service. The rates of remuneration are based on a *per capita* system, the physician receiving 7.43 yen per insured person per year. At the end of December 1927, 33,646 physicians, or about 80 per cent of the total number, were health insurance doctors. The dental surgeon's remuneration now rests on a fixed basis. The number of dental surgeons engaged in the medical attendance of insured persons on December 31st, 1927, was 7,348, or some 70 per cent of the total number of dentists. The contract rates of remuneration to pharmacists also rest on a fixed basis. At the end of 1927, there were 6,686 health insurance pharmacists, representing some 50 per cent of the total number of pharmacists.

The medical service organisations of the Health Insurance Unions vary slightly, but are in the main the same as those of the State insurance service. At the end of 1927, 27 public hospitals rendered medical services to the insured under Government control.

9. CONTROL OF FOODSTUFFS.

The quantity of meat imported from abroad and from overseas dominions has been gradually increasing during several years past. The absence of any control over imported meat having been considered dangerous, regulations for the Control of Importation of Meat were enacted in January 1927, whereby no meat can be imported unless it has passed an inspection at the port of origin designated.

CONTROL OF FOODSTUFFS (1926).

		Number of Examinations		Cases classified by manner of disposition		
		Total	Condemned	Destroyed (inclusive of voluntary destruction)	Disposed of in hygienically safe way	Not disposed of or impossible to dispose of
Milk and milk foods	{Cow's milk ..	57,857	2,401	1,165	248	988
	{Goat's milk ..	745	49	47	—	2
	{Milk foods ..	902	28	16	11	1
Ice and snow	{Natural ice ..	1,190	53	25	28	—
	{Artificial ice ..	1,043	71	57	10	4
	{Snow	22	7	2	5	—
Liquours	{Saké	67,936	995	531	329	135
	{Wine	3,456	49	44	3	2
	{Other	13,868	657	539	111	7
Refreshing drinks	{Lemonade	29,956	7,117	6,752	153	212
	{“Lamne”	100,845	18,848	17,034	1,151	661
	{Soda water	4,480	1,019	938	63	18
	{Syrup	86,020	8,284	7,913	116	255
	{Mineral waters	6,868	1,669	1,480	54	135
Cakes	101,105	2,342	1,245	1,029	68	
Canned foods ..	28,578	313	276	14	23	
Meat	{Ox	88,926	584	182	352	50
	{Horse	5,816	119	119	—	—
	{Pig	12,117	1,649	1,647	2	—
	{Other	2,744	44	28	16	—
Other beverages and comestibles	{Soy	20,417	1,081	940	31	110
	{Vinegar	6,015	38	16	20	2
	{Other	117,523	3,677	3,372	58	247
Eating and drinking utensils	{Enamelled ware	2,141	313	63	249	1
	{Other metallic ware	14,225	2,379	130	2,221	28
	{Porcelain and earthenware ..	11,682	4,852	276	4,411	65
	{Other	532	22	6	16	—
Toys	1,101	42	34	6	2	
Toilet articles ..	274	40	13	24	3	
Paints	1,644	38	17	18	3	
Antiseptics	953	187	102	3	82	
Sundries	28,466	4,756	539	163	4,054	
Total	819,447	63,721	45,648	10,915	7,158	

RESULTS OF CONTROL OVER SLAUGHTER-HOUSES (1926).

	Ox	Calf	Sheep	Pig	Horse	Total
Number slaughtered.. . . .	275,799	22,274	1,624	574,948	72,770	947,415
Number of prohibitions ..	130	11	—	62	225	428
Carcases condemned as totally unfit for consump- tion..	191	8	—	144	66	409
Carcases portions of which were condemned	4,831	174	4	5,013	3,105	13,127
Carcases the viscera of which were condemned..	57,984	1,000	83	267,036	10,702	336,805

June 1928.

LATVIA

BY

Professor E. FEHRMANN and Dr. E. DARZINE (Riga).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION¹ ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1920 AND 1925.

Original sources : (1) *Statistical Year-Book of Latvia*²; (2) Second Census of the population of Latvia, taken in February 10th, 1925³.

Date of census	Area in square kilometers	Present population		
		Males	Females	Total
1	2	3	4	5
February 10th, 1925 ²	65,791	859,957	984,848	1,844,805
June 14th, 1920 ³	65,684	721,927	874,204	1,596,131
Increase (+) (—) in 1925 as compared with 1920 :				
(a) Actual	+ 107	+ 138,030	+ 110,644	+ 248,674
(b) Average for the years 1920-25		+ 27,606	+ 22,129	+ 49,735
(c) Average for the years 1920-25 per 1,000 inhabitants (average population during the intercensus period).. ..		+ 34.9%	+ 23.8%	+ 28.9%

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER, ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1920 AND 1925.

Original source: Second Census of the Population of Latvia, February 10th, 1925.

Year of last two censuses	Number of inhabitants per square kilometer, calculated according to the present population	Excess of females over males	
		Present population	
		Actual figures	Per 1,000 males
1	2	3	4
1925	28.2	+ 124,891	1,145
1920	24.3	+ 152,277	1,210
Increase (+) or decrease (—) in 1925 as compared with 1920 ..	+ 3.9	— 27,386	— 65

¹ Resident population, figures not available.
² Published by the State Statistical Office.
³ Year of last census.
⁴ Year of previous census.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE LAST CENSUS¹ (1925).

Original source : Second Census of the Population of Latvia, February 10th, 1925.

A. Actual Figures.

Ages and age-groups in years	1925 Census. Present population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	19,219	18,459	—	37,678
1	17,025	16,521	—	33,546
2	16,434	15,799	—	32,233
3	15,887	15,071	—	30,958
4	13,616	13,180	—	26,796
0-4	82,181	79,030	—	161,211
5-9	56,939	56,463	—	113,402
10-14	85,803	86,498	—	172,301
15-19	89,000	90,638	2,142	179,638
20-24	80,616	90,741	22,741	171,357
25-29	56,042	83,337	42,739	139,379
30-34	54,635	70,162	44,564	124,797
35-39	52,945	67,654	45,946	120,599
40-44	54,990	62,911	43,575	117,901
45-49	53,098	60,467	40,263	113,565
50-54	52,910	54,879	34,009	107,789
55-59	39,729	45,180	25,253	84,909
60-64	37,564	44,511	21,575	82,075
65-69	23,752	30,691	12,064	54,443
70-74	17,302	23,502	7,134	40,804
75-79	8,646	13,325	3,039	21,471
80-84	4,568	7,598	1,316	12,166
85-89	1,698	2,949	410	4,647
90 years and over	960	1,871	257	2,831
Age unknown	6,579	12,441	4,224	19,020
Total	859,957	984,848	351,251	1,844,805

¹ Estimative figures not available.

Table No. 3 (concluded).

B. Proportional Figures.

Ages and age-groups in years	1925 Census. Present population						
	Males	Females	Males	Females	Total	Married women	
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)
	Male	Female					
1	2	3	4	5	6	7	8
0	22.35	18.74	10.42	10.01	20.43	—	—
1	19.79	16.78	9.23	8.96	18.19	—	—
2	19.11	16.04	8.91	8.56	17.47	—	—
3	18.47	15.30	8.61	8.17	16.78	—	—
4	15.84	13.38	7.38	7.14	14.52	—	—
0-4	95.56	80.24	44.55	42.84	87.39	—	—
5-9	66.22	57.33	30.89	30.61	61.50	—	—
10-14	99.77	87.83	46.50	46.89	93.39	—	—
15-19	103.50	92.03	48.24	49.13	97.37	23.6	1.16
20-24	93.74	92.14	43.70	49.19	92.89	250.6	12.33
25-29	65.17	84.63	30.38	45.17	75.55	512.5	23.17
30-34	63.54	71.24	29.61	38.03	67.64	635.2	24.16
35-39	61.56	68.69	28.70	36.67	65.37	679.1	24.91
40-44	63.94	63.88	29.81	34.10	63.91	692.6	23.62
45-49	61.75	61.40	28.78	32.78	61.56	665.9	21.83
50-54	61.52	55.72	28.68	29.75	58.43	631.2	18.86
55-59	46.20	45.88	21.53	24.49	46.02	558.9	13.69
60-64	43.68	45.20	20.36	24.13	44.49	484.7	11.69
65-69	27.63	31.16	12.86	16.64	29.50	393.1	6.54
70-74	20.12	23.86	9.38	12.74	22.12	303.6	3.87
75-79	10.05	13.53	4.69	7.22	11.91	228.1	1.65
80-84	5.31	7.72	2.48	4.12	6.60	173.2	0.71
85-89	1.97	2.99	0.92	1.60	2.52	139.0	0.22
90 and over ..	1.12	1.90	0.52	1.01	1.53	137.4	0.14
Age unknown ..	7.65	12.63	3.57	6.74	10.31	340.0	2.29
Total	1,000.00	1,000.00	466.15	533.85	1,000.00	460.4	190.84

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927¹.Original source : *Statistical Year-Book of Latvia.*

Year	Average population (in 1,000's) on January 1st of the following year	Marriages	Divorces ²	Live born children	Still-born children ³	Deaths (excluding still-births)	Excess of births (col. 5) over deaths
1	2	3	4	5	6	7	8
A. Actual Figures.							
1922.. ..	1,886	15,619		41,146		27,553	13,593
1923.. ..	1,910	15,636		41,796		26,080	15,715
1924.. ..	1,845 ³	15,554		41,172	473	28,399	12,773
1925.. ..	1,857	15,149		41,314	483	27,683	13,631
1926.. ..	1,871	15,439		41,073	488	27,557	13,515
Average : 1922-26 ..	1,874	15,479		41,408		27,454	13,944
1927.. ..	1,883	15,531		41,610	574	28,941	12,699
B. Proportional Figures per 1,000 of Population..							
1922.. ..		8.28		21.82		14.61	7.21
1923.. ..		8.19		21.89		13.66	8.23
1924.. ..		8.42		22.32		15.39	6.93
1925.. ..		8.16		22.25		14.91	7.34
1926.. ..		8.25		21.96		14.73	7.23
Average : 1922-26 ..		8.26		22.04		14.65	7.45
1927.. ..		8.25		22.10		15.37	6.73

¹ Emigration figures not available.² No data are available concerning divorces.³ Data regarding still-births, as supplied by the Registrars' offices, are incomplete.⁴ Figures of the Census of February 10th, 1925.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.

Original source : *Statistical Year-Book of Latvia.*

Provinces	Population on January 1st of the following year (in 1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
1. Riga (town) ..	339	339	4,977	4,942	14.42	14.58
2. Livonia	407	408	6,843	6,927	16.83	17.00
3. Courlande ..	290	291	5,604	5,545	19.33	19.04
4. Zemgale	279	281	5,917	5,819	21.19	20.73
5. Latgale	556	564	17,732	18,377	31.90	32.54
Total for towns and for Rural Dis- tricts	1,871	1,883	41,073	41,610	21.96	22.10

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY¹, 1922 TO 1927.Original source : *Statistical Year-Book of Latvia.*

Year	Live births			Excess of male births per 100 female births, among live-born children
	Boys	Girls	Total	
1	2	3	4	5
1922	21,445	19,701	41,146	108.85
1923	21,735	20,061	41,796	108.34
1924	21,047	20,125	41,172	104.58
1925	21,274	20,040	41,314	106.16
1926	21,038	20,035	41,073	105.01
Average : 1922-26 .. .	21,308	20,002	41,300	106.58
1927	21,636	19,974	41,610	108.22

¹ No data are available concerning still-births.

Table No. 7.*

BIRTHS AND ABORTIONS IN 1927.

Original source : Data supplied by the Department of Public Health.

A. Actual Figures.					B. Proportional Figures.			
Year	Average population (in 1,000's)	Children		Abortions notified	Year	Children per 1,000 of population		Total abortions notified per 1,000 of population
		Live born	Still-born			Live born	Still-born	
1	2	3	4	5	1	2	3	4
1927 ..	1,877	41,610		1,462	1927 ..	22.17		0.78

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS FOR THE YEARS 1922 TO 1927.

Original source : *Statistical Year-Book of Latvia.*

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live born	Still-born ¹	Total	Live born	Still-born ¹	Total	Live born	Still-born ¹	Total
1	2	3	4	5	6	7	8	9	10
1922	39,239			1,907			41,146		
1923	39,472			2,324			41,796		
1924	38,560	408		2,612	65		41,172	473	
1925	38,520	395		2,794	88		41,314	483	
1926	38,158	405		2,915	83		41,073	488	
Average : 1922-26	38,790			2,510			41,300		
1927	38,332	464		3,278	110		41,610	574	

B. Proportional Figures.

Year	Illegitimate children per 1,000 births	Live-born children per 1,000 population on January 1st of the following year		
		Live born ¹	Legitimate	Illegitimate	Total
1	2	3	4	5
1922	46.35	20.81	1.01	21.82
1923	55.60	20.67	1.22	21.89
1924	63.44	20.90	1.42	22.32
1925	67.63	20.74	1.51	22.25
1926	71.07	20.40	1.56	21.96
Average : 1922-26	60.77	20.70	1.34	22.04
1927	78.78	20.36	1.74	22.10

¹ Data regarding still-births are incomplete.

Table No. 9.*

MONTHLY NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1925 TO 1927.

Original source : *Statistical Year-Book of Latvia.*

Month	Actual figures for live-born children					
	1925		1926		1927	
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
1	2	3	4	5	6	7
January .. .	3,595	257	3,589	233	3,669	269
February .. .	3,107	233	3,156	227	3,236	261
March .. .	3,325	247	3,456	290	3,631	337
April .. .	3,201	237	3,152	243	3,329	267
May .. .	3,110	210	3,076	240	3,289	287
June .. .	3,042	206	2,991	253	3,056	273
July .. .	3,181	257	3,113	239	3,126	313
August .. .	3,173	246	3,053	255	3,110	239
September .. .	3,125	233	3,183	222	3,068	260
October .. .	3,151	233	3,142	232	2,916	260
November .. .	3,344	221	3,191	260	2,950	262
December .. .	3,166	214	3,056	221	2,952	250
Total .. .	38,520	2,794	38,158	2,915	38,332	3,278
Live-born children (legitimate and illegitimate together)						
Actual figures			Rate per 1,000 of average population (calculated on an annual basis)			
1925	1926	1927	1925	1926	1927	
8	9	10	11	12	13	
January .. .	3,852	3,822	3,938	2.07	2.04	2.09
February .. .	3,340	3,383	3,497	1.81	1.81	1.86
March .. .	3,572	3,746	3,968	1.92	2.00	2.11
April .. .	3,438	3,395	3,596	1.85	1.82	1.91
May .. .	3,320	3,316	3,576	1.79	1.77	1.90
June .. .	3,248	3,244	3,329	1.75	1.73	1.77
July .. .	3,438	3,352	3,439	1.85	1.79	1.83
August .. .	3,419	3,308	3,349	1.84	1.77	1.78
September .. .	3,358	3,405	3,328	1.81	1.82	1.77
October .. .	3,384	3,374	3,176	1.82	1.81	1.68
November .. .	3,565	3,451	3,212	1.92	1.84	1.70
December .. .	3,380	3,277	3,202	1.82	1.76	1.70
Total .. .	41,314	41,073	41,610	22.25	21.96	22.10

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.

Original source : *Statistical Year-Book of Latvia.*

Provinces and towns	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
Latvia .. .	27,557	28,941	14.73	15.37	- 0.18	+ 0.64
1. Riga (town)	4,583	4,763	13.28	14.05	- 0.20	+ 0.77
2. Livonia ..	5,877	6,098	14.45	14.96	+ 0.62	+ 0.51
3. Courlande ..	4,128	4,208	14.24	14.45	+ 0.95	+ 0.21
4. Zemgale ..	4,297	4,307	15.39	15.34	+ 0.86	- 0.05
5. Latgale ..	8,672	9,565	15.60	16.94	- 2.02	+ 1.34

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1927.

Original source : *Statistical Year-Book of Latvia.*

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of population of same sex		Difference (+ or -) between male and female death rates (Difference between Columns 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922 .. .	1,886		14,444	13,109			
1923 .. .	1,909		13,773	12,307			
1924 .. .	860	985	15,175	13,224	17.89	13.42	+ 4.47
1925 .. .	866	991	14,519	13,164	16.77	13.28	+ 3.49
1926 .. .	872	998	14,540	13,017	16.67	13.04	+ 3.63
Average : 1924-26 .. .	866	991	14,745	13,135	17.03	13.25	+ 3.78
1927 .. .	879	1,004	15,068	13,873	17.14	13.82	+ 3.32

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925, 1926 AND 1927.

Original sources : (1) *Statistical Year-Book of Latvia*; (2) Second Census of the population of Latvia, February 10th, 1925.

A. Actual Figures.

Ages and age-groups	Total deaths								
	1925			1926			1927		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8	9	10
0	2,510	1,920	4,430	2,019	1,590	3,609	2,242	1,740	3,982
1-4	1,232	1,089	2,321	1,035	827	1,862	1,080	959	2,039
0-4	3,742	3,009	6,751	3,054	2,417	5,471	3,322	2,699	6,021
5-9	236	230	466	252	197	449	289	217	506
10-14	261	252	513	198	190	380	216	184	400
15-19	347	337	684	339	333	672	354	383	737
20-24	545	439	984	537	451	988	547	454	1,001
25-29	399	435	844	375	446	821	403	434	837
30-34	341	389	730	334	355	689	342	390	732
35-39	347	369	716	392	358	750	435	328	763
40-44	441	378	819	479	373	852	484	377	861
45-49	629	410	1,039	586	442	1,028	599	452	1,051
50-54	843	516	1,359	846	571	1,417	856	527	1,383
55-59	872	590	1,462	895	603	1,498	963	628	1,591
60-64	1,198	859	2,056	1,235	893	2,128	1,274	940	2,214
65-69	1,033	936	1,969	1,276	969	2,245	1,267	1,076	2,343
70-74	1,097	1,111	2,208	1,232	1,159	2,391	1,191	1,305	2,496
75-79	889	1,030	1,919	1,016	1,151	1,167	1,046	1,281	2,327
80-84	625	878	1,503	710	985	1,695	763	1,065	1,828
85-89	357	505	862	444	550	994	392	580	972
90 and over ..	236	395	631	248	449	697	248	451	699
Age unknown ..	81	96	177	92	125	217	77	102	179
Total	14,519	13,164	27,683	14,540	13,017	27,557	15,068	13,873	28,941

Table No. 12 (concluded).

B. Proportional Figures.¹

Ages and age-groups	Mortality per 1,000 persons of the same age and sex			Ages and age-groups	Mortality per 1,000 persons of the same age and sex		
	1925				1925		
	Males	Females	Total		Males	Females	Total
1	2	3	4	5	6	7	8
0 ..	130.60	104.01	148.01	45-49 ..	11.84	6.78	9.15
1-4 ..	19.56	17.98	18.79	50-54 ..	15.93	9.41	12.61
0-4 ..	45.53	38.07	41.88	55-59 ..	21.95	13.05	17.22
5-9 ..	4.15	4.07	4.11	60-64 ..	31.89	19.29	25.05
10-14 ..	3.04	2.92	2.97	65-69 ..	43.49	30.49	37.17
15-19 ..	3.89	3.72	3.81	70-74 ..	63.23	47.27	51.11
20-24 ..	6.76	4.85	5.74	75-79 ..	102.80	77.30	89.38
25-29 ..	7.12	5.22	6.05	80-84 ..	136.82	115.56	123.64
30-34 ..	6.24	5.54	5.85	85-89 ..	210.25	171.25	185.50
35-39 ..	6.55	5.45	5.94	90 and over	245.83	211.12	222.88
40-44 ..	8.02	6.00	6.94	Age unknown	12.31	7.72	9.31
				Total ..	16.88	13.36	15.01

¹ The distribution of the population according to age and sex in 1926 and 1927 has not yet been worked out.

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1926 AND 1927.

Original source : *Statistical Year-Book of Latvia.*

Month	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
A: Per Month.					
January	2,783	2,787	1.49	1.48	- 0.01
February	2,597	2,794	1.39	1.48	+ 0.09
March	2,739	3,515	1.46	1.86	+ 0.40
April	2,704	2,826	1.45	1.50	+ 0.05
May	2,546	2,605	1.36	1.41	+ 0.05
June	1,989	2,193	1.06	1.16	+ 0.10
July	1,892	2,012	1.02	1.07	+ 0.05
August	2,008	1,898	1.07	1.01	- 0.06
September	1,878	1,853	1.00	0.98	- 0.02
October	2,070	1,923	1.11	1.02	- 0.09
November	1,973	2,062	1.05	1.09	+ 0.04
December	2,378	2,473	1.27	1.31	+ 0.04
Total	27,557	28,941	14.73	15.37	+ 0.64
B. Per Quarter.					
1st Quarter	8,119	9,096	4.34	4.82	+ 0.48
2nd "	7,239	7,624	3.87	4.07	+ 0.20
3rd "	5,778	5,763	3.09	3.06	- 0.03
4th "	6,421	6,458	3.43	3.42	- 0.01
Total	27,557	28,941	14.73	15.37	+ 0.64

4. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO MONTHS OF AGE, AND SEX, 1925 TO 1927.

Original source : *Statistical Year-Book of Latvia.*

Age	Number of deaths among children under one year					
	Actual figures			Rate per 1,000 live births of the same category		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
<i>Year 1925</i>						
Months of age :						
0	727	522	1,249	34.17	26.05	30.23
1-2	515	374	889	24.21	18.66	21.52
3-11	1,268	1,024	2,292	59.60	51.10	55.47
Total (under 1 year)	2,510	1,920	4,430	117.98	95.81	107.23
<i>Year 1926</i>						
Months of age :						
0	647	516	1,163	30.75	25.75	28.32
1-2	363	268	631	17.25	13.38	15.36
3-11	1,009	806	1,815	47.96	40.23	44.19
Total (under 1 year)	2,019	1,590	3,609	95.96	79.36	87.87
<i>Year 1927</i>						
Months of age :						
0	675	524	1,199	31.20	26.23	29.03
1-2	462	299	761	21.35	14.97	18.42
3-11	1,105	917	2,022	51.07	45.91	48.96
Total (under 1 year)	2,242	1,740	3,982	103.62	87.11	96.41

Table No. 21.*

SEASONAL VARIATIONS IN THE DEATH RATE OF CHILDREN UNDER ONE YEAR OF AGE
IN 1925, 1926 AND 1927.Original source : *Statistical Year-Book of Latvia.*

Month	Number of deaths among children under 1 year					
	Actual figures			Per 1,000 live births occurring in the same month and 11 previous months (see Table 9); monthly number of deaths calculated on an annual basis		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
January	372	326	340	9.08	7.90	8.25
February	424	323	423	10.40	7.82	10.24
March	471	314	533	11.66	7.57	13.15
April	366	327	390	9.10	7.89	9.57
May	340	304	325	8.50	7.33	7.93
June	351	254	300	8.78	6.13	7.30
July	460	330	255	11.44	7.98	6.19
August	444	369	295	10.98	8.94	7.15
September	326	280	286	8.03	6.76	6.95
October	273	259	303	6.66	6.27	7.40
November	281	247	215	6.85	6.00	5.28
December	322	276	317	7.84	6.72	7.61
Total ¹	4,430	3,609	3,982	109.32	87.31	97.02
Monthly average . .	369.1	301.75	331.8	9.11	7.28	8.085

¹ Infant mortality rates calculated on the basis of the total number of live births in the year are as follows : 1925, 107.22 ; 1926, 87.87 ; 1927, 96.41.

6. PUBLIC HEALTH STATISTICS.

Table No. 23.*

PUBLIC HEALTH LEGISLATION IN 1927.

Date	Authority	Scope of the law or decree	Published in
IV.27	Law	<i>Campaign against social diseases :</i> Law against the abuse of alcohol.	<i>Valdibas Vestnesis.</i>
20.IX.27	Cabinet of Ministers	Decree concerning lepers cured and not contagious.	Collection of Laws, No. 210, 1927.
28.IX.27	Ministries of Social Welfare and Finance	Decree concerning transportation and utilisation of rags.	<i>Valdibas Vestnesis,</i> No. 217, 1927.
20.VI.27	Ministry of Social Welfare	<i>Control of foodstuffs :</i> Decree concerning the sale of alimentary fats.	<i>Valdibas Vestnesis,</i> No. 134, 1927.
15.XII.27	Law	<i>Public Health in general :</i> Law on cremation.	<i>Valdibas Vestnesis,</i> No. 282, 1927.
18.VI.27	Ministry of the Interior	Law on the construction of cesspools.	<i>Valdibas Vestnesis,</i> No. 133, 1927.
28.XII.27	Law	Law on the sale of narcotic drugs.	<i>Valdibas Vestnesis,</i> No. 291, 1927.

7. DATA ON CURATIVE MEDICINE.

Table No. 26.*

STATISTICS OF HOSPITALS, ETC., IN 1925, 1926 AND 1927.

Original sources : (1) *Survey of the Sanitary Conditions of Latvia in 1925 and 1926*
(Published by the Department of Public Health).
(2) Data supplied by the Department of Public Health (for 1927).

A. Number of Public and Private Institutions, and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds					
				Actual figures			Rate per 10,000 of population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General Hospitals (comprising sanatoria)	97	108	110	5,822	6,156	6,392	31.35	32.91	33.94
II. Mental Hospitals and Hospitals for the treatment of nervous diseases in general	6	6	6	1,684	1,842	1,924	9.07	9.84	10.22
III. Homes for lepers	3	2	2	290	230	220	1.56	1.23	1.17
Total	106	116	118	7,796	8,228	8,536	41.98	43.98	45.33

Table No. 26 (concluded).

B. Movement of Patients, 1925, 1926 and 1927¹.

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	
	At the beginning of the year	Admitted	Treated (Col. 2 + 3)	Discharged	Deceased		
							During the same year
1	2	3	4	5	6	7	
I. General Hospitals (comprising sanatoria) ..	1925	2,626	61,373	63,999	60,996	2,411	3.95
	1926	3,018	61,674	64,692	61,215	2,630	4.30
	1927	3,417	62,267	65,684	62,238	2,667	4.28
II. Mental Hospitals and Hospitals for the treatment of nervous diseases in general ..	1925	1,598	1,288	2,886	1,151	171	14.86
	1926	1,735	1,282	3,017	1,092	154	14.10
	1927	1,925	1,159	3,084	1,081	186	17.21
X. Homes for lepers ..	1925	215	27	242	44	23	52.27
	1926	198	18	216	17	16	94.12
	1927	226 ²	24	250	50 ³	20	40.00
Total ..	1925	4,439	62,688	67,127	62,191	2,605	4.19
	1926	4,951	62,974	67,925	62,324	2,800	4.49
	1927	5,568	63,450	69,018	63,369	2,873	4.64

¹ Data regarding duration of disease not available.
² Including 28 patients on temporary leave.
³ Including 30 patients on temporary leave.

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL IN 1925, 1926 AND 1927.

Original source : Data supplied by the Department of Public Health.

Sanitary personnel	M = Males F = Fe- males T = Total	Actual figures			Rate (males and females together) per 10,000 of population		
		1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8
I. Medical Students ..	M. F. T.	366 282 648	355 219 574	354 178 532	3.49	3.07	2.82
II. Doctors graduated during the year ..	M. F. T.	10 11 21	61 71 132	45 59 104	0.11	0.71	0.55
III. Doctors (total) ..	M. F. T.	793 170 963	816 247 1,063	845 274 1,119	5.19	5.68	5.94
IV. Dental Students ..	M. F. T.	6 97 103	10 133 143	14 151 165	0.55	0.76	0.88
V. Dentists graduated during the year ..	M. F. T.	1 8 9	— 8 8	— 5 5	0.05	0.04	0.03
VI. Dentists (total) ..	M. F. T.	129 390 519	152 405 557	152 408 560	2.79	2.98	2.97
VII. Pharmacists ..	M. F. T.	771 183 954	794 230 1,024	781 260 1,041	5.14	5.47	5.53
VIII. Assistant Pharma- cists ..	M. F. T.	160	159	76 224 300	0.86	0.85	1.59
IX. Midwives ..	F.	885	725	778	4.77	3.87	4.13
X. Doctors' Assistants (feldchers) ..	T.	185					

II. BUDGET.

	Lats ¹
General budget for the financial year 1927-28	159,096,756
Budget of the Ministry of Social Welfare	12,681,966
Veterinary Service	359,244

Principal Items in Health Budget :

Central Health Institutions	306,672
Hospitals, sanatoria, consultation-rooms, leper hospitals ..	1,740,863
State spas.. .. .	437,640
New buildings and repairs to buildings	371,733
Campaign against infectious diseases.. .. .	4,000
Campaign against venereal disease	500
Campaign against rabies	500
Pensions to disabled soldiers and their families	2,768,481
Pensions to officials and army pensions, etc.	2,215,449
Subsidies to sickness insurance funds (2 per cent of salary)	3,420,000
Medical attendance on State employees	1,107,167
Infant homes, institutions for the blind, etc.	479,298
Poor relief	113,100

October 1928.

¹ 1 lat = 1 Swiss franc.

THE NETHERLANDS

BY

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I. VITAL AND PUBLIC HEALTH STATISTICS.

I. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES
TAKEN IN 1920 AND 1909.

Original source : Results of the Censuses of the Population.¹

Date of census	Area in square kilometers	Present population			Resident population		
		Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8
December 31 1920 ²	32,603 ⁴	3,525,363	3,566,477	7,091,840	3,410,262	3,455,052	6,865,314
December 31 1909 ³	32,600 ⁵				2,899,125	2,959,050	5,858,175
increase (+) or decrease (-) in 1920 compared with 1909 :							
(a) Actual ..					+ 511,137	+ 496,002	+ 1,007,139
(b) Yearly average ..					+ 46,467	+ 45,091	+ 91,558
(c) Yearly average per 1,000 Inhabitants (ave- rage popu- lation du- ring the inter-cen- sus period).					14.73	14.04	14.39

¹ Published by the Central Statistical Office.

² Year of last census.

³ Year of previous census.

⁴ Excluding inland waters ; 34,201 square kilometers including inland waters.

⁵ 34,186 square kilometers including inland waters.

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER,
ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1920 AND 1909.

Original source : Results of the Censuses of the Population.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of females over males			
			Present population		Resident population	
	Present	Resident	Actual figures	Per 1,000 males	Actual figures	Per 1,000 females
1	2	3	4	5	6	7
1920	217.5	210.6 ¹	41,114	11	44,790	13
1909		179.7 ¹			59,925	21
Increase (+) or decrease (—) in 1920 as compared with 1909		+ 30.9			—15,135	—8

¹ Calculated on the basis of the actual land area, excluding inland waters.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS
OF THE LAST CENSUS (1920).

Original source : Results of the Censuses of the Population.

A. *Actual Figures.*

Ages and age-groups in years	I. 1920 Census. Actual Population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	93,730	89,614		183,344
1	76,636	73,339		149,975
2	74,160	71,494		145,654
3	75,309	73,161		148,470
4	76,111	73,816		149,927
0-4	395,946	381,424		777,370
5-9	376,887	366,799		743,686
10-14	362,756	354,382		717,138
15-19	340,509	333,847	5,231	674,356
20-24	297,840	300,966	75,053	598,806
25-29	263,007	271,455	159,839	534,462
30-34	233,274	242,010	177,902	475,284
35-39	212,732	220,120	171,187	432,852
40-44	196,336	203,662	159,608	399,998
45-49	170,982	177,913	137,209	348,895
50-54	146,479	152,529	112,370	299,008
55-59	127,213	132,600	90,189	259,813
60-64	97,101	102,495	60,999	199,596
65-69	77,409	84,132	41,248	161,541
70-74	53,645	60,403	22,229	114,048
75-79	34,680	40,250	9,899	74,930
80-84	17,028	21,246	3,152	38,274
85-89	5,279	7,025	513	12,304
90 years and over..	1,138	1,765	39	2,903
Unknown	21	29	4	50
Total.. .. .	3,410,262	3,455,052	1,226,671	6,865,314

Table No. 3 (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1920 Census. Actual Population						
	Males	Females	Males	Females	Total	Married Women	
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)
	Male	Female					
1	2	3	4	5	6	7	8
0	27.5	25.9	13.6	13.1	26.7	—	—
1	22.5	21.2	11.2	10.7	21.9	—	—
2	21.7	20.7	10.8	10.4	21.2	—	—
3	22.1	21.2	11.0	10.7	21.7	—	—
4	22.3	21.4	11.1	10.7	21.8	—	—
0-4 ..	116.1	110.4	57.7	55.6	113.3	—	—
5-9 ..	110.5	106.2	54.9	53.4	108.3	—	—
10-14 ..	106.4	102.6	52.8	51.6	104.4	—	—
15-19 ..	99.8	96.6	49.6	48.6	98.2	16	0.8
20-24 ..	87.4	87.1	43.4	43.9	87.3	249	10.9
25-29 ..	77.1	78.6	38.3	39.6	77.9	589	23.3
30-34 ..	68.4	70.1	34.0	35.2	69.2	735	25.9
35-39 ..	62.4	63.7	31.0	32.1	63.1	777	24.9
40-44 ..	57.6	58.9	28.6	29.7	58.3	784	23.3
45-49 ..	50.1	51.5	24.9	25.9	50.8	771	20.0
50-54 ..	42.9	44.1	21.3	22.2	43.5	737	16.4
55-59 ..	37.3	38.4	18.5	19.3	37.8	680	13.1
60-64 ..	28.5	29.7	14.1	14.9	29.0	595	8.9
65-69 ..	22.7	24.4	11.3	12.3	23.6	490	6.0
70-74 ..	15.7	17.4	7.8	8.8	16.6	368	3.2
75-79 ..	10.2	11.6	5.0	5.8	10.8	221	1.4
80-84 ..	5.0	6.2	2.4	3.1	5.5	148	0.5
85-89 ..	1.6	2.0	0.8	1.0	1.8	73	0.1
90 and over	0.3	0.5	0.3	0.3	0.6	22	0
Unknown	—	—	—	—	—	—	—
Total ..	1,000.0	1,000.0	496.7	503.3	1,000.0	355	178.7

Table No. 4.

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922-27.

Original source : Statistics of the Movement of the Population.¹

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of				
							births (col. 5) over deaths	deaths over births			
1	2	3	4	5	6	7	8	9			
A. Actual Figures.											
1922 ..	7,032	61,151	1,954	183,754	5,078	82,249	101,505	—			
1923 ..	7,150	57,167	2,024	187,512	5,336	72,809	114,703	—			
1924 ..	7,264	56,433	2,102	182,430	4,875	71,167	111,263	—			
1925 ..	7,366	54,768	2,198	178,545	4,661	72,121	106,424	—			
1926 ..	7,461	55,299	2,368	177,493	4,520	73,357	104,136	—			
Average : 1922-26	7,255	56,964	2,129	181,947	4,894	74,341	107,605	—			
1927 ²	7,566	56,551	2,565	175,068	4,659	77,599	97,469	—			
B. Proportion per 1,000 of average population.											
1922 ..	8.7	0.28	26.1	0.72	11.7	14.4	—	—			
1923 ..	8.0	0.28	26.2	0.74	10.2	16.0	—	—			
1924 ..	7.8	0.29	25.1	0.67	9.8	15.3	—	—			
1925 ..	7.4	0.30	24.2	0.63	9.8	14.5	—	—			
1926 ..	7.4	0.31	23.8	0.61	9.8	13.9	—	—			
Average : 1922-26	7.8	0.29	25.1	0.67	10.2	14.8	—	—			
1927 ..	7.5	0.34	23.1	0.61	10.3	12.8	—	—			
		Emigration		Excess of		Emigration		Excess of			
Immigration		Total	Overseas	Immigration over emigration	Emigration over immigration	Immigration		Immigration over emigration	Emigration over immigration		
		10	11	12	13	14	15	16	17	18	19
A. Actual Figures.						B. Proportion per 1,000 of average population.					
1922 ..	33,796	31,275	2,158	2,521	—	4.8	4.4	0.3	0.4	—	—
1923 ..	43,737	38,437	5,648	5,300	—	6.1	5.4	0.8	0.7	—	—
1924 ..	34,085	31,051	1,137	2,980	—	4.7	4.3	0.4	0.4	—	—
1925 ..	31,362	27,922	3,050	3,440	—	4.3	3.8	0.4	0.5	—	—
1926 ..	40,053	29,325	3,566	10,628	—	5.4	4.0	0.4	0.4	—	—
Average : 1922-26	36,606	31,613	3,704	4,974	—	5.1	4.4	0.5	0.7	—	—
1927 ..	38,119	29,325	3,340	8,794	—	5.0	3.9	0.5	1.1	—	—

¹ Published by the Central Statistical Office.² Provisional figures.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.

Original source : *Monthly Bulletin of the Central Statistical Office*, 1927, No. 2
and 1928, No. 2.

Provinces	Average population (in 1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (Average population)	
	1926	1927	1926	1927 ¹	1926	1927 ¹
1	2	3	4	5	6	7
1. North Brabant	817	828	24,388	24,061	29.9	29.0
2. Guelderland	792	801	19,287	19,199	24.3	24.0
3. South Holland	1,827	1,856	40,310	39,686	22.1	21.4
4. North Holland	1,407	1,430	28,876	28,623	20.5	20.0
5. Zeeland	249	250	5,184	4,879	20.8	19.6
6. Utrecht	382	387	8,800	8,618	23.1	22.3
7. Friesland	400	401	9,042	8,915	22.6	22.2
8. Overijssel	478	488	11,950	11,843	25.0	24.3
9. Groningen	387	389	8,823	8,466	22.8	21.8
10. Drenthe	221	222	6,117	6,030	27.6	27.1
11. Limburg	501	514	14,693	14,748	29.3	28.7
Total	7,461	7,566	177,470	175,068	23.8	23.1
Communes :						
Over 100,000 inhabitants	1,830	1,860	35,772	35,151	19.5	18.9
50,000-100,000	584	620	12,293	12,647	21.1	20.4
20,000-50,000	1,043	1,074	25,117	25,003	24.1	23.3
5,000-20,000	2,149	2,139	55,437	54,071	25.8	25.3
5,000 and under	1,855	1,873	48,851	48,196	26.3	25.7

¹ Provisional figures.

Table No. 6.*

DISTRIBUTION OF BIRTHS ACCORDING TO SEX AND VITALITY, FOR THE YEARS 1922-27.

Original source : Statistics of the Movement of the Population.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	93,466 ¹	88,420 ¹	181,886 ¹	4,055 ²	3,147 ²	7,202 ²	97,521	91,567	189,088
1923 ..	95,544 ¹	90,130 ¹	185,674 ¹	4,035 ²	3,347 ²	7,382 ²	99,579	93,477	193,056
1924 ..	93,692	88,738	182,430	2,663	2,212	4,875	96,355	90,950	187,305
1925 ..	91,731	86,814	178,545	2,626	2,035	4,661	94,357	88,849	183,206
1926 ..	91,434	86,059	177,493	2,470	2,050	4,520	93,904	88,109	182,013
Average, 1922-26..	93,172	88,032	181,204	3,170	2,558	5,728	96,343	90,590	186,933
1927 ³ ..	90,144	84,954	175,068	2,555	2,104	4,659	92,699	87,058	179,757
Excess of male births per 100 female births, among children				Still-born children per 100 births of the same sex (live-born and still-born children together)					
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922 ..	5.7	28.8	6.5	4.2	3.4	3.8			
1923 ..	6.0	20.6	6.5	4.1	3.6	3.8			
1924 ..	5.6	20.4	5.9	2.8	2.4	2.60			
1925 ..	5.7	29.0	6.2	2.8	2.3	2.54			
1926 ..	6.2	20.4	6.6	2.6	2.3	2.48			
Average: 1922-26..	5.8	23.9	6.3	2.3	2.7	3.07			
1927 ..	6.1	21.4	6.5	2.8	2.4	2.59			

¹ Children registered alive.² Children dead before registration.³ Provisional figures.

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS FOR THE YEARS 1922-27.

Original source : Statistics of the Movement of the Population.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born ¹	Still-born ²	Total	Live-born ¹	Still-born ²	Total	Live-born ¹	Still-born ²	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	178,324	6,948	185,272	3,562	254	3,816	181,886	7,202	189,088
1923 ..	182,227	7,138	189,365	3,447	244	3,691	185,674	7,382	193,056
1924 ..	179,153	4,721	183,874	3,277	154	3,431	182,430	4,875	187,305
1925 ..	175,363	4,440	179,803	3,182	121	3,303	178,545	4,661	183,206
1926 ..	174,149	4,409	178,558	3,344	111	3,455	177,493	4,520	182,013
Average : 1922-1926	177,843	5,531	183,374	3,363	177	3,540	181,206	5,718	186,924
1927 ..	171,940	4,545	176,485	3,158	118	3,272	175,098	4,659	179,757

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children ¹			Live-born children ²	
	Live-born ¹ (col. A. 8)	Still-born ² (col. A. 9)	Total (col. A. 10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				per 100 live-born and still-born children				
				Legitimate (col. A. 4)	Illegitimate (col. A. 7)	Total (col. A. 10)			per 1,000 average population
1	2	3	4	5	6	7	8	9
1922 ..	19.6	35.3	20.2	3.75	6.66	3.8	25.3	0.51
1923 ..	18.6	33.1	19.1	3.77	6.61	3.8	25.5	0.48
1924 ..	18.0	31.6	18.3	2.57	4.49	2.60	24.6	0.45
1925 ..	17.8	26.0	18.0	2.52	3.66	2.54	23.8	0.43
1926 ..	18.8	24.6	19.0	2.42	3.21	2.48	23.3	0.45
Average : 1922-1926	18.6	30.1	18.9	3.01	4.93	3.07	24.5	0.46
1927 ..	18.0	25.3	18.2	2.57	3.61	2.59	22.6	0.43

¹ Before 1924, children registered alive.² Before 1924, children dead before registration.

Table No. 9.*

MONTHLY NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE,
IN 1925, 1926 AND 1927.Original source: *Monthly Bulletin of the Central Statistical Office*,
1926, No. 2, 1927, No. 2 and 1928, No. 2.

Month	Actual figures for live-born children					
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
	In 1925		In 1926		In 1927	
	1	2	3	4	5	6	7
January ..	14,802	269	14,935	324	14,814	302
February ..	14,117	244	14,374	300	13,968	268
March ..	15,576	271	15,449	296	15,344	276
April ..	15,117	280	14,730	270	14,476	264
May ..	15,179	289	14,811	253	15,185	281
June ..	14,228	263	13,929	278	13,923	300
July ..	14,809	262	14,878	273	14,898	239
August ..	14,470	242	14,461	266	14,588	269
September ..	14,108	290	14,376	240	13,870	215
October ..	13,891	237	14,511	250	13,278	247
November ..	13,263	211	13,358	276	13,171	244
December ..	14,155	263	14,287	303	14,353	249
Total ..	173,715	3,121	174,099	3,329	171,869	3,154
Live-born children (legitimate and illegitimate together)						
	Actual figures			Rate per 1,000 of average population (calculated on an annual basis)		
	In-1925	In 1926	In 1927	In 1925	In 1926	In 1927
	8	9	10	11	12	13
	January ..	15,071	15,259	15,116	24.3	24.2	23.6
February ..	14,361	14,674	14,236	25.6	25.8	24.7
March ..	15,847	15,745	15,620	25.5	25.0	24.4
April ..	15,397	15,000	14,740	25.5	24.5	23.8
May ..	15,468	15,064	15,467	24.8	23.8	24.7
June ..	14,491	14,207	14,223	24.0	23.2	22.9
July ..	15,071	15,151	15,137	24.1	23.9	23.6
August ..	14,712	14,727	14,857	23.5	23.2	23.1
September ..	14,398	14,616	14,085	23.7	23.8	22.6
October ..	14,128	14,761	13,525	22.5	23.2	21.0
November ..	13,474	13,634	13,415	22.2	22.1	21.5
December ..	14,418	14,590	14,602	22.9	22.9	22.6
Total ..	176,836	177,428	175,023	24.2	23.8	23.1

3. GENERAL DEATH RATE.

Table No. 10.

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.

Original source : *Monthly Bulletin of the Central Statistical Office.*

Provinces	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
1. North Brabant	9,479	9,800	11.6	11.8	+ 0.5	+ 0.2
2. Guelderland	8,364	8,844	10.6	11.0	+ 0.1	+ 0.4
3. South Holland	16,428	17,500	9.0	9.4	+ 0.3	+ 0.4
4. North Holland	12,939	13,941	9.2	9.8	- 0.1	+ 0.6
5. Zeeland	2,367	2,540	9.5	10.2	- 0.1	+ 0.7
6. Utrecht	3,616	3,958	9.5	10.2	- 0.2	+ 0.7
7. Friesland	4,080	4,452	10.2	11.1	+ 0.1	+ 0.9
8. Overijssel	4,787	5,082	10.0	10.4	+ 0.4	+ 0.4
9. Groningen	3,657	3,940	9.5	10.1	+ 0.6	+ 0.6
10. Drenthe	2,320	2,240	10.5	10.1	+ 1.1	- 0.4
11. Limburg	5,317	5,302	9.6	10.3	- 0.4	+ 0.7
Total	73,354	77,599	9.8	10.3	+ 0.2	+ 0.5
Communes :						
Over 100,000 inhab. ..	15,886	17,088	8.7	9.2	+ 0.5	+ 0.5
50,000-100,000 ..	5,413	5,876	9.3	9.5	+ 0.1	+ 0.2
20,000-50,000 ..	9,874	10,113	9.5	9.4	+ 0.4	- 0.1
5,000-20,000 ..	22,270	23,239	10.4	10.9	+ 1.0	+ 0.5
5,000 and under ..	19,911	21,283	10.7	11.4	+ 1.0	+ 0.7

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1926.

Original source : Statistics of the Movement of the Population.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (Difference between Columns 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	3,492	3,540	40,036	40,345	11.5	11.4	+ 0.1
1923	3,546	3,604	35,682	35,289	10.1	9.8	+ 0.3
1924	3,601	3,663	35,642	35,525	9.9	9.7	+ 0.2
1925	3,655	3,710	36,318	35,803	9.9	9.6	+ 0.1
1926	3,710	3,761	36,787	36,570	9.9	9.7	+ 0.2
Average : 1922-26 ..	3,601	3,656	36,893	36,706	10.2	10.	+ 0.2

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 AND 1926.

Original source : Statistics of Death Rate according to Age and Causes. ¹

Actual Figures.

Ages and age-groups	Total deaths					
	In 1925			In 1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	6,055	4,396	10,451	6,242	4,601	10,843
1-4	2,514	2,059	4,573	2,565	2,191	4,756
0-4	8,569	6,455	15,024	8,807	6,792	15,599
5-14	1,243	1,063	2,306	1,230	1,066	2,296
15-19	830	771	1,601	788	720	1,508
20-29	1,720	1,758	3,478	1,740	1,663	3,403
30-39	1,464	1,863	3,327	1,412	1,865	3,277
40-49	2,005	2,250	4,255	1,961	2,282	4,243
50-59	3,382	3,375	6,757	3,417	3,510	6,927
60-79	12,403	12,762	25,165	12,655	13,075	25,730
80 and over ..	4,702	5,533	10,235	4,775	5,597	10,372
Age unknown ..				2		2
Total	36,318	35,830	72,148	36,787	36,570	73,357

¹ Issued by the Central Statistical Office.

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1926 AND 1927.

Original source : *Monthly Bulletin of the Central Statistical Office, 1926, 1927.*

Month	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
A. Per Month.					
January	7,121	10,047	11.3	15.7	+ 4.3
February	6,147	8,200	10.8	14.2	+ 3.4
March	7,340	7,092	11.6	11.1	- 0.5
April	7,317	6,212	12.0	10.0	- 0.2
May	6,396	6,272	10.1	9.8	- 0.3
June	5,311	5,605	8.7	9.0	+ 0.3
July	5,283	5,213	8.3	8.1	- 0.2
August	4,963	4,851	7.8	7.5	- 0.3
September	5,033	4,939	8.2	7.9	- 0.3
October	5,661	5,579	8.9	8.7	- 0.2
November	5,827	5,783	9.4	9.3	- 0.1
December	6,932	7,794	10.4	12.1	+ 1.2
Total	73,331	77,587	9.8	10.3	+ 0.5
B. Per Quarter.					
1st Quarter	20,608	25,339	11.2	13.7	+ 2.5
2nd "	19,024	18,089	10.3	9.6	- 0.7
3rd "	15,279	15,003	8.1	7.8	- 0.3
4th "	18,420	19,156	9.6	10.0	+ 0.4

4. CAUSES OF DEATH.

◆ Table No. 14.*

MORTALITY INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES
IN 1926 AND 1927.Original sources : *Monthly Bulletin of the Central Statistical Office*, 1927, No. 2,
1928, No. 2. Reports and Communications on Public Health, 1927, No. 2, 1928, No. 2.

International list of causes of death 1920	Infectious diseases	Year	Deaths recorded according to causes of death statistics		Cases of notifiable diseases
			Actual figures	Per 10,000 of average population	Actual figures
1	2	3	4	5	6
1a	Typhoid fever	1926	133 ¹	0.18	1,221
1b	Paratyphoid fever	1927	87 ²	0.11	776
2	Typhus	1926	—	0	1
		1927	—	0	—
3	Relapsing fever	1926	—	0	—
		1927	—	0	—
5	Malarial fever or cachexia ..	1926	8	0.01	
		1927	6	0.008	
6	Smallpox	1926	2	0.00 ¹	13
		1927	—	0	—
7	Measles	1926	889	1.19	
		1927	1,019	1.35	
8	Scarlet fever	1926	114	0.15	14,559
		1927	122	0.16	14,940
9	Whooping cough	1926	917	1.23	
		1927	770	1.02	
10	Diphtheria	1926	205	0.28	3,629
		1927	250	0.33	3,619
11a and 11b	Influenza with and without pulmonary complications ..	1926	1,402	1.87	
		1927	3,227	4.26	
14	Asiatic cholera	1926	—	0	—
		1927	—	0	—
16	Dysentery	1926	3	0.00 ²	97
		1927	11	0.01	63

¹ Typhoid fever, 120 deaths; paratyphoid fever, 13.² Typhoid fever, 78 deaths; paratyphoid fever, 9.

Table No. 14 (concluded).

International list of causes of death 1920	Infectious diseases	Year	Deaths recorded according to causes of death statistics		Cases of notifiable diseases
			Actual figures	Per 10,000 of average population	Actual figures
1	2	3	4	5	6
17	Plague	1926	—	0	—
		1927	—	0	—
18	Yellow fever	1926	—	0	—
		1927	—	0	—
20	Leprosy	1926	—	0	—
		1927	—	0	—
21	Erysipelas	1926	117	0.16	
		1927	153	0.20	
22	Acute poliomyelitis.. . . .	1926	16	0.02	49
		1927	14	0.02	101
23	Encephalitis lethargica	1926	59	0.08	85
		1927	64	0.08	50
24	Epidemic cerebrospinal meningitis	1926	55	0.07	93
		1927	46	0.06	108
26	Glanders and farcy.. . . .	1926	1	0.001	
		1927	1	0.001	
27	Malignant pustule and anthrax	1926	2	0.002	
		1927	2	0.002	
28	Rabies	1926	—	0	
		1927	—	0	
31	Tuberculosis of the respiratory system	1926	5,345	7.15	
		1927	5,320	7.02	
32	Tuberculosis of the meninges or tuberculosis of the central nervous system	1926	844	1.13	
		1927	827	1.09	
33	Tuberculosis of other organs ..	1926	995	1.33	
		1927	990	1.31	
38	Syphilis	1926	201	0.27	
		1927	255	0.33	
39	Soft chancre	1926	—	0	
		1927	—	0	
40	Gonorrhoea	1926	4	0.005	
		1927	—	0	

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS, ACCORDING TO AGE AND SEX, IN 1921.

Original source : Death Rate according to Causes.

Age	Number of deaths from				Death rate from tuberculosis per 10,000 persons of the same age			
	All forms of tuberculosis		Pulmonary tuberculosis		All forms of tuberculosis		Pulmonary tuberculosis	
	Males	Females	Males	Females	Males	Females	Males	Females
1	2	3	4	5	6	7	8	9
0	190	173	64	74	20.3	19.3	6.8	8.3
1	172	145	64	42	22.4	19.8	8.4	5.7
2	69	62	13	19	9.3	8.7	1.8	2.7
3	72	67	25	18	9.6	9.2	3.3	2.5
4	50	55	22	21	6.6	7.5	2.9	2.9
5	45	36	10	16	6.0	5.0	1.3	2.2
6	42	40	9	15	5.4	5.3	1.2	2.0
7	34	32	9	15	4.4	4.3	1.2	2.0
8	26	38	11	17	3.4	5.1	1.4	2.3
9	38	39	13	21	5.4	5.6	1.8	3.0
10	22	38	16	17	3.0	5.4	0.8	2.4
11	27	48	12	23	3.7	6.7	1.6	3.2
12	26	41	12	23	3.6	5.7	1.6	3.2
13	33	59	17	37	4.6	8.4	2.4	5.2
14	47	59	22	37	6.7	8.5	3.1	5.3
15	43	93	34	69	6.1	13.5	4.9	10.0
16	59	104	37	83	8.5	15.3	5.3	12.2
17	86	124	70	91	12.7	18.7	10.3	13.7
18	95	123	72	106	14.0	18.6	10.6	16.0
19	118	116	94	97	18.2	18.1	14.5	15.1
20	107	106	90	91	17.4	17.2	14.6	14.8
21	135	136	111	116	22.4	22.4	18.4	19.1
22	128	110	104	95	21.6	18.4	17.6	15.9
23	103	119	87	100	17.6	19.9	14.9	16.7
24	112	126	105	105	19.3	21.3	18.1	17.8
25	86	100	70	85	15.5	17.6	12.6	15.0
26	80	108	61	98	14.9	19.4	11.3	17.6
27	70	97	66	87	13.0	17.5	12.3	15.7
28	71	98	61	86	14.3	19.0	12.3	16.7
29	71	103	58	88	14.1	19.8	11.5	16.9
30 and over	1,839	2,101	1,558	1,776				
Total ..	4,096	4,696	2,997	3,568	11.92	13.49	8.72	10.25

Table No. 16.*

DEATH RATE FROM TUMOURS, 1925-27.

Original source : Statistics of Death Rate according to Age and Causes, 1925, 1926 and 1927.

Year	Classification according to <i>International List</i> (3rd revision 1920)					
	Nos. 43-49 Cancer or other malignant tumours	No. 50 Non-malignant tumours, or tumours of which the malignant character is not specified	No. 137 Cysts and Other non-malignant tumours of ovary	No. 139 Non-cancerous tumour of the uterus	Nos. 43-50 137-139 Total number of tumours (Col. 2, 3, 4, 5 together)	
1	2	3	4	5	6	
A. Actual Number of Deaths.						
1925 ..	8,342	162	14	32	8,550	
1926 ..	8,639	150	39	34	8,862	
1927 ..	9,170	150	25	61	9,406	
B. Proportional Figures per 10,000 of Average Population of the same Sex.						
	M.	F.	M.	F.	M.	F.
1925 ..	10.78	11.87	0.22	0.22	—	0.04
1926 ..	10.87	12.25	0.22	0.18	—	0.10
1927 ..	11.64	12.56	0.21	0.19	—	0.07
	M.	F.	M.	F.	M.	F.
1925 ..	10.78	11.87	0.22	0.22	—	0.04
1926 ..	10.87	12.25	0.22	0.18	—	0.10
1927 ..	11.64	12.56	0.21	0.19	—	0.07

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925-27.

Original source : Statistics of Death Rate according to Age and Causes, in 1925, 1926 and 1927.

Year	Classification according to <i>International List</i> (3rd revision, 1920)							
	1. Classes of Disease							
	Affections							
	Of the nervous system and organs of special sense	Of the circulatory system	Of the respiratory system	Of the digestive system	Non-venereal diseases of genito- urinary system	Of the skin and cellular tissue	Of the bones and organs of locomotion	
	No. 70-86	No. 87-96	No. 97-107	No. 108-127	No. 128-142	No. 151-155	No. 156-158	
1	2	3	4	5	6	7	8	
A. Actual Number of Deaths.								
1925	8,097	10,117	9,277	4,207	3,213	245	111	
1926	8,333	11,252	8,590	4,285	3,134	314	78	
1927	7,228	12,622	10,441	3,855	3,733	339	94	
B. Proportional Figures per 10,000 of Average Population of the same Sex.								
	M.	F.	M.	F.	M.	F.	M.	F.
1925	10.92	11.20	12.90	14.35	13.71	11.48	6.36	5.05
1926	10.78	11.53	14.39	14.74	12.50	10.49	6.11	5.38
1927	9.18	9.87	15.89	17.72	14.47	12.01	5.52	4.72
	M.	F.	M.	F.	M.	F.	M.	F.
1925	10.92	11.20	12.90	14.35	13.71	11.48	6.36	5.05
1926	10.78	11.53	14.39	14.74	12.50	10.49	6.11	5.38
1927	9.18	9.87	15.89	17.72	14.47	12.01	5.52	4.72
	M.	F.	M.	F.	M.	F.	M.	F.
1925	10.92	11.20	12.90	14.35	13.71	11.48	6.36	5.05
1926	10.78	11.53	14.39	14.74	12.50	10.49	6.11	5.38
1927	9.18	9.87	15.89	17.72	14.47	12.01	5.52	4.72

Table No. 17 (concluded).

Year	11. Various Important Diseases																			
	Cerebral hæmorrhage. Apoplexy	Diseases of the heart	Acute and chronic bronchitis	Pneumonia	Diarrhœa and enteritis (all ages)	Cirrhosis of the liver	Acute and chronic nephritis	Old-age	Unknown or ill-defined diseases											
	No. 74	87-90	99	100,101	113,114	122	128,129	164	204,205 206,206bis											
	9	10	11	12	13	14	15	16	17											
	A. Actual Number of Deaths.																			
1925..	4,874	8,235	1,461	6,784	1,892	267	2,415	5,326	3,567											
1926..	3,352	9,454	1,647	4,746	2,002	369	2,219	4,212	3,052											
1927..	4,298	9,112	2,130	6,873	1,424	300	2,685	3,965	3,127											
	B. Proportional Figures per 10,000 of Average Population of the same Sex.																			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1925 ..	5.61	7.26	10.40	11.94	2.01	1.55	9.88	8.55	3.01	2.11	0.44	0.27	2.99	3.57	6.51	7.94	5.37	4.32		
1926 ..	5.94	7.98	11.63	13.54	2.39	2.01	5.70	7.69	3.08	2.32	0.48	0.35	2.89	3.04	4.81	6.45	4.70	3.48		
1927 ..	4.65	6.33	10.95	12.98	2.45	1.96	9.71	8.44	2.14	2.62	0.50	0.29	3.12	3.94	4.45	5.98	4.42	3.83		

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925-27.

Original source : Statistics of Death Rate, according to Age and Causes, 1925, 1926 and 1927.

Year	Total number of live births and still-births	Total deaths from	
		Puerperal septicæmia	Other puerperal diseases
		Actual figures	
1	2	3	4
1925	183,206	153	317
1926	182,013	162	345
1927	179,727	151	351

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES
FROM 1925-27.

Original source: *Monthly Bulletin of the Central Statistical Office*,
No. 2 of Years 1926, 1927 and 1928.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
I	2	3	4	5	6	7
Deaths by suicide	456	490	548	0.62	0.66	0.72
Other external causes ..	2,046	2,227	2,063	2.79	2.99	2.72
Total deaths from external causes	2,502	2,717	2,611	3.41	3.65	3.44
Total deaths from all causes	72,121	73,357	77,599	98.00	98.00	103.00
Total deaths excluding deaths due to external causes (natural mortality)	69,619	70,640	74,988	94.59	94.35	99.56

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS, WEEKS AND MONTHS OF AGE, 1925-27.

Original source : *Monthly Bulletin of the Central Statistical Office*,
No. 2 of Years 1926, 1927 and 1928.

Age	Number of deaths among children under one year	
	Actual figures	Rate per 1,000 live births of the same category
1	2	3
(a) Days and weeks of age:		
Year 1925.		
0 Day	89 ¹	0.5
0 Week	1,143	6.4
1 Week	511	2.9
2 Weeks	455	2.5
3 Weeks	379	2.1
(b) Months of age :		
0	2,577 ¹	14.4 ¹
1	985	5.5
2	793	4.4
3	717	4.0
4	561	3.1
5	480	2.7
6	517	2.9
7	481	2.7
8	428	2.4
9	464	2.6
10	411	2.3
11	374	2.1
Total (under 1 year)	8,788 ¹	49.2 ¹
	10,447 ²	58.4 ²
(a) Days and weeks of age:		
Year 1926.		
0 Day	1,651	9.4
0 Week	1,319	7.4
1 Week	524	2.9
2 Weeks	422	2.4
3 Weeks	363	2.0
(b) Months of age :		
0	4,279	24.1
1	998	5.6
2	891	5.0
3	735	4.1
4	637	3.6
5	539	3.0
6	529	3.0
7	487	2.7
8	486	2.7
9	453	2.6
10	442	2.5
11	412	2.3
Total (under 1 year)	10,888	61.1

¹ Excluding children dead before registration, but who have lived.² Including children dead before registration, but who have lived.

Table No. 21.*

SEASONAL VARIATIONS IN THE DEATH RATE OF CHILDREN UNDER ONE YEAR OF AGE IN 1925 AND 1926.

Original source : *Monthly Bulletin of the Central Statistical Office.*

Month	Number of deaths among children under 1 year	
	Actual figures	Per 1,000 live births occurring in the same month and 11 previous months (see Table 9) ; monthly number of deaths reckoned as rate for the year
1	2	3
Year 1925 ¹ .		
January	814	53.2
February	728	52.9
March	942	61.9
April	833	56.5
May	703	46.1
June	605	41.1
July	641	42.2
August	713	47.1
September	636	43.5
October	603	40.1
November	642	44.2
December	905	60.3
Total	8,765	49.2
Year 1926.		
January	1,076	71.0
February	957	69.8
March	1,083	71.5
April	981	66.9
June	887	58.8
July	720	49.5
August	769	51.2
September	751	50.0
October	923	63.5
November	882	58.5
December	757	51.9
Total	10,841	61.1

¹ Excluding children dead before registration, but who have lived.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1925 AND 1926.

Original source: Statistics of Death Rate, according to Age and Causes, for 1925 and 1926.

No. in International List (3rd revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations	604	748	3.38	4.21
160	Congenital debility, icterus and sclerema	1,165	999	6.53	5.63
161	Premature birth; injury at birth .. .	1,789	1,851	10.02	10.40
38	Congenital syphilis	65	82	0.39	0.46
7	Measles	154	238	0.86	1.33
8	Scarlet fever	5	3	0.03	0.02
9	Whooping-cough	280	521	1.57	2.94
10	Diphtheria	15	12	0.08	0.07
11	Influenza	64	122	0.36	0.69
15	Cholera nostras	6	5	0.03	0.03
21	Erysipelas	19	21	0.11	0.12
24	Epidemic cerebro-spinal meningitis.	12	12	0.07	0.07
31	Tuberculosis of the respiratory system	80	84	0.45	0.47
32	Tuberculosis of the meninges or of the central nervous system	109	122	0.61	0.69
33-37	Tuberculosis of other organs	24	37	0.27	0.21
71	Meningitis	114	116	0.64	0.65
80	Convulsions of infants	827	697	4.63	3.92
99a	Acute bronchitis	93	119	0.52	0.67
100-101	Pneumonia	1,559	1,608	8.73	9.06
113	Diarrhoea and enteritis	1,418	1,560	7.94	8.74
175-199	External causes	58	59	0.32	0.33
201-203		3	3	0.02	0.02
200	Infanticide (murder of infants less than 1 year of age)	2	2	0.01	0.01
205	Diseases not specified or ill-defined	51	36	0.28	0.20
206, 206 bis		1,041	977	5.83	5.50

6. PUBLIC HEALTH STATISTICS.

Table No. 23.*

RECORD OF LEGISLATION FOR 1927.

Date	Authority	Subject of the law or decree	Published in
January 21st, 1927	Royal Decree	<i>Campaign against Infectious Diseases.</i> Extraordinary measures for combating smallpox, plague, Asiatic cholera, and typhus and for preventing their dissemination and consequences.	<i>Legal Gazette, 1927,</i> Nos. 16, 33, 41, 92, 93, 94.
February 17th, 1927			
February 22nd, 1927			
April 21st, 1927			
April 21st, 1927	Law	Preparation and sale of sera and vaccines. ¹	<i>Legal Gazette, 1927,</i> No. 91.
		<i>Control of Foodstuffs.</i>	
December 17th, 1927	Royal Decree	Application of Articles 14 and 15 of the Law on Foodstuffs (cheeses).	<i>Legal Gazette, 1927,</i> No. 396.
		<i>International Conventions.</i>	
June 23rd, 1927	Law	Ratification of the Convention signed at Paris on June 19th, 1926, between the Netherlands Government for the Netherlands and the Dutch Indies of the one part and the Governments of Great Britain, Ireland and British India of the other, with annex and protocol relating to the quarantine station at Kamaran, and ratification of the exchange of notes provided for under Article 14 of the aforesaid Convention.	<i>Legal Gazette, 1927,</i> No. 196.
June 30th, 1927	Law	Ratification of the Geneva draft Convention concerning the simplification of formalities for the inspection of emigrants on board vessels.	<i>Legal Gazette, 1927,</i> No. 222.
June 30th, 1927	Law	Ratification of the Geneva draft Convention concerning equality of treatment for foreign and national workers as regards accident insurance.	<i>Legal Gazette, 1927,</i> No. 225.

¹ Sera and vaccines for human use may not be prepared without a written authority from the Ministry, which may at any time be withdrawn. Upon the advice of the Health Council, the Ministry may lay down regulations concerning the manufacture, quality, preservation, transport and inspection of these preparations, the import of which may be prohibited or permitted upon certain conditions. This law does not apply to auto-vaccines.

Table No. 23 (concluded).

Date	Authority	Subject of the law or decree	Published in
June 30th, 1927	Law	Ratification of the draft Geneva Convention concerning compensation in the case of industrial accidents.	<i>Legal Gazette</i> , 1927, No. 226.
July 2nd, 1927	Law	Draft Geneva Convention concerning vocational diseases.	<i>Legal Gazette</i> , 1927, No. 234.
February 22nd, 1927	Royal Decree	Establishment of a model bill of health for the use of vessels clearing outwards. ¹	<i>Legal Gazette</i> , 1927, No. 37.

¹ These bills of health must be issued by the municipality of the port whence the vessel clears outwards for foreign waters. The new model bills of health include a declaration by the mayor certifying that no case of plague, cholera, or yellow fever had occurred during the call of the vessel in the port. The international Convention signed at Paris on June 21st, 1926, has not yet been ratified by the Netherlands Government and the new model bill of health cannot be substituted for the old until ratification has taken place.

Table No. 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis.—Survey of Anti-tuberculosis Institutions in 1925 and 1926.

Designation of institutions	Number of institutions		Number of beds		Number of tuberculous patients admitted during the year	
	1925	1926	1925	1926	1925	1926
1	2	3	4	5	6	7
I. Anti-tuberculosis Dispensaries						
II. Tuberculosis Sanatoria :						
(a) For children suffering from pulmonary tuberculosis		6				
(b) For children suffering from surgical tuberculosis						
(c) For children suffering from tuberculosis of a mixed type . .						
(d) Total for children						
(e) For adults suffering from pulmonary tuberculosis		19				
(f) For adults suffering from tuberculosis of a mixed type . .						
(g) Total for adults						
(a-g) Total number of sanatoria . .	26	23	2,480	2,400	6,005	5,692
Number of days of treatment :					753,020	797,820

Table No. 24 (continued).

B. Enquiry into Results of Sanatorium Treatment of Pulmonary Tuberculosis in 1927.

	Visited one year after the end of treatment	Numbers visited as percentage of the cases treated in each group	Visited two years after the end of treatment	Numbers visited as percentage of the cases treated in each group	Visited three years after the end of treatment	Numbers visited as percentage of the cases treated in each group
1	2	3	4	5	6	7
A. Number of cases treated	1,243		1,192		1,294	
B. Number of persons drawing a salary equal to that drawn before treatment	740	61.7	679	59.6	706	57.4
Number of persons drawing a salary lower than that drawn before treatment	198	16.5	116	10.2	139	11.3
Number of persons who, for various reasons, have not resumed paid work	261	21.8	343	30.2	384	31.3
Total	1,199		1,138		1,229	
C. Number of persons who have resumed their former occupation	694	57.6	664	59.1	693	57.2
Number of persons who have changed their occupation	276	22.9	188	16.7	237	19.5
Number of persons without employment	235	19.5	272	24.2	282	23.3
Total	1,205		1,124		1,212	
D. Deceased	12	0.9	39	3.3	53	4.2
Still sick	152	12.2	179	15.0	190	14.9
Under treatment as a result of relapse	34	2.8	40	3.3	46	3.6
In relatively good health	272	22.7	223	18.6	220	17.3
In good health	763	61.4	715	59.8	762	60.6
Total	1,233		1,196		1,271	

Table No. 24 (concluded).

C. Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases in 1925, 1926 and 1927.

Designation of the institutions	Number of institutions			Number of patients suffering from venereal diseases admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Consultation centres for persons suffering from venereal diseases.. . . .	8	9	9		503	961
II. Venereal dispensaries		68				

D. Alcoholism.—Survey of the Institutions for the Campaign against Alcoholism in 1925, 1926 and 1927.

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Centres for persons suffering from alcoholism	—	—	9	—	—	2,000
II. Anti-alcoholic dispensaries						
III. Sanatoria for alcoholic persons			2	—	—	27

E. Smallpox.—Survey of Vaccinations in 1925, 1926 and 1927.

	1925	1926	1927
1	2	3	4
Total number of vaccinations and re-vaccinations	165,386	175,847	150,640
Percentage of the average population for the same year	2.02	2.00	2.00

7. DATA ON CURATIVE MEDICINE.

Table No. 26.*

STATISTICS OF HOSPITALS, ETC., IN 1925, 1926 AND 1927.

Institutions	Number of Institutions at the beginning of the year			Number of beds (for patients)		
				Actual figures		
	1925	1926	1927	1925	1926	1927
I. General Hospitals	242	224	226	21,542	20,733	22,209
II. Infants' and Children's Hospitals	12	15	15	601	927	907
III. Eye Hospitals.. . . .	7	6	6	251	202	212
IV. Special Hospitals	?	12	14		1,078	1,186
Total	261	257	261	22,394	22,940	24,514
V. Homes for Lunatics and Mental Deficients	36	36	36			

	Year	Actual Number of Patients				Number of days of illness
		In treatment at the beginning of the year	Admitted	Discharged	Among which deceased	
I, II, III and IV together	1925	14,854	170,509	169,898	12,829	5,615,659
	1926	15,465	182,741	181,735	13,334	
V	1925	18,414	4,004	3,281	1,250	
	1926	19,065	3,887	3,360	1,243	
V	1925	Declared sane after observation	Cured	Not cured	Deceased	
	1926	27	1,266	810	1,250	
		34	1,273	738	1,243	

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL IN 1925 AND 1926.

Sanitary personnel	M = Males F = Females T = Total	Actual figures	
		1925	1926
1	2	3	4
I. Medical Students	M F T	2,219 275 2,494	
II. Doctors graduated during the year ..	M F T	199 22 221	230 23 253
III. Doctors (total)	M F T	3,748 170 3,918	3,825 176 4,001
IV. Dental Students	M F T		
V. Dentists graduated during the year	M F T	45 8 53	34 3 37
VI. Dentists (total)	M F T	297 96 493	427 99 526
VII. Pharmacists	M F T	360 133 493	350 141 491
VIII. Assistant Pharmacists	T	2,003	2,046
IX. Midwives	F	941	965

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

1. ACUTE INFECTIOUS DISEASES.

As regards *compulsorily notifiable infectious diseases*, there was a slight increase in 1927 in the number of cases and deaths due to *scarlet fever* and *diphtheria*. The number of cases of *typhoid fever*, and *epidemic cerebro-spinal meningitis* is decreasing. No cases of *typhus* or *smallpox* have been notified.

As regards diseases which are not compulsorily notifiable, there has been a great increase of *measles* and *influenza*. The mortality due to influenza, which was already

on the increase at the end of 1926, reached its highest point in January 1927, and began to decrease in February and March. There was no recrudescence of the disease at the end of 1927.

The Public Health Inspectorate for the campaign against contagious diseases is continuing its propaganda in favour of preventive vaccination against scarlet fever and diphtheria, especially in districts where these diseases occur in more or less endemic form. The Inspectorate's report for 1926¹ shows that vaccination has produced good results. The disease is far more prevalent among unvaccinated children than among vaccinated children living under the same conditions, and vaccination has been accompanied by no undesirable symptoms. A vaccine called "Diro" for simultaneous vaccination against both diseases was used in a large number of cases in 1927.

*Post-vaccinal Encephalitis.*²

This disease, described for the first time in the Netherlands in 1925, was discussed by the Health Councils' Committee for the Campaign against Contagious Diseases, and a Research Committee on vaccination and kindred questions was appointed. In spite of the researches which were undertaken, the etiology of the disease remains obscure. As a certain number of cases were registered in July 1927, the Research Committee recommended the adoption of the Levaditi neuro-vaccine, which has been successfully used in Spain in two and a-half million cases without causing any complication in the central nervous system. This vaccine has not produced the desired results in the Netherlands, and a certain number of cases of encephalitis lethargica resulting from its use were registered. As it was impossible to find any immediate and definite solution of the question, the Committee recommended the Ministry to suspend compulsory vaccination for three years.³

The Committee fully realised that the progressive increase in the number of unvaccinated persons among the population due to this measure would necessarily involve an increase of the smallpox peril. However, in view of the dangers apparently attending vaccination, it considered that the people should no longer be compelled to submit to it.

To guard against the danger created by the suspension of vaccination, the Committee proposed certain additions to the Law on Infectious Diseases:

When one or more cases of smallpox have been notified, the Ministry shall be authorised:

1. To prohibit admission to the schools in any commune or part of a commune of any school-masters or pupils not holding the medical certificate provided for by Article 17 of the Law on Infectious Diseases;
2. To order the schools to be closed.

These proposals were embodied in the Law dated February 11th, 1928, but with the amendment that the application of Article 17 relating to vaccination shall only be suspended until January 1st, 1929.

¹ *Verlagen en Mededeelingen betreffende de Volksgezondheid*, 1928, No. 2, February.

² Summary of the Work of the Health Council for the Year 1927, *Verlagen en Mededeelingen betreffende de Volksgezondheid*, May 1928.

³ Vaccination is not actually compulsory in the Netherlands, but, under Article 17 of the Law on Infectious Diseases no pupil or schoolmaster is admitted to any school unless he holds a medical certificate proving that he has been successfully vaccinated against smallpox or has suffered from the disease.

2. CHRONIC DISEASES.

(a) *Tuberculosis.*

The number of deaths from tuberculosis steadily decreased during 1927, and reached the proportion of 9.48 per 10,000 inhabitants from tuberculosis of all forms.

Table No. 15 gives statistical data showing the number of deaths from tuberculosis between the ages of 1 and 29 in 1921. The rate is high during the first two years of life, then rapidly falls, increases again towards the sixteenth year in the case of boys, and the thirteenth in the case of girls, and reaches its maximum at about the twenty-first year in both sexes. After that, the number decreases, but more rapidly among males than among females.

There are 619 associations for combating tuberculosis (575 in 1926), whose activities extended to 86.4 per cent of the Netherlands population.

The number of consulting centres had also increased, together with the number of applicants.

The treatment of new-born infants with B.C.G. vaccine is becoming more general. It was adopted at Amsterdam in 1926 in the anti-tuberculosis consulting centres, and is administered, upon the advice of the doctor in charge of the case, to every infant in special danger of contagion. In such cases, confinement should, wherever possible, take place in a hospital, and the vaccine is administered *per os* on the day of birth or the following day.

Table 24 A. shows the results of an enquiry carried out by the Sickness Insurance Funds, into the number of patients incapacitated by tuberculosis who have been treated in sanatoria. The table shows their state of health one, two and three years after their discharge from the sanatorium, and the nature of the employment they have been able to take up. The results of this enquiry show that there has been a distinct improvement since last year.

The campaign against tuberculosis in cattle is attracting increased attention; certain provinces have even established special associations responsible for the regular inspection of cattle and the slaughter of animals suffering from open tuberculosis. The Government grants compensation to owners for any losses they may incur.

(b) *Malaria.*

In 1926, the Public Health Inspectorate carried out an enquiry into malaria in the provinces of Groningen, Drenthe and Overijssel¹ similar to that undertaken in Friesland in 1925. This enquiry revealed the fact that there are malaria foci in the north-eastern communes of Groningen, at Delfzyl and Appingedam. The town of Groningen itself is not completely immune, although the number of indigenous cases is not alarming. A district Committee was appointed in 1926 to deal with malaria at Appingedam and Delfzyl. The reports of the three doctors at Appingedam show that, as a result of the measures taken, the number of cases has decreased by about 50 per cent.

A similar enquiry carried out in the provinces of Guelderland, North Brabant and Limburg² shows that, with the exception of a few imported cases, coming chiefly from the provinces of North and South Holland and the Indies, these provinces are practically free from malaria.

¹ *Verslagen en Mededeelingen betreffende de Volksgezondheid*, January 1928.

² *Ibid.*, June 1928.

In the province of North Holland, a Committee called the Committee for the Campaign against Malaria, conducted by the inhabitants of the province,¹ has continued its activities. Its agents work on an average two days a week throughout the year, which enables them to remain in close contact with the population and the doctors, and to visit the families affected immediately upon the appearance of the disease. They have given effective help in the destruction of the anopheles. They visit not only the families concerned, but, as far as possible, also the neighbouring houses.

(c) *Venereal Diseases.*

(See Table No. 24C.)

(d) *Alcoholism.*

There has been a marked decrease in the consumption of alcoholic beverages, but over and above the official or taxed consumption the clandestine consumption of contraband liquors exists on a large scale. The system of local option, which has already been adopted twice by the Chamber, has hitherto been rejected by the Senate. It forms part of a draft revised version of the Liquor Act now under the consideration of the States General. The State contributes largely to the funds of societies for the suppression of alcoholism.

III. PUBLIC HEALTH ACTIVITIES.

1. INFANT WELFARE².

The amount of the State contribution for purposes of infant welfare has largely increased and at present amounts to Fl.90,500, distributed between the various provincial infant-welfare centres. Each province must have an infant-welfare organisation, the management of which is under the supervision of the Green Cross, White Cross, and White and Yellow Cross Societies. These Societies also appoint child-welfare committees. For the purposes of child-welfare work, each province is divided into one or more districts, in each of which there is a chief organising centre composed of a specialist in children's diseases and a visiting nurse who must hold a nurse's diploma showing she has received special training in midwifery. The specialist is responsible for opening consulting centres for infants in the various communes under the supervision of the local doctor. He must keep in constant touch with these consulting centres and also assist in the technical training of the uncertificated midwives and local nurses who are qualifying to act as infant-welfare visiting nurses. At the consulting centres, the doctor in charge is assisted by a local visiting nurse, who is a specialist in the nursing of infants.

The district visiting nurse is responsible for supervising the work of the local nurses and for instructing mothers. She must help the district medical officer at any consultation centres to which no local nurse is attached. She also helps in the practical training of visiting nurses who are specialising in child-welfare work, and of the uncertificated midwives.

The expenditure incurred by the main centre is defrayed by the provincial organisation aided by a State subsidy, which is granted upon certain conditions. It

¹ *Verslagen en Mededeelingen betreffende de Volksgezondheid*, August 1928.

² Report of the Child Welfare Inspectorate on the Campaign against Tuberculosis and Venereal Diseases for 1926

³ *Ibid.*, 1927, p. 1627.

provides for the refunding of two-thirds of the doctors' and district visitors' fees and the cost of administration. In addition, each Committee which organises courses for the training of uncertificated midwives according to a scheme approved by the State Committee for Assisting Women in Child-bed¹ receives a special subsidy of Fl.1,000. The cost of the equipment and administration of the local consulting centres, together with the fees of the doctors and visitors attached to them, are paid by the local organisations. Certain communes and provinces also grant subsidies.

In 1926, there were 54 consulting centres for infants (43 in 1925). Their number is really higher, but not all of them send in their reports regularly. The following is a summary of the data found in the reports of the consulting centres for infants :

	1925	1926
Number of consulting centres	43 ²	54 ²
Number of infants registered	7,764	9,128

NUMBER OF CHILDREN PRESENTED FOR THE FIRST TIME AT THE CONSULTING CENTRE, ACCORDING TO AGE.

	1925		1926	
	Actual figures	Percentage	Actual figures	Percentage
0 to 3 months	3,899	53	5,399	69 ³
3 to 6 months	1,299	18	1,415	18
6 to 9 months	1,414	19	651	9
9 to 12 months	705	10	293	4
Total	7,317	100	7,758	100

For purposes of comparison between the statistics concerning the feeding of infants, the Inspectorate has proposed that the data should be divided into three groups as follows :

1. Breast-feeding (infants *exclusively* breast-fed for more than three months) ;
2. Mixed feeding (children breast-fed for more than three months and breast-fed *exclusively* for at least three months) ;
3. Artificial feeding (children weaned under the age of three months).

The reports from the consulting centres are not always very full, and the distinction between groups 1 and 2 has not been carefully drawn. Nevertheless, the following data may be deduced :

	1925		1926	
	Actual figures	Percentage	Actual figures	Percentage
Breast and mixed feeding	3,835	71	4,718	67
Artificial feeding	1,585	29	2,371	33
	5,420	100	7,089	100

¹ See *International Health Year-Book* for 1926, p. 483.

² Not including the consulting centres at Amsterdam, Rotterdam and The Hague.

³ 1926 Percentage
 0 to 1 month = 26
 1 to 3 months = 43

It will be noticed that the percentage of breast-fed children was smaller in 1926 than in 1925. This difference is not due to the fact that certain offices have only recently been established, as may be seen from the data supplied by centres which sent in their reports for those two years.

*Data supplied by the Consulting Centres which submitted a Report
in 1925 and 1926*

	1925		1926	
		Percentage		Percentage
Breast-feeding	1,100	51	1,297	51
Mixed feeding |. . . . .	478	22	377	15
Artificial feeding	582	27	857	34
	2,160	100	2,531	100

2. SPECIAL TRAINING COURSES FOR INFANT-WELFARE VISITORS.

The syllabus of these courses was drawn up in 1926 by a Committee formed of representatives of the principal public health and child-welfare organisations. Candidates must hold a nurse's diploma, and have served for a period as district nurse. The syllabus includes a *theoretical course* of from 35 to 40 lectures on the care of infants in health and in sickness, the social protection of pregnant women and of infants; and a month's *practical course*, during which students acquire some knowledge of the duties of district visitors by working at a consulting centre for infants in a large town.

As the majority of the visiting nurses already hold the special visiting nurse's diploma for anti-tuberculosis work, they attain, when their training also includes the nursing of infants, the standard of the "all-round nurse", i.e., of the nurse who, in addition to the necessary qualifications for nursing the sick, is also qualified for public health visiting. The system of the "all-round nurse" is considered by the Inspectorate of Public Health and the various health organisations to yield the best results, more especially in the rural districts. In the large towns, more specialised nurses are more often employed.

3. SCHOOL HYGIENE.

The system of appointing school medical officers is being gradually extended, but the majority of the rural communes, and even some of the large towns, still have no such service, the establishment of which is left to the initiative of the municipalities.

4. HOLIDAY CAMPS.

The practice of sending school-children to holiday camps or to families in the country is becoming more and more general. The number of children sent to holiday camps in 1926 was roughly estimated at 16,000, as against 13,000 in 1925. The associations which organise children's holiday camps receive a State subsidy, provided that they themselves own and run a camp. The Central Committee for providing children's country holidays placed 3,371 children in families in 1926 (3,305 in 1925).

The total number of days' hospitality arranged by the holiday camp associations which are subsidised by the State amounted to 574,000 in 1926 (454,000 in 1925); these associations drew State subsidies to the amount of 93,372 florins in 1926, and 89,006 in 1925.

Although the organisation of holiday camps has reached a highly satisfactory level, the method of selecting the children in many cases leaves room for improvement. A Committee appointed to consider this question has expressed the opinion that, in communes which have no school medical officer, the children should be selected by doctors appointed by the provincial child-welfare committees.

5. INVALID WELFARE.

The first rural consulting centre for the disabled was established in 1927 in the commune of Emmen, in a district where social conditions are particularly unfavourable.

6. DUTCH COLONIES.

Two schools of medicine were already established in the Dutch East Indies: the "Nias", at Surabaya, and the "Stovia", at Batavia. The latter, which was established in 1857, was raised to university status in 1927 and the doctors' diplomas it confers are now recognised by the Dutch faculties.

The Health Exhibition organised in June 1927 at Bandoeng represented the chief activities in the field of public health in the colony—sewerage, drinking-water supply, road-making, housing, medical relief, campaign against infectious diseases, diet, plantation hygiene, native cancer institute, State vaccine institute and the Pasteur Institute at Bandoeng.

IV. BUDGET.

EXTRACT FROM THE GENERAL STATE BUDGET FOR 1927.

Public Health Section.

	Florins
Health Council (salaries and miscellaneous)	69,081
General Health Inspectorate (salaries and miscellaneous)	423,746
Central Public Health Laboratory (salaries and miscellaneous)	128,964
State Serological Institute (salaries and miscellaneous)	82,241
Pharmaco-therapeutic Institute (salaries and miscellaneous)	27,500
State Institute for purification of drainage water (salaries and miscellaneous)	30,603
State Drinking-Water Supply Bureau (salaries and miscellaneous)	115,960
Subsidies to the cost of installation of waterworks	112,000
Subsidies to the Health Committees	53,200
Contribution to the payment of salaries of communal medical officers and midwives	27,000
Campaign against epidemic and infectious diseases (compensation, subsidies, etc.)	254,730
Subsidies to the campaign against tuberculosis	1,200,000
<i>Carried forward</i>	2,525,025

	Florins
<i>Brought forward</i>	2,525,025
Subsidies to the campaign against lupus	3,000
Subsidies for the treatment of epileptics	15,000
Subsidy to the Netherlands Cancer Institute	30,000
Subsidy to the Netherlands Association for the Campaign against Venereal Diseases	10,000
Campaign against venereal diseases among seamen	10,000
Subsidies to the campaign against alcoholism.. .. .	75,800
State school for midwives.. .. .	273,682
Private school for midwives at Heerlen.. .. .	85,910
Children's holidays in the country and medical examination of the children (subsidies)	165,000
Subsidy to the campaign against infant mortality and for the training of uncertificated midwives	90,500
Application of the law concerning the legal protection of the nurses' diploma	12,000
Subsidies to the Medical Relief and Public Health Associations.. .. .	15,000
Subsidy for the improvement of the sanitary conditions in the Drenthe peat area	37,000
Subsidies to the communes for the application of the law on the inspection of butchers' meat.. .. .	720,200
Subsidies to the communes for the service of inspection of foodstuffs	820,000
Subsidies paid to the communes under the Housing Act	11,000,000
Bonus for the construction of dwellings.. .. .	950,000
Subsidies to the communes for the demolition of unhealthy tenements in rural districts.. .. .	30,000
Application of the law on rent committees	100,000
Subsidy to the Netherlands Institute for People's Dwellings	5,000
	16,973,117

October 1928.

NEW ZEALAND

Report prepared by the Department of Health, Wellington.

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VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION¹ ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1926 AND 1921.

Original source : Vol. I of Census.

Date of Census	Area in square kilometers	Present population ²		
		Males	Females	Total
1	2	3	4	5
April 20th, 1926	267,501	686,384	658,085	1,344,469
April 17th, 1921	267,501	621,136	593,541	1,214,677
Increase (+) or decrease (—) in 1926 compared with 1921 :				
(a) Actual	—	+65,248	+64,544	+129,792
(b) Yearly average	—	+13,028	+12,888	+25,916
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period) ..	—	+19.9 ³	+20.5 ⁴	+20.2 ⁵

Table No. 2.*

DENSITY OF POPULATION² AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1926 AND 1921.¹

Original source : Vol. I of Census.

Year of last two Censuses	Number of inhabitants per square kilometer calculated according to the present population	Excess of males over females Present population	
		Actual figures	Per 1,000 females
1	2	3	4
1926	5.03	28,299	1,043
1921	4.54	27,595	1,046
Increase (+) or decrease (—) in 1926 as compared with 1921	+ 0.49	+ 704	

¹ The above figures do not include Maoris (aboriginal natives) or European-Maori half-castes, figures for whom are as follows :

	Males	Females	Total
1926 Census	33,258	30,412	63,670
1921 Census	30,015	26,872	56,887

² Resident population not available. An investigation in 1921 showed that in New Zealand "resident" and "present" population were in effect almost identical.
³ Calculated on males only.
⁴ Calculated on females only.
⁵ Calculated on both sexes.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE LAST CENSUS (1926) AND ESTIMATE OF THIS DISTRIBUTION FOR 1927 (LAST ESTIMATE).¹

Original source: Vol. III of Census and Annual Report on Population and Buildings.

A. Actual Figures.

Ages and age-groups in years	I. 1926-Census--Actual population			II. Estimate for 1927 ²			
	Males	Females		Total	Males	Females	Total
		Total	Married				
1	2	3	4	5	6	7	8
0	13,315	12,706	—	26,021	13,957	13,345	27,302
1	13,572	13,087	—	26,659	13,352	12,799	26,151
2	13,643	12,953	—	26,596	13,255	12,727	25,982
3	13,774	13,221	—	26,995	13,564	12,983	26,547
4	14,350	13,810	—	28,160	13,712	13,088	26,800
0-4	68,654	65,777	—	134,431	67,840	64,942	132,782
5-9	67,678	65,118	—	132,796	68,349	65,633	133,982
10-14	68,263	65,686	—	133,949	68,770	66,229	134,999
15-19	63,481	60,833	1,513	124,314	65,870	62,523	128,393
20-24	57,902	54,910	15,989	112,812	60,838	57,298	118,136
25-29	51,883	51,767	32,544	103,650	54,565	52,462	107,027
30-34	45,290	49,589	36,928	94,879	46,530	50,717	97,247
35-39	49,042	49,609	38,376	98,651	47,275	49,295	96,570
40-44	48,902	46,655	36,387	95,557	49,890	48,213	98,103
45-49	45,918	41,546	31,468	87,464	46,760	43,020	89,780
50-54	35,218	31,069	22,385	66,284	37,800	33,761	71,561
55-59	27,132	24,028	15,882	51,160	29,113	25,668	54,781
60-64	19,286	18,084	10,403	37,370	20,641	19,148	39,789
65-69	14,449	13,206	6,268	27,655	15,074	14,155	29,229
70-74	10,505	8,850	3,185	19,355	10,886	9,355	20,241
75-79	6,071	5,412	1,465	11,483	6,488	5,855	12,343
80-84	3,108	2,915	522	6,023	3,094	2,927	6,021
85-89	1,364	1,188	128	2,552	1,372	1,281	2,653
90 and over	384	348	26	732	413	389	802
Unknown.. .. .	1,854	1,495	352	3,349			
Total	686,384	658,085	253,821	1,344,469	701,568	672,871	1,374,439

¹Above figures do not include Maoris (aboriginal natives) or European-Maori half-castes.
²Mean population, year ending December 31st, 1927.

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1926 Census Actual population							II. Estimate of the age distribution for 1927
	Males	Females	Males	Females	Total	Married Women		Both males and females per 1,000 inhabitants (total popula- tion of all ages)
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age- group	Per 1,000 inhabitants (total popu- lation of all ages)	
	Male	Female						
1	2	3	4	5	6	7	8	9
0	19.4	19.3	9.9	9.5	19.4	—	—	19.9
1	19.8	19.9	10.1	9.7	19.8	—	—	19.0
2	19.9	19.7	10.1	9.6	19.8	—	—	18.9
3	20.0	20.1	10.3	9.8	20.1	—	—	19.3
4	20.9	21.0	10.7	10.3	20.9	—	—	19.5
0-4	100.0	100.0	51.1	48.9	100.0	—	—	96.6
5-9	98.6	99.0	50.3	48.4	98.8	—	—	97.5
10-14	99.5	99.8	50.8	48.9	99.6	—	—	98.2
15-19	92.5	92.4	47.2	45.2	92.5	24.9	1.1	93.4
20-24	84.4	83.4	43.1	40.8	83.9	291.2	11.9	85.9
25-29	75.6	78.7	38.6	38.5	77.1	628.7	24.2	77.9
30-34	66.0	75.4	33.7	36.9	70.6	744.7	27.5	70.8
35-39	71.4	75.4	36.5	36.9	73.4	773.6	28.5	70.3
40-44	71.2	70.9	36.4	34.7	71.1	779.9	27.1	71.4
45-49	66.9	63.1	34.1	30.9	65.0	757.4	23.4	65.3
50-54	51.3	47.2	26.2	23.1	49.3	720.5	16.6	52.1
55-59	39.5	36.5	20.2	17.9	38.0	661.0	11.8	39.8
60-64	28.1	27.5	14.3	13.5	27.8	575.3	7.7	28.9
65-69	21.1	20.1	10.7	9.5	20.6	474.6	4.7	21.3
70-74	15.3	13.4	7.8	6.6	14.4	359.9	2.4	14.7
75-79	8.8	8.2	4.5	4.0	8.5	270.7	1.1	9.0
80-84	4.5	4.4	2.3	2.2	4.5	179.1	0.4	4.4
85-89	2.0	1.8	1.0	0.9	1.9	107.7	0.1	1.9
90 and over ..	0.6	0.5	0.3	0.3	0.5	74.7	0.0	0.6
Unknown	2.7	2.3	1.4	1.1	2.5	235.5	0.3	
Total	1,000	1,000	510.5	489.5	1,000	385.7	188.8	1,000

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Original source : Annual Reports on Vital and Migration Statistics.

Year	Mean population (in 1,000's) ¹		Marriages	Divorces (absolute decrees)	Live-born children	Still-born children	Deaths (exclud- ing still- births)	Excess of		
	Including Maoris	Excluding Maoris						Births (col. 5) over deaths	Deaths over births	
1	2	2a	3	4	5	6	7	8	9	
A. Actual Figures.										
1922 ..	1,305,126	1,251,895	9,556	522	29,006	842	10,977	18,029		
1923 ..	1,328,193	1,274,551	10,070	522	27,967	894	11,511	16,456		
1924 ..	1,352,618	1,298,635	10,259	526	28,014	855	10,767	17,247		
1925 ..	1,384,428	1,329,759	10,419	612	28,153	861	11,026	17,127		
1926 ..	1,413,700	1,352,927	10,680	614	28,473	886	11,819	16,654		
Average : 1922-26	1,356,813	1,301,553	10,197	559	28,323	868	11,220	17,103		
1927 ..	1,438,814	1,374,439	10,478	540	27,881	878	11,613	16,268		
B. Proportion per 1,000 of Mean Population.										
1922 ..			7.63	0.40	23.17	0.67	8.77	14.40		
1923 ..			7.90	0.39	21.94	0.70	9.03	12.91		
1924 ..			7.90	0.39	21.57	0.66	8.29	13.28		
1925 ..			7.84	0.44	21.17	0.65	8.29	12.88		
1926 ..			7.90	0.43	21.05	0.65	8.84	12.31		
1927 ..			7.62	0.37	20.29	0.64	8.45	11.84		
C. Migration Statistics.										
	Immigra- tion	Emigration		Excess of		Immigra- tion	Emigration		Excess of	
		Total	Overseas	Immigra- tion over emi- gration	Emigra- tion over immi- gration		Total	Overseas	Immigra- tion over emi- gration	Emigra- tion over immi- gration
	10	11	12	13	14	15	16	17	18	19
A. Actual Figures.										
1922 ..	35,233	28,389		6,844		25	23		5	
1923 ..	36,488	29,668		6,820		29	23		6	
1924 ..	39,815	30,593		9,222			24		7	
1925 ..	41,846	29,172		12,674		31	22		9	
1926 ..	45,685	33,825		11,860		31	25		9	
Average : 1922-26	39,813	30,329		9,484		34				
1927 ..	38,646	36,248		2,428		31	23		8	
B. Proportion per 1,000 of Mean Population.										
1922 ..										
1923 ..										
1924 ..										
1925 ..										
1926 ..										
Average : 1922-26										
1927 ..										

¹ The numbers and rates for Divorce and Migration are all inclusive of Maoris. All other numbers and rates in the above table and in the succeeding tables of births, deaths and marriages are exclusive of Maoris.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.

Original source : Annual Report on Vital Statistics.

Provincial Districts	Mean population (in 1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
1. Auckland.. .. .	427,202	439,215	9,285	9,066	21.73	20.64
2. Hawke's Bay	66,033	67,100	1,530	1,394	23.17	20.77
3. Taranaki	68,591	69,099	1,634	1,574	23.82	22.78
4. Wellington	275,220	281,952	5,621	5,623	20.42	19.94
5. Marlborough	18,432	18,371	398	413	21.59	22.48
6. Nelson	50,996	50,971	968	932	18.98	18.28
7. Westland	15,224	15,461	433	457	28.44	29.56
8. Canterbury	215,235	218,205	4,377	4,166	20.34	19.09
9. Otago	150,463	147,961	2,707	2,700	17.99	18.25
10. Southland	65,531	66,104	1,520	1,556	23.20	23.54
Total.. .. .	1,352,927	1,374,439	28,473	27,881	21.05	20.29
Total for towns (14 urban areas)	692,749	713,665	13,334	13,053	19.24	18.29
Total for rural districts	660,178	660,774	15,139	14,828	22.93	22.44

Table No. 6.

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1927.

Original source : Annual Report on Vital Statistics.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922	14,897	14,109	29,006	474	368	842	15,371	14,477	29,848
1923	14,531	13,436	27,967	491	403	894	15,022	13,839	28,861
1924	14,295	13,719	28,014	501	354	855	14,796	14,073	28,869
1925	14,518	13,635	28,153	482	379	861	15,000	14,014	29,014
1926	14,649	13,824	28,473	470	416	886	15,119	14,240	29,359
Average: 1922-26	14,578	13,745	28,823	484	384	868	15,062	14,120	29,191
1927	14,291	13,590	27,881	506	372	878	14,797	13,962	28,759
Excess of male births per 100 female births among children				Still-born children per 100 births of the same sex (live-born and still-born children together)					
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922	5.59	28.80	6.18	3.08	2.54	2.82			
1923	8.15	21.84	8.55	3.27	2.91	3.10			
1924	4.20	41.53	5.14	3.39	2.52	2.96			
1925	6.48	27.18	7.04	3.21	2.70	2.97			
1926	5.97	12.98	6.17	3.11	2.92	3.02			
1927	5.16	36.02	5.98	3.42	2.66	3.05			

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS, 1922 TO 1927.

..Original source.: Annual Report on Vital Statistics.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	27,782	800	28,582	1,224	42	1,266	29,006	842	29,848
1923 ..	26,707	851	27,558	1,260	43	1,303	27,967	894	28,861
1924 ..	26,676	813	27,489	1,338	42	1,380	28,014	855	28,869
1925 ..	26,821	816	27,637	1,332	45	1,377	28,153	861	29,014
1926 ..	27,000	834	27,834	1,473	52	1,525	28,473	886	29,359
Average: 1922-26 ..	26,997	823	27,820	1,325	45	1,370	28,323	868	29,191
1927 ..	26,494	827	27,321	1,387	51	1,438	27,881	878	28,759

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
	Live-born (col. A. 8)	Still-born (col. A. 9)	Total (col. A. 10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				Per 100 live-born and still-born children			Per 1,000 mean population	
				Legitimate (col. A. 4)	Illegitimate (col. A. 7)	Total (col. A. 10)		
1	2	3	4	5	6	7	8	9
1922 ..	42.20	49.88	42.41	2.80	3.32	2.82	22.19	0.98
1923 ..	45.05	48.10	45.15	3.09	3.30	3.10	20.95	0.99
1924 ..	47.76	49.12	47.80	2.96	3.04	2.96	20.54	1.03
1925 ..	47.31	52.26	47.46	2.95	3.27	2.97	20.16	1.00
1926 ..	51.73	58.69	51.94	3.00	3.41	3.02	19.96	1.09
Average: 1922-26 ..	46.78	51.84	46.93	2.96	3.28	2.97	20.74	1.02
1927 ..	49.75	58.09	50.00	3.03	3.55	3.05	19.28	1.01

Table No. 9.*

MONTHLY¹ NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1925 TO 1927.

Original source : Annual Report on Vital Statistics.

Month	Actual figures for live-born children					
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
	1925		1926		1927	
	2	3	4	5	6	7
January	6,836	319	6,926	340	6,820	352
February						
March						
April	6,692	307	6,521	316	6,289	325
May						
June						
July	6,666	355	6,667	389	6,766	365
August						
September .. .						
October	6,627	351	6,886	428	6,619	345
November .. .						
December .. .						
Total	26,821	1,332	27,000	1,473	26,494	1,387
Live-born children (legitimate and illegitimate together)						
	Actual figures			Rate per 1,000 of mean population (calculated on an annual basis)		
	1925	1926	1927	1925	1926	1927
	8	9	10	11	12	13
January	7,155	7,266	7,172	5.38	5.37	5.22
February .. .						
March						
April	6,999	6,837	6,614	5.26	5.05	4.81
May						
June						
July	7,021	7,056	7,131	5.28	5.22	5.19
August						
September .. .						
October	6,978	7,314	6,964	5.25	5.41	5.07
November .. .						
December .. .						
Total	28,153	28,473	27,881	21.17	21.05	20.29

¹ Monthly data not available.

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926 AND 1927.

Original source : Annual Report on Vital Statistics.

Provincial districts	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of mean population		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
1. Auckland	3,536	3,494	8.28	7.96	+ 0.34	- 0.32
2. Hawke's Bay	603	613	9.13	9.14	+ 0.60	+ 0.01
3. Iaranaki	506	453	7.38	6.56	+ 0.25	- 0.82
4. Wellington	2,234	2,271	8.12	8.05	+ 0.40	- 0.07
5. Marlborough	129	139	7.00	7.57	- 0.93	+ 0.57
6. Nelson	379	399	7.43	7.83	- 0.66	+ 0.40
7. Westland	209	211	13.73	13.65	+ 0.74	- 0.08
8. Canterbury	2,178	2,010	10.12	9.21	+ 1.30	- 0.91
9. Otago	1,529	1,501	10.16	10.14	+ 0.38	- 0.02
10. Southland	516	522	7.87	7.90	- 0.13	+ 0.03
Total	11,819	11,613	8.74	8.45	+ 0.45	- 0.29
Total for towns (14 urban areas) ..	6,469	6,393	9.33	8.96	+ 0.48	- 0.37
Total for rural districts	5,350	5,220	8.10	7.90	+ 0.38	- 0.20

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1927.

Original source : Annual Report on Vital Statistics.

Year	Mean population (in 1,000's) (exclusive of Maoris)		Total deaths		Rate per 1,000 of mean population of same sex		Difference (+or-) between male and female death rates (difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922.. .. .	638,679	613,216	6,131	4,846	9.60	7.90	— 1.70
1923.. .. .	649,766	624,785	6,438	5,073	9.91	8.12	— 1.79
1924.. .. .	661,933	636,702	6,106	4,661	9.22	7.32	— 1.90
1925.. .. .	678,728	651,031	6,167	4,859	9.09	7.46	— 1.63
1926.. .. .	690,767	662,160	6,673	5,146	9.66	7.77	— 1.89
Average :							
1922-26	663,975	637,579	6,303	4,917	9.50	7.71	— 1.78
1927.. .. .	701,568	672,871	6,514	5,099	9.28	7.58	— 1.70

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 AND 1926.

Original source: Annual Report on Vital Statistics.

A. Actual Figures.

Ages and age-groups	Total deaths					
	In 1925			In 1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	639	486	1,125	638	494	1,132
1	94	80	174	88	88	176
2	68	56	124	58	55	113
3	37	45	82	26	36	62
4	33	26	59	27	32	59
0-4	871	693	1,564	837	705	1,542
5-9	114	102	216	103	88	191
10-14	85	73	158	73	81	154
15-19	103	100	203	122	89	211
20-24	149	120	269	164	137	301
25-29	148	136	284	152	157	309
30-34	154	163	317	174	166	340
35-39	213	187	400	239	185	424
40-44	269	201	470	251	203	454
45-49	342	279	621	367	262	629
50-54	333	270	603	398	284	682
55-59	403	282	685	437	297	734
60-64	398	332	730	491	343	834
65-69	557	380	937	620	400	1,020
70-74	576	401	977	627	480	1,107
75-79	524	434	958	644	494	1,138
80-84	500	380	880	501	406	907
85-89	310	244	554	236	271	627
90 and over	118	82	200	117	98	215
Age unknown						
Total	6,167	4,859	11,026	6,673	5,146	11,819

Table No. 12* (concluded).

B. Proportional Figures.

Ages and age-groups	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (—) in mortality in 1926 compared with 1925		
	In 1925			In 1926			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0.. ..	45.32	36.14	40.84	46.76	37.89	42.43	+ 1.44	+ 1.75	+ 1.59
1.. ..	6.82	6.10	6.47	6.62	6.89	6.75	— 0.20	+ 0.79	+ 0.28
2.. ..	4.84	4.21	4.53	4.27	4.24	4.25	— 0.57	+ 0.03	— 0.23
3.. ..	2.64	3.33	2.98	1.89	2.75	2.32	— 0.75	— 0.58	— 0.66
4.. ..	2.41	1.99	2.21	1.92	2.37	2.14	— 0.49	+ 0.38	— 0.07
0-4.. ..	12.51	10.43	11.49	11.99	10.60	11.31	— 0.52	+ 0.17	— 0.18
5-9.. ..	1.71	1.59	1.65	1.55	1.37	1.46	— 0.16	— 0.22	— 0.19
10-14.. ..	1.25	1.12	1.18	1.06	1.22	1.14	— 0.19	+ 0.10	— 0.04
15-19.. ..	1.64	1.67	1.66	1.88	1.45	1.67	+ 0.24	— 0.22	+ 0.01
20-24.. ..	2.66	2.25	2.46	2.81	2.51	2.66	+ 0.15	+ 0.26	+ 0.20
25-29.. ..	2.99	2.64	2.81	2.95	3.03	2.99	— 0.04	+ 0.39	+ 0.18
30-34.. ..	3.32	3.21	3.26	3.75	3.24	3.48	+ 0.43	+ 0.03	+ 0.22
35-39.. ..	4.39	3.82	4.10	4.98	3.75	4.35	+ 0.59	— 0.07	+ 0.25
40-44.. ..	5.30	4.20	4.77	4.99	4.22	4.61	— 0.31	+ 0.02	— 0.16
45-49.. ..	7.82	6.95	7.40	8.05	6.21	7.16	+ 0.23	— 0.74	— 0.24
50-54.. ..	9.35	8.67	9.03	10.86	8.83	9.91	+ 1.51	+ 0.16	+ 0.88
55-59.. ..	14.95	12.12	13.64	15.28	11.97	13.74	+ 0.33	— 0.15	+ 0.10
60-64.. ..	20.77	19.31	20.08	24.71	19.29	22.15	+ 3.94	— 0.02	+ 2.07
65-69.. ..	38.87	29.70	34.55	43.03	30.37	36.98	+ 4.16	+ 0.67	+ 2.43
70-74.. ..	55.49	45.59	50.95	57.96	51.93	55.18	+ 2.47	+ 6.34	+ 4.23
75-79.. ..	92.43	83.99	88.41	111.34	92.80	102.46	+ 18.91	+ 8.81	+ 14.05
80-84.. ..	157.04	133.38	145.86	161.14	139.71	151.27	+ 4.10	+ 6.33	+ 5.41
85-89.. ..	264.73	244.98	255.65	258.53	220.33	240.51	— 6.20	— 24.65	— 15.14
90 and over	406.90	292.86	350.88	290.32	267.76	279.58	— 116.58	— 25.10	— 71.30
Age unknown									
Total ..	9.09	7.46	8.29	9.66	7.77	8.74	+ 0.57	+ 0.31	+ 0.45

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS, 1926 AND 1927.

Original source : Annual Report on Vital Statistics.

Month	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of mean population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
A. Per Month.					
January ..	839	906	0.62	0.66	+ 0.04
February ..	785	719	0.58	0.52	- 0.06
March ..	861	854	0.64	0.62	- 0.02
April ..	807	834	0.60	0.61	+ 0.01
May ..	893	958	0.66	0.70	+ 0.04
June ..	1,004	1,071	0.74	0.78	+ 0.04
July ..	1,387	1,166	1.02	0.85	- 0.17
August ..	1,328	1,171	0.98	0.85	- 0.13
September ..	1,025	1,018	0.76	0.74	- 0.02
October ..	955	988	0.71	0.72	+ 0.01
November ..	904	920	0.67	0.67	—
December ..	908	892	0.67	0.65	- 0.02
Total ..	11,819 ¹	11,613 ²	8.74 ¹	8.45 ²	- 0.29
B. Per Quarter.					
1st Quarter	2,485	2,479	1.84	1.80	- 0.04
2nd Quarter	2,704	2,863	2.00	2.08	+ 0.08
3rd Quarter	3,740	3,355	2.76	2.44	- 0.32
4th Quarter	2,767	2,800	2.05	2.05	—
Total ..	11,819 ¹	11,613 ²	8.74 ¹	8.45 ²	- 0.29

¹ Includes 123 deaths occurring before 1926, but registered during 1926. These are not included in the monthly figures or the quarterly figures.

² Includes 116 deaths occurring before 1927, but registered during 1927. These are not included in the monthly figures or the quarterly figures.

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES,
1926 AND 1927.

Original source : Annual Report on Vital Statistics.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics	
			Actual figures	Per 10,000 of mean population	Cases		Deaths				
					Actual figures	Per 10,000 of mean population	Actual figures	Per 100 notified cases (col. 6)			
1	2	3	4	5	6	7	8	9	10	11	
1a	Typhoid fever	1926	16	0.12	302	2.23				5.30	
		1927	11	0.08	270	1.96				4.07	
1b	Paratyphoid fever ..	1926	3	0.02							
		1927	—	0.00							
2	Typhus	1926	—	0.00	—	0.00				0.00	
		1927	—	0.00	—	0.00				0.00	
3	Relapsing fever .. .	1926	—	0.00	—	0.00				0.00	
		1927	—	0.00	—	0.00				0.00	
5	Malarial fever or cachexia .. .	1926	—	0.00							
		1927	—	0.00							
6	Smallpox .. .	1926	—	0.00	—	0.00				0.00	
		1927	—	0.00	—	0.00				0.00	
7	Measles .. .	1926	13	0.10							
		1927	29	0.21							
8	Scarlet fever .. .	1926	8	0.06	1,583	11.70				0.51	
		1927	16	0.12	2,185	15.89				0.73	
9	Whooping-cough ..	1926	108	0.80							
		1927	41	0.30							
10	Diphtheria .. .	1926	66	0.49	1,975	14.59				3.34	
		1927	58	0.42	1,446	10.52				4.01	
11a	Influenza, with pulmonary complications .. .	1926	200	1.48							
		1927	62	0.45							
11b	Influenza, without pulmonary complications .. .	1926	88	0.65							
		1927	69	0.50							
14	Asiatic cholera .. .	1926	—	0.00	—	0.00					
		1927	—	0.00	—	0.00					
16	Dysentery .. .	1926	17	0.13	21	0.15				80.95	
		1927	2	0.01	3	0.02				66.67	

Table No. 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics	
			Actual figures	Per 10,000 of mean population	Cases		Deaths				
					Actual figures	Per 10,000 of mean population	Actual figures	Per 100 notified cases (col. 6)			
1	2	3	4	5	6	7	8	9	10	11	
17	Plague	1926	—	0.00	—	0.00				0.00	
		1927	—	0.00	—	0.00				0.00	
18	Yellow fever	1926	—	0.00	—	0.00				0.00	
		1927	—	0.00	—	0.00				0.00	
20	Leprosy	1926	—	0.00	1	0.01				0.00	
		1927	—	0.00	—	0.00				0.00	
21	Erysipelas	1926	5	0.04	233	1.65				2.15	
		1927	11	0.08	244	1.70				4.51	
22	Acute poliomyelitis ..	1926	11	0.08	22	0.16				50.00	
		1927	7	0.05	29	0.20				24.14	
23	Encephalitis lethargica	1926	5	0.04	42	0.30				11.90	
		1927	12	0.09	31	0.22				38.71	
24	Epidemic cerebrospinal meningitis ..	1926	4	0.03	35	0.25				11.43	
		1927	2	0.01	22	0.15				9.09	
26	Glanders and farcy ..	1926	—	0.00							
		1927	—	0.00							
27	Malignant pustule and anthrax	1926	—	0.00	1	0.01				0.00	
		1927	1	0.01	1	0.01				100.00	
28	Rabies	1926	—	0.00							
		1927	—	0.00							
31	Tuberculosis of the respiratory system	1926	592	4.38							
		1927	533	3.88							
32	Tuberculosis of the meninges or tuberculosis of the central nervous system	1926	52	0.38	1,318	9.32				3.95	
		1927	61	0.44	1,343	9.33				4.54	
33	Tuberculosis of other organs	1926	83	0.61							
		1927	74	0.54							
38	Syphilis	1926	23	0.17							
		1927	26	0.19							
39	Soft chancre	1926	—	0.00							
		1927	—	0.00							
40	Gonorrhœa	1926	1	0.01							
		1927	—	0.00							

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1926.

Original source : Annual Report on Vital Statistics.

Age-groups	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
Under 1 year ..	7	7	14	5.13	5.37	5.25
1-4	11	14	25	2.01	2.68	2.34
0-4	18	21	39	2.64	3.21	2.92
5-9	5	5	10	0.75	0.78	0.77
10-14	5	12	17	0.73	1.81	1.26
15-19	17	32	49	2.63	5.23	3.89
20-24	37	55	92	6.34	10.06	8.14
25-29	48	50	98	9.31	9.66	9.49
30-34	51	37	88	11.00	7.22	9.02
35-39	45	34	79	9.37	6.88	8.11
40-44	38	23	61	7.55	4.79	6.20
45-49	51	17	68	11.19	4.03	7.74
50-54	30	10	40	8.19	3.11	5.88
55-59	23	9	32	8.04	3.63	5.99
60-64	18	12	30	9.06	6.75	7.97
65-69	8	3	11	5.55	2.28	3.99
70-74	6	1	7	5.55	1.08	3.49
75-79	1	4	5	1.73	7.51	4.50
80-84	1	0	1	3.24	0.00	1.67
85-89	0	0	0	0.00	0.00	0.00
90 and over ..	0	0	0	0.00	0.00	0.00
Age unknown ..	0	0	0	0.00	0.00	0.00
Total	402	325	727	5.82	4.91	5.38

Table No. 16.*

DEATH RATE FROM TUMOURS, 1925 TO 1927.

Original source: Annual Report on Vital Statistics.

Year	Classification according to International List (3rd Revision, 1920)					Other nomenclatures			
	No. 43-49 Cancer or other malignant tumours	No. 50 Non- malignant tumours, or tumours of which the malignant character is not specified	No. 137 Other non- malignant tumours of ovary	No. 139 Non- cancerous tumour of the uterus	No. 43-50, 137, 139 Total number of tumours (col. 2, 3, 4, 5 together)	Cancer, <i>i.e.</i> , all malignant tumours other than sarcoma	Sarcoma	Other tumours	Total number of tumours
1	2	3	4	5	6	7	8	9	10
<i>A. Actual Number of Deaths.</i>									
1925..	1,207	20	8	9	1,244	1,150	57	37	1,244
1926..	1,341	24	5	11	1,381	1,248	93	40	1,381
1927..	1,324	20	6	11	1,361	1,245	79	37	1,361
<i>B. Proportional Figures per 10,000 of Mean Population.</i>									
1925..	9.08	0.15	0.06	0.07	9.36	8.65	0.43	0.28	9.36
1926..	9.91	0.18	0.04	0.08	10.21	9.22	0.69	0.30	10.21
1927..	9.63	0.15	0.04	0.08	9.90	9.06	0.57	0.27	9.90

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927.

Original source : Annual Report on Vital Statistics.

Year	Classification according to International List (3rd Revision, 1920)								
	I. Classes of Disease								
	Affections								
	Of the nervous system and organs of special sense No. 70-86	Of the circulatory system No. 87-96	Of the respiratory system No. 97-107	Of the digestive system No. 108-127	Non-venereal diseases of genito-urinary system No. 128-142	Of the skin and cellular tissue No. 151-155	Of the bones and organs of locomotion No. 156-158		
1	2	3	4	5	6	7	8		
	A. Actual Number of Deaths.								
1925	1,196	2,119	1,005	664	590	49	36		
1926	1,231	2,271	1,052	657	658	62	41		
1927	1,244	2,386	1,062	658	662	60	34		
	B. Proportional Figures per 10,000 of Mean Population.								
1925	8.99	15.94	7.56	4.99	4.44	0.37	0.27		
1926	9.10	16.78	7.78	4.86	4.86	0.46	0.30		
1927	9.05	17.36	7.72	4.79	4.82	0.44	0.25		
Year	II. Various Important Diseases								
	Cerebral hæmorrhage, apoplexy No. 74	Diseases of the heart No. 87-90	Acute and chronic bronchitis No. 99	Pneumonia No. 100, 101	Diarrhoea and enteritis (all ages) No. 113, 114	Cirrhosis of the liver No. 122	Acute and chronic nephritis No. 128, 129	Old age No. 164	Unknown or ill-defined diseases No. 204, 205
	9	10	11	12	13	14	15	16	17
	A. Actual Number of Deaths.								
1925 .. .	683	1,931	316	507	107	45	396	779	47
1926 .. .	764	2,059	360	507	104	47	434	887	31
1927 .. .	771	2,150	303	520	91	47	409	806	32
	B. Proportional Figures per 10,000 of Mean Population.								
1925 .. .	5.14	14.52	2.38	3.80	0.80	0.34	2.98	5.86	0.35
1926 .. .	5.85	15.22	2.66	3.74	0.77	0.35	3.21	6.56	0.23
1927 .. .	5.61	15.64	2.20	3.79	0.67	0.34	2.98	5.86	0.23

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925 TO 1927.

Original source : Annual Report on Vital Statistics.

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1925..		29,014	42	89		14.48		30.67
1926..		29,359	39	82		13.28		27.93
1927..		28,759	70	67		24.34		23.30

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1925 TO 1927.

Original source : Annual Report on Vital Statistics.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
	2	3	4	5	6	7
Deaths by suicide	173	153	199	1.30	1.13	1.45
Other external causes	636	722	678	4.78	4.34	4.93
Total deaths from external causes ..	809	875	877	6.08	6.47	6.38
Total deaths from all causes	11,026	11,819	11,613	82.92	87.35	84.49
Total deaths, excluding deaths due to external causes (natural mortality)	10,217	10,944	10,736	76.84	80.88	78.11

5. INFANT MORTALITY.

*
Table No. 20.INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE, SEX AND LEGITIMACY,
1925 AND 1926.

Original source : Annual Report on Vital Statistics.

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legiti- mate	Illegiti- mate	Males	Females	Total	Legiti- mate	Illegiti- mate
1	2	3	4	5	6	7	8	9	10	11
(a) Days of age:	Year 1925.									
0	135	100	235			9.30	7.33	8.35		
1	67	32	99			4.61	2.35	3.52		
2										
3										
4	140	97	237			9.64	7.12	8.41		
5										
6										
7										
8										
9										
10	44	41	85			3.03	3.01	3.02		
11										
12										
13										
14										
15										
16										
17	27	22	49			1.86	1.61	1.74		
18										
19										
20										
21										
22										
23										
24										
25	21	18	39			1.45	1.32	1.39		
26										
27										
28										
29										
(b) Months of age:										
0	434	310	744			29.89	22.74	26.43		
1	64	42	106			4.41	3.08	3.76		
2	23	27	50			1.58	1.98	1.78		
3										
4	54	35	89			3.72	2.57	3.16		
5										
6										
7	37	37	74			2.55	2.71	2.63		
8										
9										
10	27	35	62			1.86	2.56	2.20		
11										
Total (under 1 year) ..	639	486	1,125	1,067	58	44.01	35.64	39.96	39.78	43.54

Table No. 20* (concluded).

Year	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legitimate	Illegitimate	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6	7	8	9	10	11
(a) Days of age:	Year 1926.									
0	137	107	244			9.35	7.74	8.57		
1	67	34	101			4.58	2.46	3.54		
2										
3										
4	131	107	238			8.94	7.74	8.36		
5										
6										
7										
8										
9										
10	35	25	60			2.39	1.81	2.11		
11										
12										
13										
14										
15										
16										
17	29	18	47			1.98	1.30	1.65		
18										
19										
20										
21										
22										
23										
24										
25	22	13	35			1.50	0.94	1.23		
26										
27										
28										
29										
(b) Months of age:										
0	421	304	725			28.74	21.99	25.46		
1	50	41	91			3.41	2.97	3.20		
2	20	20	40			1.37	1.45	1.40		
3										
4	54	49	103			3.69	3.54	3.62		
5										
6										
7	50	40	90			3.41	2.89	3.16		
8										
9										
10	43	40	83			2.93	2.89	2.92		
11										
Total (under 1 year) .. .	638	494	1,132	1,071	61	43.55	35.73	39.76	39.67	41.41

Table No. 21.*

SEASONAL VARIATIONS IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE CHILDREN UNDER 1 YEAR OF AGE, 1925 AND 1926.¹

Original source: Annual Report on Vital Statistics.

Month	Number of deaths among children under 1 year
1	2
<i>Year 1925.</i>	
Deaths before 1925 (registered during 1925)	13
January	95
February	83
March	81
April	91
May	93
June	88
July	110
August	119
September	105
October	101
November	75
December	71
Total	1,125
<i>Year 1926.</i>	
Deaths before 1926 (registered during 1926)	11
January	97
February	60
March	65
April	73
May	80
June	100
July	132
August	151
September	91
October	94
November	87
December	91
Total	1,132

¹Data regarding legitimacy and proportional figures not available.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH, 1925 AND 1926.

Original source : Annual Report on Vital Statistics.

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations	142	119	5.04	4.18
160	Congenital debility, icterus and scleroma ..	110	110	3.91	3.86
161	Premature birth; injury at birth	420	389	14.92	13.66
38	Congenital syphilis	7	2	0.25	0.07
7	Measles	3	2	0.11	0.07
8	Scarlet fever				
9	Whooping-cough	8	67	0.28	2.35
10	Diphtheria	2	7	0.07	0.25
11	Influenza	14	12	0.50	0.42
15	Cholera nostras				
21	Erysipelas	3	1	0.11	0.04
24	Epidemic cerebro-spinal meningitis	2	1	0.07	0.04
31	Tuberculosis of the respiratory system	3		0.11	
32	Tuberculosis of the meninges or of the central nervous system	14	9	0.50	0.32
33-37	Tuberculosis of other organs	2	5	0.07	0.18
71	Meningitis	11	9	0.39	0.32
80	Convulsions of infants	44	31	1.56	1.09
99	Bronchitis	19	30	0.67	1.05
100-101	Pneumonia	105	102	3.73	3.58
113	Diarrhoea and enteritis	51	38	1.81	1.33
175-202	External causes	17	20	0.60	0.70
200	Infanticide (murder of infants less than 1 year of age)	2	4	0.07	0.14
205	Diseases not specified or ill-defined	6	2	0.21	0.07

6. PUBLIC HEALTH STATISTICS.

Table No. 23.*

PUBLIC HEALTH LEGISLATION IN 1927.

Date	Authority	Scope of the law or decree	Published in
1927	Child Welfare Amendment Act.	III. Protection of Mothers, Infants, and Children.	Annual Volume of <i>Statutes</i> , 1927.
1927	Dangerous Drugs Act.	VI. Public Health in general.	Annual Volume of <i>Statutes</i> , 1927.

Table No. 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis.—Survey of Anti-tuberculosis Institutions, 1925 to 1927.

Original source: Annual Reports of Department of Health and Appendices thereto.

Designation of the institutions	Number of institutions			Number of beds			Number of tuberculous patients admitted during the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
II. (a-g) Total number of sanatoria ¹	6	6	6	530	554	582		764	730
III. Tuberculosis hospitals:									
(a) For pulmonary tuberculosis ..	3	3	3	168	168	173		188	201
(b) For surgical tuberculosis ..	—	—	—	—	—	—		—	—
(a-b) Total number of hospitals ..	3	3	3	168	168	173		188	201
IV. Other institutions:									
Fresh-air preventorium	1	1	1	38	38	38		22	19

In addition, tuberculosis beds in general hospitals were available as follows:

Year	Hospitals	Beds
1926	37	359
1927	38	327
1928	35	316

¹ The sanatoria in New Zealand are for pulmonary tuberculosis only; they accommodate both adults and children.

Table No. 24* (concluded).

B. Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases, 1925 to 1927.

Original source : Annual Reports of Department of Health.

Designation of the institutions	Number of institutions			Number of patients suffering from venereal diseases admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Consultation centres for persons suffering from venereal diseases	4	4	4	1,460	1,754	1,843

The institutions in New Zealand are clinics which have been established in connection with the public hospitals in the four main centres of Auckland, Wellington, Christchurch and Dunedin.

C. Alcoholism.—Survey of the Institutions for the Campaign against Alcoholism, 1925 to 1927.

Original source : Department of Health, New Zealand.

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Centres for persons suffering from alcoholism	2	2	2	82	62	71

Table No. 25.*

INSTITUTIONS FOR THE PROTECTION OF MOTHERS AND CHILDREN, 1925 TO 1927.

Original source : Annual Reports of Department of Health and Appendices thereto;
Annual Reports of Royal New Zealand Society for the Health of
Women and Children (The Plunket Society).

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Consultation centres for expectant mothers	16	20	23	2,289	3,238	3,919
II. Special obstetrical hospitals	24	25	33	1	3,984	4,722
Number of beds	272	268	323			
III. Dispensaries for mothers and infants						
IV. Special hospitals for infants (Maritime hospitals controlled by the Royal New Zealand Society for the Health of Women and Children) (Plunket Society) ..	5	6	6	1	1	1,039 infants 539 mothers
V. Other important institutions						

In addition, maternity beds were available in general hospitals as follows :

Year	Hospitals	Beds
1926	30	168
1927	35	209
1928	33	207

* Not available.

7. DATA ON CURATIVE MEDICINE.

Table No. 26.*

STATISTICS OF HOSPITALS, ETC., 1925 TO 1927.

Original source : Annual Reports of Department of Health and Appendices thereto.

A. Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds					
				Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals ..	83	86	83	5,970	6,238	6,318	42.7	43.5	43.7
II. Mental hospitals ..	8	8	8	6,006	6,204	6,412	45.63	46.08	46.96
III. Hospitals for the treatment of nervous diseases :									
(a) Homes for epileptics ..	1	1	1	125	172	150	0.9	1.2	1.0
(b) Sanatoria for alcoholics ..									
IV. Homes for idiots and imbeciles ..	—	—	—	—	—	—	—	—	—
V. Infant hospitals ¹ ..	—	—	—	—	—	—	—	—	—
VI. Children's hospitals ¹ ..	3	3	2	86	84	46	0.6	0.6	0.3
VII. Hospitals for cripples ¹ ..	—	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ² ..	5	5	4	303	345	311	2.2	2.4	2.2
IX. Tuberculosis hospitals ³ ..	10	10	10	696	722	793	5.0	5.0	5.5
X. Homes for lepers ..	—	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical hospitals ¹ ..	24	25	33	272	265	323	1.9	1.9	2.2
XII. Maternity hospitals ..	—	—	—	—	—	—	—	—	—
XIII. Eye hospitals ¹ ..	—	—	—	—	—	—	—	—	—
XIV. Homes for incurables ⁴ ..	—	—	—	—	—	—	—	—	—
Total	134	138	141	13,460	14,033	14,353	96.2	97.8	99.2

¹ Provision is made for these cases in general hospitals.² Beds for contagious diseases included under general hospitals are as follows : 1926, 862 ; 1927, 866 ; 1928, 873.³ Including sanatoria.⁴ Provision for such cases is usually made in the charitable institutions under the control of hospital boards.

Table No. 26* (continued).

B. Movement of Patients and Duration of Disease.

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figures	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
Year 1925.								
I. General hospitals ..	1	1	61,627	1	3,381	1	1,541,468	25.0
II. Mental hospitals ..	5,131	875	6,006	425	324	76.23	1	1
III. Hospitals for the treatment of nervous diseases ..	1	1	403	1	—	1	28,215	70.0
IV. Homes for idiots and feeble-minded ..	—	—	—	—	—	—	—	—
V. Infants' hospitals ²	—	—	—	—	—	—	—	—
VI. Children's hospitals ²	1	1	211	1	—	1	18,798	89.1
VII. Hospitals for cripples ² ..	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ² ..	1	1	656	1	19	1	23,762	36.2
IX. Tuberculosis hospitals ² ..	1	1	1,353	1	72	1	184,216	136.2
X. Homes for lepers ..	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical clinics ²	1	1	3,901	1	13	1	56,210	14.4
XII. Maternity hospitals ²	—	—	—	—	—	—	—	—
XIII. Eye hospitals ² ..	—	—	—	—	—	—	—	—
XIV. Homes for incurables ³ ..	—	—	—	—	—	—	—	—
Total	5,131	875	74,357	425	3,800	—	1,852,669	24.9

¹ Information not available.² Provision for these cases is made in general hospitals.³ Provision for these cases is usually made in the charitable institutions under the control of hospital boards.

Table No. 26* (continued).

B. Movement of Patients and Duration of Disease (continued).

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figures	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
Year 1926.								
I. General hospitals ..	4,045	64,187	68,232	1	3,711	1	1,574,245	23.1
II. Mental hospitals ..	5,257	947	6,204	381	354	92.91		
III. Hospitals for the treatment of nervous diseases ..	93	447	540	1	4	1	41,720	77.2
IV. Homes for idiots and feeble-minded ..	—	—	—	—	—	—	—	—
V. Infants' hospitals ²	51	140	191	1	—	1	19,053	99.8
VI. Children's hospitals ²	—	—	—	—	—	—	—	—
VII. Hospitals for cripples ² ..	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ³ ..	64	641	705	1	23	1	26,645	37.8
IX. Tuberculosis hospitals ² ..	519	878	1,397	1	59	1	201,991	144.6
X. Homes for lepers ..	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical clinics ²	156	3,984	4,140	1	8	1	57,561	13.9
XII. Maternity hospitals ²	—	—	—	—	—	—	—	—
XIII. Eye hospitals ² ..	—	—	—	—	—	—	—	—
XIV. Homes for incurables ³ ..	—	—	—	—	—	—	—	—
Total	10,185	71,224	81,409	381	4,159		1,921,215	23.6

¹ Information not available.² Provision for these cases is made in general hospitals.³ Provision for the cases is usually made in the charitable institutions under the control of hospital boards.

Table No. 26* (concluded).

B. Movement of Patients and Duration of Disease (concluded).

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figures	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
	Year 1927.							
I. General hospitals ..	4,347	67,229	71,576	1	3,689	1	1,634,397	22.8
II. Mental hospitals ..	5,467	945	6,412	390	349	89.48		
III. Hospitals for the treatment of nervous diseases ..	136	433	569	1	5	1	45,990	80.8
IV. Homes for idiots and feeble-minded ..	—	—	—	—	—	—	—	—
V. Infants' hospitals ²	—	—	—	—	—	—	—	—
VI. Children's hospitals ²	23	128	151	1	—	1	9,089	60.2
VII. Hospitals for cripples ²	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases ²	55	788	843	1	26	1	30,332	36.0
IX. Tuberculosis hospitals ²	609	861	1,470	1	56	1	221,957	151.0
X. Homes for lepers ..	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical clinics ²	169	4,722	4,891	1	14	1	65,591	13.4
XII. Maternity hospitals ²	—	—	—	—	—	—	—	—
XIII. Eye hospitals ²	—	—	—	—	—	—	—	—
XIV. Homes for incurables ²	—	—	—	—	—	—	—	—
Total	10,806	75,106	85,912	390	4,139		2,007,356	23.4

* Information not available.

¹ Provision for these cases is made in general hospitals.² Provision for these cases is usually made in the charitable institutions under the control of hospital boards.

Table No. 27.

STATISTICS OF SANITARY PERSONNEL, 1925 TO 1927.

Sanitary personnel	M. = Males F. = Females T. = Total	Actual figures			Rate (males and females together) per 10,000 of the average population		
		1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8
I. Medical students ..	M. F. T.	219 35 254	176 24 200	168 22 190	1.8	1.4	1.3
II. Doctors graduated during the year ..	M. F. T.	55 4 59	58 9 67	26 8 34	0.4	0.5	0.2
III. Doctors (total) ..	M. F. T.	1,125 86 1,211	1,184 99 1,283	1,211 109 1,320	8.6	9.0	9.1
IV. Dental students ..	M. F. T.	104 9 113	103 4 107	108 5 113	0.8	0.7	0.8
V. Dentists graduated during the year ..	M. F. T.	7 — 7	10 1 11	10 — 10	0.05	0.1	0.1
VI. Dentists (total) ..	M. F. T.	796 24 820	810 25 835	833 21 854	5.9	5.8	5.9
VII. Pharmacists	M. F. T.	627 24 651	649 27 676	616 24 640	4.6	4.7	4.4
VIII. Assistant pharma- cists	M. F. T.	No records available.					
IX. Midwives Maternity nurses ..	F. F.	1,231	2,429 759	2,557 891	8.8	17.0 5.3	17.6 6.1
X. Doctors' assistants (Feldschers) ..	M. F. T.	No doctors' assistants in New Zealand.					

October 1928.

NORWAY

BY

Dr. H. M. GRAM (Oslo).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. AREA.

The area of Norway is 386,892 square kilometers, including Svalbard (formerly Spitzbergen), the area of which is 63,089 square kilometers.

2. POPULATION.

The population on December 31st, 1927, was estimated at 2,798,874 inhabitants. At the last census (1920), the number was 2,649,775.

DISTRIBUTION OF THE POPULATION BY AGE-GROUPS AND BY SEX AND CIVIL STATUS IN RURAL COMMUNES AND TOWNS ON DECEMBER 1ST, 1920 (RATE PER THOUSAND INDIVIDUALS OF THE SAME GROUP).

Age	Whole Country			Rural Communes			Towns		
	Total	M.	F.	Total	M.	F.	Total	M.	F.
0-4 years ..	111	116	106	118	121	115	93	103	85
5-9 " ..	106	111	101	112	115	109	91	100	84
10-14 " ..	104	109	99	109	113	106	91	100	84
15-19 " ..	101	105	98	99	103	94	106	108	105
20-24 " ..	91	92	90	84	87	82	108	106	110
25-29 " ..	77	77	77	72	72	72	90	90	89
30-34 " ..	65	63	66	61	60	63	73	73	73
35-39 " ..	57	54	59	54	52	56	62	60	64
40-44 " ..	54	52	55	51	50	52	60	58	61
45-49 " ..	46	45	48	45	44	46	50	48	51
50-54 " ..	41	39	43	40	38	42	42	40	45
55-59 " ..	38	35	40	38	36	40	38	34	41
60-64 " ..	33	31	35	34	32	35	32	28	35
65-69 " ..	28	27	30	30	28	31	26	22	28
70-74 " ..	21	20	23	23	21	24	18	15	21
75-79 " ..	14	13	16	16	15	17	11	9	13
80-84 " ..	8	7	9	9	8	10	6	4	7
85-89 " ..	4	3	4	4	4	5	2	2	3
90-94 " ..	1	1	1	1	1	1	1	-	1
Total ..	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Persons over 20 years of age.									
Unmarried		334	337		330	306		344	400
Married		593	526		595	562		586	455
Widowers and widows, etc.		73	137		75	132		70	145

3. BIRTH RATE.

(a) General Rate.

In 1927, the birth rate was 18.83 per 1,000.

(b) Geographical Distribution of Births according to Sex and Legitimacy in 1925.

	Live-born Children									Still-born Children						Double Births		Triple Births								
	Legitimate			Illegitimate			Total Live Births			Legitimate		Illegitimate		Total Still-borns		Live Births	Still-borns	Live Births	Still-borns							
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Male	Female							
Whole Country	25,846	24,420	50,275	1,778	1,787	3,560	27,619	28,216	53,835	672	543	1,215	75	67	142	747	610	1,357	660	758	59	53	19	13	2	2
Rural Communes	20,203	19,047	39,250	1,261	1,277	2,538	21,464	20,324	41,788	511	421	932	47	42	89	558	463	1,021	498	601	50	43	16	10	—	1
Towns	5,643	5,382	11,025	512	510	1,022	6,155	5,892	12,047	161	122	283	28	25	53	189	147	336	162	157	9	10	3	3	2	1

(c) Seasonal Distribution of Births according to Sex and Legitimacy in Rural Communes and Towns in 1925.

	January	February	March	April	May	June	July	August	September	October	November	December	Date unknown		Total														
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate													
																	Total												
Whole Country ..	4,267	325	3,889	263	4,605	320	4,634	329	4,688	336	4,131	309	4,161	306	4,115	298	4,329	305	4,083	272	3,501	225	3,867	270	5	2	50,275	3,560	53,835
Rural Communes	3,335	232	2,998	176	3,603	208	3,604	240	3,671	233	3,302	228	3,266	222	3,220	220	3,401	218	3,182	210	2,700	162	2,964	186	4	1	39,250	2,538	41,788
Towns ..	932	93	891	87	1,002	112	1,030	89	1,017	103	829	81	895	84	895	78	928	87	901	62	801	63	903	82	1	1	11,025	1,022	12,047

4. DEATH RATE.

(a) General Death Rate in 1927.

The general death rate in 1927 was 11.26 per 1,000.
The latest year for which detailed statistics are available is 1925.

(b) Number of Deaths, according to Sex and Age-Groups, in Rural Communes and Towns in 1925.

	Males born in																					Year of birth unknown		
	Total for both Sexes	Males	Fe-males	1925	1924		1923		1922	1921	1925-1921	1920-1916	1915-1911	1910-1906	1905-1901	1900-1896	1895-1886	1885-1876	1875-1866	1865-1856	1855-1846		1845-1836	1835 and previous years
				0-1 year	0-1	1-2	1-2	2-3	2-4	3-5	0-5	4-10	9-15	14-20	19-25	24-30	29-40	39-50	49-60	59-70	69-80		79-90	89 and over
Whole Country ..	30,481	15,247	15,234	1,102	417	158	116	60	133	102	2,088	289	282	547	820	671	928	914	1,263	2,037	2,836	2,068	463	41
Rural Communes	21,548	10,985	10,563	850	310	115	94	49	88	79	1,585	201	212	423	603	461	604	558	818	1,879	2,071	1,644	411	15
Towns	8,921	4,251	4,670	252	107	43	22	11	45	23	503	88	70	124	215	210	323	356	445	655	764	424	52	22
Place not indicated	12	11	1	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	3	1	—	—	—	4

	Females born in																					Year of birth unknown	
	Total number of Fe-males	1925		1924		1923		1922	1921	1925-1921	1920-1916	1915-1911	1910-1906	1905-1901	1900-1896	1895-1886	1885-1876	1875-1866	1865-1856	1855-1846	1845-1836		1835 and previous years
		0-1 year	0-1	1-2	1-2	2-3	2-4	3-5	0-5	4-10	9-15	14-20	19-25	24-30	29-40	39-50	49-60	59-70	69-80	79-90	89 and over		
Whole Country ..	15,234	862	332	108	98	54	00	68	1,612	231	246	545	692	598	857	932	1,156	1,936	3,058	2,652	710	9	
Rural Communes	10,563	641	243	80	69	44	65	54	1,196	164	182	371	482	397	504	606	713	1,285	2,127	1,886	554	6	
Towns	4,670	221	89	28	29	10	25	14	416	67	64	174	210	201	283	326	443	651	931	766	156	2	
Place not indicated	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	

(c) *Seasonal Distribution of Deaths in Rural Communes and Towns in 1925.*

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Month unknown	Total
Whole Country.	2,846	2,612	2,915	2,534	2,657	2,504	2,601	2,221	2,164	2,388	2,333	2,680	26	30,481
Rural communes ..	2,000	1,822	2,037	1,799	1,926	1,769	1,848	1,588	1,550	1,693	1,607	1,897	12	21,548
Towns ..	845	787	878	735	730	735	751	631	614	694	725	782	14	8,921
Place not indicated	1	3	—	—	1	—	2	2	—	1	1	1	—	12

(d) *Proportional Mortality according to Principal Causes of Death (1921-25).*

Causes of Death	Rate per 100,000 Inhabitants				
	1921-25	1922	1923	1924	1925
6. Senile decay	166.2	175.8	176.9	158.3	151.8
17. Croupous pneumonia	47.3	54.7	51.7	44.8	43.4
18. Influenza	8.0	20.1	12.6	3.5	2.0
21, 22, 23. Erysipelas, furuncles, septicæmia and pyohemia	10.1	10.2	10.4	9.6	10.8
33, 41. Tuberculosis	195.9	204.4	190.2	199.9	188.3
8-16, 19-20, 24-32, 42-45. Other infectious diseases	37.5	39.6	35.7	31.9	36.8
50. Diabetes	9.8	10.3	10.8	8.4	9.7
46-49, 51-58. Other diseases of the blood and nutrition	11.5	12.3	11.3	11.5	11.4
59. Apoplexy and cerebral embolism	73.5	71.8	77.1	73.3	76.8
60-68. Other diseases of the brain	37.1	43.2	36.2	37.5	32.1
70. Valvular disease	46.3	47.0	44.8	48.1	47.2
71. Myocarditis	16.8	18.0	18.1	16.3	16.2
72. Arterio-sclerosis	36.5	37.5	35.2	36.5	39.0
74. Paralysis of the heart	28.1	28.6	29.4	28.1	27.8
76-79. Bronchitis, asthma and broncho-pneumonia	59.2	67.5	60.6	54.9	52.4
82-83. Pleurisy	3.6	4.1	4.0	3.9	2.8
80-81 and 84. Other diseases of the respiratory organs	4.2	4.3	4.8	4.2	3.8
85-93. Diseases of the digestive organs	41.1	39.8	41.3	43.1	41.9
94-95. Acute and chronic nephritis	25.7	25.2	24.6	26.0	27.7
100-108. Cancer	110.9	110.7	109.8	111.4	118.0
Other diseases	78.0	79.7	76.3	77.5	74.1
Total	1,047.3	1,104.8	1,061.8	1,028.7	1,014.0

5. INFANT MORTALITY.

The general infant mortality rate from 0 to 1 year has not yet been calculated for the years 1926 and 1927. In 1925, it was 50.4 per 1,000.

(a) Number of Deaths from 0 to 2 Years by Age-Groups, Sex and Legitimacy in 1925.

Age in days and months	Whole Country				Rural Communes				Towns			
	Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate	
	Male	Female	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
Born and died the same day	180	144	30	26	145	104	19	19	35	40	11	7
1 day	62	52	14	4	53	37	9	3	9	15	5	1
2 days	61	49	4	8	50	37	2	7	11	12	2	1
3 "	42	26	4	4	32	18	4	3	10	8	—	1
4 "	39	21	1	2	34	15	—	2	5	6	1	—
5 "	19	13	4	1	15	12	2	1	4	1	2	—
6 "	18	11	—	1	15	9	—	1	3	2	—	—
7 "	17	9	1	1	14	8	1	—	3	1	—	1
8 "	8	11	2	—	8	8	2	—	3	3	—	—
9 "	10	8	2	3	8	4	2	2	2	4	—	1
10 "	7	5	1	3	5	5	1	2	2	—	—	1
11 "	9	5	2	1	8	3	2	1	1	2	—	—
12 "	19	6	1	—	15	3	1	—	4	3	—	—
13 "	9	5	—	—	5	2	—	—	4	3	—	—
14 "	8	10	1	1	6	10	—	—	2	—	1	1
15 "	10	8	1	—	8	7	1	—	2	1	—	—
Total deaths from 0-15 days	518	383	68	55	421	282	46	41	97	101	22	14
" " " 16-30 days	93	92	11	8	69	68	7	7	24	24	4	1
0-1 month	611	475	79	63	490	350	53	48	121	125	26	15
1-2 months	135	112	23	12	101	87	16	8	34	25	7	4
2-3 "	113	77	12	10	86	55	11	7	27	22	1	3
3-4 "	90	63	6	12	67	48	4	10	23	15	2	2
4-5 "	60	55	10	10	45	36	8	6	15	19	2	4
5-6 "	77	52	6	3	57	41	5	2	20	11	1	1
6-7 "	58	34	4	4	39	27	3	3	19	7	1	1
7-8 "	48	41	7	6	38	31	5	5	10	10	2	1
8-9 "	46	55	2	4	35	44	1	3	11	11	1	1
9-10 "	52	44	2	3	38	35	2	1	14	9	—	2
10-11 "	39	26	2	—	29	13	1	—	10	13	1	—
11-12 "	33	32	2	1	24	24	1	—	9	8	1	1
0-3 months	859	664	114	85	677	492	80	63	182	172	34	22
3-6 "	227	170	22	25	169	125	17	18	58	45	5	7
6-9 "	152	130	13	14	112	102	9	11	40	28	4	3
9-12 "	124	102	6	4	91	72	4	1	33	30	2	3
12-15 "	106	67	10	4	77	49	7	3	29	18	3	1
15-18 "	58	57	—	4	41	41	—	—	17	16	—	2
18-21 "	51	35	1	2	44	27	—	2	7	8	1	—
21-24 "	45	33	3	4	37	22	3	3	8	11	—	1
0-1 year	1,362	1,066	155	128	1,049	791	110	93	313	275	45	35
month unknown	2	—	—	—	1	—	—	—	1	—	—	—
1-2 years	260	192	14	14	199	139	10	10	61	53	4	4

(b) *Infant Mortality according to Principal Causes of Death (1906-25).*

Cause of Death	Rate per 1,000 live-born Children							
	1906-10	1911-15	1916-20	1921-25	1922	1923	1924	1925
1-5. Congenital debility and malformation	16.9	17.1	18.2	17.5	17.9	16.6	17.4	18.3
29. Acute gastro-enteritis (cholera nos- tras)	5.9	6.3	3.6	2.8	3.2	2.0	3.0	2.9
17. Croupous pneumonia	1.9	2.6	2.9	2.5	2.6	2.6	2.5	2.3
33-41. Tuberculosis	2.3	2.1	1.7	1.6	1.6	1.4	1.8	1.6
8-16, 18-23, 30-32, 42-45. Other infec- tious diseases	6.3	6.3	5.6	3.9	4.3	4.8	3.4	3.6
55. Rickets	0.9	0.7	0.3	0.4	0.5	0.3	0.2	0.3
60. Meningitis	0.6	0.6	0.6	0.5	0.5	0.6	0.5	0.4
67. Convulsions in infants	4.8	4.8	4.5	4.2	4.8	3.8	3.7	3.8
76-84. Other diseases of the respiratory organs	9.2	8.0	7.0	6.7	7.9	6.4	5.8	5.9
Other diseases	3.3	2.3	2.5	2.5	2.4	2.6	3.1	2.5
Total	52.1	50.8	46.9	42.6	45.7	41.1	41.4	41.6

(c) *Monthly Distribution of Deaths in Age-Groups from 0 to 1 Year and from 1 to 4 Years in 1925 (i.e., Deaths among Children born in 1925-24 and 1923-21).*

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Month not stated
Children born in 1925-24 ..	283	273	285	258	274	262	249	227	192	226	203	245	2
Children born in 1923-21 ..	101	76	67	72	75	68	62	49	33	42	40	36	0

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

1. EPIDEMIC AND CONTAGIOUS DISEASES.

In 1927, as in the years immediately preceding, the position in regard to epidemics was very satisfactory.

There were no cases of *cholera*, *plague* or *typhus*. Two non-virulent cases of smallpox were recorded; these cases, which were introduced from abroad, were isolated on arrival, and no further cases occurred.

The wave of influenza mentioned in the previous volume of the *Year-Book* was a mild one, and declined in January fairly rapidly. By April, the disease had resumed its normal curve.

The number of cases of, and deaths from the principal diseases, and also their seasonal distribution, are indicated in the following table :

SEASONAL DISTRIBUTION OF CASES AND DEATHS FROM THE PRINCIPAL DISEASES IN 1927.

Disease	January	February	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total for the year
	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths	Cases Deaths
Gonorrhœa	413-0	392-0	427-0	392-0	387-0	472-0	417-0	496-0	533-0	539-0	430-0	340-0	4,938-0
Soft chancre	19-0	17-0	26-0	11-0	13-0	9-0	9-0	17-0	9-0	19-0	34-0	14-0	197-0
Acquired syphilis (new cases)	69-0	66-0	87-0	69-0	63-0	75-0	72-0	55-0	87-0	90-0	51-2	46-0	831-2
Congenital syphilis	3-2	3-2	5-0	4-1	2-0	1-0	2-2	3-0	3-1	3-0	4-0	2-1	35-9
Typhoid fever (including paratyphoid)	17-3	20-4	9-0	40-3	28-4	26-2	37-5	373-5	145-6	38-1	16-1	16-1	770-35
Cerebro-spinal meningitis	3-3	1-1	1-0	1-0	2-0	3-1	2-2	2-1	3-0	2-1	0-0	5-1	25-10
Acute poliomyelitis	5-1	2-0	3-1	2-0	0-0	5-1	15-3	28-2	53-7	27-3	7-0	16-1	163-19
Scarlet fever	68-0	64-0	86-2	107-0	105-1	78-1	49-0	60-0	115-1	219-0	157-1	194-1	1,302-7
Measles	1,064-7	1,179-5	1,454-1	1,551-10	2,348-6	1,868-5	913-0	321-0	362-0	928-0	1,053-1	1,221-5	14,262-40
Diphtheria (including croup)	60-2	74-4	69-4	94-9	60-4	90-1	29-3	44-3	124-4	145-4	99-4	114-2	1,002-44
Dysentery	2-0	3-0	4-0	7-0	11-0	6-0	4-0	7-0	8-0	1-0	0-0	1-0	54-0
Puerperal fever	16-1	11-1	13-2	9-4	17-1	7-1	13-0	15-0	11-1	16-1	22-4	19-1	159-17
Typhus	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0
Encephalitis lethargica	0-0	0-0	1-0	1-0	0-0	2-1	0-0	0-1	1-1	0-0	0-0	1-2	6-5
Influenza	47,713-155	14,857-55	5,610-31	1,913-7	1,439-3	734-5	499-0	431-1	579-1	461-2	2,348-2	1,372-4	77,956-266
Smallpox	0-0	0-0	0-0	0-0	2-0	0-0	0-0	0-0	0-0	0-0	0-0	0-0	2-0

This table was based on the provisional monthly reports, and did not enable the case fatality for each of the various diseases to be computed otherwise than very approximately.

As regards *puerperal fever*, *poliomyelitis* and *encephalitis*, it should be observed that mild cases are only notified very irregularly.

There was an epidemic of *paratyphoid fever* (due to milk) in August and September in the south-east of Norway. It took a very mild form.

As in previous years, the other endemic diseases were of a similarly mild character, from the point of view both of their frequency and case fatality.

2. SOCIAL DISEASES.

Tuberculosis.—A sanatorium for children has been added to the Northern Sanatorium, which is situated almost in the Arctic circle.

As regards *malaria*, *cancer* and *venereal diseases*, there is nothing to report this year.

III. PUBLIC HEALTH ACTIVITIES.

HOUSING.

Progress is being made in the construction of well-planned and healthy dwellings, but is increasingly hindered by lack of funds. Although this difficulty is met with mainly in country districts, it has a more serious effect in the towns, owing to the constant influx of the rural population. Moreover, the persons included in the age-groups of births of the early years of the century, which were particularly numerous, are now beginning to want separate dwellings.

On the other hand, the general fall in prices in 1927 has, for the first time since the war, enabled private enterprise to take an active part in house-building.

The new dwellings have to comply with the provisions of the fairly strict Norwegian laws on the matter, and are thus bound to be satisfactory from a health point of view.

IV. PUBLIC HEALTH LEGISLATION.

PRINCIPAL LAWS PROMULGATED IN 1927.

On April 29th, 1927, a new law was promulgated (which came into force in December) on the rights and duties of doctors. A similar law defines the rights and duties of dentists and a supplementary law those of auxiliary medical personnel.

Under this law, the doctor's diploma alone does not confer upon the holder the right to practise medicine and to prescribe medicaments. This right is granted by Ministerial licence to candidates who :

1. Have passed the diploma examination ;
2. Have undergone the prescribed periods of practical training ;
3. Produce a certificate of good moral character ;
4. Undertake to practice their profession in an honourable and conscientious manner.

The Ministry cannot refuse to grant this licence to candidates who fulfil these four conditions.

The licence to practise medicine may be withdrawn on the grounds of *mental disease* or *weakness* or *drug addiction* (alcohol included), to a degree which makes the person concerned incapable of exercising his profession.

Another important article prohibits doctors, except by special supplementary licence, from undertaking certain methods of research or treatment involving exceptional risks for the patients, and which consequently require a special training not included in the ordinary medical course of instruction.

A Royal Decree is to be issued enumerating these methods, and based upon the proposals of the Faculty of Medicine and the Medical Board. The law refers more especially to X-ray treatment and electrical treatment at a high voltage or a high temperature.

This special licence may only be granted to persons who possess the medical diploma (addition to the law on quackery).

The law also stipulates that all doctors treating a case of epidemic or contagious disease must give the necessary instructions to prevent the infection from spreading to persons in contact with the patient.

The law likewise mentions the various reports which doctors are required to furnish to the authorities, and the registers which they must keep.

V. BUDGET.

In Norway, the fiscal year is from July 1st to June 30th. The last two budgets are given here side by side, the budget for the calendar year 1927 being arrived at by halving the sum of the two together.

The budget is presented as a net budget from which fictitious receipts have been eliminated, and the net results of the State economic activities have been entered without giving full details of receipts and expenditure.

The item "Government and Secretariat" therefore includes only the salaries of ministers, the salaries of members of the Government secretariat and the expenditure attaching to the secretariat.

1. BUDGET SUMMARY FOR THE KINGDOM.

	1926-27		1927-28	
	Receipts	Expenditure	Receipts	Expenditure
	(In thousands of Crowns)			
I. Royal Household	—	858	—	865
II. Parliament and Public Audit ..	—	2,712	—	2,978
III. Government and Secretariat ..	—	536	—	486
IV. Foreign Affairs.. .. .	350	4,101	375	3,495
V. Churches, Clergy, etc.	3,651	4,569	3,343	4,352
VI. University, Sciences, Letters and Arts	548	7,648	685	7,289
VII. Secondary Schools	1,761	5,521	1,747	5,262
VIII. Elementary Schools	67	38,821	71	36,528
IX. Special Schools	1,798	4,788	1,772	4,507
X. Justice and Police	6,215	17,598	6,802	17,225
XI. Social Organisation	1,483	22,663	1,479	18,504
XII. Medical Services	6,212	22,279	6,370	21,476
XIII. Posts, Commerce, Fisheries and Mercantile Marine	2,075	15,481	2,005	18,115
XIV. Agriculture	1,780	14,788	1,509	12,822
XV. Communications, Public Works ..	3,003	15,530	3,359	14,871
XVI. Army and Navy	1,090	49,400	871	44,493
XVII. Finance, Customs, Public Debt Service, Extraordinary Receipts and Expenditure	390,778	179,724	356,827	193,360

2. HEALTH BUDGET.

*Details of the Health Budget.**Chapter XI.*

	1926-1927		1927-1928	
	Crowns	Crowns	Crowns	Crowns
1. Inspection of Industrial Labour		270,001		255,989 ¹
(a) Salaries of staff	140,086		135,394	
(b) Office expenses	54,240		48,010	
(c) Travelling expenses	54,500		52,610	
(d) Central Labour Board	12,475		11,275	
(e) Inspection of domestic industries ..	8,700		8,700	
2. Grants to homes for assisted children .. .		44,000		43,000
3. Grants to maternity homes		40,000		40,000
4. Grants to the Association for the Improvement of Housing		5,000		7,600
5. Grant to the anti-drink campaign		72,200		72,200
Total health expenditure under Chapter XI ..		431,201		418,789

Chapter XII.

	1926-1927	1927-1928
	Crowns	Crowns
Anti-tuberculosis expenditure :		
(a) State sanatoria and hospitals ; cost of upkeep ..	1,398,100	1,164,250
(b) Grant for the building of a new sanatorium	175,000	185,000
(c) Grant to private sanatoria and hospitals	736,150	778,100
(d) Grants to communes, associations, etc.	1,486,250	1,190,250
Maritime quarantine budget	34,200	31,700
State laboratories for the Health Service	97,900	94,100
Salaries of medical officers of health	2,377,700	2,370,000
Travelling expenses of medical officers of health and extra- ordinary expenditure.. . . .	691,500	672,300
Treatment of lepers	154,400	153,700
Contribution (two-fifths) towards midwives' salaries .. .	451,000	451,000
Total	7,602,200	7,090,400

As in previous years, strict economy was imperative. Fortunately, the reduction in the cost of living has done much to keep expenditure within reasonable limits.

The Health Budgets of the Communes and private associations for 1927 are not yet available. Since the finances of the communes are to a great extent under local administration, this part of the Health Budget is very important.

¹ The general principles of the Health Budget are shown in Volume I of the *Year-Book* (1924).
² Against this expenditure must be placed the receipts amounting to 200,000 crowns.

3. COMMUNAL BUDGETS.

The fiscal year is from July 1st to June 30th, as in the case of the State budget. All the figures given represent net expenditure after the estimated revenue has been duly deducted.

A considerable part of the actual public health expenditure and also the major portion of the expenditure in connection with therapeutic medicine is borne by the communes with or without Government assistance ; thus, for instance, outlay due to the enforcement of prophylactic measures (isolation, disinfection, etc.) is borne by the communes. The cost of the anti-tuberculosis campaign is divided between the Government and the town—or, in the case of rural districts, the county—in which the sick person is domiciled, the proportion being two-fifths for the Government and three-fifths for the town or county. Counties may claim from the communes in which the sick persons were domiciled a refund of three-tenths of the expenses incurred. The communes are responsible for practically the whole cost of the therapeutic medical services, the Government merely paying for upkeep and the treatment of lepers in leper homes.

Every sick person without means is entitled to free medical relief from the Medical Officer of Health or the communal doctor. Medicaments, dressings, etc., are paid for by the commune in which the patient is domiciled. If he is given in-patient treatment at a hospital, the cost is borne by his commune.

In small towns and in almost all rural communes, the Medical Officer of Health also acts as chairman of the Health Board ; in this capacity he is appointed by the Government, which provides all or part of his remuneration. In large towns, medium-sized towns and certain important and thickly populated rural communes, persons without means are treated by the communal doctors.

General Hospitals.

Most towns have their general hospital. Nearly every county also has one situated near a centre of communication. A few of the largest rural communes have general hospitals, and a fairly large number of small communes maintain small treatment centres for tuberculous patients.

Midwives.

In the case of relief to women during confinement, the Law of December 19th, 1898, divides the Kingdom into districts, each having an official midwife, two-fifths of whose salary is paid by the Government, two-fifths by the county and one-fifth by the canton. The official midwives must assist free of charge all expectant mothers who are without means. Towns are required to appoint and remunerate one or more official midwives unless they prefer to enter into contracts with private midwives—a practice which is usually followed.

No midwife may—unless she is ill—refuse to attend a birth. If the mother does not pay the midwife for her services, the latter is paid by the communal relief authorities according to a fixed scale.

PUBLIC HEALTH BUDGET OF THE COMMUNES FOR THE FINANCIAL YEARS 1924-25 AND 1925-26.

	Towns						Counties					Rural Communes		
	Drinking-water and sewage	Expenditure on sanitary and medical services (including hospitals)	Grants to public health organisations	Grant to athletic associations	Baths and swimming baths	Miscellaneous	Midwives	Vaccination	Hospitals	Treatment of tuberculous patients	Miscellaneous	Remuneration of doctors	Remuneration of midwives	Miscellaneous (including hospitals)
1924-25 ..	2,648,934	9,959,600	82,898	119,616	914,648	158,612	486,092	80,756	1,258,952	1,004,443	530,540	473,000	243,000	2,436,000
1925-26 ..	3,016,015	8,609,955	117,871	34,164	319,285	—	491,578	54,677	1,279,051	931,644	449,085	526,000	256,000	1,646,000

VI. CURATIVE MEDICINE.

1. HOSPITALS.

The last year for which complete statistics in regard to hospitals are available is 1925.

At that time, there were 140 general hospitals, with 9,743 beds, in Norway.

For the treatment of tuberculosis there were also 2,987 beds in sanatoria and 2,021 in small hospital dispensaries ; this number has remained almost stationary.

2. PHARMACIES.

At the beginning of 1927, there were 256 pharmacies in Norway, of which 221 were run under non-transferable licences, 35 being transferable by sale.

During the year, one pharmacy under a non-transferable licence was opened.

3. MEDICAL PERSONNEL IN 1927.

(a) *Doctors.*

In practice at the beginning of the year	1,604
Died or retired during the year	31
Set up in practice during the year	101
Total at the end of the year.. .. .	1,674

(b) *Medical Students.*

Registered at the beginning of the year	1,228
Completed their studies during the year	101
New students	133
Total at the end of the year.. .. .	1,060

(c) *Dentists.*

In practice at the beginning of the year	821
Died or retired during the year	14
Students who received their diploma during the year ..	85
Total at the end of the year.. .. .	892

(d) *Pharmaceutical Chemists.*

At the beginning of 1927, there were 788 pharmaceutical students, 484 chemists' assistants, and 43 apprentices. By the end of the year, these figures were 822, 466 and 30 respectively.

(e) *Midwives.*

In 1925 (the last year for which statistics in regard to midwives are available), there were 1,534 midwives in Norway, including 1,020 (975 in country districts and 45 in the towns) who were employed and paid by the public authorities and were thus bound to render free assistance to poor women.

June 1928.

PANAMA

BY

Dr. Guillermo GARCIA DE PAREDES

Director of the Public Health Department (Panama).

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I. VITAL AND PUBLIC HEALTH STATISTICS FOR 1927.

1. Area : 88,000 square kilometers.
2. Population (estimate for 1927) : 522,657.
3. Births : 11,655.
4. Deaths : 5,852.

Table No. 1.

BIRTH RATE, GENERAL DEATH RATE, AND DEATH RATE FROM MALARIA, 1911-27.

Year	Population	Births			Birth Rates (1,000)	Deaths	Death Rates (1,000)	Malaria Deaths	Malaria Death Rates (10,000)
		Males	Females	Total					
1911..	347,678			6,155	16.8	4,957	14.2	538	15
1912..	358,624			7,329	20.4	4,113	11.4	489	13
1913..	369,560			8,217	22.2	4,508	12.1	452	12
1914..	380,496			11,700	36.0	6,745	17.7	632	16
1915..	391,432			12,153	31.0	6,238	16.3	532	13
1916..	402,368			11,593	28.8	6,218	15.4	637	15
1917..	413,304	5,617	5,281	10,898	26.3	6,107	14.7	541	13
1918..	424,240	5,938	5,345	11,283	26.5	5,649	13.3	547	12
1919..	435,176	5,508	5,205	10,713	24.6	5,403	12.4	584	13
1920..	446,098	5,811	5,805	11,616	26.0	5,801	13.2	674	15
1921..	457,047	5,493	5,289	10,782	23.6	5,715	12.5	604	12
1922..	467,982	5,421	5,235	10,656	22.7	5,436	11.4	504	10
1923..	478,917	5,677	5,599	11,276	23.5	5,095	10.6	453	9
1924..	489,852	6,440	6,150	12,590	25.7	5,834	11.9	592	12
1925..	500,787	6,136	5,877	12,013	23.9	6,020	12.0	690	13
1926..	511,722	6,281	5,952	12,233	23.8	5,896	11.5		
1927..	522,657			11,655		5,352	10.2		

Table No. 2.

RATIO OF MALARIA MORTALITY TO GENERAL MORTALITY, 1911-26.

Year	Ratio M. M. ₁ G. M.	Year	Ratio M. M. ₁ G. M.	Year	Ratio M. M. ₁ G. M.
1911	1 : 9.4	1916	1 : 10.2	1922	1 : 11.4
1912	1 : 8.3	1917	1 : 11.3	1923	1 : 11.7
1913	1 : 10.0	1918	1 : 11.0	1924	1 : 9.9
1914	1 : 11.1	1919	1 : 9.5	1925	1 : 9.9
1915	1 : 12.5	1920	1 : 8.8	1926	1 : 8.2
		1921	1 : 10.4		

¹ M. M. = Malaria Mortality.
G. M. = General Mortality.

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

1. *Typhoid Fever.*

This disease is rather rare in Panama, as can be judged by the number of cases treated yearly at Santo Tomás Hospital which is the largest and best Government hospital in the country and draws patients from all over the Isthmus, excepting the Canal Zone. Granting that typhoid fever is in the tropics commonly diagnosed as malaria, and that patients living in remote areas are not sent to the hospital, it is safe to state that typhoid fever is not a public health problem in Panama, mainly because no sewerage systems empty into the sources of water-supply. Epidemics are unknown in the rural parts of the country. Milk and oyster-borne epidemics do not occur because of the scant consumption of these foods by the natives. Oysters are gathered during very low tides in places distant from any town; milk, on account of the climate, is usually boiled in order to prevent it going sour.

2. *Diphtheria.*

Diphtheria is not an uncommon disease in Panama, but it occurs in a mild form. It is generally agreed that diphtheria in the tropics is not a very virulent disease. On the Isthmus, including the Canal Zone, the mortality from diphtheria is remarkably low.

According to observations made on the morphology of the organism, types D, D' and D'' are the most prevalent, and type C, C' and C'' less common. Type C is, in fact, rarely encountered. The Health Department is planning to carry out experiments on the correlation between types of organisms found microscopically and the positive results of intracutaneous and subcutaneous virulence tests in guinea-pigs.

3. *Smallpox.*

With a view to systematic anti-variola vaccination in the rural areas of the Republic, the department decided to train a sanitary inspector in the science and technique of vaccination.

The first work done by this inspector was undertaken in the Province of Chiriqui, where 2,625 school-children were vaccinated during the month of December 1927. Vaccination had to be discontinued at the request of the public school officials as it was beginning to interfere with the proper conduct of the final school examinations.

In previous years, frequent outbreaks of smallpox have occurred in the Province of Chiriqui; on one occasion the health authorities of the city of Panama required all passengers coming from that province to be vaccinated before they were allowed to disembark. The cost of the campaigns carried out without method against these periodic outbreaks in Chiriqui proved very high, the National Government once spending as much as \$10,000 in an attempt to check a single small epidemic.

B. CHRONIC DISEASES.

1. *Tuberculosis.*

Tuberculosis is a very common disease in Panama, especially among the rural population, a poorly nourished people living, as a rule, in ill-constructed, dark, dusty and unventilated houses, which provide ideal conditions for the spread of the disease.

The Government is at present planning first the construction of a large sanatorium in a convenient locality, and later smaller sanatoria throughout the country. Gradually, special clinics will be opened and preventoria established. With the passage of the new Anti-tuberculosis Law, the Health Department will be in a position to enforce the campaign against this disease.

2. *Ankylostomiasis.*

Hookworm control was initiated in 1915 by the Panama Government with the help of the International Health Division of the Rockefeller Foundation. This campaign, needless to state, has done a great deal to reduce the degree of infestation in the areas where sanitation work was done, and has helped considerably in making the people of Panama realise the benefits to be derived from good surroundings and a healthy life.

The Hookworm Department has formed the nucleus from which the new National Department of Hygiene and Public Health has sprung and developed.

III. PUBLIC HEALTH LEGISLATION.

1. *Law No. 5 of 1928.*—This Law, recently passed by the National Assembly requires a premarital examination of males, and is to be enforced only in localities where the services of graduate physicians can be obtained. It sets the marriage age at 14 for boys and 12 for girls, and prohibits the marriage of persons mentally unbalanced and of those suffering from sexual impotence, or with a communicable disease, such as gonorrhœa, syphilis or tuberculosis. Any magistrate who performs a marriage without previously demanding the required health certificate is subject to a fine of five hundred balboas (dollars).

2. *A Law of 1928* enforces segregation and periodical examination of registered prostitutes, and hospitalisation of those found infected with active syphilis or gonorrhœa. It prohibits the entrance of prostitutes into the country and orders the deportation of foreigners who do not comply with the regulations on commercial prostitution. All prostitutes must register at Police Headquarters and are subjected to a weekly examination, for which they are charged two balboas.

Cabaret girls are required to undergo a monthly physical examination. Those found infected are forced to abandon their occupation until completely cured and are forced to seek adequate treatment. Intentional infection is declared by this law to be a fault punishable by imprisonment. All infected cases, both men and women, are compelled to obtain treatment until cured, either at public clinics or under private physicians.

This Law was vetoed by the President of the Republic, because of its inconvenience and impracticability. In its stead, a new law has been submitted to the National Assembly ordering the Health Department to organise the campaign against venereal diseases, and authorising an annual expenditure of \$30,000 for the establishment of clinics.

3. *Anti-tuberculosis Law, No. 53 of 1928.*—This Law increases the previously established tax on alcoholic beverages, which has for years been allotted for anti-tuberculosis work but which has had to be used on the construction of Santo Tomás hospital in the city of Panama. The campaign is in charge of a committee authorised to spend the special funds in establishing clinics, sanatoria, etc.

4. *Law No. 55 of 1928* has established a Department of Public Welfare separate from the Department of Health. This new Department is to have charge of all the hospitals, asylums, etc., and to supervise Red Cross work.

5. *Law No. 52 of 1928* constitutes the National Board of Health, which was previously a board of medical examiners, as a consultant body of the Health Department. It consists of five members appointed by the President for a period of four years, and is required to meet once a month to discuss questions brought before it by the Secretary of Agriculture, the Director of Health or any one of its members. The Director of Public Health is a member *ex officio* of the Board.

IV. BUDGET (1927-29).¹

(a) *Ministry of Agriculture:*

	Dollars
For public health	1,388,976
For public welfare	84,700
Total	1,473,676

(b) *Other Departments of the Government* 49,810

V. PUBLIC HEALTH ADMINISTRATION.

1. HISTORY.

The public health work on the Isthmus of Panama was initiated in 1904 by the United States Government, simultaneously with the beginning of the construction of the interoceanic waterway. Previous to this time, nothing of importance had been done in preventive medicine either by the Colombian Government or by the French Canal Company.

¹ Does not include expenditure on hospital construction.

In 1903, Panama obtained its independence from the Republic of Colombia and, by a subsequent treaty between the latter country and the United States, the Isthmus became politically divided into the Canal Zone Territory and the Republic of Panama.

The cities of Panama and Colón, situated within the boundaries of the Canal Zone but under the jurisdiction of the Panama Government, have been, in accordance with a special agreement, placed under the sanitary control of the Canal health authorities. The Panama Government, however, exercises absolute control over the rest of the Republic, except in the presence of an uncontrollable epidemic menacing the health of the inhabitants of the Canal Zone or of the adjacent cities of Panama and Colón, when the Canal health officers are authorised to take charge of the situation at the expense of the United States Government.

2. ORGANISATION.

The National Department of Public Health was established by Law No. 12 of 1925. This Law authorises the President to organise the Department, to choose its personnel and fix their salaries; to establish hospitals and clinics, etc.

The new Department forms part of the Ministry of Agriculture and Public Works and has at its head, with the title of Director-General, a graduate of the School of Hygiene and Public Health of Johns Hopkins University.

The Department consists of the following sections:

- (a) Administration and Health Education;
- (b) Sanitary Engineering;
- (c) Child Welfare and Medical School Inspection;
- (d) Communicable Disease;
- (e) Hospitals and Laboratories.

December 1928.

POLAND

BY

Mrs. S. ADAMOWICZ (Warsaw).

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I. VITAL AND PUBLIC HEALTH STATISTICS. ¹

1. GENERAL DEMOGRAPHY.

Table No. 1.

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE 1921 CENSUS.

Original source : *Statistical Year-Book of the Polish Republic, 1927.*

Date of census	Area in square kilometers	Present population ²		
		Males	Females	Total
1	2	3	4	5
September 30th, 1921	388,390	12,417,233	13,277,467	25,694,700 ³

Table No. 2.

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER, ACCORDING TO THE RESULTS OF THE 1921 CENSUS.

Original source : *Statistical Year-Book of the Polish Republic, 1927.*

Year of last census	Number of inhabitants per square kilometer calculated according to the present population	Excess of females over males	
		Present population	
		Actual figures	Per 1,000 Males
1	2	3	4
1921	70	860.234	1.069

¹ Tables Nos. 1, 2, 3, 4, 5, 10, 24, 26, 27 and 28 are the only ones which cover the whole of the territory of the Polish Republic.

² According to the estimates of the Central Statistical Office, the population on January 1st, 1928, was 30,212,962

³ Upper Silesia, the City of Wilno and the province of Wilno not included, and 27,176,717 including Upper Silesia, the City of Wilno and three districts of the Province of Wilno.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE 1921 CENSUS.¹

Original source : *Statistical Year-Book of the Polish Republic, 1927.*

A. Actual Figures.

Ages and age-groups in years	I. 1921 census. Actual population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	325,320	310,932		636,252
1	295,183	284,993		580,176
2	266,020	262,432		528,452
3	218,533	216,539		435,072
4	210,215	208,003		418,218
0-4	1,315,271	1,282,899		2,598,170
5-9	1,475,721	1,463,785		2,939,506
10-14	1,790,625	1,753,707		3,544,332
15-19	1,477,492	1,662,242	70,996	3,139,734
20-24	1,113,436	1,328,252	480,988	2,441,688
25-29	886,961	970,182	647,999	1,857,146
30-34	694,971	843,066	658,840	1,538,037
35-39	650,793	732,024	592,200	1,382,817
40-44	581,551	662,466	511,923	1,244,017
45-49	560,418	584,083	436,58	1,144,501
50-54	517,940	574,482	384,941	1,092,422
55-59	433,246	435,681	269,778	868,927
60-64	308,498	399,851	198,745	768,349
65-69	213,545	215,569	91,533	429,114
70-74	151,974	170,136	49,540	322,110
75-79	78,937	78,649	18,327	157,586
80-84	50,659	56,840	8,513	107,499
85-89	17,763	17,803	2,176	35,566
90 and over	11,555	13,756	1,213	25,311
Unknown	25,877	31,991	9,581	57,868
Total	12,417,233	13,277,467	4,433,874	25,694,700

¹ Estimation figures not available.

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1921 census. Actual population					
	Males	Females	Males	Females	Total	Married women per 1,000 women of same age-group
	Per 1,000 of total population		Per 1,000 of total population (all ages)			
	Male	Female				
1	2	3	4	5	6		7
0	26.2	23.4			24.8	
1	23.8	21.5			22.6	
2	21.4	19.8			20.6	
3	17.6	16.3			16.9	
4	16.9	15.7			16.3	
0-4	106	97			101	
5-9	119	110			114	
10-14	144	133			138	
15-19	119	122			122	43
20-24	90	100			95	362
25-29	71	73			72	668
30-34	56	64			60	781
35-39	52	55			54	809
40-44	47	50			48	773
45-49	45	44			45	747
50-54	42	43			43	670
55-59	35	33			34	620
60-64	30	30			30	497
65-69	17	16			17	425
70-74	12	13			13	291
75-79	6	6			6	233
80-84	4	4			4	150
85-89	1	1			1	122
90 and over	2	1			1	256
Unknown	2	1			2	299
Total	1,000.0	1,000.0				

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Original source: *Statistical Year-Book of the Polish Republic, 1927,*
and Provisional Figures of the Central Statistical Office.

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of	
							Births (col. 5) over deaths	Deaths over births
1	2	3	4	5	6	7	8	9
A. Actual Figures.								
1922		318,190		980,925		550,967	429,958	
1923	28,144,000	286,249		1,011,895		491,949	519,946	
1924	28,529,000	268,350		996,903		516,604	480,299	
1925	28,902,000	238,115		1,032,161		490,150	542,011	
1926	29,319,000	255,763		980,396		528,618	451,778	
1927	29,589,000	257,993		950,537		523,171	427,366	
B. Proportion per 1,000 of Average Population.								
1922		11.4		35.2		19.8	15.4	
1923		10.1		35.6		17.3	18.3	
1924		9.3		34.6		17.9	16.7	
1925		8.1		35.2		16.7	18.5	
1926		8.6		33.0		17.8	15.2	
1927		8.6		31.6		17.4	14.2	
		Emigration		Repatriation ¹				
	Immigration	Total	Overseas	Total	From oversea countries			
	10	11	12	13	14			
Actual Figures.								
1922		70,089		38,716			11,116	
1923		127,421		55,401			5,925	
1924		74,593		22,511		14,860	6,629	
1925		81,218		38,449		21,232	4,101	
1926		167,509		49,893		55,188	6,017	
Average:								
1922-26 ..		104,166		40,994				
1927		147,614		58,187		79,813	6,799	

¹ War refugees excluded.

Table No. 4a.

BIRTHS, DEATHS AND NATURAL INCREASE OF THE POPULATION IN TOWNS
WITH OVER 100,000 INHABITANTS, 1927.

Original source : Returns of Municipal Statistical Departments.

Town	Population on January 1st, 1928	Births (still-births excluded)	Deaths	Natural increase		Birth rate	Death rate	Rate of increase
				Actual figures	Per 100 births			
						Per 1,000 of population		
Warsaw ..	1,028,982	19,864	14,795	5,069	25.5	19.3	14.4	4.9
Lodz ..	578,069	10,601	8,041	2,560	24.1	18.3	13.9	4.4
Sosnowiec ..	101,997	2,521	1,442	1,079	42.8	24.7	14.1	10.6
Lublin ..	111,589	2,234	1,465	769	34.4	20.0	13.1	6.9
Wilno ..	180,000 ¹	4,389	2,698	1,691	38.5	24.4	15.0	9.4
Poznan ..	226,827	4,846	2,732	2,114	43.6	21.4	12.1	9.3
Bydgoszcz ..	108,065	2,712	1,517	1,195	44.1	25.1	14.0	11.1
Katowice ..	115,697	2,585	1,378	1,207	46.7	22.3	11.9	10.4
Krakow ..	191,385	3,638	2,397	1,241	34.1	19.0	12.5	6.5
Lwow ..	233,596	4,742	2,945	1,797	37.9	20.3	12.6	7.7

¹ Provisional figure.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.

Original source : *Statistical Year-Book of the Polish Republic, 1928.*

Province	Population in 1921	Live births			
		Actual figures		Rate per 1,000 inhabitants (average population) ¹	
		1926	1927	1926	1927
1	2	3	4	5	6
Western provinces :					
1. Poznan	1,967,865	127,118	121,154	30.5	27.2
2. Pomorze	935,643				
3. Slask	1,124,967				
Southern provinces :					
4. Krakow	1,992,810	254,601	253,741	32.1	31.5
5. Lwow	2,718,014				
6. Stanislawow	1,339,191				
7. Tarnopol	1,428,520				
Central provinces :					
8. Warszawa	2,112,798	410,528	392,373	33.2	31.4
9. Lodz	2,252,769				
10. Kielce	2,535,781				
11. Lublin	2,087,951				
12. Bialystok	1,301,858				
13. Warsaw (city)	936,713				
Eastern provinces :					
14. Wilno	1,005,565	188,149	183,269	38.2	36.6
15. Nowogrodek	800,761				
16. Polesie	879,417				
17. Wolyn	1,437,569				
Total		980,396	950,537	33.0	31.6

¹ Calculated for groups of provinces on the basis of the following estimated figures supplied by the Central Statistical Office :

	January 1st, 1926	January 1st, 1927
Western provinces	4,378,552	4,430,595
Southern provinces	7,969,919	8,031,315
Central provinces	12,284,898	12,422,257
Eastern provinces	4,877,726	4,968,894
Total	29,511,095	29,853,061

Table No. 6.

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY IN THE THREE WESTERN PROVINCES,
1922 TO 1927.

Original source : Information supplied by the Central Statistical Office.

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	2	4	5	6	7	8	9	10
1922 ¹ ..	51,534	47,119	98,653	1,228	1,038	2,266	52,762	48,157	100,919
1923 ..	71,166	65,837	137,003	1,716	1,401	3,117	72,882	67,238	140,120
1924 ..	69,476	64,904	134,380	1,597	1,378	2,975	71,073	66,282	137,355
1925 ..	70,438	65,464	135,902	1,779	1,476	3,255	72,217	66,940	139,157
1926 ..	65,620	61,498	127,118	1,480	1,259	2,739	67,100	62,757	129,857
Average : 1922-26	65,647	60,964	126,611	1,560	1,310	2,870	67,207	62,275	129,482
1927 ..			121,154						
	Excess of male births per 100 female births, among children					Still-born children per 100 births of the same sex (live-born and still-born children together)			
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922 ..	109.4	118.3	109.6	2.3	2.2	2.2			
1923 ..	108.1	122.4	108.4	2.3	2.1	2.2			
1924 ..	107.0	115.9	107.2	2.2	2.1	2.2			
1925 ..	107.6	120.5	107.9	2.5	2.2	2.3			
1926 ..	106.7	117.5	106.9	2.2	2.0	2.1			
Average : 1922-26	107.7	119.1	107.9	2.3	2.1	2.2			

¹ The province of Slask is not included.

Table No. 8.

LEGITIMACY AND ILLEGITIMACY OF BIRTHS IN THE THREE WESTERN PROVINCES FOR THE YEARS 1922-1927.

Original source : Information supplied by the Central Statistical Office.

A. *Actual Figures.*

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922 ¹ ..	91,510	1,932	93,442	7,143	384	7,477	98,653	2,266	100,919
1923 ..	127,284	2,649	129,933	9,719	468	10,187	137,003	3,117	140,120
1924 ..	124,472	2,541	127,013	9,908	434	10,342	134,380	2,975	137,355
1925 ..	124,371	2,728	127,099	11,531	527	12,058	135,902	3,255	139,157
1926 ..	116,129	2,323	118,452	10,989	416	11,405	127,118	2,739	129,857
Average : 1922-26 ..	116,753	2,435	119,188	9,858	436	10,294	126,611	2,870	129,481
1927 ..							121,154		

B. *Proportional Figures.*

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children		
	Live-born (col. A. 8)	Still-born (col. A. 9)	Total (col. A. 10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	
				Per 100 live-born and still-born children					
				Legitimate (col. A. 4)	Illegitimate (col. A. 7)	Total (col. A. 10)	Per 1,000 average population		
1	2	3	4	5	6	7	8	9	
1922 ..	72.4	147.4	74.1	2.1	4.5	2.2	22.2	1.7	
1923 ..	70.9	150.1	72.7	2.0	4.6	2.2	30.4	2.3	
1924 ..	73.7	145.9	75.3	2.0	4.2	2.2	29.3	2.3	
1925 ..	84.8	161.9	86.7	2.1	4.4	2.3	28.9	2.7	
1926 ..	86.4	151.9	87.8	2.0	3.6	2.1	26.5	2.5	
Average : 1922-26 ..	77.9	151.9	79.5	2.0	4.2	2.2	27.5	2.3	

¹ No figures for Upper Silesia.

Table No. 9.

MONTHLY NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, IN THE THREE WESTERN PROVINCES, 1925 TO 1927.

Original source : Information supplied by the Central Statistical Office.

Month	Actual figures for live-born children				Live-born children (legitimate and illegitimate together)	
	Legitimate	Illegitimate	Legitimate	Illegitimate	Actual figures	
	In 1925		In 1926		In 1925	In 1926
	1	2	3	4	5	6	7
January	10,873	975	10,834	1,022	11,848	11,856
February	10,297	1,086	9,747	1,106	11,383	10,853
March	11,716	1,198	10,842	1,023	12,914	11,865
April	11,184	1,101	10,123	1,024	12,285	11,147
May	11,067	1,070	9,858	964	12,137	10,822
June	9,512	929	9,044	893	10,441	9,937
July	10,191	931	9,857	849	11,122	10,706
August	10,103	828	9,655	821	10,931	10,476
September	9,908	853	9,608	897	10,761	10,505
October	9,523	833	9,015	771	10,356	9,786
November	9,523	835	8,705	796	10,358	9,501
December	10,474	892	8,841	823	11,366	9,664
Total	124,371	11,531	116,129	10,989 ¹	135,902	127,118

¹ This figure represents 8.8 per cent of the total births for 1926.

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.

Original source : *Statistical Year-Book of the Polish Republic, 1928.*

Provinces	Total deaths (not including still-births)				Difference in death rate + or —	
	Actual figures		General death rate per 1,000 of average population		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
1. Warsaw (city)	14,534	14,795				
2. Warszawa	43,411	42,671				
3. Lodz	42,300	42,123				
4. Kielce	50,149	47,230	17.6	17.1	+ 1.3	— 0.5
5. Lublin	39,293	38,108				
6. Bialystok	28,263	28,437				
	217,950	213,364				
7. Wilno	18,889	19,126				
8. Nowogrodek	16,667	16,629				
9. Polesie	20,926	21,917	17.7	17.4	+ 1.2	— 0.3
10. Wolyn	30,724	29,280				
	87,206	86,952				
11. Poznan	31,317	30,295				
11. Pomorze	16,580	16,443	14.8	14.1	+ 0.5	— 0.7
13. Slask	17,238	16,053				
	65,135	62,791				
14. Krakow	40,030	40,114				
15. Lwow	57,722	58,511				
16. Stanislawow	33,316	33,871	19.8	19.9	+ 0.9	+ 0.1
17. Tarnopol	27,259	27,568				
	158,327	160,064				
Grand total	528,618	523,171	17.8	17.4	+ 1.1	— 0.4

Table No. 11.

DEATH RATE ACCORDING TO SEX IN THE PROVINCES OF POZNAN AND POMORZE,
1922 TO 1926.

Original source : Information supplied by the Central Statistical Office.

Year	Population (1921 Census)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	1,371,856	1,531,652	26,046	24,821	18.98	16.20	+ 2.78
1923			24,396	23,497	17.78	15.34	+ 2.44
1924			24,438	22,999	17.81	15.01	+ 2.80
1925			22,820	21,736	16.63	14.19	+ 2.44
1926			24,444	23,453	17.81	15.31	+ 2.50
Average : 1922-26 ..			24,428	23,301	17.80	15.21	+ 2.59

Table No. 12.

DEATH RATE ACCORDING TO AGE AND SEX IN THE PROVINCES OF POZNAN AND POMORZE,
1925 TO 1926.

Original source : Information supplied by the Central Statistical Office.

A. *Actual Figures.*

Ages and age-groups	Total deaths					
	In 1925			In 1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0						
1						
2						
3						
4						
0-4	10,930	8,924	19,854	11,574	9,795	21,369
5-9	1,047	965	2,012	1,087	1,168	2,255
10-14	1,310	1,317	2,627	1,559	1,533	3,092
15-19	797	1,169	1,966	904	1,252	2,156
20-24	970	984	1,954	1,041	1,028	2,069
25-29	1,539	1,312	2,851	1,610	1,347	2,957
30-34	2,124	2,283	4,407	2,315	2,263	4,578
35-39	4,065	4,754	8,819	4,274	5,006	9,280
40-44						
45-49						
50-54						
55-59						
60-64						
65-69						
70-74						
75-79						
80-84						
85-89						
90 and over						
Unknown	38	28	66	80	61	141
Total	22,820	21,736	44,556	24,444	23,453	47,897

Table No. 12 (concluded).

B. Proportional Figures.¹

Ages and age-groups	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (—) in mortality in 1926 compared with 1925		
	In 1925			In 1926			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0									
1									
2									
3									
4									
0-4	33.19	28.21	30.75	35.14	30.96	33.09	+ 1.95	+ 2.75	+ 2.34
5-9									
10-14	2.77	2.55	2.66	2.87	3.09	2.98	+ 0.10	+ 0.54	+ 0.32
15-19									
20-24	7.67	4.94	6.00	9.12	5.75	7.07	+ 1.45	+ 0.81	+ 1.07
25-29									
30-34	5.52	6.57	6.10	6.26	7.03	6.69	+ 0.74	+ 0.46	+ 0.59
35-39									
40-44	7.56	6.85	7.19	8.11	7.16	7.61	+ 0.55	+ 0.31	+ 0.42
45-49									
50-54	14.76	11.63	13.14	15.45	11.94	13.63	+ 0.69	+ 0.31	+ 0.49
55-59									
60-64	31.55	29.84	30.64	34.38	29.58	31.83	+ 2.83	- 0.26	+ 1.19
65-69									
70-74	100.29	96.33	98.01	105.44	101.44	103.24	+ 5.15	+ 5.11	+ 5.23
75-79									
80-84									
85-89									
90 and over									
Unknown									
Total..	16.63	14.19	15.34	17.81	15.31	16.49	+ 1.18	+ 1.12	+ 1.15

¹ Population according to the census of 1921.

Table No. 13.

SEASONAL DISTRIBUTION OF DEATHS IN THE THREE WESTERN PROVINCES IN 1926 AND 1927.

Original source : Information supplied by the Central Statistical Office.

Month	Total deaths (not including still-births)			
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year	
	1926	1927	1926	1927
1	2	3	4	5
<i>A. Per Month.</i>				
January	5,686		15.6	
February	5,372		14.4	
March	5,963		16.8	
April	5,644		15.6	
May	5,343		14.4	
June	5,052		13.2	
July	6,025		16.8	
August	5,793		15.6	
September .. .	5,275		14.4	
October	5,059		13.2	
November .. .	4,706		13.2	
December .. .	5,217		14.4	
Total	65,135		14.8	
<i>B. Per Quarter.</i>				
1st Quarter ..	17,021		15.6	
2nd Quarter ..	16,039		14.4	
3rd Quarter ..	17,093		15.6	
4th Quarter ..	14,982		13.6	
Total	65,135	62,791	14.8	14.3

4. CAUSES OF DEATH.

Table No. 14.

MORTALITY AND INCIDENCE OF CERTAIN INFECTIOUS DISEASES IN THE CITY OF WARSAW
IN 1926 AND 1927.

Original source : *Year-Book of the Municipal Statistical Department.*

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
1a	Typhoid fever.. .. .	1926	159	1.6	1,403	13.8
		1927	180	1.7	1,394	13.5
1b	Paratyphoid fever	1926	4	0.04	15	0.1
		1927	1	0.01	17	0.16
2	Typhus	1926	4	0.04	56	0.5
		1927	4	0.04	31	0.3
3	Relapsing fever.. . . .	1926	—	—	—	—
		1927	—	—	—	—
5	Malarial fever or cachexia ..	1926	1	0.01	36	0.35
		1927	—	—	27	0.3
6	Smallpox	1926	1	0.01	2	0.02
		1927	1	0.01	1	0.01
7	Measles	1926	38	0.4	963	9.5
		1927	127	1.2	4,906	47.7
8	Scarlet fever	1926	551	5.4	4,475	44.1
		1927	251	2.4	2,364	23.0
9	Whooping-cough	1926	106	1.0	353	3.5
		1927	177	1.7	716	7.0
10	Diphtheria	1926	82	0.8	634	6.3
		1927	87	0.8	707	6.9
11a	Influenza with pulmonary com- plications	1926	—	—	—	—
		1927	124	1.2	146	1.4
11b	Influenza without pulmonary complications	1926	141	1.4	216	2.1
		1927	—	—	—	—
14	Asiatic cholera.. . . .	1926	—	—	—	—
		1927	—	—	—	—
16	Dysentery.. . . .	1926	17	0.2	106	1.0
		1927	12	0.1	177	1.7

Table No. 14 (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-deaths statistics		Notifiable diseases cases	
			Actual figures	Per 10,000 of average population	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
17	Plague	1926	—	—	—	—
		1927	—	—	—	—
18	Yellow fever	1926	—	—	—	—
		1927	—	—	—	—
20	Leprosy	1926	—	—	—	—
		1927	—	—	—	—
21	Erysipelas	1926	41	0.4	784	7.8
		1927	54	0.5	838	8.1
22	Acute poliomyelitis	1926	—	—	—	—
		1927	1	—	8	0.08
23	Encephalitis lethargica	1926	10	0.1	6	0.06
		1927	7	0.07	7	0.07
24	Epidemic cerebro-spinal me- ningitis	1926	37	0.4	45	0.4
		1927	25	0.2	38	0.4
26	Glanders and farcy	1926	—	—	—	—
		1927	—	—	—	—
27	Malignant pustule and an- thrax	1926	3	—	—	—
		1927	2	—	—	—
28	Rabies	1926	2	—	—	—
		1927	—	—	—	—
31	Tuberculosis of the respiratory system	1926	2,004	19.6	—	—
		1927	2,126	20.7	—	—
32	Tuberculosis of the meninges or tuberculosis of the cen- tral nervous system	1926	410	4.0	—	—
		1927	379	3.7	—	—
33	Tuberculosis of other organs ..	1926	145	1.4	—	—
		1927	144	1.4	—	—
38	Syphilis	1926	88	0.9	—	—
		1927	81	0.8	—	—
39	Soft chancre	1926	—	—	—	—
		1927	—	—	—	—
40	Gonorrhoea	1926	—	—	—	—
		1927	—	—	—	—

Table No. 15.

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX IN THE CITY OF WARSAW
1926.

Original source : *Year-Book of the Municipal Statistical Department.*

Age-groups	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex ¹		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	108	68	176			
1-4	165	163	328			
0-4	273	231	504	71.3	62.3	66.9
5-9	41	34	75	10.4	8.4	9.4
10-14	22	37	59	4.3	7.0	5.7
15-19	72	107	179	14.6	18.1	16.5
20-24	287	279	566	43.2	25.0	31.8
25-29						
30-34						
35-39	218	156	374	32.7	19.9	25.7
40-44						
45-49	227	111	338	45.5	20.3	32.3
50-54						
55-59	179	89	268	51.2	22.0	35.5
60-64						
65-69	87	67	154	55.3	30.3	40.7
70-74						
75-79						
80-84	17	18	35	32.4	17.1	22.2
85-89						
90 and over						
Unknown	5	2	7			
Total	1,428	1,131	2,559	33.8 ¹ 30.8 ²	22.0 ¹ 20.5 ²	27.3 ¹ 25.2 ²

¹ Distribution of the population by age and sex according to official census of 1921.

² Distribution of the population by age and sex as estimated for 1926.

Table No. 16.

DEATH RATE FROM TUMOURS IN THE CITY OF WARSAW, 1925-1927.

Original source : *Year-Book of the Municipal Statistical Department.*

Year	Classification according to International List (3rd Revision, 1920)				
	Nos. 43-49 Cancer or other malignant tumours	No. 50 Non-malignant tumours, or tumours of which the malignant charac- ter is not specified	No. 137 Other non-malignant tumours of ovary	No. 139 Non-cancerous tumour of the uterus	Nos. 43-50, 137, 139 Total number of tumours (cols. 2, 3, 4, 5 together)
1	2	3	4	5	6
<i>A. Actual Number of Deaths.</i>					
1925	866	85	3	9	963
1926	901	99	2	12	1,014
1927	1,013	105	8	11	1,137
<i>B. Proportional Figures per 10,000 of Average Population.</i>					
1925	8.7	0.85	0.03	0.09	9.7
1926	8.9	1.0	0.02	0.12	10.0
1927	9.9	1.0	0.08	0.11	11.1

Table No. 17.

DEATH RATE FROM ORGANIC DISEASES IN THE CITY OF WARSAW, 1925 TO 1927.

Original source : *Year-Book of the Municipal Statistical Department.*

Classification according to International List (3rd Revision, 1920)								
I. Classes of Disease								
Affections								
Year	Of the nervous system and organs of special sense Nos. 70-86	Of the circulatory system Nos. 87-96	Of the respiratory system Nos. 97-107	Of the digestive system Nos. 108-127	Non-venereal diseases of genito-urinary system Nos. 128-142	Of the skin and cellular tissue Nos. 151-155	Of the bones and organs of locomotion Nos. 156-158	
1	2	3	4	5	6	7	8	
A. Actual Number of Deaths.								
1925..	959	1,699	2,432	1,675	396	102	27	
1926..	991	1,899	2,183	1,568	445	86	15	
1927..	1,007	2,028	2,425	1,568	415	91	18	
B. Proportional Figures per 10,000 of Average Population.¹								
1925..	9.7	17.1	24.5	16.9	4.0	1.0	0.3	
1926..	9.8	18.7	21.5	15.4	4.4	0.8	0.15	
1927..	9.8	19.7	23.6	15.2	4.0	0.9	0.2	

II. Various Important Diseases									
Year	Cerebral hæmorrhage, apoplexy No. 74	Diseases of the heart Nos. 87-90	Acute and chronic bronchitis No. 99	Pneumonia Nos. 100, 101	Diarrhœa and enteritis (all ages) Nos. 113, 114	Cirrhosis of the liver No. 122	Acute and chronic nephritis Nos. 128, 129	Old age No. 164	Unknown or ill-defined diseases Nos. 204, 205
	9	10	11	12	13	14	15	16	17
A. Actual Number of Deaths.									
1925	380	1,568	53	2,123	1,240	15	319	390	351
1926	404	1,715	33	1,873	1,176	17	344	437	377
1927	465	1,810	60	2,128	1,108	17	321	498	414
B. Proportional Figures per 10,000 of Average Population.¹									
1925	3.8	15.8	0.5	21.4	12.5	0.2	3.2	3.9	3.5
1926	4.0	16.9	0.3	18.4	11.6	0.2	3.4	4.3	3.7
1927	4.5	17.6	0.6	20.7	10.8	0.2	3.1	4.8	4.8

¹ Population on January 1st, 1925, 992,450 ; January 1st, 1926, 1,015,426 ; January 1st, 1927, 1,028,982.

Table No. 18.

DEATHS FROM PUERPERAL DISEASES IN THE CITY OF WARSAW, 1925 TO 1927.

Original source : *Year-Book of the Municipal Statistical Department.*

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from					
			Puerperal septicaemia	Other puerperal diseases	Puerperal septicaemia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1925		23,543	52	48		22.1		20.4
1926		22,345	76	49		34.0		21.9
1927		20,784	95	33		45.7		15.9

Table No. 19.

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES IN THE CITY OF WARSAW FROM 1925 TO 1927.

Original source : *Year-Book of the Municipal Statistical Department.*

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
	2	3	4	5	6	7
Deaths by suicide	266	310	328	2.7	3.1	3.2
Other external causes	356	449	338	3.6	4.4	3.3
Total deaths from external causes	622	759	666	6.3	7.5	6.5
Total deaths from all causes	13,976	14,534	15,008	140.8	143.1	145.8
Total deaths, excluding deaths due to external causes (natural mortality)	13,354	13,775	14,342	134.5	135.6	139.4

Table No. 19a.

DISTRIBUTION OF DEATHS ACCORDING TO PRINCIPAL CAUSES IN TOWNS WITH OVER 100,000
INHABITANTS, 1927.Original source : *Statistical Year-Book of the Polish Republic, 1928.*

No. in the abridged inter- national List	Causes of death	Warsaw	Lodz	Sosnowiec	Lublin	Vilna	Poznan	Bydgoszcz	Katowice	Krakow	Lwow
1	Typhoid and paratyphoid fever ..	178	96	17	29	11	14	23	6	17	15
2	Typhus	4	1	1	2	4	—	—	—	3	—
3	Measles	119	91	—	10	5	5	2	4	—	11
6	Scarlet fever	248	96	11	30	42	16	9	3	28	54
7	Whooping-cough	178	54	6	2	3	25	7	7	11	15
8	Diphtheria and croup	82	140	8	15	10	33	8	20	14	23
9	Influenza	138	43	27	3	15	29	12	38	8	8
	Dysentery	12	3	19	—	2	6	9	17	16	8
12	Other epidemic diseases	91	37	8	34	21	51	7	1	72	13
13	Pulmonary tuberculosis	2,093	1,314	274	235	328	420	143	164	359	452
14	Tuberculosis of the meninges	371	154	18	28	30	24	4	1	41	67
15	Other forms of tuberculosis	140	93	21	29	19	28	22	22	25	54
16	Cancer and other malignant tu- mours	1,006	443	74	80	193	157	95	83	193	266
17	Meningitis	175	110	51	54	111	44	38	35	7	19
18	Cerebral hæmorrhage	469	159	20	27	106	73	38	23	87	119
19	Organic diseases of the heart	1,786	755	139	200	377	330	157	190	317	493
20	Acute bronchitis	36	21	14	9	23	14	10	2	16	17
21	Chronic bronchitis	25	3	3	—	1	3	6	—	3	2
22	Pneumonia	1,156	925	134	168	360	227	141	127	176	353
23	Other diseases of the respiratory system	1,183	409	55	26	48	81	19	20	123	28
24	Diseases of the stomach (cancer excluded)	48	23	25	5	51	65	6	10	14	12
	Carried forward	9,538	4,470	925	986	1,760	1,645	756	773	1,530	2,029

Table No. 19a.

No. in the abridged Inter- national List	Causes of death	Warsaw	Lodz	Sosnowiec	Lublin	Vilna	Poznan	Bydgoszcz	Katowice	Krakow	Lwow
	<i>Brought forward...</i>	9,538	4,470	925	986	1,760	1,645	756	773	1,530	2,029
25a	Diarrhoea and enteritis (under 2 years)	1,091	508	113	75	106	143	115	72	97	96
26	Appendicitis	99	29	—	3	48	7	2	3	14	14
27	Hernia, intestinal obstruction .. .	102	81	—	5	15	10	5	8	19	17
28	Cirrhosis and other diseases of the liver	15	8	7	3	9	—	1	3	7	5
29	Acute and chronic nephritis .. .	315	122	24	43	74	40	24	18	47	50
30	Non-cancerous tumours and other diseases of the female genital organs	30	10	—	1	3	—	—	6	5	9
31	Puerperal septicaemia	93	22	8	9	3	10	6	5	17	6
32	Other puerperal accidents of preg- nancy and labour	33	47	9	3	20	11	3	7	8	10
33	Congenital debility and malforma- tion	474	549	119	48	140	268	179	147	114	67
34	Senility	494	393	61	95	158	147	121	82	189	226
35	Violent deaths	338	127	54	49	61	12	48	41	63	73
36	Suicide	283	112	13	14	37	29	16	14	29	65
37	Other diseases	1,372	948	91	127	182	389	211	189	248	271
38	Unknown or ill-defined diseases .. .	518	115	18	4	82	21	30	10	10	7
	Total deaths : 1923	13,554	8,499	1,779	1,831		3,350	1,630		3,755	4,050
	1924	14,173	8,238	1,791	1,906		3,342	1,572		3,924	3,977
	1925	13,968	7,579	1,487	1,815		3,345	1,377	1,486	3,456	3,724
	1926	14,511	7,909	1,511	1,872	2,696	3,311	1,670	1,654	3,868	4,059
	1927	14,795	8,041	1,442	1,465	2,698	2,732	1,517	1,378	2,397	2,945

Table No. 19b.

DEATHS FROM TUBERCULOSIS IN THE LARGEST TOWNS IN 1927.

Original source : *Statistical Year-Book of the Polish Republic, 1928.*

	Total					Males					Females				
	Warsaw	Lodz	Poznan	Krakow	Lwow	Warsaw	Lodz	Poznan	Krakow	Lwow	Warsaw	Lodz	Poznan	Krakow	Lwow
Pulmonary tuberculosis.															
1926 :															
Among the total population	2,244	1,339	471	564	532		739	240	327	316		600	231	237	216
Among the resident population	2,015			391	412	1,151			205		864			186	
1927 :															
Among the total population	2,329	1,314	460	558	539		735	241	345	288		579	219	213	251
Among the resident population	2,093		420	359	452	1,194			207		899			152	
Age-groups :															
Under 1 year	54	58	18	7	11	25	26	13	3	6	29	32	5	4	5
1-4	117	123	11	11	17	69	62	5	5	8	48	61	6	6	9
5-9	20	15	5	5	11	7	5	2	2	5	13	10	3	3	6
10-14	36	20	14	7	3	335	8	—	4	2	21	12	14	3	1
15-29	724	412	191	106	165	433	198	92	59	90	389	214	99	47	75
30-49	684	387	158	129	171	288	230	91	78	92	251	157	67	51	79
50-69	410	273	58	79	141	21	191	35	48	78	122	82	23	31	63
70 and over	47	26	5	14	20	1	15	3	8	7	26	11	2	6	13
Age not stated	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—

Table No. 19b. (concluded).

	Total					Males					Females				
	Warsaw	Lodz	Poznan	Krakow	Lwow	Warsaw	Lodz	Poznan	Krakow	Lwow	Warsaw	Lodz	Poznan	Krakow	Lwow
Tuberculosis of all other organs:															
1926:															
Among the total population	614	220	69	123	175		110	37	64	90		110	32	59	85
Among the resident population	551			86	130	283			45		268			41	
1927:															
Among the total population	576	247	66	112	170		135	38	60	89		112	28	52	81
Among the resident population	511		52	66	121	253			32		258			34	
Age-groups:															
Under 1 year..	92	32	7	8	13	44	16	4	4	6	48	16	3	4	7
1-4 ..	207	116	17	21	26	108	65	9	10	13	99	51	8	11	13
5-9 ..	66	17	5	4	28	30	10	1	1	17	36	7	4	3	11
10-14 ..	19	10	3	2	11	8	2	1	1	5	11	8	2	1	6
15-29 ..	54	28	16	13	43	25	20	12	8	23	29	8	4	5	20
30-49 ..	40	24	10	8	25	22	12	6	2	10	18	12	4	6	15
50-69 ..	22	15	6	8	19	12	6	3	4	13	10	9	3	4	6
70 and over ..	9	5	2	2	5	4	4	2	2	2	5	1	—	—	3
Age not stated ..	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—

Table No. 19c.

DEATHS FROM CANCER AND OTHER MALIGNANT TUMOURS IN CERTAIN CITIES, 1926-1927.

Original source : *Statistical Year-Book of the Polish Republic, 1928.*

	Total					Males					Females				
	Warsaw	Lodz	Poznan	Krakow	Lwow	Warsaw	Lodz	Poznan	Krakow	Lwow	Warsaw	Lodz	Poznan	Krakow	Lwow
1926 :															
Among the total population..	1,036	432	193	378	353		183	94	185	175		249	99	193	178
Among the resident population ..	900			212	239	377			80		523			132	
1927 :															
Among the total population..	1,150	443	225	367	402		193	101	174	178		250	124	193	224
Among the resident population ..	1,006		157	193	266	417			83		589			110	
Age-groups :															
Under 1 year..	—	—	—	1	2	—	—	—	1	1	—	—	—	—	1
1-4 ..	4	—	2	—	2	3	—	2	—	2	1	—	—	—	—
5-9 ..	—	2	—	—	1	—	1	—	—	1	—	1	—	—	—
10-14 ..	1	1	1	—	—	1	—	1	—	—	—	—	—	—	—
15-29 ..	19	8	13	5	22	6	6	6	3	9	13	2	7	2	13
30-49 ..	177	93	64	27	115	54	34	17	8	47	123	59	47	19	68
50-69 ..	631	273	113	114	193	286	125	67	50	100	345	148	46	64	93
70 and over ..	170	66	32	46	67	66	27	8	21	18	104	59	24	25	49
Age not stated ..	4	—	—	—	—	1	—	—	—	—	3	—	—	—	—

5. INFANT MORTALITY.

Table No. 20.

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE, SEX AND LEGITIMACY IN THE THREE WESTERN PROVINCES, 1925-26.

Original source : Information supplied by the Central Statistical Office.

Age	Number of deaths among children under 1 year				
	Actual figures				
	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6
(a) Days of age :	Year 1925.				
0-9	3,183	2,277	5,460	4,763	697
10-19	1,110	913	2,023	1,721	302
20-29	777	655	1,432	1,140	292
(b) Months of age :					
0	5,070	3,845	8,915	7,624	1,291
1	1,355	1,116	2,471	1,961	510
2	985	813	1,798	1,415	383
3	875	757	1,632	1,345	287
4	707	536	1,243	1,027	216
5	599	470	1,069	894	175
6	588	429	1,017	890	127
7	448	383	837	725	112
8	410	358	768	663	105
9	384	316	700	624	76
10	331	261	592	519	73
11	264	235	499	449	50
Age not stated ..	32	27	59	18	41
Total (under 1 year)	12,048	9,552	21,600	18,154	3,446
(a) Days of age :	Year 1926.				
0-9	3,042	2,394	5,436	4,691	745
10-19	1,067	912	1,979	1,645	334
20-29	760	702	1,462	1,186	276
(b) Months of age :					
0	4,869	4,008	8,877	7,522	1,355
1	1,259	1,099	2,358	1,899	459
2	1,030	835	1,865	1,488	377
3	937	765	1,702	1,371	331
4	748	581	1,329	1,098	231
5	599	525	1,124	935	189
6	621	511	1,132	956	176
7	470	420	890	750	140
8	497	387	884	756	128
9	432	358	790	690	100
10	373	318	691	622	69
11	298	275	573	503	70
Total (under 1 year)	12,133	10,082	22,215	18,590	3,625

Table No. 21.

SEASONAL VARIATIONS IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE CHILDREN UNDER ONE YEAR OF AGE IN THE THREE WESTERN PROVINCES IN 1925 AND 1926.

Original source : Information supplied by the Central Statistical Office.

Month	Number of deaths among children under 1 year					
	Actual figures			Per 1,000 live births of the same category occurring in the same month and 11 previous months (see Table 4) ; monthly number of deaths reckoned as rate for the year		
	Legitimate children	Illegitimate children	Total	Legitimate children	Illegitimate children	Total
1	2	3	4	5	6	7
<i>Year 1925.</i>						
January			1,954			
February			1,769			
March			1,883			
April			1,633			
May			1,780			
June			1,572			
July			2,059			
August			2,238			
September			1,752			
October			1,719			
November			1,498			
December			1,743			
Total			21,600	146.0	299.0	159.21
<i>Year 1926.</i>						
January			1,725			
February			1,665			156.72
March			1,852			
April			1,831			
May			1,694			159.00
June			1,674			
July			2,458			
August			2,417			217.52
September			2,179			
October			1,718			
November			1,504			148.52
December			1,498			
Total			22,215	160.0	330.0	174.75

Table No. 22.

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN THE CITIES OF WARSAW AND LODZ,
1925, 1926 AND 1927.

Original source : *Statistical Year-Book of the City of Warsaw* ; *Statistical Year-Book of the City of Lodz*.

No. in International List (3rd Revision)	Causes of death	Town	Deaths among children under 1 year (excluding still-births)					
			Actual figures			Death rate per 1,000 live births of the same year		
			1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9
159	Congenital malformations ..	Warsaw	53	48	48	2.33	2.22	2.38
160	Congenital debility ; icterus and scleroma	Warsaw	240	244	208	10.56	11.27	10.33
161	Premature birth ; injury at birth	Warsaw	249	197	218	10.96	9.10	10.82
159, 160 and 161 together		Lodz	779	537	548	54.19	42.71	51.69
38	Congenital syphilis	Warsaw	59	50	45	2.60	2.31	2.23
		Lodz	22	18	19	1.53	1.43	1.79
7	Measles	Warsaw	78	16	50	3.43	0.74	2.48
		Lodz	18	27	35	1.25	2.15	3.30
8	Scarlet fever	Warsaw	17	36	21	0.75	1.66	1.04
		Lodz	9	8	2	0.63	0.64	0.19
9	Whooping-cough	Warsaw	76	66	106	3.34	3.05	5.26
		Lodz	24	3	29	1.67	0.24	2.74
10	Diphtheria	Warsaw	16	20	12	0.70	0.92	0.59
		Lodz	23	16	11	1.60	1.27	1.04
11	Influenza	Warsaw	60	61	47	2.64	2.82	2.33
		Lodz	18	17	4	1.25	1.35	0.38
15	Cholera nostras	Warsaw	—	1	—	—	0.05	0.38
		Lodz	—	—	—	—	—	—
21	Erysipelas	Warsaw	12	10	17	0.53	0.46	—
		Lodz	2	9	—	0.14	0.72	—
24	Epidemic cerebro-spinal meningitis	Warsaw	16	18	11	0.70	0.83	0.83
		Lodz	17	12	11	1.18	0.95	1.04
31	Tuberculosis of the respiratory system	Warsaw	55	65	53	2.42	3.00	2.63
		Lodz	67	73	58	4.66	5.81	5.47
32	Tuberculosis of the meninges or of the central nervous system	Warsaw	91	87	80	4.00	4.02	3.97
		Lodz	30	35	28	2.09	2.78	2.64
33-37	Tuberculosis of other organs	Warsaw	10	24	14	0.44	1.11	0.69
		Lodz	6	4	4	0.42	0.32	0.38
71	Meningitis	Warsaw	94	67	67	4.14	3.09	3.32
		Lodz	55	55	46	3.83	4.37	4.34
80	Convulsions of infants	Warsaw	40	40	25	1.76	1.85	1.24
		Lodz	—	—	—	—	—	—
	Carried forward		2,236	1,864	1,817			

Table No. 22 (concluded).

No. in International List (3rd Revision)	Causes of death	Towns	Deaths among children under 1 year (excluding still-births)						
			Actual figures			Death rate per 1,000 live births of the same year			
			1925	1926	1927	1925	1926	1927	
1	2	3	4	5	6	7	8	9	
	<i>Brought forward</i>		2,236	1,864	1,817				
99a	Acute bronchitis	Warsaw	6	6	10	0.26	0.28	0.49	
		Lodz	200	12	16	13.91	0.95	1.51	
100-101	Pneumonia	Warsaw	916	855	863	40.31	39.48	42.86	
		Lodz	469	450	402	32.63	35.79	37.92	
113	Diarrhoea and enteritis ..	Warsaw	1,014	887	821	44.62	40.96	40.77	
		Lodz	415	510	411	28.87	40.56	38.77	
175-199	External causes	Warsaw	14	6	7	0.62	0.28	0.34	
		Lodz	4	6	5	0.28	0.48	0.47	
200	Infanticide (murder of infants less than 1 year of age) ..	Warsaw	—	—	1	—	—	0.04	
		Lodz	—	—	—	—	—	—	
205	Diseases not specified or ill- defined	Warsaw	106	84	82	4.66	3.88	4.07	
		Lodz	48	50	24	3.34	3.98	2.26	
	Total deaths from all causes	Warsaw	3,449	3,110	3,001	151.77	143.62	149.04	
		Lodz	2,369	2,202	1,981	164.80	175.44	186.87	

6. PUBLIC HEALTH STATISTICS.

Table No. 24.

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. *Tuberculosis.—Survey of Anti-tuberculosis Institutions in 1925, 1926 and 1927.*

Original source : Polish Anti-Tuberculosis Association.

Designation of the institutions	Number of institutions			Number of beds ¹		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Anti-tuberculosis dispensaries	65	122	150	—	—	—
II. Tuberculosis sanatoria		38	42		2,786	3,178

B. *Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases in 1926 and 1927.*

Original source : Department of Public Health (Ministry of the Interior).

Designation of the institutions	Number of institutions		Number of patients suffering from venereal diseases admitted during the year	
	1926	1927	1926	1927
1	2	3	4	5
Venereal dispensaries maintained by the State	26	24	12,928	8,584 ²

¹ The total number of beds for tuberculous patients in General Hospitals amounted to 2,626 in 1926 and 3,058 in 1927.² In larger towns a high percentage of the population is insured and entitled to treatment in Health Insurance clinics. For this reason the twenty-six State venereal disease dispensaries are located on the Eastern marshes and in the provinces of Cracow and Stanislawow. According to the National Health Insurance statistics, the number of persons treated for venereal diseases in 1927 was 67,383, in a population of 2,366,012 (insured and members of family).

Table No. 24 (concluded).

C. *Alcoholism.—Survey of the Institutions for the Campaign Against Alcoholism in 1927.*

Original source : Department of Public Health (Ministry of the Interior).

Designation of the institutions	Number of institutions
1	2
I. Centres for persons suffering from alcoholism	3 ¹
II. Anti-alcoholic dispensaries	3 ²
III. Sanatoria for alcoholic persons	2 ³
IV. Commissions for fighting alcoholism :	
(a) Provincial	17
(b) In chief towns of districts	266
V. Social organisations for fighting alcoholism	40

D. *Smallpox.—Survey of Vaccinations in 1925, 1926 and 1927.*

Original source : Department of Public Health Service (Ministry of the Interior).

	1925	1926	1927
	1	2	3
I. Number of persons Vaccinated for the first time		969,929	651,856
(a) With positive result			585,313
(b) With negative result			22,237
(c) Result unknown			44,306
II. Number of persons re-vaccinated		819,440	575,143
(a) With positive result			408,464
(b) With negative result			103,874
(c) Result unknown			62,805
III. Total number of vaccinations and re-vaccinations	1,824,964	1,789,369	1,226,999

¹ At Kalisz, Krakow, Poznan.² In Warsaw, Poznan, Wilno.³ At Toruńskie, Gory and Gosciejewo.

7. DATA ON CURATIVE MEDICINE.

Table No. 26.

STATISTICS OF HOSPITALS (MILITARY HOSPITALS EXCLUDED) ON JANUARY 1ST, 1928.

Original source : Department of Public Health (Ministry of the Interior).

Provinces	Number of hospitals						Number of beds						
	Total	Hospitals for mental diseases	State hospitals	Local governments' hospitals	Social agencies' hospitals	Private hospitals	Total	Per 1,000 inhabitants ¹	For mental cases	Maintained by the State	Maintained by local governments	Maintained by social agencies	Maintained by private persons or agencies
Warsaw City	49	3	3	15	12	19	6,463	6.9	409	230	4,875	.951	407
Warszawa	52	5	1	33	12	6	3,624	1.7	1,177	662	1,671	1,101	190
Lodz	51	3	—	35	11	5	3,655	1.6	577	—	2,288	1,273	94
Kielce	50	—	2	28	20	—	2,866	1.1	—	135	1,635	1,096	—
Lublin	41	—	—	27	9	5	2,163	1.0	—	—	1,398	673	92
Bialystok	38	—	3	26	7	2	1,733	1.3	—	194	1,239	270	30
Wilno	33	1	8	16	3	6	1,956	1.9	100	560	1,111	162	123
Nowogrodek	18	—	4	10	3	1	612	0.8	—	178	369	53	12
Polesie	23	—	4	12	6	1	977	1.1	—	240	472	255	10
Wolyn	33	—	1	25	7	—	995	0.7	—	18	760	217	—
Poznan	82	3	1	38	29	14	7,812	4.0	2,164	30	5,033	2,460	289
Pomorze	39	2	—	18	16	5	4,723	5.0	2,255	—	3,407	1,238	78
Slask	67	2	1	22	38	6	10,043	8.9	1,719	60	3,608	6,270	105
Krakow	36	2	4	12	13	7	4,520	2.3	579	2,147	1,217	912	244
Lwow	28	2	3	13	10	2	4,675	1.7	1,127	2,814	1,269	550	42
Stanislawow	18	—	—	10	8	—	1,132	0.8	—	—	912	220	—
Tarnopol	14	—	—	9	5	—	887	0.6	—	—	740	147	—
Total for Poland	672	23	35	349	209	79	58,836	1.9	10,107	7,268	32,004	17,848	1,716

¹ Rates calculated on the estimated population as on January 1st, 1928, for the total territory of the Republic, and on the data of the 1921 census for each individual province.

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL IN 1925, 1926 AND 1927.

Personnel		Absolute figures			Percentage (men and women) per 10,000 of the average population ¹		
		1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8
I. Medical Students ..	Men	3,254	2,917	3,123	1.38	1.20	1.26
	Women	751	629	634			
	Total	4,005	3,546	3,757			
II. Doctors graduated during the year..	Men	587	688	518	0.24	0.29	0.22
	Women	103	168	142			
	Total	690	856	660			
III. Doctors (Total) ..	Total		7,087	8,798			3.26
IV. Dental students ..	Men	57	56	60	0.12	0.12	0.12
	Women	293	284	298			
	Total	350	340	358			
V. Dentists graduated during the year..	Men	8	12	8	0.03	0.02	0.02
	Women	66	56	53			
	Total	74	68	61			
VI. Dentists (Total) ..	Total			2,709			1.00
VII. Students of pharmacy	Men	247	263	296	0.17	0.19	0.21
	Women	250	308	321			
	Total	497	571	617			
VIII. Midwives			6,500	6,857			2.54
IX. Doctors' Assistants (Feldschers)				2,357			1.52

The shortage of nursing staff is very acute. The number of qualified nurses who have completed a two-year period of training at a nursing school was 169. Owing to the generous assistance of the Rockefeller Foundation, the construction of a special building for the Warsaw School of Nursing, with accommodation for one hundred students, was inaugurated in 1927.

¹ Population (in thousands) : 1925, 29,029 ; 1926, 29,511 ; 1927, 29,853.

Table No. 28.

STATISTICS OF HEALTH INSURANCE FUNDS IN 1925, 1926 AND 1927.

Original source : Information of the Ministry of Labour and Social Welfare.

A. Number of Funds and Membership.

Category of fund	Number of branches (district funds)				Membership							
	1925	1926	1927	1928 January 1st	1925		1926		1927		1928 (January 1st)	
					Males	Females	Males	Females	Males	Females	Males	Females
1. National Health Insurance ..	172	203	228	244	1,134,211	518,725	1,093,327	519,097	1,214,503	568,151	1,336,511	654,416
2. Health Insurance in the Upper Silesian part of the province of Silesia	49	47			230,088 ¹		224,083 ¹					

¹ Total for both sexes.

Table No. 28 (concluded).

B. National Health Insurance.—Number of Sick Members and Duration of Sickness in 1926.

Original source : Information based on data supplied by 194 local branches.

Number of local branches	Average number of insured			Total deaths			Number of sick members unable to work			Number of days during which benefits were granted or of hospital days			Number of confinements	Number of days during which maternity benefits were granted
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total		
194	1,001,627	528,274	1,629,901	8,785	2,754	11,539	358,646	140,240	498,886	7,328,202	3,127,218	10,455,420	23,129	717,535

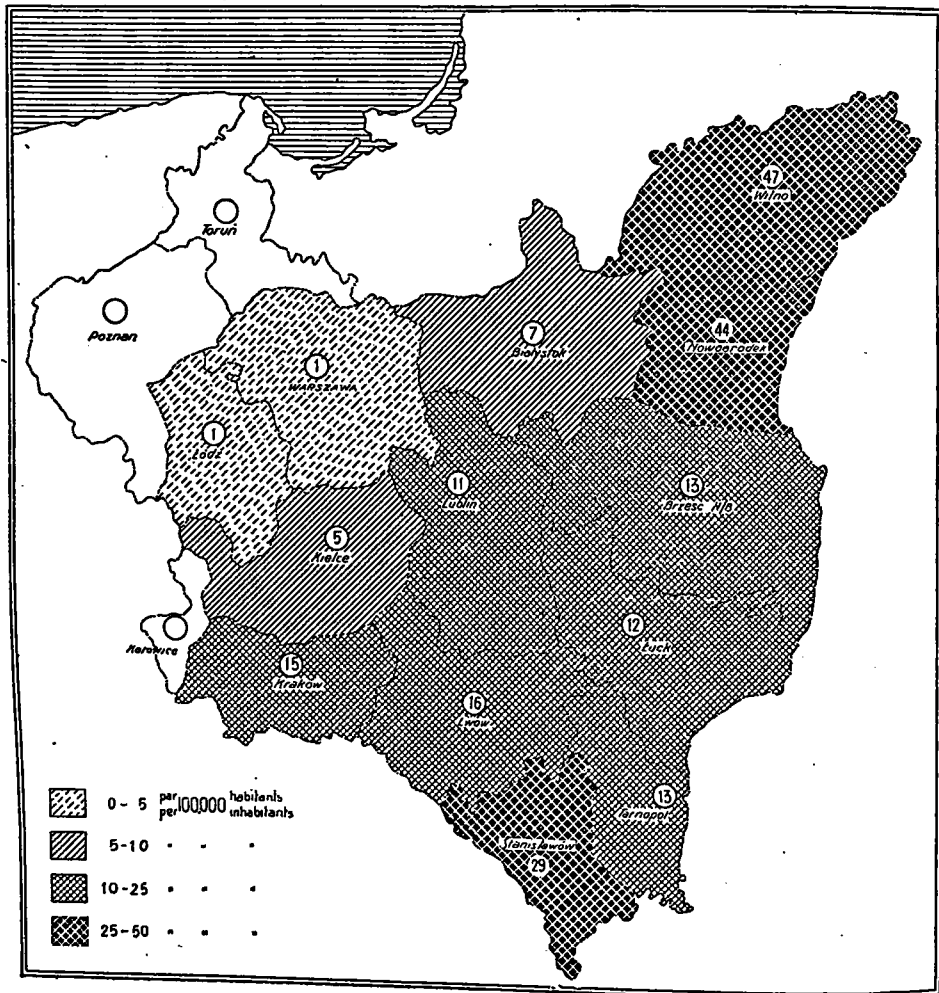
C. National Health Insurance.—Number of Sick Members and Duration of Sickness in 1926.

Original source : Based on information of 194 branches.

Deaths			Number of sick members unable to work			Number of days during which benefits were granted or of hospital days per one insured			Number of days during which benefits were granted or of hospital days per one case			Number of confinements per 100 insured women	Number of days during which maternity benefits were granted per one confinement
Per 100 insured						Males	Females	Total	Males	Females	Total		
Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total		
0.80	0.52	0.71	32.56	26.55	30.61	6.65	5.92	6.41	15.11	16.54	15.51	4.38	43.15

GEOGRAPHICAL DISTRIBUTION OF TYPHUS IN 1927.

(Rate per 100,000 inhabitants.)



II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

In 1927, the situation as regards the principal epidemic diseases was in general favourable, except for typhoid, which showed a substantial increase. Smallpox and typhus continued to decline; other infectious diseases have not exceeded the usual incidence.

1. *Smallpox.*

The record for smallpox was better than in any year since the world war. There were 35 cases reported, as against 77 in 1926 and 5,078 in 1921. Four deaths were registered. The case fatality rate has not declined. In 1927, it was 11.4 per cent, which may be compared with 7.1 per cent in 1926. It may be of interest to note that, during the period between 1907 and 1911, the average annual number of deaths from smallpox in the city of Warsaw alone was 355.

In 1927, eight provinces were completely free from smallpox. The provinces of Posen and Nowogrodek reported one case each. The provinces of Bialystok, Polesie, Tarnopol, Vilna and Volhynia had from four to eight cases each. In cities with over 100,000 population two cases occurred—one in Warsaw, the other at Bialystok.

It should be added that, during the year in question, there were reported 514 cases of chickenpox with four deaths. The question arises whether all these cases were, in point of fact, cases variocella; four deaths would seem to indicate that some of them were cases of variola of a mild type.

Smallpox vaccinations numbered 1,226,999, of which 651,856 were primary vaccinations.

2. *Typhus.*

Although typhus has again registered a decline, the situation calls for continued vigilance. The number of notifications received was 2,948, as against 3,574 in 1926.

No changes occurred in the geographical distribution of typhus (see previous volumes of the *Year-Book*). The disease chiefly affects the rural population. Thus, out of the 2,948 cases reported in 1927, 144 were returned from 10 cities with over 100,000 inhabitants, 40 cases from 29 towns with a population between 25,000 and

100,000, and 2,764 cases from towns under 25,000 and rural areas. This gives an incidence rate of 5.1 per 100,000 for the cities of the first group¹, 3.4 for the cities of the second group² and 12.03 for the remaining area.

Quite a serious outbreak of typhus occurred at Piwniczna (a small town in the province of Cracow, district of Nowy-Sacz) and in the neighbourhood, 195 persons being affected between March and July, 32 deaths being ascribed to this disease. The incidence rate in the area covered by the epidemic was 27 per 1,000. The outbreak was traceable to the presence of beggars at Piwniczna at the end of February. It should be added that the general sanitary standard of the population at Piwniczna is low, and typhus is still lingering there (see map p. 716).

3. *Relapsing Fever.*

Thirteen cases and two deaths from this disease were notified.

4. *Typhoid Fever.*

There was a rise in the prevalence of typhoid fever. The number of cases reported was 19,024, compared with 15,937 in 1926. Of the total number of 19,024 cases, 4,758, or 25 per cent, occurred in towns of the second group. Out of the ten towns of the first group, five had an incidence rate of over 100 per 100,000: The highest rate was reported in the city of Warsaw (139), then follow, in orders Lublin(131) and Lodz (126). The rate was lowest in Posen (30), Kattowitz (42) and Lwow (53).

While the prevalence of typhoid fever at Lublin, Lodz and in the towns of the second group is explained by the very imperfect water-supply and sewage disposal facilities, it is much more difficult to suggest the reason for so high a typhoid rate in the city of Warsaw, which is provided with a municipal water-supply and water of high quality. The same applies to the city of Cracow.

Much attention was paid to the typhoid situation in the flooded districts of the province of Stanislawow. Special hospitals were opened by the Red Cross, and a large percentage of the population in the flooded area was immunised against typhoid.

5. *Dysentery.*

The number of cases was higher than last year. The records show 4,823 cases in 1926 and 5,023 in 1927. This was due to a considerable increase of prevalence in the flooded area; the province of Stanislawow reported 1,244 cases in 1927, compared with 534 in 1926.

¹ The term "cities of the first group" indicates cities with over 100,000 inhabitants, of which there are ten.
² The term "cities of the second group" indicates cities with a population of from 25,000 to 100,000, of which there are twenty-nine.

6. *Scarlet Fever.*

There was no great change in the scarlet fever situation, the incidence rate falling very slightly. The records show 36,250 cases in 1927 and 37,780 in the previous year. Some change occurred in the geographical distribution of the disease. A sharp rise was reported from the eastern marshes of the country, in the provinces of Volhynia, Polesie and Nowogrodek. In 1927, these three provinces returned 7,210 cases, as against 2,057 in 1926. In view of the defective registration in that part of the country the figures seem to indicate a very heavy wave of scarlet fever. On the other hand, scarlet fever declined in the city of Warsaw and in the provinces of Warsaw and Kielce.

The incidence rate in the cities of the first group was 246 per 100,000 ; in towns of the second group, 224 per 100,000 ; and in the remaining part of the country 115 per 100,000. It is difficult to say whether these differences are real, or whether they indicate defective registration.

Immunisation against scarlet fever was carried on in almost every province. According to the figures collected, 25,000 children were vaccinated in the city of Warsaw, of whom 0.4 per cent subsequently developed the disease. The percentage of cases of scarlet fever among 150,000 unvaccinated children was 1.5.

7. *Diphtheria.*

Diphtheria is unquestionably becoming more prevalent from year to year, 8,626 cases being reported in 1927, compared with 6,835 in 1926. The figure for 1927 is the highest recorded since 1919. Diphtheria prevalence increased generally, but especially in the provinces of Stanislawow, Lublin and Silesia. Expressed as percentages, the increases were: 73.3, 74.7 and 63.8 respectively. Of all the notifications of diphtheria, 34.55 per cent were returned from towns with over 25,000 inhabitants, the population of these towns constituting 14.7 per cent of the total population of the Republic. In the south-eastern provinces, the fatality rate was high ; in the province of Lwow, it was 22.5 per cent. The highest fatality amongst the cities was recorded at Kattowitz (Silesia), which returned 75 cases and 20 deaths from diphtheria.

8. *Cerebro-spinal Fever.*

There were 497 cases and 184 deaths notified. This does not differ much from the average annual number. The fatality rate was 67.6 per cent in the cities of the first group and 83.2 per cent in those of the second.

9. *Measles.*

The measles outbreak of 1926 has evidently run its course : the number of cases dropped by half. The disease continued to be very prevalent in the south-eastern

provinces. Out of a total number of 34,088 cases and 902 deaths, 11,764 cases and 245 deaths were returned from towns of the two groups. These figures show that more attention should be paid to measles, which in 1927, so far as mortality from acute infectious diseases is concerned, is the third disease in order of importance. Moreover, many deaths from measles are probably not registered as such, but are included among diseases of the lungs. Thus, in towns of the first group, there were 8,577 cases and 235 deaths; in towns of the second group, 3,187 cases and only 10 deaths. The province of Nowogrodek had 960 cases and the province of Lublin 1,397, but no deaths. This seems improbable.

10. *Whooping-cough.*

There were 9,657 cases registered, chiefly in the southern provinces. In the area of maximum prevalence, high fatality rates were observed; 8.8 per cent in the province of Lwow and 10.7 per cent in the province of Stanislawow. In the commune of Wysocko Wyzne (province of Stanislawow) with some 2,000 inhabitants, 25 deaths from whooping-cough were reported in 1927.

As regards cities, the towns of the first group notified 1,975 cases and 280 deaths (fatality rate 14.2 per cent), the towns of the second group 687 cases and 34 deaths (fatality rate 4.9 per cent). In the city of Warsaw, the number of deaths from whooping-cough was 178, *i.e.*, as many as from typhoid fever and more than from measles (119) or diphtheria. While it is clear that the relation of cases to deaths from whooping-cough in large towns indicate incomplete registration of cases, it also shows that more attention should be given to the problem of the control of whooping-cough.

11. *Encephalitis Lethargica.*

Information regarding the prevalence of the disease is only available for towns which reported 26 cases and 15 deaths. Of these, 7 cases were notified in Warsaw and 9 at Bydgoszcz.

12. *Poliomyelitis.*

On account of the outbreak of poliomyelitis in Germany and Roumania, the disease was made notifiable in Poland. During three months, 21 cases and 1 death were registered. It appears that some of them are cases which developed at a much earlier date and were only subsequently returned.

Table No. I.¹

(a) NUMBER OF CASES AND DEATHS FROM COMMUNICABLE DISEASES, IN 1927, IN 10 TOWNS WITH OVER 100,0⁰⁰ INHABITANTS.

Town	Population	Smallpox		Typhoid fever		Typhus		Relapsing fever		Dysentery		Scarlet fever		Diphtheria		Cerebro-spinal fever		Measles		Erysipelas		Whooping-cough		Malaria		Puerperal fever		Tuberculosis		Encephalitis lethargica		Trachoma		Anthrax		Trichinosis		Polymyelitis	
		C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
		Warsaw ..	1,015,426	1	1	1,411	178	31	4	—	—	177	122	364	248	707	82	38	24	1,906	119	825	54	715	178	27	—	148	93	3,225	2,604	7	6	540	—	3	248	—	8
Lodz ..	553,649	—	—	701	96	3	1	—	—	46	31	1,162	96	813	140	27	20	1,601	92	45	19	378	54	—	—	97	22	—	1,561	—	—	—	—	—	—	—	—	—	
Lwow ..	228,801	—	—	121	16	4	—	—	—	96	9	796	48	169	26	3	1	945	12	146	10	436	17	—	—	8	61,007	562	2	1	373	—	—	—	—	—	—		
Posen ..	220,023	—	—	67	8	—	—	—	—	65	1	403	11	190	27	23	19	—	—	—	—	—	—	—	—	15	7	528	404	—	—	76	—	—	—	—	—	—	
Cracow ..	189,376	—	—	243	37	25	5	1	—	142	22	635	56	162	26	14	4	125	1	49	11	144	11	7	1	38	401,221	517	—	—	371	—	—	—	8	6	1		
Vilna ..	184,000	—	—	186	13	49	4	—	—	9	1	681	42	115	13	7	9	552	5	62	5	96	1	—	—	—	329	344	2	1	44	—	—	—	—	—	—		
Kattowitz	112,657	1	1	47	6	—	—	—	—	17	17	158	3	75	20	3	1	118	4	15	—	14	7	—	10	5	62	187	—	—	14	—	—	—	—	—	—		
Lublin ..	108,531	—	—	142	22	30	2	—	—	2	—	275	20	36	6	3	1	23	—	9	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bydgoszcz	105,672	—	—	104	24	—	—	—	—	20	9	272	9	41	7	26	19	298	2	23	4	43	6	4	—	21	7	295	173	9	6	36	—	—	—	—	—	—	
Sosnowiec	101,940	—	—	95	17	2	1	—	—	32	19	124	11	—	—	—	—	8	—	—	—	136	6	—	—	—	316	310	—	—	72	—	—	—	—	—	—	—	—
Total ..	2,820,075	2	2	3,117	417	144	17	1	—	506	93	5,870	544	2,330	355	145	98	3,576	235	1,187	110	1,975	280	38	1,337	180	5,983	6,662	20	14	1,526	—	3	257	—	15	1		

¹ The figures were checked by the Health Departments of the respective towns.

Table No. I¹ (continued).

(b) NUMBER OF CASES AND DEATHS FROM COMMUNICABLE DISEASES, IN 1927, IN 29 TOWNS FROM 25,000 TO 100,000 INHABITANTS.

Town	Population	Smallpox		Typhoid fever		Typhus		Relapsing fever		Dysentery		Scarlet fever		Diphtheria		Cerebro-spinal fever		Measles		Erysipelas		Whooping-cough		Malaria		Puerperal fever		Tuberculosis		Encephalitis lethargica		Trachoma		Anthrax		Trichinosis		Poliomyelitis	
		C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
		Bedzin ..	27,855			141	13	1							42	2	5		1		15		10							183	75	1		9					2
Bialystok ..	76,792	1		74	3	3							190	22	49	8	1	1			14	1							135								1		
Brzesc n. B. ..	29,553			16	2	3							50	1	24	2					5	5	15					101	9										
Czestochowa ..	80,473			261	18	3							76	1	84	1	1				353	39	70	2				63	37		52	2							
Dabr. Gornicza ..	41,681			62	2								61	5	14	1	2				22							122	52		2								
Drohobycz ..	26,736			91	16	1	1						137	17	8	7	2	2			16	1	7	74	4			64	64		12								
Gniezno ..	25,694			14	8								26	2	3								3					69	1										
Grodno ..	35,148			31	5	5	1						38	7	63	5	9				476	1	12		3	2		1	76										
Grudziadz ..	33,516			7	9								40	5	9	6		1			4	1	1					27	76										
Kalisz ..	44,613			66	13								19	6	15	1					10		14	1	44			13	95										
Kielce ..	41,346			84	14	7							79	5	17	4		6			13	1	5		11			118	106		11	72					1		
Kolomyja ..	31,708			17	3	1							194	28	5						6		2					67	81								1		
Krol.-Hiuta ..	72,641			24	2								40	1	40	1	5	2			22		6					2	106										
N-Sacz ..	26,341			21	4								68	8	8	3	1				70	1					3	61	81				4	2					
Pabjanice ..	34,967			36	1								67	8	68	7	3	3			323	1	37	1	39		3	517	66		51		1						
Piotrkow ..	41,113			77	17								195	27	20	8		4			51		43	2				33	98	1		80					1		
Plock ..	27,750			36									25		15						10																		
Przemysl ..	47,958			16									5	68	1	23					146		20		36			6	10	1		1							
Radom ..	61,599			88	2	2	1						205		15						49		23		10			24											
Rowne ..	30,480			19	4								90		3						2																		
Siedlce ..	30,536			25	2								34	7	7	7					51		3		22			5	34										
Stanislawow ..	51,391			40	4	2							107	14	16	3					72	2	2	234	5			341	177		27								
Stryj ..	27,358			27	5	7	6						46	4	5						5			8				360	73		95								
Tarnow ..	35,347			42	5								65	1	22																							2	
Tarnopol ..	32,003			13	1								202	4							17	1																	
Tom Mazow ..	28,287			91	9								260	26	24	4					206		8		2			103			18								
Torun ..	39,434			62	9								57		33						622		10		16	6	2	4	5										
Wloclawek ..	40,281			106	8	4							27	1	22						4		7	1				12	8									2	
Zawiercie ..	29,480			54	13	1							16	1	34	3	3				1		11	1	6		1		218	88		22							
Total ..	115,081	1		1,641	184	40	10	2					175	15	2,584	214	651	71	68	603	1,187	10	233	9	687	34	9	33	11	2,270	1,578	6	1	812		3	13	2	6

¹ The figures were checked by the Health Departments of the respective towns.

B. CHRONIC DISEASES.

1. Tuberculosis.

A review of activities in tuberculosis control during 1927 shows the following developments in the anti-tuberculosis programme :

(a) *Co-operation with the Health Insurance.*

The question of collective action of the Polish Tuberculosis Association and the National Health Insurance was put before the Congress on Tuberculosis held by the Health Insurance in Cracow in 1927. A resolution was passed emphasising the necessity of co-operation. The first steps taken in this direction were : (1) an enquiry made into Health Insurance practice concerning tuberculosis ; (2) the setting-up of a commission of experts to establish the principle of co-operation between National Health Insurance and the Polish Tuberculosis Association.

Questionnaires were issued to all the district Health Insurance Committees. One hundred replies were received. The consensus of opinion expressed was that the standard of tuberculosis work is low. Insured persons suffering from tuberculosis are mostly treated in general out-patient departments. There is a shortage of nursing staff and of residential institutions for open cases. In 1927, 182,765 persons (96,648 insured and 86,117 members of families) were treated for tuberculosis by the Health Insurance. This gives 6.4 cases of tuberculosis per 100 insured. The percentage was about 10 in large cities (Lwow, Posen, Cracow).

(b) *Development of Anti-tuberculosis Armament.*

There were established, during 1927, 14 anti-tuberculosis dispensaries (150 in all) and four sanatoria (42 in all). The number of beds at sanatoria increased from 2,786 in 1926 to 3,178 in 1927. Twelve anti-tuberculosis associations were formed during the year, giving a total of 130.

(c) *Training of Personnel.*

In 1927, the Polish Anti-Tuberculosis Association, conjointly with the Ministry of Labour and Social Welfare and the Department of Public Health Service, held two six-week courses for 67 nurses (87 hours of theoretical training and 20 hours of practical work during each course); 19 doctors took a three-month course of practical training in tuberculosis work. The students were mostly dispensary physicians.

(d) *Immunisation of Infants with BCG.*

The immunisation of infants with BCG was carried out in Warsaw and in some other towns. Up to the end of 1927, 412 infants remaining under the permanent supervision of a paediatrist and a nurse were immunised. The results seem to be encouraging.

(e) *Improvement of Tuberculosis Statistics.*

The co-operation on the part of dispensaries in notifying cases to the health authorities is reflected in official statistics. During 1927, 21,235 cases and 12,417 deaths were reported, compared with 141 cases and 10,137 deaths in 1919.

The tuberculosis survey at Bialystok was completed. From April 15th, 1925, up to May 1st, 1926, 941 cases of tuberculosis were detected, i.e., 123.8 per 10,000 of population. The rate for Christians was 135.7, for Jews 110. The tuberculosis death rate was 24.2 per 10,000, or 18 per cent of total deaths. (Christians, 28.8; Jews, 20.2.) About 27 per cent of the deaths occurred in hospitals.

The Pirquet test was applied in 3,209 cases (1,567 Christians, and 1,642 Jewish school-children); 42.9 per cent of the children showed a positive test (37.2 per cent of the first and 48.4 per cent of the second group).

Of the lodgings at Bialystok, 3,922, or 23.5 per cent, consist of one room. Each of them shelters an average of 3.3 persons.

2. *Malaria.*

Malaria is showing a declining tendency. The number of registered cases was 646, as compared with 971 in 1926 and about 53,000 in 1921. Of the 646 cases, 426 were returned from the province of Polesie. Deaths from malaria numbered 5.

During 1927, anti-malaria work was conducted by two field units, one operating in Warsaw, the other in the province of Polesie. The programme consisted of quinine administration and the destruction of larvæ (Schweinfurt-green method).

3. *Cancer.*

There has been a distinct upward trend in the mortality from cancer in Warsaw. The recorded death rate in 1927 was 97.8 per 100,000 as against 77.2 in 1923.

Table No. II.

DEATH RATE FROM CANCER IN THE CITY OF WARSAW IN 1923 AND 1927 BY SEX AND RACE.

Year	Population	Deaths					Per 100,000				
		Total	Males	Fe- males	Chris- tians	Jews	Total	Males	Females	Chris- tians	Jews
1923 ..	965,237	746	312	434	519	227	77.29	71.07	80.49	80.49	70.83
1927 ..	1,028,982	1,006	417	589	696	310	97.77	88.89	105.21	97.38	98.63

Out of the total of 1,006 deaths, 221, or 22 per cent, took place in hospitals.

Table No. III.

DISTRIBUTION OF MORTALITY FROM CANCER IN WARSAW ACCORDING TO SITE IN 1927.

Site	Males	Females	Total
Buccal cavity	9	5	14
Stomach and liver	270	308	578
Peritoneum, intestines and rectum	26	26	52
Female genital organs	—	114	114
Breast	—	43	43
Skin	2	2	4
Other organs	102	86	188
Total	409	584	993

Table No. IV.

MORTALITY FROM CANCER IN WARSAW BY AGE-GROUPS IN 1927.

	Under 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 and over	Age not stated	Total
Number	9	15	41	136	280	351	170	4	1,006
%	0.9	1.5	4.1	13.5	27.8	34.9	16.9	0.4	100

The Health Insurance statistics for 1927 show 3,798 cases of cancer and other malignant growths among 1,504,187 insured persons, and 3,348 cases among 1,861,825 members of their families.

4. Venereal Diseases.

In 1927, treatment was given in the twenty-four State venereal disease dispensaries to 8,584 patients. Of the patients admitted, 5,785 had syphilis, 2,589 gonorrhœa and 210 soft chancre.

According to the National Health Insurance statistics, the number of persons treated for venereal diseases in 1927 was 67,383, out of a population of 2,366,012 (insured persons and members of their families).

5. *Trachoma.*

An outstanding feature of the progress made during the past year is the larger number of cases of trachoma reported to health authorities ; 13,182 cases were notified, as against 7,144 in 1926 and 1,156 in 1919.

Progress has also been made in the collection of data bearing on trachoma statistics in different groups of the population. The tabulated reports of school physicians in secondary schools and teachers' training colleges show that, during the period from 1918-19 up to and including 1925-26, 726,131 pupils were examined, of whom 5,539, or 0.76 per cent had trachoma. Investigations in primary schools have also been made. The number of children examined in Warsaw, Lodz, Vilna and Radom amounted to 118,561. The percentage of positive trachoma cases was 3.01.

The number of dispensaries for free treatment of trachoma was 57, of which 20 were established in 1927. The accommodation in establishments for trachomatous children was increased from 1,600 beds in 1926 to 2,000 in 1927. In 1927, trachoma training courses for 122 doctors were held in Warsaw, Cracow, Vilna and Lwow.

Five thousand copies of a placard, "How to Avoid Trachoma", and 30,000 of a pamphlet, "What is Trachoma?" were distributed. Some publications specially intended for physicians were also issued.

6. *Alcoholism.*

A second residential treatment institution was established for the care of alcohol cases.

A special course in alcoholism for social workers at the State School of Hygiene was organised and was attended by 250 students.

A National Conference on alcoholism was held at Warsaw in November 1927.

7. *Narcotic Drugs.*

The following tabular statement shows the quantity of narcotic drugs imported in 1927 :

Drug	Quantity
Cocaine	80 kg. 220 gr.
Opium	975 " 600 "
Morphine	211 " 872 "
Other narcotic drugs	222 " 725 "

III. PUBLIC HEALTH ACTIVITIES.

1. PUBLIC HEALTH EDUCATION.

A great deal of educational work was done by State Health Authorities and the Health Departments of the large towns. This work was supplemented by social agencies in different fields, particularly in tuberculosis, and the general public has taken an increased interest in public health matters. Publications dealing with public health are increasing and health lectures (six per month) were communicated to wide circles of the public through the Polish broadcasting station.

Training facilities for public health workers of all grades were given by the State School of Hygiene. The following courses were held in 1927 by the school itself or with the assistance of certain State or private organisations.

	Number of students
1. Training course for district medical health officers	21
2. Course for sanitary engineers	22
3. Course of hygiene for elementary school teachers	336
4. Course for social workers	252
5. Course for tuberculosis nurses	122
6. Course for midwives	55
Total	808

The Ministry of Education introduced systematic instruction in hygiene and first-aid into all secondary schools, and the Warsaw University inaugurated a course of lectures on school hygiene for all students intending to adopt the teacher's career.

2. MATERNITY AND CHILD WELFARE.

The Law of July 2nd, 1924, concerning the employment of women and juveniles, and providing for the organisation of day crèches for infants in all undertakings employing more than one hundred women, has now come into force. The first crèche was opened in Warsaw in November 1927. It gives all necessary attention as well as quartz lamp treatment to infants between three months and one year of age. Breast-feeding is encouraged. The mother is entitled to feed her child twice during her working hours.

Table No. V gives a summary of the activities of 124 stations registered with the Polish Committee for the protection of children. Summer colonies in the country and health resorts were attended by 63,820 children.

A new phase in the protection of the health of children was the inauguration of medical examination of children entering factories.

Increased facilities for pre-natal assistance and good obstetrical care are particularly needed in Poland. Supplementary instruction of midwives is carried on by the Ministry of Labour and Social Welfare, conjointly with public health education in matters pertaining to the health of the mother and encouragement of Local Governments in this direction.

Table No. V.

MATERNITY AND INFANT WELFARE STATIONS, 1927.

Summary of Activities of 124 Stations registered with the Polish Committee for the Protection of Children.

Province	Number of stations on January 1st, 1928	Number of children on January 1st, 1928	Number of children admitted during the year	Total children	Discharged	Total deaths during the year	Medical examinations	Home visits of nurses	Consultations to pregnant women	Physicians serving infant stations	Nurses serving infant stations	Social workers serving infant stations
Warsaw (city)	13	2,456	3,110	5,566	2,650	154	29,629	11,344	1,101	26	26	5
Warsaw ..	12	1,379	1,428	2,807	1,126	133	10,606	9,665	523	12	14	16
Lodz ..	15	2,855	2,670	5,525	2,384	264	20,521	21,087	180	17	31	18
Kielce ..	5	954	867	1,821	663	90	7,939	3,830	115	5	9	4
Lublin ..	3	326	495	821	489	31	1,903	1,678	110	5	6	3
Bialystok ..	6	1,398	1,644	3,042	1,503	90	18,650	6,311	210	6	9	5
Nowogrodek	1	—	264	264	99	8	394	260	38	1	1	—
Polesie ..	2	277	605	882	661	10	2,610	578	175	3	4	1
Volhynia ..	4	413	563	976	568	20	2,196	2,648	101	10	5	1
Posen ..	23	2,219	2,820	5,039	1,991	153	16,139	20,316	274	24	31	21
Pomerania	6	475	606	1,081	423	40	1,960	3,101	109	5	6	3
Cracow ..	2	362	263	625	224	16	2,012	947	37	2	2	—
Lwow ..	6	2,224	1,183	3,407	1,374	72	10,028	10,146	167	14	17	1
Stanislawow	3	400	293	693	258	32	2,504	2,873	8	4	4	2
Tarnopol ..	3	361	244	605	230	15	1,550	2,087	17	4	3	1
Silesia ..	10	2,670	2,165	4,835	2,753	88	11,394	8,366	86	—	15	11
Vilna ..	10	1,503	2,493	3,996	1,447	113	32,994	13,390	280	11	19	2
Total..	124	20,272	21,713	41,985	18,843	1,329	173,029	118,627	3,531	159	202	94

3. SCHOOL HYGIENE AND PHYSICAL EDUCATION.

Table No. VI.

INSPECTION OF SECONDARY SCHOOLS IN 1925-26, BASED ON INFORMATION FROM 438 SCHOOLS.

Number of children medically inspected	Boys		Girls		Total	
	77,578		50,553		128,131	
	Number	%	Number	%	Number	%
Defective nutrition	6,918	8.91	5,223	10.33	12,141	9.47
Enlarged adenoids	16,181	20.85	13,782	27.26	29,963	23.40
Spinal curvature	3,443	4.43	4,551	9.00	7,994	6.23
Rickets	4,437	5.71	1,691	3.34	6,128	4.78
Organic heart disease	1,975	2.54	1,354	2.67	3,329	2.59
Hernia	354	0.45	34	0.06	388	0.30
Tuberculosis :						
(a) Active form or confirmed by bacteriological examina- tion	2,867	3.69	1,942	3.84	4,809	3.75
(b) Glands	1,142	1.47	1,436	2.84	2,578	2.01
(c) Bones	209	0.26	116	0.22	325	0.25
(d) Other organs	230	0.29	158	0.31	388	0.30
Total tuberculosis	4,448	5.73	3,652	7.22	8,100	6.39
Mouth breathing	2,852	3.67	2,262	4.47	5,114	4.00
Caries of the teeth	38,888	50.00	20,512	40.59	59,400	46.35
Defective speech	970	1.25	294	0.58	1,264	0.98
Defective vision	11,475	14.79	9,012	19.8	20,487	15.98
Defective hearing	1,563	2.01	947	1.87	2,510	1.95
Frequent epistaxis	1,099	1.41	681	1.32	1,780	1.35
Headache	994	1.28	5,764	11.4	6,758	5.27
Cripples	563	0.79	266	0.52	834	0.65

Table No. VIa.

MEDICAL INSPECTION OF STATE TEACHERS' TRAINING COLLEGES IN 1925-26.

Number of children medically inspected	Boys		Girls		Total	
	10,784		12,142		22,926	
	Number	%	Number	%	Number	%
Defective nutrition	737	6.82	835	7.61	1,572	6.85
Enlarged adenoids	1,295	12.00	1,813	14.93	3,108	13.55
Spinal curvature	540	5.00	917	7.55	1,457	6.35
Rickets	668	6.19	248	2.04	916	4.00
Organic heart disease	284	2.63	201	1.65	485	2.13
Hernia	40	0.37	98	0.80	138	0.60
Tuberculosis :						
(a) Active form or confirmed by bacteriological examina- tion	263	2.44	590	4.85	853	3.72
(b) Glands	48	0.44	75	0.61	123	0.53
(c) Bones	17	0.15	12	0.09	29	0.12
(d) Other organs	12	0.11	7	0.05	19	0.08
Total tuberculosis	340	3.15	684	5.71	1,024	4.46
Mouth breathing	245	2.27	199	1.63	444	1.93
Caries of the teeth	6,419	59.52	6,288	51.78	12,707	55.42
Defective speech	71	0.65	14	0.11	85	0.37
Defective vision	957	8.87	1,574	12.96	2,531	11.03
Defective hearing	75	0.69	78	0.64	153	0.66
Frequent epistaxis	63	0.58	140	1.13	203	0.88
Headache	297	2.75	867	7.15	1,164	5.07
Cripples	69	0.63	31	6.25	100	0.43

Opportunity was given to 309 physicians of primary schools to attend courses in hygiene for teachers of three weeks' duration held at the State School of Hygiene. Some additional school dental clinics were established.

In 1925-26, school dental clinics operated in 30 per cent of State secondary schools, 9 per cent of private secondary schools and 40 per cent of State training colleges. Special dental clinics for children of elementary schools were maintained in nine towns.

The results of the medical inspection of children in secondary schools and training colleges are given in the Tables Nos. 6 and a.

Systematic teaching in hygiene and first-aid was introduced during the year in all secondary schools. Instructions concerning the methodology of hygiene were drawn up and distributed to all school physicians.

The wide field of physical education is now being largely developed in schools by the Section of School Hygiene and Physical Education and all over the country by the

State Board for Physical Education. The attention of the above bodies is directed to the following problems :

1. Training of teachers and instructors ;
2. Organisation and equipment of gymnasia and playgrounds ;
3. Propaganda.

The following facilities exist for the training of physical education workers :

Locality	Name of Institute or School	Duration of Course	Remarks
Warsaw	State Institute of Physical Education (Ministry of Education).	Two years.	For teachers of physical education in secondary schools.
Posen	School of Physical Education of the University. Central military school for gymnastics and sports.	Courses of two and three years' duration. Different courses of from three to ten months' duration.	
Cracow	School of Physical Education of the University.	Courses of two and three years' duration.	

4. GENERAL SANITARY CONDITIONS.

(a) Sanitation.

Regulations were issued regarding sanitary conditions in towns, villages and settlements. The enforcement of the regulations was closely supervised by the State administrative and health authorities and frequent inspections made all over the country in order to ascertain the state of affairs. This resulted in a very marked improvement in sanitation.

A division of sanitary engineering was established at the Department of Public Health to deal with the problems of water-supply, sewage disposal and sanitation in general.

The Department of Public Health organised, at the State School of Hygiene, supplementary courses of training of five weeks' duration for sanitary engineers. A bill was prepared regarding the water-supply and the disposal of sewage. During the year, the Polish Institute of Water and Sewage Disposal Installations was inaugurated with the aid of the Department of Public Health. The special station for the investigation of Warsaw sewers and the establishment of the best methods of sewage disposal was reopened in 1927.

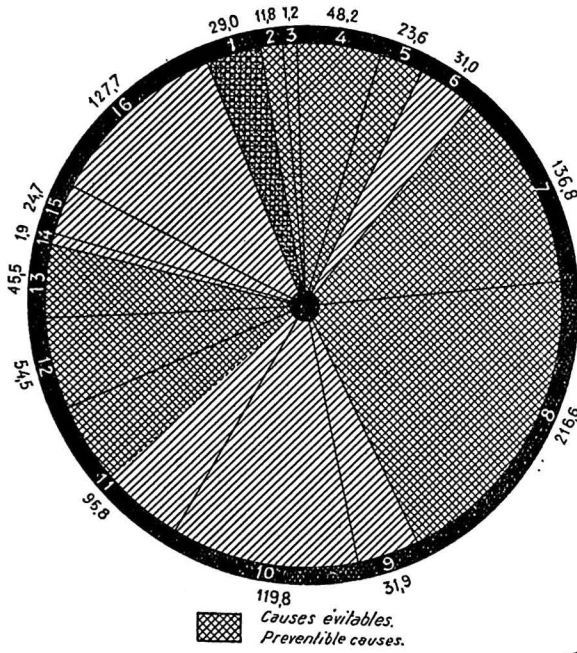
(b) Control of Foodstuffs.

There were examined 70,581 specimens of food by the four State Institutes for food control and their branches. The number of samples found to be adulterated amounted to 16,514, or 23.4 per cent. A bill was prepared, according to which food control remains a function of the State health authorities.

NATIONAL HEALTH INSURANCE.

Distribution of Cases by Causes in 1925.

(Rate per 1,000 Cases treated)

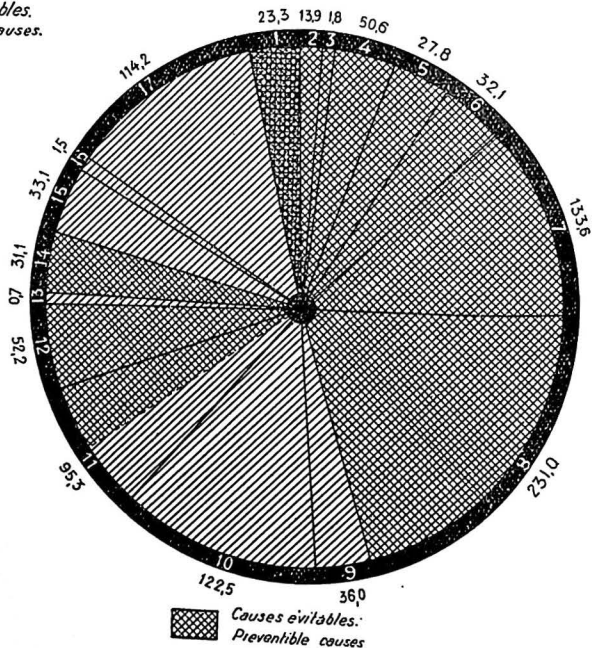


1. Puerperal state.
2. Veneral diseases.
3. Scarlet fever.
4. Influenza.
5. Tuberculosis.
6. Diseases of the heart.
7. Diseases of the respiratory system.
8. Diseases of the digestive system.
9. Diseases of the genito-urinary system.
10. Diseases of the nervous system and of the organs of special sense.
11. Diseases of the skin and abscesses.
12. External causes (accidents).
13. Rheumatism.
14. Malignant tumours.
15. Diseases of the bones.
16. All other causes.

Distribution of Cases by Causes in 1926.

(Rate per 1,000 Cases treated)

1. Puerperal state.
2. Veneral diseases.
3. Scarlet fever.
4. Influenza.
5. Tuberculosis.
6. Diseases of the circulatory system.
7. Diseases of the respiratory system.
8. Diseases of the digestive system.
9. Diseases of the genito-urinary system.
10. Diseases of the nervous system and of the organs of special sense.
11. Diseases of the skin and abscesses.
12. Accidents (including suicides, 0.1).
13. Occupational diseases.
14. Rheumatism.
15. Diseases of the bones.
16. Malignant tumours.
17. All other causes.



5. HEALTH INSURANCE.

The organisation of the National Health Insurance was completed during the year, so that at the present time every administrative district has its own district health insurance. The total number of district health insurances is 244¹. The total number of members of the National Health Insurance on December 31st, 1927, was 1,991,000.

The supervision of the medical activities of the Health Insurance is imposed upon the Department of Public Health, and, in consequence, upon the district medical health officers.

In 1926, the number of deaths amounted to 0.71 per 100 insured. 30.61 per cent of the insured had some kind of ailment or disablement (32.56 per cent of males and 26.55 per cent of females). The average number of days' work lost was 6.41 per head of the insured population (males 6.65, females 5.92). The confinements numbered 4.38 per 100 insured women. The average number of days during which maternity benefits were granted was 43.15 per confinement.

IV. PUBLIC HEALTH LEGISLATION.

In this connection may be named :

1. The Decree of the President of the Republic on the prevention and control of occupational diseases, dated August 22nd, 1927.

The full list of occupational diseases and the list of the notifiable ones shall be established conjointly by the Ministry of the Interior (Department of Public Health) and the Ministry of Labour and Social Welfare.

In enterprises dangerous to health, physical examination of workmen and of the conditions of work shall be made at definite intervals, and so far as possible at least once a year. Finally the Decree empowers the Ministers of the Interior, of Labour and Social Welfare and of Commerce and Trade to issue conjointly regulations prohibiting the use of certain raw materials, products, tools and machines, as well as methods of work which may be dangerous to the health of workers.

2. The Decree of the President of the Republic concerning vital statistics, dated February 1st, 1927.

This Decree imposes upon the Registrar-General the duty of forwarding to the Central Statistical Office every three months a list of all births, marriages and deaths registered. The copies of the certificates shall be made on the forms adopted by the Central Statistical Office. The Decree further lays down that the Central Statistical Office shall be notified by the Registrar-General of the annual number of births, marriages and deaths during the period January 1st, 1919, to December 1926.

¹ This figure is lower than the actual number of administrative districts by reason of the fact that a special organisation for the purpose exists in the Upper Silesian part of the province of Silesia.

V. BUDGET.

Health work in Poland is financed from different sources. The main sources are the State budget, the budget of local governments, and the budget of the Health Insurance.

1. THE STATE BUDGET.

During the financial year 1927-28 the ordinary and extraordinary expenses of the State budget amounted to :

	Zlotys
A. Administration	1,973,427,217
B. State enterprises	1,423,393,488
C. Monopolies	530,902,053
Total.. .. .	3,927,722,758

The following table shows the expenditure in the administrative budget for various purposes :

	Zlotys	Percentage of total expenditure
I. President of the Republic	2,566,826	0.1
II. The Diet and the Senate	8,843,929	0.4
III. Audit Office	4,481,818	0.2
IV. Cabinet Council	1,820,285	0.1
V. Ministry of Foreign Affairs	39,577,467	2.0
VI. Ministry of War	610,803,635	31.0
VII. Ministry of the Interior	184,703,170	9.4
VIII. Ministry of Finance	108,337,278	5.5
IX. Ministry of Justice	97,214,722	4.9
X. Ministry of Commerce and Industry	33,988,198	1.7
XI. Ministry of Railways	3,290,990	0.2
XII. Ministry of Agriculture	37,697,109	1.9
XIII. Ministry of Education and Public Worship	329,304,827	16.7
XIV. Ministry of Public Works	87,465,243	4.4
XV. Ministry of Agricultural Reforms	58,287,124	3.0
XVI. Pensions and Allowances	183,484,000	9.3
XVII. Public debts	145,070,454	7.4
Total	1,973,427,217	100

The appropriation in the budget of the Ministry of the Interior for the Department of Public Health was 10,460,862 zlotys ; that is, 0.53 per cent of the administrative budget of Poland, or 0.35 zloty per head of population. The corresponding figures for 1925 and 1926-27 (15 months) were as follows :

	Percentage of Administrative Budget	Per head of population (in zloty)
1925	0.59	0.41
1926-27	0.47	0.38

This expenditure was divided up as follows :

Public Health Department appropriations	Zlotys	Percentage of total appropriation
I. Control of disease	2,654,753	25.4
II. State training schools for midwives	134,747	1.3
III. State Institute of Hygiene	751,884	7.2
IV. State food control institutes	412,478	3.9
V. Hospitals	1,557,000	14.9
VI. Medical assistance to State officials	4,750,000	45.4
VII. Extraordinary expenses	200,000	1.9
Total.. .. .	10,460,862	100

The appropriation for the State Institute of Hygiene decreased considerably compared with preceding years, owing to certain changes introduced in its budget, namely, the production of serum and vaccines which was reorganised and became a State enterprise.

In disease control (Part I of the budget), it is found that the largest share was for the campaign against acute communicable diseases, on which 834,731 zlotys were spent. This includes the expenditure on the maintenance of State epidemic hospitals and for bodies directly occupied in combating epidemics. For the campaign against tuberculosis, 524,161 zlotys were assigned (260,000 in 1925). Other services show a small variation compared with preceding years. The budgetary appropriation for venereal disease control was 328,855 zlotys. This represented, for the most part, the outlay for free dispensaries for venereal diseases and for a survey of these diseases in those centres where they are endemic. The cost of control of trachoma was 558,895 zlotys, including 89,000 zlotys for free trachoma dispensaries and 470,254 zlotys for the treatment of trachomatous children in special establishments.

Expenditure on the training of public health personnel figured in the State budget as follows : (1) expenses for the State School of Hygiene, in the general budget of the State Institute of Hygiene ; (2) the outlay for schools of nursing was included in the budget under "hospital care". This appropriation amounted to 115,000 zlotys, *i.e.* it exceeded by three times the appropriation for 1926 ; (3) State schools for midwives form a special item in the budget ; (4) finally, the expenditure on the training of food inspections is borne by the food control institutes.

The 200,000 zlotys assigned for extraordinary expenses were granted as subsidies for : (a) the construction of the Warsaw School of Nursing (100,000 zlotys) ; (b) the Radium Institute (100,000 zlotys).

In addition to the money allocated by the Department of Public Health, the following funds were appropriated for health work by various Ministries. The Ministry of Labour and Social Welfare grants about 8 million zlotys annually for the care of mothers, children and young people ; 15 per cent of this appropriation was assigned for the control of tuberculosis and trachoma in children, and for summer colonies ; another 15 per cent was set aside for maternity and infant welfare and the provision of supplementary meals to the children of the unemployed. The

expenditure of the Ministry of Education amounted to 300,000 zlotys. The State Board of Physical Education was granted 6,000,000 zlotys. The Ministry of Justice spent 654,500 zlotys on hygiene in prisons.

The second part of the State budget, *i.e.*, State enterprises, comprised 705,798 zlotys for serum and vaccine production, 3,042,020 for State health resorts, 3,827,000 zlotys for cleaning and disinfecting railway carriages, and 9,195,000 zlotys for medical assistance to railway employees.

2. HEALTH EXPENDITURE OF MUNICIPALITIES.

In accordance with the requirements of the Health Law of July 19th, 1919, the local authorities were responsible for the water-supply, sewage disposal and supervision of housing conditions ; co-operation with State authorities in the campaign against communicable diseases and their prevention ; co-operation with State authorities in food control, etc. The law also charges the local authorities with the duty of maintaining in their own administration the necessary health institutions (hospitals, dispensaries, asylums, bathing establishments) and the sanitary personnel (physicians, midwives, nurses, disinfectors) according to rules issued by the Ministry of Public Health. All the expenses of the above-mentioned provisions have to be borne by the local authorities. Municipalities in towns with a population of over 25,000 are required to support hospitals for infectious diseases, convalescent homes and disinfecting stations.

The Central Statistical Office recently published the first analysis of the budgets of municipalities for the year 1925. The analysis deals with the budgets of all towns with over 20,000 inhabitants. The number of such towns was fifty, with a population of 3,876,212, according to the Census of 1921. From the fifty towns, data were supplied by thirty-four, namely :

	Total number	Data supplied by
<i>First group</i> : Towns with over 100,000 inhabitants	7	4
<i>Second group</i> : Towns with a population of from 50,000 to 100,000	7	6
<i>Third group</i> : Towns with a population of from 20,000 to 50,000	36	24
Total	50	34

The expenditure on health includes the sums expended on the protection of public health in general, as well as on hospital services and the money expended for miscellaneous services, including public baths, water-supply, sewage disposal, etc.

In 1925, the health expenditure under the item " Health work " of all towns with over 20,000 inhabitants was 19.9 per cent of the total expenditure of the said municipalities, or 10.99 zlotys per head of population. Considering the cities according to size, 22.3 per cent, or 15.47 zlotys per head, was expended by the municipalities of cities with over 100,000 population ; 15 per cent, or 5.33 zlotys per head, by cities in the 50,000 to 100,000 group ; and 11.3 per cent, or 3.87 zlotys per head, in the 20,000 to 50,000 group. For details see Table No. VII.

Table No. VII.

HEALTH EXPENDITURE OF MUNICIPALITIES, CLASSIFIED BY TYPE OF SERVICE RENDERED, GROUPED BY SIZE OF TOWN, 1925 (IN ZLOTYS).

Nature of Expenditure	Total	Amount			Percentage			
		Towns over 100,000 Population	Towns 50,000 to 100,000	Towns 20,000 to 50,000	Total	Towns over 100,000 Population	Towns 50,000 to 100,000	Towns 20,000 to 50,000
Total expenses on health services	31,408,900	26,311,500	2,290,100	2,807,300	100.0	100.0	100.0	100.0
Percentage of total expenditure of Municipalities	19.9	22.3	15.0	11.3				
Per head	10.99	15.47	5.33	3.86				
ORDINARY EXPENDITURE	23,826,100	19,835,200	1,526,300	2,464,600	75.9	75.4	66.7	87.8
<i>Sanitary Service</i>	692,300	626,200	—	66,100	2.2	2.4	—	2.3
Sanitary Council	601,000	549,600	—	51,400	1.9	2.1	—	1.8
Food control	88,100	75,600	—	11,500	0.3	0.3	—	0.4
Certification of deaths	3,200	—	—	3,200	0.0	—	—	0.1
<i>Prevention of disease</i>	3,644,500	2,850,700	151,600	642,200	11.6	10.8	6.6	22.9
Smallpox vaccination	13,100	4,700	4,000	4,400	0.0	0.0	0.2	0.2
Disinfection	820,000	703,200	59,600	57,200	2.6	2.7	2.6	2.0
Public baths	601,800	441,900	3,600	156,300	1.9	1.7	0.2	5.6
Sewage disposal	804,200	521,100	41,600	241,500	2.6	2.0	1.8	8.6
Scavenging of privies	892,700	877,100	—	15,600	2.8	3.3	—	0.6
Wells, fountains and water reservoirs	108,500	6,200	17,700	84,600	0.3	0.0	0.8	3.0
Public health laboratories	144,800	97,700	18,100	29,000	0.5	0.4	0.8	1.0
Physical education	111,200	86,900	4,800	19,500	0.4	0.3	0.2	0.7
Miscellaneous	148,200	111,900	2,200	34,100	0.5	0.4	0.0	1.2
<i>Hospital Service</i>	19,489,300	16,358,300	1,374,700	1,756,300	62.1	62.2	60.0	62.6
EXTRAORDINARY EXPENDITURE	7,582,800	6,476,300	763,800	342,700	24.1	24.6	33.4	12.2
Construction and equipment of hospitals	2,172,700	1,887,000	229,500	56,200	6.9	7.2	10.0	2.0
Construction of sanatoria	40,700	14,700	—	25,900	0.1	0.1	—	0.9
Subsidy for construction of hospitals not belonging to Municipalities	4,100	—	—	4,100	0.0	—	—	0.1
Construction of other public health institutions	180,900	15,100	144,600	21,200	0.5	0.1	6.3	0.8
Sewage disposal plant	4,694,900	4,216,900	386,700	91,300	15.0	16.0	16.9	3.2
Construction of wells and water reservoirs	111,900	11,600	—	108,300	0.4	0.0	—	3.9
Miscellaneous	369,700	331,000	3,000	35,700	1.2	1.2	0.2	1.3

Besides the sums spent under "Health services", various other appropriations for health work are made. This expenditure for all three groups of cities for the year 1925 is as follows :

(a) *Education* : School Hygiene, 925,200 zlotys, or 3.8 per cent of all expenditure on education ;

(b) *Social Welfare* : (1) Certain appropriations for infant welfare are included in the item, "Care of infants and orphans", total appropriation, 6,465,900 zlotys ; and (2) some provision for the control of alcoholism appears in the item, "Control of beggars, vagrancy and alcoholism", total appropriation, 115,800 zlotys ;

(c) *Municipal Enterprises* : The expenditure on public water-supplies are included under this heading. It amounted in 1925 to 1,800 zlotys on ordinary expenditure and to 509,100 zlotys on extraordinary expenditure (water-supply installations).

(d) *Administration* : The Health Departments received 594,300 zlotys, or 3 per cent of total expenditure on administration (first group, 376,400 zlotys, or 2.3 per cent ; second group, 95,000 zlotys, or 3.5 per cent ; third group, 122,800 zlotys, or 2 per cent).

3. BUDGET OF THE NATIONAL HEALTH INSURANCE.

In 1926, the total income of the Health Insurance amounted to 155,634,393 zlotys, of which 95.6 per cent, or 144,607,364 zlotys were provided by contributions. The gross distribution of expenditure was as follows : 113,753,464 zlotys, or 78.8 per cent, were expended on benefits ; 14,458,021 zlotys, or 10 per cent, were used for administration ; 6,738,262 zlotys, or 4.7 per cent, for general expenses, the remainder of 6.5 per cent being set aside as a reserve fund.

The expenditure per head of insured population (all benefits) was 66.90 zlotys. The details are given in the following table.

Table No. VIII.

EXPENDITURE IN ZLOTYS PER HEAD OF INSURED POPULATION IN 1926.

Provinces	Financial Benefits	Medical Assistance	Medicines and Dressings	Hospitals and Transport of the Sick
Central provinces	20.35	27.07	17.35	16.55
Eastern provinces	9.98	25.38	15.63	12.15
Western provinces	14.68	16.79	15.12	10.06
Southern provinces	19.92	16.05	10.79	8.63
Teschen Silesia	44.71	16.05	14.27	9.58
Average per head	18.54	20.99	15.00	12.37

VI. CURATIVE MEDICINE.

1. HOSPITALS.

The number of hospitals on January 1st, 1927, was 656, with a total capacity of 57,313 beds (Table No. 9). Of these, 6,856 beds, or 12 per cent, were maintained by the State ; 31,433, or 54.8 per cent, by local governments ; 17,391, or 30.3 per cent, by social welfare organisations ; 1,633, or 2.9 per cent, were in private hospitals.

Table No. IX.

HOSPITALS IN POLAND IN 1925-27.

	Total	Including Psychiatric Hospitals	Maintained by			
			State	Local Governments	Social Welfare Organisa- tions	Private
January 1st, 1925 :						
Hospitals	627	20	33	335	201	58
Beds	52,730	8,968	4,958	30,461	16,206	1,105
January 1st, 1926 :						
Hospitals	635	22	34	326	198	77
Beds	54,235	9,371	7,229	29,242	16,122	1,652
January 1st, 1927 :						
Hospitals	656	22	30	343	207	76
Beds	57,313	10,126	6,856	31,433	17,391	1,633

It will be noted that the largest percentage of beds was supported by local governments. The supervision and co-ordination of the activities of the local governments and social welfare organisations in this domain are imposed upon the Department of Public Health.

A detailed programme for the development of hospital facilities in the next 20 to 30 years has been drawn up. Every plan for the construction of a new hospital must be presented to and approved by the Department of Public Health. The number of hospitals under construction in 1927 was 14.

Beds are especially needed for mental cases. The Department of Public Health is stimulating the construction of such hospitals by the combined efforts of the governments of several provinces. All the various phases of this very important problem have been discussed. In consequence, one group composed of the provinces of Bialystok, Nowogrodek and Vilna, and another consisting of the provinces of Lublin, Volhynia and Polesie, as well as the province of Warsaw, representing a separate group, have taken definite steps in this direction. The existing facilities will be increased in 1928 by 500 additional beds.

2. HEALTH CENTRES.

A new phase in the development of public health activities was the establishment of dispensaries. Later on, in order to save money and labour, all the dispensaries in a given territory were united as far as administration and quarters are concerned. In this way the first health centres were organised. The development of the work was greatly encouraged by the generous assistance of the Rockefeller Foundation, which initiated the organisation of health demonstrations in Poland. The health centre shall be the smallest health unit dealing with all aspects of public health in a given territory.

As long ago as 1924, two districts were chosen ; namely, Mokotow, a suburb of Warsaw representing an urban district, and Skierniewice, 60 kilometers from Warsaw, composed of a small town and rural communities. In 1926, the Health Administration of the district of Warsaw, with a partly suburban, partly rural population, was reorganised on the same principles and, finally, similar activities were inaugurated in the industrial district of Bendzin. Each of the demonstrations is headed by a medical officer of health who has received public health training in the United States or in Western European countries. The number of health centres in the city of Warsaw soon rose to seven, and it is intended to open seven additional ones ; in the district of Warsaw there are nine health centres ; the districts of Skierniewice and Bendzin have four each. The example given was followed on a large scale. The total number of health centres is twenty-nine. The rapid development of the work has been hampered to some extent, not only for financial reasons, but by the lack of appropriate quarters and of suitably trained staff, as well as on account of the shortage of nursing personnel. It is intended to open, in the autumn of 1928, special courses for public health nurses working in dispensaries.

Though there is no uniformity in the health centres throughout the country, it is possible to state some principles on which the activities of all health centres are based. Each centre is composed of several dispensaries located in one building, administrated by the same staff and collaborating to the same end. All patients must apply to the health centre and not to the dispensary ; they are registered in the common registration office and remain under the supervision of one nurse in charge of a certain territory. Each of the health centres includes at least two dispensaries—the tuberculosis dispensary and a maternity and infant welfare station. School hygiene and dental care are also usually included. The majority of health centres are further provided with special dispensaries engaged in the campaign against venereal diseases, trachoma, malaria or alcoholism, in accordance with local needs. Although in principle no treatment is given at the dispensaries, it is unavoidable in the case of trachoma or venereal disease. The staff of large dispensaries consists of several physicians (specialists) and several public health nurses ; in smaller ones the whole staff is sometimes composed of one physician and one public health nurse.

Every health centre is supervising a definite area and is responsible for the whole of the work in all its branches. There is a definite tendency to charge the health centre with the control of communicable diseases and general sanitation. In some localities there are organised at the health centre sports grounds and playgrounds, public baths and, during summer vacations, colonies for weak children.

The health centres also aim at the co-ordination under their leadership of all efforts by the State, the local governments and social welfare organisations for the promotion of health. Finally, one of the chief activities of health centres is popular health education. This is carried out by lectures given by the physician during the consultation or in the course of home visits by the nurse. In addition, wireless audiences are catered for at the health centre, moving pictures are shown, meetings are held and sometimes entertainments (Christmas-trees, for example) are arranged in order to familiarise the population with the health centre.

September 1928.

ROUMANIA

REPORT BY

Professor J. CANTACUZÈNE (Bucharest).

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I. VITAL STATISTICS.

1. AREA.

295,000 square kilometers.

2. POPULATION IN 1927.

Estimated at 17,500,000 inhabitants.

3. BIRTH RATE.

In 1926, 607,864 births were registered, representing a birth rate of 34.7 per thousand inhabitants.

4. GENERAL MORTALITY.

In 1926, 372,948 deaths were registered, representing a general mortality rate of 21.3 per thousand inhabitants.

Table 1.

GEOGRAPHICAL DISTRIBUTION OF BIRTHS AND DEATHS IN 1926.

Province	Number of Births	Number of Deaths	Excess of Births over Deaths
Bessarabia	91,861	54,541	37,320
Bukovina	26,520	17,389	9,131
Transylvania	158,878	118,865	40,013
Old Kingdom	330,605	182,153	148,452
Total	607,864	372,948	234,916

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

I. ACUTE INFECTIOUS DISEASES.

In virtue of the rights conferred on it by the law on the organisation of the Ministry of Health, the Supreme Health Council in 1927 placed poliomyelitis on the list of notifiable diseases.

In 1927, measles was again placed on the list of notifiable diseases, and certain information can be furnished concerning this disease.

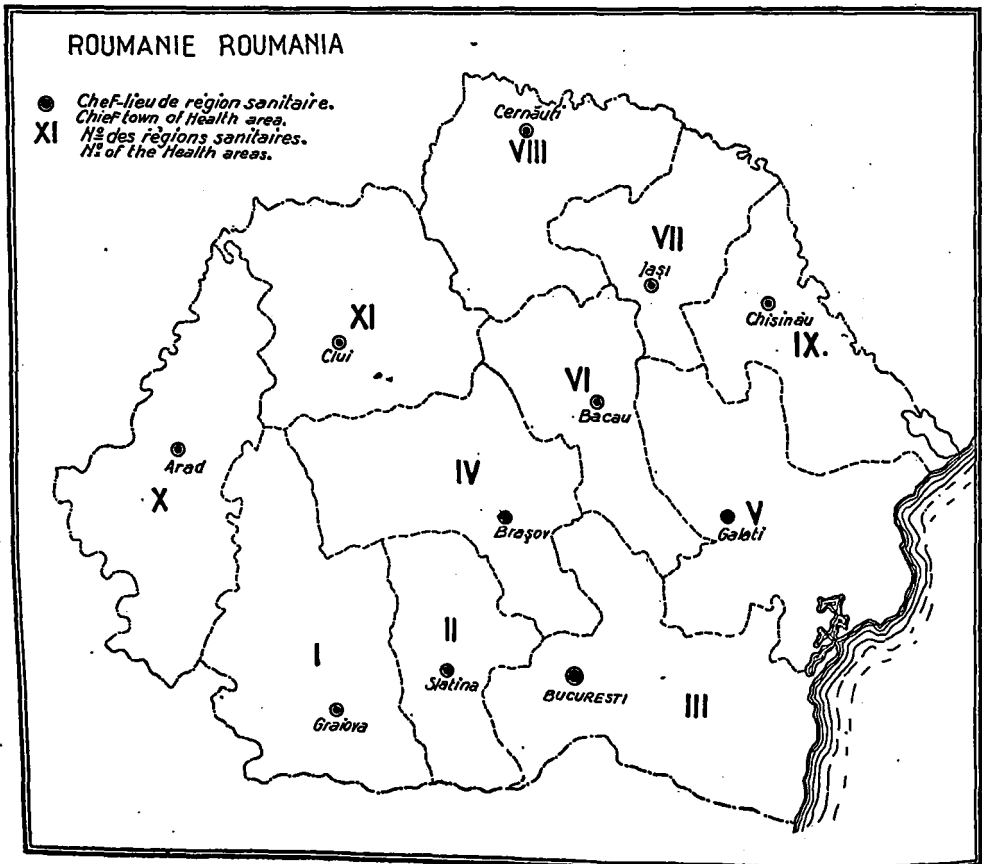


Table 2.

STATISTICS FOR EPIDEMICS IN 1927.

	Measles		Whooping-Cough		Scarlet Fever		Typhoid Fever		Typhus		Diphtheria	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Towns	2,630	95	1,405	73	6,250	123	1,930	231	232	24	1,091	133
Country districts ..	36,064	1,821	14,131	980	6,003	434	6,132	733	2,890	250	1,494	262
Total ..	38,694	1,916	15,536	1,053	12,253	557	8,062	964	3,122	274	2,585	395

	Dysentery		Mumps		Anthrax		Relapsing Fever		Poliomyelitis		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Towns	204	36	1,102	1	115	8	1	—	668	75	2	—
Country districts ..	2,329	359	2,862	1	800	75	—	—	1,332	123	4	1
Total ..	2,533	395	3,964	2	915	83	1	—	2,000	203	6	1

(a) *Poliomyelitis.*

The two most important epidemiological events of the year 1927 were the appearance and development of *poliomyelitis* and *influenza* epidemics. The latter raged in Roumania as in all other European countries. Some fuller information on these two epidemics will, therefore, doubtless be of interest.

Poliomyelitis has always existed sporadically in Roumania. As it was not one of the notifiable diseases, it is impossible to give even an approximate figure for the cases occurring during preceding years. In order to give some idea of the number of children attacked by this disease, we are furnishing the figures of patients entering the infant welfare clinic attached to the Children's Hospital at Bucharest during the years 1922-26. There is no previous record of the disease assuming the dimensions of an epidemic.

POLIOMYELITIS CASES TREATED IN THE BUCHAREST CLINIC FOR CHILDREN'S DISEASES FROM 1922 TO THE END OF 1926 (IN-PATIENTS).

1922 .. ..	..	..	..	3	1925 .. ..	..	..	..	7
1923 .. ..	..	..	..	2	1926 .. ..	..	..	..	4
1924 .. ..	..	..	..	6					

These cases all occurred between July and October, and originated in the Bucharest area.

The 1927 poliomyelitis epidemic started in Bucharest. The total number of cases notified for the city and its suburbs was 473, with 45 deaths, between March 1st

and November 22nd, by which date the epidemic had apparently died out. Its development in the capital was as follows :

Month	Cases	Month	Cases
March (20th)	1	August	190
May	1	September	162
June	3	October	48
July	47	November	21

The case fatality was 9.5 per cent. The following table shows the incidence according to the ages of the patients :

Table 3.

INCIDENCE OF POLIOMYELITIS BY MONTHS AND BY AGE-GROUPS (MARCH-NOVEMBER 1927).

Month	Age (Years)								
	0-1	1-2	2-5	5-10	10-15	15-20	20-30	30-40	40-50
March	—	—	—	1	—	—	—	—	—
April	—	—	—	—	—	—	—	—	—
May	—	1	—	—	—	—	—	—	—
June	—	2	1	—	—	—	—	—	—
July	9	13	23	—	—	—	1	1	—
August	20	67	92	6	1	1	—	2	1
September	32	60	62	6	1	—	—	1	—
October	5	18	23	1	—	1	—	—	—
November	3	4	12	1	—	1	—	—	—
Total	69	165	213	15	2	3	1	4	1

It will be seen that the maximum morbidity occurred from 2 to 5 years of age, and then fell to a very low figure from 5 to 10 years of age.

The epidemic radiated from Bucharest, its original centre. The first districts to be attacked were those in the immediate neighbourhood of the capital. The number of cases decreases as one passes from this centre to the outlying parts of the country.

In July, the Supreme Health Council made the notification of poliomyelitis compulsory, and from this date definite information in regard to the provinces is available.

In our statistics we make a distinction between cases occurring in towns (chief towns of districts) and cases registered in the country. The former class, which includes 37 towns, reported 195 patients and 30 deaths from August 1st to November 15th, or a case-fatality of 15.4 per cent. It should be noted that the virulence of the disease was continually decreasing as time went on ; thus, during August and September it was approximately five times as high as in November. In the country districts there were 1,332 cases with 128 deaths, or a case-fatality of 9.6 per cent ; the maximum virulence occurred in September and the minimum in November.

To sum up, the total number of cases as evidenced by notifications made by doctors to the Ministry of Health from March 1st to November 22nd, the date on which the epidemic officially ceased, was 2,000 with 203 deaths, or a mean case-fatality of 10.15 per cent.

Since then, occasional cases have occurred here and there, but not in numbers exceeding those for sporadic cases recorded in normal times.

The highest morbidity occurred among children between 2 and 5 years of age.

Table 4.

INCIDENCE OF POLIOMYELITIS BY AGE-GROUPS IN BUCHAREST AND THE CHIEF ADMINISTRATIVE CENTRES OF ROUMANIA (MARCH-NOVEMBER 1927).

Towns	Age (Years)								
	0-1	1-2	2-5	5-10	10-15	15-20	20-30	30-40	40-50
Bucharest	69	165	213	15	2	3	1	4	1
Administrative centres	42	62	80	8	2	1	—	—	—

Table 5.

INCIDENCE OF POLIOMYELITIS BY AGE-GROUPS IN THE RURAL COMMUNES AND TOWNS (CHIEF ADMINISTRATIVE CENTRES EXCLUDED). (MARCH-NOVEMBER 1927).

	Age (Years)								
	0-1	1-2	2-5	5-10	10-15	15-20	20-30	30-40	40-50
Rural communes and towns (Chief administrative centres excluded)..	234	495	504	66	20	5	5	4	1

During the epidemic it was asserted that the disease was propagated along the railroads. This impression is obtained by studying the maps showing the parts of the country which were successively attacked, and it is, up to a certain point, correct. The very thorough epidemiological enquiry instituted by the Ministry of Health in one of the most severely infected districts (Dambovitza) did, in fact, prove that it is *man*, whether healthy or ill, who propagates the epidemic, and that the disease is spread along the routes followed by these germ-carriers, regardless of the methods of transport which they may have employed. The main results of this useful investigation may be summarised as follows :

The investigators discovered that the actual number of clearly characterised cases was higher by at least one-third than the figure furnished in the official statistics ; this fact bears witness to the persistent efforts made by peasants in villages infected by the disease to conceal cases occurring in their families, owing to their fear of health measures. The number of houses in which several cases of poliomyelitis occurred simultaneously is by no means negligible ; this fact, which conflicts with certain current theories, is established beyond all doubt. Cases of gastro-enteritis were frequently encountered amongst persons in direct contact with a patient showing typical poliomyelitis symptoms. In some of the former, temporary paresis of the members was sometimes noted, whilst in others the disease was confined to simple gastro-enteritis. These undoubtedly represented a weakened form of the disease which does not produce the usual nervous manifestations, and is therefore too seldom identified, but which must play an important part in spreading the disease.

In a fair number of country districts which the investigators studied, they were able to establish beyond doubt that the disease was carried from one house to another by healthy persons. The whole report bears evidence to the part played by germ-carriers in spreading the epidemic; for instance, a teacher leaves an infected commune and carries the disease to an uninfected house in a neighbouring commune; or an uninfected midwife infects in succession a whole series of houses belonging to two adjacent communes in which she carries on her profession. Amongst these healthy carriers may be mentioned subordinate railway officials working in infected areas and returning every evening to their homes in more or less distant communes, who were apparently important factors in spreading the epidemic.

The unidentified poliomyelitis germ would appear to be far more widely spread and the scarcely recognisable weaker forms to be far more common than is generally thought.

(b) *Influenza.*

We are unable to give any exact figures for cases occurring amongst the civilian population. Influenza has not hitherto been amongst the compulsorily notifiable diseases, and the information in the possession of the Ministry of Health is incomplete in so far as incidence is concerned. We shall not, therefore, give either morbidity or mortality statistics, and shall merely state that in the city of Bucharest 36 deaths from influenza were reported between February 15th and March 15th. Estimates which have been worked out for parts of the country in which the figures sent in were sufficiently reliable show that the case fatality was 6.44 per thousand patients at the height of the epidemic, viz., during the first fortnight of March. Afterwards the death rate fell rapidly. A study of influenza frequency according to age, which was carried out with sufficient accuracy in respect of certain parts of the country (32 districts) furnished some interesting facts. These figures were obtained during the peak period of the disease. The morbidity was as follows for the various districts investigated, which showed remarkably little variation :

	Per cent		Per cent
Upto 1 year	2.10	20 to 30 years	15.30
1 to 5 years	6.77	30 to 40 years	13.38
5 to 10 years	12.00	40 to 50 years	5.43
10 to 15 years	14.88	50 years and over	6.27
15 to 20 years	23.87		

The curve therefore reached its peak between 15 and 20 years, and after this age the disease shows a progressive decrease in incidence until 50 years; after 50 there was a slight increase. It is difficult not to draw the conclusion that one or more attacks of influenza produce in many individuals a permanent state of immunity after the first quarter of their lives. Another interesting fact, which is at present even more difficult to explain, is the apparently slight susceptibility to this disease shown by very young children.

A special feature of the clinical form assumed by the recent epidemic was its localisation in the respiratory system, varying from mere coryza to broncho-pulmonary complications. Deaths were due almost exclusively to the latter. We may point out that the influenzal infection, whether limited to the primary channels or extended throughout the respiratory system, was almost always accompanied by a confirmed state of asthenia, starting on the first day of the illness and lasting long after the disappearance of the acute symptoms. Fever varying from 38.5° to 40° Centigrade occurred regularly every evening, and continued in many cases for several weeks.

The study of the influenza epidemic in the army is particularly interesting, because in this case the figures concerning morbidity and mortality are practically complete. They show on a small scale the course of the epidemic amongst the adult population of the whole country; the army corps stationed in the most highly infected areas suffered the most severely.

In the army the epidemic started about the middle of January and the morbidity increased until the middle of February. By then, 3,175 cases had been reported. Hitherto, there had been no deaths, and the clinical form was characterised by coryza accompanied by tracheo-bronchitis without broncho-pulmonary complications; there was pronounced asthenia from the outset, even in the less severe cases.

From February 15th to March 31st there were only 1,281 cases, but the number of deaths rose to 28, representing a case-fatality of 21 per thousand for this second period of the epidemic; for the total number of cases reported from January 15th to March 31st, viz., 4,456, the general case-fatality of the epidemic in the army was 4.67 per thousand (as against the figure of 6.44 per thousand reported for the civilian population—a ratio which is not at all surprising when it is remembered that the disease is commonest between 15 and 20 years of age, that is to say, before the age for military service).

About March 15th, the epidemic was at its height in the army, but after this date there were no more deaths. It is interesting to observe that increased virulence coincided with decreased incidence.

Out of the 28 deaths, 26 were due to broncho-pulmonary complications and 2 were preceded by cerebral symptoms (delirium, meningitis, with fever of 40° and over, together with very marked asthenia), no pulmonary localisation having been observed during life or at the autopsy.

(c) *Measles.*

Measles ranks before all other acute contagious diseases as regards morbidity: 38,694 cases were reported for the whole kingdom and 1,916 deaths, or a case-fatality of 4.9 per cent. The first and fifth health areas (Craiova and Galatz) suffered most, and the seventh area (Jassy) least severely.

Taking the diseases in order of importance there follow:

(d) *Whooping-cough.*

There were 15,536 cases for the whole country. It will be noticed that this disease shows an appreciable increase on the preceding year. The first health area was most severely attacked, 3,575 cases being reported, whilst the Arad area suffered least with 118 cases.

The incidence in Munteni was far heavier than for the rest of the country.

The average case-fatality for whooping-cough was 6.84 per cent (5.50 per cent in 1926).

(e) *Scarlet Fever.*

There were 12,253 cases notified; the seventh area (Jassy) suffered most severely, with 1,866 cases, and the second area (Pitesti) least, with 328 cases.

The average case-fatality for this disease was 4.55 per cent. It will be noted that scarlet fever shows a slight increase over last year in so far as incidence is concerned (12,253 as compared with 11,570). On the other hand, there is a substantial decrease in its fatality. The remark made in Volume III concerning the progressive decline

in the case-fatality of scarlet fever during the past quarter of a century in Roumania is confirmed for the year 1927.

Systematic research is at the present time being made into the etiology and specific treatment of scarlet fever. From the mass of experience accumulated it is to-day very evident that serum obtained from convalescents is highly efficient for the treatment of serious cases of this disease. This method has proved to be far more efficacious than treatment with horse serum prepared with hæmolytic scarlet fever streptococci (Dick serum), whose therapeutic reaction is, judging by our experience, very questionable. We may here point out that within a centre of mild infection were found secondary foci (houses) so virulent as to cause a case-fatality of 95 to 100 per cent amongst children. By using serum obtained from convalescents this appalling case-fatality was reduced to 15 to 20 per cent where the serum was administered at the outset of the illness.

(f) *Typhoid Fever.*

There have been 8,062 cases, including 964 deaths; case-fatality was 11.21 per cent, or approximately the same as for 1926. The morbidity was considerably higher than in 1926, but we are unable to suggest any explanation of this increase. As in the preceding year, vaccination is carried on as widely as possible amongst the whole population in notified centres of infection.

An analysis of the tables communicated by the Ministry of Health shows that the most tainted area was the ninth (Chisinau), in Bessarabia, and the fourth (Brasov), in Transylvania. In the town of Jassy, which two years ago was visited by a somewhat-serious typhoid epidemic (largely due to the water-supply), the epidemic appeared to be practically extinct in 1927 as the result of systematic anti-typhoid vaccination of the whole population. During 1927, as in preceding years, the army remained immune from typhoid, thanks to the vaccination applied to the whole army at the time of enrolling the annual recruits. There were 2,222 kilograms of anti-typhoparatyphic vaccine used in the army for these vaccinations during 1927.

(g) *Typhus.*

In 1927, this disease showed an increase over the preceding year—3,122 cases (as against 2,439 in 1926), of which 274 were fatal, or a case-fatality of 8.8 per cent.

As usual, the endemic was confined to areas situated in the neighbourhood of the Bessarabian focus, where the incidence was by far the highest. The Chisinau area reported 1,906 cases with 145 deaths, and the immediately adjacent areas of Jassy, Galatz and Cernauti ranked next. There is no doubt that here are in Bessarabia permanent foci of typhus endemic which have not yet been cleaned up; a certain number of cases have, however, occurred in areas very far distant from the Bessarabian focus, but always in the form of a few isolated cases; thus the first area (Craiova) furnished 18 cases with 7 deaths, that of Pitesti 30 cases with 7 deaths, etc.

This fact is very interesting from the epidemiological point of view, and shows that the case-fatality, which is very low in the areas where the endemic is persistent (7.5 per cent for the Bessarabian focus; 8.7 per cent for the Jassy area, 7.9 per cent for the Galatz area), is, on the other hand, very high in areas where the disease only appears in the form of fortuitous and isolated cases. Thus, the case-fatality is 38 per cent for the Craiova area and 23.3 per cent for the Pitesti area. The case-fatality of 7.5 per cent noted in Bessarabia approximates very closely to that observed amongst the Russian troops during the world war, and for the same reasons, namely, the

probable frequency of weakened (and therefore immunising) forms of the disease in countries where the endemic is chronic, and their absence in areas only fortuitously infected.

(h) *Diphtheria.*

There were 2,585 cases and 395 deaths, or a case-fatality of 15.2 per cent. The latter varies, moreover, from one area to another. In the Arad area (a rural district) it is 18.1 per cent, in the town of Arad 14 per cent, and in Bucharest 11.1 per cent. It would appear that this wide variation in case-fatality noted in regions such as Bucharest (11.1 per cent) and the Arad district (18.1 per cent) can only be due to the less thorough utilisation of serotherapeutic treatment in the district having the higher death rate. Generally speaking, there is an upward tendency in the incidence of the disease as compared with the two preceding years; this same fact has also been noted in other European countries.

(i) *Dysentery.*

The remarks made with regard to diphtheria apply equally to bacterial dysentery, which, with 2,533 cases, shows a substantial increase over 1926 (1,050), and a case-fatality of 15.5 per cent.

(j) *Mumps.*

There have been 3,964 cases, with a case-fatality of 0.05 per cent.

(k) *Anthrax.*

There have been reported 915 cases of anthrax, including 83 deaths, or a case-fatality of 9 per cent. This very low case-fatality is due to the excellent results secured by treatment with anti-anthrax serum. If this method were applied still more systematically, anthrax would only cause a very small number of deaths. This is proved by the statistics of certain hospitals where anti-anthrax serotherapy has been practised, and where the case-fatality is hardly more than 5 per cent.

(l) *Relapsing Fever.*

Only one case was reported during 1927, and this disease can therefore be considered as virtually extinct.

DEATH RATE FOR CERTAIN INFECTIOUS DISEASES PER 10,000 INHABITANTS.

Measles	1.09	Dysentery	0.22
Whooping-cough	0.60	Mumps	0.001
Scarlet fever	0.31	Anthrax	0.04
Typhoid fever	0.55	Poliomyelitis	0.11
Typhus	0.15	Smallpox	0.0005
Diphtheria	0.22		

2. CHRONIC DISEASES.

(a) *Cancer.*

Data relating to the incidence of cancer are still very inadequate; we may, however, mention that the number of malignant tumours treated during a period of

fourteen years (1910-24) in the surgical departments of the Bucharest and Cluj hospitals (and which is therefore in all cases based on an accurate diagnosis) is 3,941, or 4.41 per cent of the total number of patients treated in the surgical departments.

A consideration of cancer incidence according to age shows that 5.97 per cent of the cases occur between 20 and 30, 19.40 per cent between 30 and 40, 28.35 per cent between 40 and 50, 24.25 per cent between 50 and 60, 15.67 per cent between 60 and 70, and 3.35 per cent between 70 and 80. These percentages refer to all patients of both sexes and show that the maximum incidence occurs between 40 and 50. Women suffer the more severely from this disease. Although there have been a few cases of malignant tumour in persons under 20 years of age, the figures available are quantitatively inadequate and are not, therefore, taken into consideration.

The following table classifies malignant tumours according to the site of the disease. Certain interesting points may be deduced from it, for instance, the striking difference between the figures for cancer of the stomach at Cluj and Bucharest.

Table 6.
DISTRIBUTION OF CANCER CASES TREATED AT THE BUCHAREST AND CLUJ HOSPITALS
ACCORDING TO THE SITE OF THE DISEASE (1910-24).

	Bucharest Hospitals		Cluj Hospitals	
	Cases	As percentage of all cancer cases	Cases	As percentage of all cancer cases
Uterus	857	31.0	379	32.2
Lips	271	9.8	124	10.5
Breasts	251	9.0	54	4.5
Stomach	241	8.7	274	23.2
Face	231	8.3	—	—
Bladder	106	3.8	7	0.59
Liver	105	3.8	40	3.3
Intestines	77	2.7	11	0.9
Rectum	73	2.7	20	1.6
Lower maxilla	73	2.7	10	0.84
Ovary	54	1.9	17	1.4
Penis	54	1.9	9	0.76
Skin	47	1.7	59	5.0
Tongue	39	1.4	14	1.1
Kidney	34	1.2	—	—
Vagina	33	1.1	22	1.8
Prostate	31	1.1	9	0.76
Testicle	27	0.97	3	0.25
Pharynx	12	0.43	3	0.25
Œsophagus	8	0.28	13	1.1
Thyroid	8	0.28	5	0.41
Brain	1	0.03	1	0.08
Eyes (and connected parts)	—	—	48	4.0
Peritoneum	—	—	23	1.9
Mouth	—	—	12	1.0
Pancreas	—	—	7	0.59
Nose	—	—	4	0.33
Gall-bladder	—	—	1	0.08
Spleen	—	—	1	0.08
Lungs	—	—	7	0.59
Various other sites	131	4.7	—	—
Total	2,764	—	1,177	—

(b) *Tuberculosis.*

The chief fact to be noted in regard to tuberculosis during 1927 is the more widespread vaccination of new-born children with Professor Calmette's B.C.G. vaccine. This is prepared at the Serological and Vaccine Institute at Bucharest. The total number of persons vaccinated was 4,214 in 1927 (as compared with 938 in 1926), and their geographical distribution is as follows :

Bucharest	2,618	Jassy	344
Craiova	614	Campulung (Muscel)	88
Cluj	500	Caracal	50

Further, 300 oral re-vaccinations were carried out on persons vaccinated during 1926.

No accidents were recorded as the result of vaccination. Out of the total number of persons vaccinated in 1926 and 1927, 3,119 were kept under regular observation ; there were amongst them 139 deaths, or a mortality of 4.5 per cent, but none of these can be ascribed to tuberculosis. The only case of meningitis reported was of a non-tubercular character. Sixty out of the 3,119 cases followed up were members of tubercular families ; five of these died, but none from tuberculosis.

From statistics drawn up with great exactitude by the town of Craiova it appears that the general mortality from all causes was 4.5 per cent in the case of vaccinated persons and 12.5 per cent in the case of non-vaccinated persons.

The Ministry of Health resolved to extend B.C.G. vaccination to twelve leading cities in the kingdom as from the end of 1927 ; the Bucharest commune passed a resolution providing for its extension to the whole capital during 1928 ; the Railway Administration, for its part, undertook to vaccinate systematically the children of its workmen. These various authorities granted a total of 2,400,000 lei on the 1928 budget in order to enable the Serological Institute to meet the expenditure involved by the preparation of the vaccine.

We may further mention the establishment in 1927 by the Ministry of War of a sanatorium with 120 beds for the in-patient treatment and classification of tubercular patients from the Bucharest garrison.

(c) *Malaria.*

During 1927, the Ministry of Health distributed to the health administrations under its authority 3,605.995 kilograms of quinine (hydrochlorate and sulphate). In the same year it set up a Malaria Committee consisting of experts (University professors, chief medical officers of the Ministry of Health and the Director of the Epidemic Department at the Ministry of War). Its object is the study of malaria problems in Roumania, the standardisation of prophylactic methods and the joint organisation, with the Ministry of Health, of a prophylactic campaign against endemic malaria at the beginning of each year.

In 1927, the anti-malaria campaign was carried out in the same districts and according to the same principles as in 1926 (see INTERNATIONAL HEALTH YEAR-BOOK, Vol. III, pages 569 and 570).

In addition to the methods employed in the preceding year, twelve mobile laboratories were used, located in the most infected areas and responsible for examining blood films.

A perusal of the detailed reports by district medical inspectors confirms the fact that there has been appreciable progress year by year, in regard to the number of cases, the number of relapses and the number of persons with enlarged spleens.

It was in 1925 that anti-malaria measures in Roumania began to be systematised ; until the end of 1924, anti-malaria prophylaxis was carried on less methodically and on a far smaller scale. Since then, cases have been tracked down very thoroughly, thus revealing many small malarial foci hitherto unknown. Consequently, in 1925, the number of cases of malaria and enlarged spleen was higher in respect of the same regions than it had been in preceding years. On the other hand, owing to the measures of quinisation which were adopted wholesale from this date, the number of fresh cases of malaria and of cases of relapse and enlarged spleen shows a decrease year by year. Thus, in the fifth health area (Galatz), one of the most infested in Roumania, the number of reported cases of splenomegalia, which was 2,812 in 1924, rose suddenly to 4,536 in 1925—a figure far nearer the truth than that for the preceding year ; in 1926 it fell to 3,202, and in 1927 to 2,147, this fall being due to the quinine which had been administered as systematically as possible during the preceding three years. In this same district, with a total population of 903,249, 16,319 malaria cases were reported in 1927, of which 11,481 were given regular quinine treatment. With regard to parasitic forms, out of 4,000 positive blood tests, 3,761 cases of tertian were discovered, 203 of quartan and 36 of tropical fever. The quantity of quinine distributed in this district was 319 kilograms in 1924, 511 in 1925, 176 in 1926 and 159 in 1927. By comparing the amount of quinine distributed with the number of patients receiving quinine treatment, it is seen that the progressive fall in the number of cases after 1925 is due, *inter alia*, to the fact that after that time each individual under treatment regularly absorbed a larger number of quinine doses than had been previously administered.

The same progress—due to the same causes—will be found in the first health area (Craiova) ; the number of notified malaria cases fell from 6,646 in 1926 to 3,526 in 1927, whilst that for relapses fell from 1,686 to 509. In 1926, there still remained 720 notified malaria cases which had received no treatment or had been inadequately treated, but by 1927 this figure was reduced to zero. The amount of quinine distributed was 65 kilograms in 1927, as compared with 71 in 1926.

This general decline of malaria in regions where it is endemic pursues a parallel course amongst the civilian population and in the army, where identical prophylactic measures are practised.

It is only right to mention the perfect co-ordination existing between the campaigns instituted by the Ministry of Health and by the Health Administration of the Army in regard to anti-malaria prophylaxis.

In 1927, the investigation of malaria in the Delta was continued, a short report on this subject being submitted to the Malaria Commission of the League of Nations at its autumn session in 1927 ; this investigation merely confirmed the conclusions formed by Professor Zotta in the preceding year.

Of the research work on anti-malaria therapy carried on in Roumania during 1927, we would refer to the experimental treatment with plasmochine on which Professor M. Ciuca is still engaged.

The actual results hitherto obtained are sufficiently consistent to justify us in drawing practical conclusions. The doses administered have never been less than 0.06 centigramme per day for adults, and treatment has never been continued for more than seven to eight days. Plasmochine causes the attacks to cease at the end of two to four days, the parasites disappear from the circulation at the end of three to six days, but with a large majority of patients the gametes persist. In 60 per cent of the cases, signs of intolerance were observed and in 26.3 per cent of the cases these phenomena were sufficiently serious to cause the suspension of treatment.

Cardiac trouble and changes in the constitution of the blood occur often enough to render the employment of plasmochine prohibitive except under strict medical control.

Relapses occur as often as they do after incomplete quinine treatment ; in the case of malaria therapy with plasmochine applied to general paralytics, relapses were noted in spite of prolonged treatment. Generally speaking, the quartan parasite appears to be more resistant to plasmochine treatment than that of the malignant tertian.

The experiments with quinetum (quinetum Amsterdam) have been continued, good results being obtained, which in all respects confirm those notified by Professor Ciuca in his report to the Malaria Commission ¹.

(d) Syphilis.

During 1927, 65,565 cases of syphilis were treated in the various medical institutions under the Ministry of Health, but this figure does not include patients treated in the hospitals or dispensaries of the various Ephoralties and of the Ministry of Labour and Railway Administration. Furthermore, the Ministry of Health distributed to its various administrations 742,867 doses of neo-salvarsan (dose No. 1).

III. PUBLIC HEALTH ACTIVITIES.

1. WORKERS' HEALTH INSURANCE.

The total number of workpeople insured against illness from April 1st, 1926, to April 1st, 1927, was 978,778, of whom 563,260 resided in the Old Kingdom and Bessarabia, 331,604 in Transylvania and 43,912 in the Bukovina. In 1927, the Central Insurance Fund received 543,672,000 lei and its expenditure amounted to 523,289,848 lei.

Table 7.

NUMBER OF INSURED PERSONS RECEIVING IN-PATIENT TREATMENT AT THE PUBLIC HOSPITALS, UNDER THE CENTRAL INSURANCE FUND AND THE PROPHYLAXIS OF TUBERCULOSIS SOCIETY, DURING THE YEAR 1927.

Hospitals and Sanatoria	Number of In-patients
1. Public hospitals	6,568
2. Hospitals under the Central Insurance Fund	182
3. Polizu and Azuga Hospitals	168
4. Prophylaxis of Tuberculosis Society's Sanatoria	331
5. " Zerlendi " Sanatorium	132
6. " Carbunesti " Sanatorium	89
7. " Toria " Sanatorium	2
8. " Campulung " Sanatorium	27
9. " Soca " Sanatorium of the Ministry of Labour	444
Total	7,943

The number of consultations given to patients and their families in 1927 was 4,146,147.

¹ We wish to draw attention to a typographical error in our 1925 report with regard to the use of cinchonin salts. On page 425 of the INTERNATIONAL HEALTH YEAR-BOOK 1925, 20th line, read " definitely less effective " instead of " definitely more effective ".

2. SCHOOL HYGIENE.

The elementary schools of the City of Bucharest are under the supervision of 40 school doctors, 13 of whom are eye, throat and nose specialists. Medical consultations take place at five dispensaries, one of which belongs to the commune, whilst the administrative costs of the other four are borne jointly by the local authorities and the Ministry of Education. It will be noted that the number of school doctors is exactly twice as high as in 1926. 6,785 school-children possess personal health cards—a slight increase over the preceding year.

IV. PUBLIC HEALTH LEGISLATION.

1. A special law, promulgated in 1927, provided for the establishment at Bucharest of a Public Health Institute under the Ministry of Health ; this institute acts as an advisory body to the Ministry, and is under the direction of the Professor of Public Health attached to the medical faculty of Bucharest University.

2. Another law provides for the establishment of a Health Fund (Cassa Sănătății), under the control of the Ministry of Health ; for this fund certain special revenue is appropriated. By this means the Ministry will be enabled to cope with any unforeseen health requirements for which no credits have been voted in the budget.

V. BUDGET.

1. *General State Budget for 1927 : 50,473,984,884 lei.*
2. *Budgets of the different Ministries :*

	Lei
Ministry for Foreign Affairs	85,500,000
Ministry of Agriculture and State Domains	1,134,650,000
Ministry of Arts and Public Worship	1,076,976,000
Ministry of Communications	693,490,000
Ministry of Finance	12,747,380,000
Ministry of War	6,904,180,000
Ministry of Industry and Commerce	479,260,000
Ministry of Education	4,001,000,000
Ministry of Justice	963,900,000
Ministry of Health	1,109,800,000
Ministry of Public Works	333,747,000
Ministry of Labour, Co-operation and Social Insurance	185,970,000
Prime Minister's Department	12,689,000
Funds for grants to employees and pensioners	1,000,000,000
Funds for supplementary and extraordinary credits	702,358,000
Budget of Government Deposit Office	25,583,884
General pensions budget	2,258,401,000
Budget of the Roumanian Railways	14,800,000,000
Grand total	50,473,984,884

The budget of the Ministry of Health for 1927 included the following credits :

	Lei
For personnel	359,540,015
For material.	750,259,985
Total	1,109,800,000

or an increase of 190,830,271 lei on the 1926 budget.

The health budget for 1927 amounted to 2.19 per cent of the General Budget.

Remarks.

In 1927 the Ministry of Health expended :

	Lei
(a) On the campaign against epidemics	5,000,000
(b) On Roumania's contribution to the Office international d'hygiène publique	500,000

From and including 1927, Roumania paid out of the budget of the Ministry of Health its annual contribution of 12,500 gold francs, or approximately 500,000 lei, to the Office international d'hygiène publique.

(c) On the organisation of medical observation stations in ports and other frontier places	750,000
(d) On the maintenance of disinfection stations	200,000
(e) On the purchase of materials and apparatus	9,000,000
(f) On subsidies and grants for the prophylaxis of social diseases	28,805,596

VI. CURATIVE MEDICINE.

1. HOSPITALS, ETC.

The only change since last year is the establishment of a sanatorium for tuberculosis in the army.

2. DOCTORS.

There were 663 doctors of medicine placed on the register in 1927 (480 Roumanian degrees and 183 from foreign universities).

3. MEDICAL STUDENTS.

The number enrolled in the various Roumanian faculties was 1,394 at Bucharest University, 593 at Jassy and 509 at Cluj. It will be noticed that the total number of medical students shows a decrease of 940 as compared with 1926 (3,436 students in 1926, as against 2,496 in 1927).

4. CHEMISTS' AND DRUGGISTS' SHOPS.

There have been licensed 24 new chemists' shops and 6 new druggists' shops.

July 1928.

SPAIN

BY

Dr. J. ORENSANZ (Madrid).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1., AREA.

505,207 square kilometers (including the Balearic and Canary Islands).

2. POPULATION.

(a) Total : 22,290,162 inhabitants (estimate of December 31st, 1926).

(b) POPULATION OF THE VARIOUS PROVINCES AND THEIR CAPITALS
(ESTIMATE OF DECEMBER 31ST, 1926).

	Provinces	Capitals		Provinces	Capitals
Alava (Vitoria) ..	99,155	36,256	León	418,179	23,438
Albacete	311,167	34,810	Lerida	321,754	41,412
Alicante	529,934	67,775	Logroño	193,646	30,220
Almeria	370,831	50,879	Lugo	474,279	34,017
Avila	214,538	13,824	Madrid	1,151,112	799,894
Badajoz	697,456	40,941	Malaga	561,688	157,990
Balearic Isles (Palma)	348,186	80,010	Murcia	662,939	151,205
Barcelona	1,415,155	752,994	Navarre (Pamplona)	332,803	33,031
Biscay (Bilbao) ..	439,269	146,674	Orense	416,882	18,131
Burgos	341,157	33,143	Oviedo	784,310	73,754
Caceres	433,769	24,371	Palencia	193,818	21,060
Cadiz	560,391	78,222	Pontevedra	559,656	28,291
Canary Isles (Santa Cruz de Tenerife)	520,291	52,757	Salamanca	329,736	35,454
Castellón	313,582	36,095	Santander	346,509	80,404
Ciudad Real	472,141	19,814	Saragossa	513,411	151,855
Cordova	596,620	80,022	Segovia	172,325	16,254
Corunna	723,618	65,359	Seville	735,066	213,712
Cuenca	294,913	13,494	Soria	155,128	7,860
Gerona	338,755	18,522	Tarragona	355,478	27,378
Granada	594,502	107,091	Teruel	257,888	12,751
Guadalajara	206,928	14,275	Toledo	468,133	25,976
Guipúzcoa (San Sebastian)	282,262	72,174	Valencia	979,031	264,986
Huelva	366,354	41,425	Valladolid	284,494	73,306
Huesca	252,584	14,059	Zamora	267,714	17,994
Jaén	630,595	35,515	Total	22,290,162	4,276,474

3. BIRTH RATE.

(a) Rate per 1,000 of population in 1926 and 1927 :

1926 29.97 1927 28.56.

(b) DISTRIBUTION OF LIVE BIRTHS AND STILL-BIRTHS ACCORDING TO SEX IN THE VARIOUS PROVINCES IN 1927.¹

Province	Live Births			Still-births			
	Male	Female	Total	Born dead	Died during delivery	Died within 24 hours	Total
Alava	1,424	1,347	2,771	58	21	20	99
Albacete	5,695	5,079	10,774	226	7	43	276
Alicante	7,012	6,426	13,438	297	12	51	360
Almeria	6,446	5,644	12,090	91	2	28	121
Avila	3,745	3,619	7,364	128	14	48	190
Badajoz	10,495	9,706	20,201	395	24	59	478
Balearic Isles	3,814	3,482	7,296	142	5	17	164
Barcelona	17,356	16,274	33,630	1,114	214	207	1,535
Biscay	6,338	5,980	12,318	247	31	113	391
Burgos	5,654	5,436	11,090	188	60	111	359
Caceres	7,522	7,157	14,679	343	10	45	398
Cadiz	8,575	7,968	16,543	780	24	77	881
Canary Isles	7,619	7,000	14,619	304	32	92	428
Castellón	3,265	3,252	6,517	152	4	40	196
Ciudad Real	7,784	7,480	15,264	330	28	59	417
Cordova	10,670	9,687	20,357	399	41	62	502
Corunna	11,137	10,398	21,535	364	73	171	608
Cuenca	5,198	4,948	10,146	66	1	50	117
Gerona	3,338	3,182	6,520	140	22	47	209
Granada	10,630	9,481	20,111	285	13	51	349
Guadalajara	3,025	2,812	5,837	93	14	40	147
Guipúzcoa	3,636	3,572	7,208	182	23	52	257
Huelva	4,128	3,713	7,841	265	8	27	300
Huesca	3,143	3,003	6,146	56	3	30	89
Jaén	11,958	11,068	23,026	495	11	42	548
León	7,146	6,815	13,961	186	75	99	360
Lerida	3,449	3,164	6,613	61	3	40	104
Logroño	2,986	2,872	5,858	155	14	45	214
Lugo	5,944	5,634	11,578	183	61	96	340
Madrid	16,553	16,182	32,735	1,657	57	179	1,893
Malaga	9,153	8,161	17,314	601	11	24	636
Murcia	10,962	9,076	20,038	380	19	50	449
Navarre	4,778	4,594	9,372	156	65	43	264
Orense	5,523	5,115	10,638	103	38	102	243
Oviedo	10,895	10,083	20,978	581	65	135	781
Palencia	3,602	3,362	6,964	122	40	58	220
Pontevedra	7,858	7,290	15,148	223	55	83	361
Salamanca	5,390	4,945	10,335	203	25	69	297
Santander	5,585	5,171	10,756	205	13	79	297
Saragossa	7,298	6,709	14,007	347	35	67	449
Segovia	2,866	2,759	5,625	90	15	66	171
Seville	11,617	10,831	22,448	924	72	149	1,145
Soria	2,465	2,260	4,725	114	21	63	198
Tarragona	3,430	3,125	6,555	180	14	29	223
Teruel	3,575	3,412	6,987	99	18	55	172
Toledo	7,839	7,304	15,143	299	20	71	390
Valencia	12,150	11,536	23,686	434	47	92	573
Valladolid	4,956	4,507	9,463	239	20	55	314
Zamora	4,257	4,159	8,416	104	21	66	191
Total	329,884	306,780	636,664	14,786	1,521	3,397	19,704

¹ These figures and those which follow are supplied by the Central Office of the General Statistical Service.

4. MORTALITY.

(a) NUMBER OF DEATHS, CLASSIFIED ACCORDING TO PRINCIPAL

Province	Causes of Death																			
	Typhoid fever	Typhus	Malarial Fever and Malarial Cachexia	Smallpox	Measles	Scarlet Fever	Whooping-cough	Diphtheria and Group	Influenza	Asiatic Cholera	Cholera Nostras	Other Epidemic Diseases	Pulmonary Tuberculosis	Tuberculosis of the Meninges	Other Forms of Tuberculosis	Cancer and Other Malignant Tumours	Meningitis	Cerebral Haemorrhage, Apoplexy and Softening of the Brain	Organic Diseases of the Heart	
Alava	25	—	—	—	25	2	3	8	27	—	1	6	132	15	20	74	67	122	125	
Albacete .. .	63	—	—	—	104	11	21	22	110	—	—	52	261	24	60	146	226	423	402	
Alicante .. .	175	—	49	1	127	7	5	44	248	—	—	53	366	56	75	256	373	776	903	
Almeria .. .	84	1	13	18	47	1	25	26	82	—	—	13	203	20	25	170	183	414	589	
Avila	42	—	—	—	37	26	5	10	72	—	—	1	874	47	197	182	315	311		
Badajoz .. .	142	1	104	—	193	2	37	44	268	—	—	39	674	57	125	289	460	876	1,025	
Balearc (Isles)	53	—	—	—	146	1	3	16	60	—	—	8	313	19	30	262	142	514	730	
Barcelona .. .	411	3	1	1	123	9	24	116	321	—	—	44	2,025	250	137	1,594	677	2,732	3,714	
Biscay	63	—	—	—	86	7	30	26	44	—	—	—	767	106	75	324	339	367	537	
Burgos	65	—	—	—	42	16	28	12	144	—	—	21	308	26	57	359	216	493	484	
Caceres	138	2	86	—	149	5	24	24	211	—	—	29	413	27	120	240	325	628	613	
Cadiz	58	—	94	41	23	3	18	30	125	—	—	42	1,010	75	124	356	392	708	1,052	
Canary (Isles)	101	—	—	—	—	—	—	34	33	43	—	112	556	46	46	277	312	298	493	
Castellón .. .	68	1	44	—	11	11	19	26	131	—	—	14	326	37	39	159	98	579	593	
Ciudad Real ..	176	3	39	1	177	31	12	37	190	—	—	31	344	29	106	266	338	691	682	
Cordova	158	—	35	—	211	13	33	49	204	—	—	78	674	51	90	308	359	747	1,093	
Corunna	75	—	2	—	54	1	79	43	172	—	—	33	1,263	89	184	542	317	862	1,087	
Cuenca	77	—	1	—	11	1	13	16	118	—	—	22	188	12	58	169	220	456	416	
Gerona	110	—	5	6	50	3	24	19	149	—	—	11	388	53	37	266	96	682	803	
Granada	33	—	5	—	2	14	5	9	66	—	—	91	466	34	80	345	263	574	1,001	
Guadalajara ..	42	—	—	—	38	3	3	30	27	—	—	11	105	12	19	155	146	286	302	
Gupúzcoa .. .	84	—	29	—	37	7	16	27	133	—	—	4	408	43	81	170	138	245	354	
Huelva	32	—	3	—	18	—	—	5	9	—	—	2	25	49	68	224	160	433	712	
Huesca	145	—	47	1	54	12	18	24	177	—	—	2	527	12	26	123	140	461	448	
Jaén	58	—	6	1	7	3	3	21	26	128	—	4	22	403	39	75	297	396	730	1,275
Léon	67	2	—	—	20	1	10	11	83	—	—	15	247	20	23	182	110	549	745	
Lérida	23	—	—	—	64	1	22	20	76	—	—	3	15	177	18	33	137	280	618	
Logroño	47	—	—	—	12	—	—	—	8	—	—	3	15	177	18	33	137	280	944	
Lugo	147	—	—	4	61	79	55	57	356	—	—	2	56	7	548	21	57	264	389	787
Madrid	81	—	19	56	7	8	21	22	168	—	—	56	2,110	293	247	1,129	945	1,921	1,953	
Malaga	173	1	55	1	51	10	56	62	248	—	—	70	789	64	97	305	349	514	1,173	
Murcia	85	—	2	—	78	2	12	27	75	—	—	1	70	690	86	89	332	345	650	1,006
Navarre	27	—	8	—	3	—	—	13	96	—	—	17	286	22	52	229	149	493	539	
Orense	150	—	—	—	7	4	5	4	47	—	—	19	261	9	43	218	75	585	849	
Oviedo	24	—	3	—	36	6	4	4	178	—	—	20	1,377	165	172	543	332	566	1,364	
Palencia	30	—	3	—	24	1	31	25	116	—	—	14	211	28	62	155	170	294	309	
Pontevedra .. .	58	—	24	—	69	10	14	15	115	—	—	29	922	71	88	464	205	938	927	
Salamanca .. .	54	1	1	—	7	7	46	10	107	—	—	22	331	53	86	266	183	501	499	
Saragossa	63	—	4	—	141	4	3	15	54	—	—	20	641	117	81	277	191	326	601	
Segovia	40	—	3	—	39	26	3	11	55	—	—	30	301	81	81	387	193	560	750	
Seville	152	—	83	34	137	69	22	72	229	—	—	8	132	9	25	138	122	277	197	
Soria	36	—	1	—	5	4	9	11	64	—	—	117	1,520	142	194	545	693	1,009	1,676	
Tarragona .. .	89	—	—	—	28	2	15	19	113	—	—	3	17	97	13	43	125	109	255	195
Teruel	57	—	1	—	32	6	8	24	102	—	—	1	31	287	37	39	241	116	702	731
Toledo	75	—	14	—	210	42	10	31	156	—	—	2	38	148	16	33	116	191	360	348
Valencia	365	—	22	1	210	20	8	80	352	—	—	2	38	338	49	84	258	227	650	556
Valladolid .. .	31	—	9	—	136	9	10	30	332	—	—	6	1,088	109	125	618	545	1,546	2,282	
Zamora	31	—	9	—	22	3	22	15	93	—	—	29	286	46	58	282	197	472	445	
Total	4,582	13	832	167	3,079	547	940	1,379	6,607	—	—	115	1,781	26,517	2,821	3,759	15,172	12,447	23,872	39,250

CAUSES, IN THE VARIOUS PROVINCES IN 1927.

(Abridged International Nomenclature)

Acute Bronchitis	Chronic Bronchitis	Pneumonia	Other Diseases of the Respiratory System	Diseases of the Stomach (excepting Cancer)	Diarrhoea and Enteritis (under two years)	Appendicitis and Typhilitis	Hernia, Intestinal Obstructions	Cirrhosis of the Liver	Nephritis and Bright's Disease	Non-cancerous Tumours and other Diseases of the Female Genital Organs	Puerperal Septicæmia (Puerperal Fever, Peritonitis and Phlebitis)	Other Puerperal Accidents	Congenital Debility and Malformations	Sanility	Violent Deaths (except Suicide)	Suicide	Other Diseases	Diseases Unknown or Ill-defined	Total of Deaths
83	74	50	160	21	178	2	8	19	52	4	8	6	69	95	34	8	319	55	1,897
434	138	92	427	61	954	15	44	45	298	3	18	18	269	426	67	16	1,253	78	6,508
298	328	212	826	85	744	11	89	86	356	34	34	13	296	652	128	26	1,836	128	9,882
302	156	149	501	58	930	9	48	52	210	39	15	36	640	92	28	54	7,180	54	7,180
353	76	210	923	51	667	7	25	42	180	21	13	23	238	200	51	14	865	155	4,812
501	187	93	736	96	2,121	7	70	90	224	19	57	23	671	875	161	12	2,492	305	13,330
214	581	762	2,784	222	954	9	44	64	174	6	11	12	82	423	78	17	1,097	117	5,509
460	210	200	923	69	409	10	47	46	200	20	12	20	171	176	180	5	4,585	634	26,150
315	197	138	512	94	1,025	8	44	69	228	25	19	262	373	142	15	1,296	105	7,035	
378	197	190	642	68	1,660	15	53	63	391	48	24	469	404	103	33	1,654	268	7,367	
498	115	165	642	78	1,774	15	65	109	381	48	31	270	383	123	11	2,381	160	11,496	
229	174	148	858	78	1,405	2	31	61	262	21	21	238	567	125	3	1,408	398	7,779	
153	53	197	396	33	2,025	6	42	60	176	21	21	188	419	91	33	1,004	42	5,378	
201	206	87	321	52	901	8	75	63	213	22	22	48	398	366	151	21	1,655	113	9,521
510	238	175	689	83	1,623	8	80	90	313	6	6	14	468	623	180	19	2,465	274	13,127
614	282	1,036	1,07	148	2,025	15	75	77	339	6	6	23	480	1,267	199	32	2,099	305	13,951
1,090	629	335	890	148	912	12	35	46	162	6	6	23	300	401	84	12	1,260	116	6,355
376	102	108	417	47	2,298	6	60	69	139	6	6	10	66	158	89	16	838	142	5,272
118	128	183	443	23	925	4	84	85	339	10	54	31	485	643	115	57	2,512	144	11,737
749	282	245	830	113	1,719	14	84	85	339	10	54	31	485	643	115	57	2,512	144	11,737
193	102	49	231	81	415	3	40	39	104	4	22	12	164	274	43	11	681	84	3,674
137	111	177	437	23	168	6	21	43	239	5	15	8	79	138	109	7	795	158	4,229
135	106	146	432	42	579	4	35	60	165	3	27	18	252	329	104	24	993	66	6,154
182	111	71	327	47	423	7	43	55	121	6	18	14	18	87	79	29	1,270	202	13,726
811	368	249	1,049	149	2,206	10	70	98	376	18	55	48	586	329	104	24	1,134	240	7,998
545	186	210	623	90	917	20	58	72	270	8	34	32	262	486	151	16	1,134	240	7,998
123	99	82	415	59	238	10	35	51	165	4	20	11	99	316	108	9	885	91	4,731
217	131	89	288	26	424	8	35	39	127	2	13	8	123	227	76	10	735	36	3,887
582	376	292	663	121	372	13	39	43	255	6	22	33	315	1,154	123	4	1,012	244	8,094
945	542	688	2,320	220	1,559	33	163	243	877	32	71	40	657	834	362	72	3,740	146	22,750
817	176	151	768	82	1,434	12	66	61	297	9	60	46	369	735	142	46	2,426	207	11,178
549	262	220	867	78	1,418	13	74	92	397	9	62	34	400	663	175	24	2,394	229	11,729
233	134	103	511	64	496	7	33	65	189	3	18	17	163	247	136	13	1,027	195	5,773
587	474	302	604	82	562	13	43	47	299	12	10	27	202	363	73	1	1,261	195	7,397
566	196	325	1,018	91	910	12	82	82	443	10	43	38	255	827	290	17	1,938	413	12,498
216	116	74	342	38	729	2	39	22	119	3	13	6	159	213	65	7	820	133	4,527
594	339	198	820	112	659	12	47	52	280	4	31	24	246	633	121	6	1,454	213	9,719
323	134	124	500	52	921	14	50	45	246	3	26	22	302	375	109	23	1,214	94	6,825
164	155	145	502	48	533	6	42	55	190	4	11	7	134	142	134	5	897	107	5,872
626	337	217	838	65	975	26	79	121	317	14	32	20	307	480	171	16	2,146	25	9,434
200	47	62	228	34	451	9	17	32	92	1	16	14	125	169	39	12	591	95	3,222
426	264	264	1,385	123	2,358	24	113	104	302	10	65	34	578	742	212	34	3,053	68	17,063
171	89	44	224	33	326	8	31	26	76	2	10	7	113	197	38	11	641	77	3,071
91	127	50	437	40	214	4	44	64	213	1	6	14	65	281	98	20	1,950	194	4,893
245	170	72	461	57	359	6	32	50	155	4	16	10	240	397	53	21	1,680	166	8,518
390	242	123	547	60	1,141	20	58	72	242	8	44	14	247	893	315	21	1,703	167	17,943
445	545	278	1,399	113	1,227	39	145	169	527	20	53	24	463	246	90	17	3,150	139	6,938
332	131	122	440	76	1,001	4	46	58	172	5	16	16	277	246	90	17	3,150	139	6,938
324	105	94	334	51	806	8	32	45	163	7	14	14	177	279	85	—	914	389	5,760
13,680	10,800	9,154	32,944	3,689	45,076	649	2,800	3,508	12,534	340	1,421	1,040	13,594	22,279	6,481	903	76,589	3,397	420,497

(b) NUMBER OF DEATHS, CLASSIFIED ACCORDING TO AGE-GROUPS AND SEX, IN THE VARIOUS PROVINCES IN 1927.

Capital	Male	Female	Total	Under 1 year	Under 5 years	5 years and over
Alava	1,008	889	1,897	374	612	1,285
Albacete	3,412	3,096	6,508	1,458	2,701	3,807
Alicante	5,091	4,791	9,882	1,469	2,727	7,155
Almeria	3,651	3,479	7,130	1,448	2,503	4,627
Avila	2,462	2,350	4,812	1,204	2,025	2,787
Badajoz	7,092	6,238	13,330	3,264	5,291	8,039
Balearic Isles ..	2,717	2,792	5,509	537	1,175	4,334
Barcelona	13,554	12,596	26,150	2,661	4,686	21,484
Biscay	3,660	3,375	7,035	1,167	2,152	4,883
Burgos	3,850	3,517	7,367	1,802	2,746	4,621
Caceres	4,788	4,596	9,384	2,660	4,236	5,148
Cadiz	6,116	5,380	11,496	2,388	4,004	7,492
Canary Isles	3,869	3,910	7,779	2,295	3,273	4,506
Castellón	2,733	2,645	5,378	612	1,127	4,251
Ciudad Real	4,949	4,572	9,521	2,525	4,111	5,410
Cordova	6,844	6,283	13,127	2,957	5,341	7,786
Corunna	6,650	7,301	13,951	2,556	4,061	9,890
Cuenca	3,274	3,081	6,355	1,568	2,662	3,693
Gerona	2,750	2,522	5,272	465	759	4,513
Granada	6,002	5,735	11,737	2,659	4,719	7,018
Guadalajara	1,895	1,779	3,674	759	1,162	2,512
Guipúzcoa	2,164	2,065	4,229	530	942	3,287
Huelva	3,339	2,815	6,154	969	1,687	4,467
Huesca	2,340	2,074	4,414	730	1,142	3,272
Jaén	7,252	6,474	13,726	3,494	5,837	7,889
León	4,014	3,984	7,998	1,797	2,653	5,345
Lerida	2,491	2,290	4,781	530	893	3,888
Logroño	2,041	1,846	3,887	849	1,391	2,496
Lugo	3,781	4,313	8,094	1,166	1,708	6,386
Madrid	11,857	10,863	22,720	3,775	6,160	16,560
Malaga	5,873	5,305	11,178	2,226	3,787	7,391
Murcia	6,164	5,565	11,729	2,331	4,031	7,698
Navarre	2,947	2,826	5,773	977	1,666	4,107
Orense	3,620	3,777	7,397	1,210	1,870	5,527
Oviedo	6,157	6,341	12,498	2,042	2,931	9,567
Palencia	2,320	2,207	4,527	1,167	1,831	2,696
Pontevedra	4,584	5,135	9,719	1,546	2,540	7,179
Salamanca	3,585	3,240	6,825	1,600	2,541	4,284
Santander	3,041	2,831	5,872	1,183	1,752	4,120
Saragossa	4,874	4,560	9,434	1,880	3,130	6,304
Segovia	1,683	1,639	3,322	800	1,291	2,031
Seville	8,971	8,092	17,063	3,695	6,593	10,470
Soria	1,603	1,468	3,071	630	990	2,081
Tarragona	2,727	2,603	5,330	448	783	4,547
Teruel	2,447	2,446	4,893	892	1,492	3,401
Toledo	4,367	4,151	8,518	1,923	3,321	5,197
Valencia	9,349	8,594	17,943	2,404	4,407	13,536
Valladolid	3,300	3,028	6,328	1,683	2,454	3,874
Zamora	2,902	2,878	5,780	1,354	2,068	3,712
Total	216,160	204,337	420,497	80,659	133,964	286,533

5. INFANT MORTALITY.

NUMBER OF DEATHS, CLASSIFIED ACCORDING TO AGE-GROUPS, IN THE VARIOUS PROVINCES
IN 1927.

Province	Deaths			Province	Deaths		
	Under 1 year	1 to 4 years	Total number under 5 years		Under 1 year	1 to 4 years	Total number under 5 years
Alava	374	238	612	Lerida	530	363	893
Albacete ..	1,458	1,243	2,701	Logroño ..	849	542	1,391
Alicante ..	1,469	1,258	2,727	Lugo	1,166	542	1,708
Almeria .. .	1,448	1,055	2,503	Madrid .. .	3,775	2,385	6,160
Avila	1,204	821	2,025	Malaga .. .	2,226	1,561	3,787
Badajoz .. .	3,264	2,027	5,291	Murcia .. .	2,331	1,700	4,031
Balearic Isles	537	638	1,175	Navarre .. .	977	689	1,666
Barcelona ..	2,661	2,025	4,686	Orense .. .	1,210	660	1,870
Biscay .. .	1,167	985	2,152	Oviedo .. .	2,042	889	2,931
Burgos .. .	1,802	944	2,746	Palencia ..	1,167	664	1,831
Caceres .. .	2,660	1,576	4,236	Pontevedra ..	1,546	994	2,540
Cadiz	2,388	1,616	4,004	Salamanca ..	1,600	941	2,541
Canary Isles ..	2,295	978	3,273	Santander ..	1,183	569	1,752
Castellón ..	612	515	1,127	Saragossa ..	1,880	1,250	3,130
Ciudad Real ..	2,525	1,586	4,111	Segovia .. .	800	491	1,291
Cordova .. .	2,957	2,384	5,341	Seville .. .	3,695	2,898	6,593
Corunna .. .	2,556	1,505	4,061	Soria .. .	630	360	990
Cuenca .. .	1,568	1,094	2,662	Tarragona ..	448	335	783
Gerona .. .	465	294	759	Teruel .. .	892	600	1,492
Granada .. .	2,659	2,060	4,719	Toledo .. .	1,923	1,398	3,321
Guadalajara ..	759	403	1,162	Valencia .. .	2,404	2,003	4,407
Guipúzcoa ..	530	412	942	Valladolid ..	1,683	771	2,454
Huelva .. .	969	718	1,687	Zamora .. .	1,354	714	2,068
Huesca .. .	730	412	1,142				
Jaén	3,494	2,343	5,837	Total .. .	80,659	53,305	133,964
León	1,797	856	2,653				

6. EMIGRATION IN 1927.¹

(a) TRANSOCEANIC EMIGRATION.

Country	Emigrants to		Immigrants from	
	Total	Percentage	Total	Percentage
Dutch West Indies	1	—	5	—
Argentina	29,249	66.67	14,684	35.35
Brazil	2,004	4.56	1,151	2.78
Canada	—	—	—	—
Colombia.. .. .	71	0.18	28	0.06
Costa Rica	2	—	—	—
Cuba	8,718	19.88	19,856	47.74
Chile	275	0.63	194	0.45
Ecuador	4	—	—	—
United States of America ..	168	0.40	3,202	7.94
Guatemala	—	—	—	—
Guiana	4	—	—	—
Mexico	739	1.69	1,126	2.70
Panama	128	0.29	48	0.10
Peru.. .. .	55	0.13	40	0.08
Porto Rico	4	—	4	—
Uruguay	2,236	5.09	1,097	2.62
Venezuela	209	0.48	82	0.18
Total	43,867	100	41,517	100

(b) CONTINENTAL EMIGRATION.

France.—The number of labourers who emigrated to France during 1927 was 8,338, but it must be borne in mind that emigration to France is purely temporary and for very short periods. This is clearly demonstrated by the fact that 12,841 Spaniards returned from France during the year. In 1927, 219 fewer persons emigrated to France than in 1926, and 1,646 fewer returned.

II. BUDGET.

As the budget for the financial year 1927 contains no important changes, we refer the reader to the previous volume of the *Year-Book*.

¹ Data supplied by the Department of Social Welfare and Emigration.

III. INFECTIOUS DISEASES.

1. NUMBER OF DEATHS FROM CERTAIN INFECTIOUS DISEASES, AND TOTAL MORTALITY FROM THESE DISEASES, IN THE VARIOUS PROVINCES IN 1927.

Province	Typhoid Fever	Typhus	Smallpox	Measles	Scarlet Fever	Whooping- cough	Diphtheria	Influenza
Alava	25	—	—	25	2	3	8	27
Albacete	63	—	—	104	7	21	22	110
Alicante	175	—	1	127	5	4	44	248
Almeria	84	1	18	47	1	25	26	82
Avila	42	—	—	37	26	5	10	72
Badajoz	142	1	—	193	2	37	44	268
Balearic Isles ..	53	—	—	146	1	3	16	60
Barcelona	411	3	1	123	9	24	116	321
Biscay	63	—	—	86	7	30	26	44
Burgos	65	—	—	42	16	28	12	144
Caceres	119	2	—	149	5	24	24	211
Cadiz	88	—	41	23	3	18	30	125
Canary Isles ..	138	—	—	—	—	34	33	43
Castellón	101	—	—	11	11	9	26	121
Ciudad Real ..	68	1	—	177	31	12	37	190
Cordova	176	—	1	211	13	33	49	204
Corunna	158	—	—	54	1	79	43	172
Cuenca	75	—	—	102	24	8	27	135
Gerona	77	—	—	11	1	13	16	116
Granada	110	—	6	50	3	24	19	149
Guadalajara ..	33	—	—	2	14	5	9	66
Guipúzcoa	42	—	—	38	3	3	30	27
Huelva	84	—	—	37	7	16	27	133
Huesca	32	—	—	18	—	5	9	39
Jaén	145	—	1	54	12	18	24	177
León	58	—	1	3	3	21	26	128
Lerida	67	2	—	20	1	10	11	83
Logroño	47	—	—	64	1	22	20	76
Lugo	23	—	—	12	—	7	14	192
Madrid	147	1	4	61	79	55	57	356
Malaga	81	—	56	7	8	21	22	168
Murcia	173	1	1	51	10	56	62	248
Navarre	85	—	—	78	2	12	27	75
Orense	27	—	—	3	—	34	13	96
Oviedo	150	—	—	7	4	5	47	178
Palencia	24	—	—	36	6	4	4	97
Pontevedra	30	—	—	24	1	31	25	116
Salamanca	58	—	—	69	10	14	15	115
Santander	54	—	1	7	7	46	10	107
Saragossa	63	—	—	141	4	3	15	54
Segovia	40	—	—	39	26	3	11	55
Seville	152	—	34	137	69	22	72	229
Soria	36	—	—	5	4	9	11	64
Tarragona	89	1	—	28	2	15	19	113
Teruel	57	—	—	32	6	8	24	102
Toledo	75	—	—	210	42	10	31	156
Valencia	365	—	1	136	9	10	80	332
Valladolid	31	—	—	20	46	19	21	90
Zamora	31	—	—	22	3	22	15	93
Total	4,532	13	167	3,079	547	940	1,379	6,607

1. NUMBER OF DEATHS FROM CERTAIN INFECTIOUS DISEASES, AND TOTAL MORTALITY FROM THESE DISEASES, IN THE VARIOUS PROVINCES IN 1927 (concluded).

Province	Tuberculosis			Meningitis	Pneumonia	Puerperal Septicæmia	Total	Death Rate per 1,000 Inhabitants
	Pulmonary	Meninges	Other Forms					
Alava	132	15	20	67	50	8	382	3.85
Albacete	261	24	60	226	92	31	1,021	3.28
Alicante	639	56	75	373	212	34	1,993	3.76
Almeria	366	20	25	183	149	39	1,066	2.87
Ayila	203	26	47	182	93	21	764	3.56
Badajoz	674	57	125	460	225	57	2,285	3.28
Balearic Isles ..	313	19	30	142	78	11	872	2.50
Barcelona	2,025	250	137	677	762	38	4,897	3.46
Biscay	767	106	75	239	290	12	1,745	3.97
Burgos	308	26	57	216	138	25	1,077	3.16
Caceres	413	27	120	225	165	48	1,532	3.53
Cadiz	1,010	75	124	392	148	48	2,125	3.79
Canary Isles ..	556	46	46	312	197	21	1,426	2.74
Castellón	326	37	39	98	87	6	872	2.78
Ciudad Real ..	344	29	106	338	175	37	1,545	3.27
Cordova	674	51	90	359	328	41	2,230	3.74
Corunna	1,263	89	184	317	335	34	2,729	3.77
Cuenca	188	12	58	220	108	23	980	3.52
Gerona	388	53	37	96	183	10	1,001	2.95
Granada	466	34	80	263	245	54	1,503	2.53
Guadalajara ..	105	12	19	146	49	22	482	2.33
Guipúzcoa	408	43	31	138	177	15	955	3.38
Huelva	574	49	68	160	146	27	1,328	3.62
Huesca	183	12	26	140	71	18	533	2.19
Jaén	527	29	129	396	249	55	1,816	2.88
León	403	33	75	236	210	34	1,231	2.94
Lerida	247	20	23	110	82	20	696	2.16
Logroño	177	18	33	136	82	13	689	3.56
Lugo	548	21	57	102	292	22	1,290	2.72
Madrid	2,110	293	247	945	688	71	5,114	4.44
Malaga	789	64	97	349	181	60	1,903	3.39
Murcia	690	36	89	345	220	42	2,024	3.05
Navarre	286	22	52	149	103	18	909	2.73
Orense	261	9	43	75	302	10	873	2.09
Oviedo	1,377	165	172	332	335	43	2,815	3.59
Palencia	211	28	62	170	74	13	729	3.76
Pontevedra	922	71	88	205	198	31	1,742	3.11
Salamanca	331	53	86	183	124	26	1,084	3.29
Santander	641	117	81	191	145	11	1,418	4.09
Saragossa	301	31	81	193	217	32	1,135	2.21
Segovia	132	9	25	122	62	16	540	3.13
Seville	1,520	142	194	693	264	65	3,593	4.89
Soria	97	13	43	109	44	10	445	2.87
Tarragona	287	37	39	116	90	6	842	2.37
Teruel	148	16	33	191	72	16	705	2.73
Toledo	338	49	84	227	123	44	1,389	2.97
Valencia	1,088	109	125	545	278	53	3,131	3.20
Valladolid	286	46	58	197	122	16	952	3.35
Zamora	214	22	64	161	94	14	755	2.82
Total	26,517	2,621	3,759	12,447	9,154	1,421	73,183	3.28

2. NUMBER OF DEATHS FROM CERTAIN INFECTIOUS DISEASES, AND TOTAL MORTALITY FROM THESE DISEASES, IN THE CAPITALS OF THE VARIOUS PROVINCES IN 1927.

Capital	Typhoid Fever	Typhus	Smallpox	Measles	Scarlet Fever	Whooping- cough	Diphtheria	Influenza
Alava (Vitoria)	7	—	—	5	—	1	1	—
Albacete	8	—	—	3	—	—	2	5
Alicante	25	—	—	20	2	—	3	2
Almeria	11	1	2	1	1	—	2	5
Avila	2	—	—	—	1	—	2	25
Badajoz	4	—	—	8	—	2	2	13
Balearic Isles (Pal- ma)	10	—	—	39	—	1	1	13
Barcelona	177	2	1	76	5	14	75	114
Biscay (Bilbao)	27	—	—	56	5	16	8	23
Burgos	6	—	—	—	1	5	3	5
Caceres	5	—	—	—	—	1	—	8
Cadiz	4	—	—	—	1	4	1	18
Canary Isles (Santa Cruz de Tenerife.	22	—	—	—	—	—	3	—
Castellón	9	—	—	1	2	1	—	9
Ciudad Real	2	—	—	7	—	—	2	12
Cordova	14	—	—	38	—	1	4	10
Corunna	59	—	—	12	—	5	3	15
Cuenca	1	—	—	9	—	1	2	5
Gerona	10	—	—	1	—	5	3	8
Granada	26	—	3	10	1	3	3	21
Guadalajara	5	—	—	—	3	—	1	6
Guipúzcoa (San Sebastian)	13	—	—	1	—	2	11	4
Huelva	21	—	—	10	1	2	5	12
Huesca	2	—	—	—	—	—	—	4
Jaén	7	—	—	7	3	—	2	8
León	3	—	—	1	—	1	—	8
León	7	1	—	3	—	—	—	12
Lerida	7	—	—	1	—	4	5	16
Logroño	6	—	—	1	—	—	—	5
Lugo	2	—	—	—	—	2	—	—
Madrid	64	—	3	29	49	21	35	187
Malaga	15	—	8	1	2	4	6	46
Murcia	36	—	1	10	3	11	11	56
Navarre (Pam- plona)	20	—	—	2	—	—	4	3
Orense	5	—	—	—	—	—	1	4
Oviedo	15	—	—	—	—	—	9	8
Palencia	4	—	—	—	—	1	—	5
Pontevedra	—	—	—	5	1	—	1	6
Salamanca	8	—	—	3	2	3	—	10
Santander	14	—	—	1	7	5	1	17
Santander	14	—	—	22	3	1	6	8
Saragossa	26	—	—	1	1	—	2	1
Segovia	10	—	—	69	39	7	31	74
Seville	36	—	—	—	—	3	—	—
Soria	3	—	—	—	—	1	2	1
Tarragona	7	—	—	—	—	—	—	1
Teruel	5	—	—	1	—	—	—	8
Toledo	11	—	—	—	1	2	3	—
Toledo	11	—	—	15	3	6	28	101
Valencia	95	—	—	—	13	1	7	25
Valladolid	7	—	—	—	—	1	3	8
Zamora	1	—	—	—	—	—	—	—
Total	877	4	18	468	150	137	299	955

2. NUMBER OF DEATHS FROM CERTAIN INFECTIOUS DISEASES, AND TOTAL MORTALITY FROM THESE DISEASES, IN THE CAPITALS OF THE VARIOUS PROVINCES IN 1927 (concluded).

Capital	Tuberculosis			Meningitis	Pneumonia	Puerperal Septicæmia	Total	Death Rate per 1,000 Inhabitants
	Pulmonary	Meninges	Other Forms					
Alava (Vitoria) ..	65	3	15	33	28	2	160	4.41
Albacete	39	1	3	30	8	4	103	2.96
Alicante	135	5	8	55	29	5	314	4.63
Almeria	89	5	3	30	25	6	181	3.56
Avila	35	3	4	17	8	2	79	5.71
Badajoz	69	6	11	39	20	5	179	4.37
Balearic Isles (Palma)	81	4	7	55	28	2	241	3.01
Barcelona	1,240	153	53	423	528	22	2,883	3.83
Biscay (Bilbao) ..	360	55	35	83	102	8	778	5.30
Burgos	52	7	12	23	9	2	125	3.77
Caceres	35	2	5	14	8	—	78	3.20
Cadiz	199	16	46	85	24	1	399	5.10
Canary Isles (Santa Cruz de Tenerife)	107	8	4	44	36	1	225	4.26
Castellón	74	12	6	17	23	—	154	4.27
Ciudad Real	33	3	6	33	6	4	108	5.45
Cordova	144	19	16	38	62	5	351	4.39
Corunna	190	27	15	54	28	3	411	6.29
Cuenca	21	2	2	15	5	2	65	4.82
Gerona	59	7	5	9	17	—	124	6.69
Granada	169	14	26	40	67	5	388	3.62
Guadalajara	21	1	—	8	4	1	50	3.50
Guipúzcoa (San Sebastian) ..	153	14	12	41	75	6	332	4.60
Huelva	123	21	17	26	18	4	260	6.28
Huesca	25	2	4	7	2	1	47	3.34
Jaén	67	6	21	32	21	2	176	4.96
León	34	5	11	14	10	1	88	3.75
Lerida	46	—	3	25	10	2	109	2.63
Logroño	65	12	8	15	4	2	138	4.57
Lugo	65	4	9	12	15	1	115	3.38
Madrid	1,549	216	180	592	471	55	3,451	4.31
Malaga	334	45	38	111	57	19	686	4.34
Murcia	168	3	17	79	57	7	459	3.04
Navarre (Pamplona)	81	9	8	26	13	5	171	5.18
Orense	38	1	3	11	7	1	71	3.92
Oviedo	230	31	37	36	26	7	399	5.41
Palencia	47	5	26	17	5	—	110	5.22
Pontevedra	75	2	9	15	10	—	124	4.38
Salamanca	70	14	12	25	18	2	167	4.71
Santander	225	55	32	38	38	4	437	5.44
Saragossa	171	18	50	64	60	11	440	2.90
Segovia	34	2	3	14	5	—	73	4.49
Seville	727	78	62	264	95	24	1,506	7.05
Soria	13	5	6	12	—	1	40	5.09
Tarragona	31	—	5	16	9	—	74	2.64
Ternel	20	1	4	6	5	3	47	3.69
Toledo	42	8	9	19	9	2	112	4.31
Valencia	327	43	40	156	106	12	928	3.50
Valladolid	151	16	29	51	35	2	342	4.37
Zamora	33	6	7	30	12	—	101	5.61
Total	8,161	975	944	2,899	2,258	254	18,399	4.30

IV. PUBLIC HEALTH LEGISLATION.

1. HEALTH INSTITUTES.

In pursuance of the policy of establishing a Health Institute in every province, a Royal Decree was issued on January 16th, 1927, giving notice to the provincial authorities (Corporaciones provinciales) that the organisation of their institutes must be completed by February 10th. Almost every province in Spain has now accordingly a perfectly equipped and organised health service.

2. LEPER COLONIES.

The problem of leprosy—a disease still fairly common in certain provinces of Spain—is one of the main preoccupations of the Central Health Authorities. During the past year it was ordered that all cases from the eastern provinces should be admitted to the Fontilles (Alicante) Leper Colony when the Governors of the respective provinces should so direct. A grant of 80,000 pesetas was made to the Orense Board of Deputies (Diputación) for assistance in establishing a leper colony for cases from North-West Spain. As these two areas, together with the Canary Isles, are those in which leprosy is most common, the problem is almost completely solved.

3. REORGANISATION OF THE HEALTH SERVICE.

By a Royal Decree of March 31st, 1927, it was enacted that the three branches or sections of the Public Health Service—"Home", "Foreign" and "Institutions"—should be amalgamated. Experience proved that this division of work was unsatisfactory in practice, for the administration was sometimes unable at a given moment to use the services of the particular official best suited for certain work, on account of the rigidity of the administrative and provincial regulations. To remedy this situation, the National School of Hygiene was established, and, in addition, a Royal Decree was issued under which the supreme public health authorities may employ any official without distinction in the place in which they think he will be most useful.

4. TRACHOMA.

In April 1927, a Central Trachoma Commission was created in the Ministry of the Interior; trachoma is epidemic, principally in certain of the southern provinces. Medical practitioners have been reminded that trachoma is a notifiable disease, and a prize of 1,000 pesetas is offered for the best work on the aetiology, treatment or prophylaxis of trachoma.

In order that this disease, and especially its foci, may be more accurately traced, local Trachoma Committees are being set up in certain provinces. These Committees will be responsible for the control of the disease in large towns (factories, workshops, etc.) and at anti-venereal dispensaries, especially among prostitutes.

5. DISINFECTION.

On June 21st, 1927, a Royal Decree was issued for the constitution of a Committee of Experts to witness experimental tests of a new form of the cyanogen process. One of the chief dangers of this process is that the gases remain for a long time in the premises in which they have been used. This difficulty can, of course, be removed by ventilation; but, in cases of urgency (in the case of ships, for instance), it would be desirable to shorten the process of ventilation or even to dispense with it entirely, and this is the object of the new process. In theory, with the new process, after cyanogen has remained on the premises for two hours, persons or animals can enter without suffering the least ill-effect, and this result is secured without impairing the efficacy of the gas. This is also apparently the case in practice; but, unfortunately, as the process is a commercial one, it has not been possible to ascertain its scientific basis and the details of its operation. The opinion of the Committee of Experts has not been officially published.

6. TECHNICAL INSTITUTE FOR THE TESTING OF SERA, VACCINES AND PHARMACEUTICAL PRODUCTS.

The object of this institute is to examine, test and compare sera, vaccines, pharmaceutical specialities, substitutes for mothers' milk, and disinfectants, and to engage in the experimental study of pharmaco-dynamics.

January 1929.

**SPANISH POSSESSIONS IN THE
GULF OF GUINEA**

BY

Dr. R. YLLERA (Madrid).

Spanish Possessions in the Gulf of Guinea

BY

Dr. R. YLLERA (Madrid).

They consist of Spanish Continental Guinea, the island of Fernando Po, that of Annobón, and the small islets of Corisco and of Great and Little Elobey.

The Governor-General of the Colony has his headquarters at Santa Isabel de Fernando Po; there are two administrative centres at Bata (Continental Guinea) and at Elobey for the southern continental zone.

AREA AND POPULATION.

The total area of the Colony is 26,640 square kilometers, the area of Continental Guinea being 24,500 square kilometers, and that of the island of Fernando Po being 2,100 square kilometers. The total number of inhabitants is 160,000, 101,000 of whom live in the continental territory and the rest on the islands, the population of Fernando Po being 17,000.

REGULAR APPROPRIATIONS.

The health budget of the Colony amounts to 1,043,530 pesetas.

SPECIAL APPROPRIATIONS.

Appropriations for 1927 amount to 500,000 pesetas, 200,000 pesetas being allocated for sanitation work in Santa Isabel, and 300,000 pesetas for hospital work.

HEALTH ORGANISATION.

The health services are under the order of a Director of Health, assisted by a staff of fifteen medical officers, five pharmacists, one veterinary surgeon, and twenty-five certified practitioners in medicine and surgery, plus the necessary nursing staff. The Colony has four hospitals, a central laboratory, laboratories in the hospitals and three further laboratories at the health centres.

CAMPAIGN AGAINST TRYPANOSOMIASIS.

This is the main health problem with which the Colony has to deal. The campaign was begun on a newly devised plan in 1927. For the purposes of this work, the island

of Fernando Po has been divided into five health districts, whose equipment consists not only of the hospitals where they exist, but of newly established health centres and posts. In the continental zone, the organisation, which is modelled on the same pattern, has necessitated the establishment of six districts, which, between them, exercise supervision over the whole zone.

The medical staff systematically examines all inhabitants of the zone for infection, and performs the necessary microscopical tests.

Natives not infected with trypanosomiasis are given a blue health identity card on which the medical officer of the particular zone must record every three months the result of his clinical and microscopical examinations.

Natives suffering from trypanosomiasis are subjected to compulsory treatment and sent to hospital. On completion of treatment, they are supplied with a red health card, and are required to come forward for examination every month.

The health card serves as a passport and is indispensable to the native in any dealings he may have with the administration and in most of his ordinary transactions.

The blue card given to the healthy native is withdrawn by the health authorities when subsequent examination shows the holder to be suffering from trypanosomiasis, in which case he is supplied with a red card on completing his course of treatment.

November 1928.

SWEDEN

BY

Dr. Charles LUNDBERG (Stockholm).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES,
TAKEN IN 1920 AND 1910.

Original source : Folkräkningen 1910 och 1920 (The Censuses in Sweden in 1910 and 1920).

Date of census	Area in square kilometers	Present population			Resident population		
		Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8
December 31st, 1920 ¹ ..	448,460				2,898,256	3,006,233	5,904,489
December 31st, 1910 ² ..	448,091				2,698,729	2,823,674	5,522,403
Increase (+) or decrease (-) in 1920 compared with 1910							
(a) Actual					+ 199,527	+ 182,559	+ 382,086
(b) Yearly average					+ 19,953	+ 18,256	+ 38,209
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period)					+ 7.14	+ 6.26	+ 6.69

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1920 AND 1910.

Original source : Folkräkningen i Sverige 1910 och 1920 (The Censuses in Sweden in 1910 and 1920).

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of Females over Males			
			Present population		Resident population	
	Present	Resident	Actual figures	Per 1,000 Males	Actual figures	Per 1,000 Males
1	2	3	4	5	6	7
1920		14.3			107,977	3.59
1910		13.5			124,945	4.42
Increase (+) or decrease (-) in 1920 as compared with 1910			+ 0.8		- 16,968	- 0.83

¹ Year of last census.
² Year of previous census.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX ACCORDING TO THE RESULTS OF THE LAST CENSUS (1920) AND ESTIMATE OF THE DISTRIBUTION FOR 1925 (LAST ESTIMATE).

Original sources : Folkräkningen i Sverige 1920 och Befolkningsrörelsen 1925 (The Census in Sweden in 1920 and the Movement of the Population in Sweden in 1925).

A. Actual Figures.

Ages and age-groups in years	I. 1920 Census Actual population				II. Estimate for 1925		
	Males	Females		Males	Females	Total	
		Total	Married				
1	2	3	4	5	6	7	8
0	67,040	63,784	—	130,824	51,801	49,487	101,288
1	54,684	52,189	—	106,873	51,880	49,692	101,572
2	54,777	52,626	—	107,403	53,966	51,262	105,228
3	55,892	53,817	—	109,709	54,769	52,748	107,517
4	55,796	53,666	—	109,462	59,661	57,529	117,190
0-4	288,189	276,082	—	564,271	272,077	260,718	532,795
5-9	292,069	281,419	—	573,488	280,816	269,703	550,519
10-14	301,854	289,640	—	591,494	288,477	278,090	566,567
15-19	283,145	274,182	2,923	557,327	295,316	284,187	579,503
20-24	256,700	251,552	50,450	508,252	265,279	264,113	529,392
25-29	223,045	229,574	110,652	452,619	236,707	242,121	478,828
30-34	200,330	212,887	133,256	413,217	210,375	222,326	432,701
35-39	180,439	191,327	130,677	371,766	192,298	206,728	399,026
40-44	166,317	175,632	121,986	341,949	174,433	185,648	360,081
45-49	144,057	153,709	105,812	297,766	160,254	169,819	330,073
50-54	120,285	134,490	87,908	254,775	137,983	147,537	285,520
55-59	118,810	137,082	84,744	255,892	112,925	127,419	240,344
60-64	103,285	122,195	67,856	225,480	108,659	126,776	235,435
65-69	81,951	97,661	46,640	179,612	90,435	109,086	199,521
70-74	62,148	76,431	28,903	138,579	—	—	—
75-79	42,348	54,693	14,451	97,041	146,520	186,737	333,257
80-84	22,191	30,795	5,304	52,986	—	—	—
85-89	9,036	13,235	1,218	22,271	—	—	—
90 years and over	2,057	3,647	154	5,704	—	—	—
Unknown.. ..	—	—	—	—	—	—	—
Total ..	2,898,256	3,006,233	992,934	5,904,489	2,972,554	3,081,008	6,053,562

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1920 Census Actual Population							II. Estimate of the Age Distribution for 1925
	Males	Females	Males	Females	Total	Married Women		Both males and females per 1,000 inhabitants (total population of all ages)
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)	
	Male	Female						
1	2	3	4	5	6	7	8	9
0	23.1	21.2						16.7
1	18.9	17.4						16.8
2	18.9	17.5						17.4
3	19.3	17.9						17.8
4	19.2	17.8						19.3
0-4	99.4	91.8						88.0
5-9	100.8	93.6						90.9
10-14	104.1	96.4						93.6
15-19	97.7	91.2					11	95.7
20-24	88.6	83.7					201	87.4
25-29	77.0	76.4					482	79.1
30-34	69.1	70.8					626	71.5
35-39	62.3	63.6					683	65.9
40-44	57.4	58.4					694	59.5
45-49	49.7	51.1					689	54.5
50-54	41.5	44.7					654	47.2
55-59	41.0	45.6					618	39.7
60-64	35.6	40.7					555	38.9
65-69	28.3	32.5					478	33.0
70-74	21.4	25.4					378	
75-79	14.6	18.2					264	
80-84	7.7	10.3					172	55.1
85-89	3.1	4.4					92	
90 and over ..	0.7	1.2					42	
Unknown ..	—	—					—	
Total ..	1,000.0	1,000.0					330	1,000.0

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Original source : Statistisk årsbok för Sverige 1928 (Statistical Year-Book of Sweden for 1928).

Year	Average population (in '1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of			
							Births (col. 5) over deaths	Deaths over births		
1	2	3	4	5	6	7	8	9		
A. Actual Figures.										
1922.. ..	5,971	36,806	1,473	116,946	2,917	76,343	40,603			
1923.. ..	5,997	37,829	1,531	113,435	2,912	68,424	45,011			
1924.. ..	6,021	37,484	1,634	109,009	2,713	72,001	37,008			
1925.. ..	6,045	37,231	1,748	105,989	2,609	70,840	35,149			
1926.. ..	6,064	38,339	1,780	102,368	2,584	71,315	31,053			
Average : 1922-26 ..	6,019	37,538	1,653	109,549	2,747	71,784	37,765			
1927.. ..	6,081	38,951	1,966	97,847	2,514	77,120	20,727			
B. Proportion per 1,000 of Average Population.										
1922.. ..	5,971	6.16	0.25	19.59	0.49	12.79	6.80			
1923.. ..	5,997	6.31	0.26	18.92	0.49	11.41	7.51			
1924.. ..	6,021	6.23	0.26	18.11	0.46	11.96	6.15			
1925.. ..	6,045	6.16	0.29	17.53	0.43	11.72	5.81			
1926.. ..	6,064	6.32	0.29	16.88	0.42	11.76	5.12			
1927.. ..	6,081	6.41	0.32	16.09	0.41	12.68	3.41			
		Emigration		Excess of		Emigration		Excess of		
	Immigration	Total	Overseas	Immigration over emigration	Emigration over immigration	Immigration	Total	Overseas	Immigration over emigration	Emigration over immigration
	10	11	12	13	14	15	16	17	18	19
A. Actual Figures.										
1922.. ..	6,303	11,797	8,985		5,494	1.06	1.98	1.50		0.92
1923.. ..	5,827	29,238	26,559		23,411	0.97	4.88	4.43		3.91
1924.. ..	5,942	10,671	8,401		4,729	0.99	1.77	1.35		0.78
1925.. ..	5,053	11,948	9,612		6,895	0.84	1.98	1.59		1.14
1926.. ..	5,388	13,043	11,062		7,655	0.89	2.15	1.82		1.26
Average : 1922-26 ..	5,703	15,339	12,924		9,636	0.95	2.61	2.15		1.20
1927.. ..	5,678	12,847	10,958		7,169	0.93	2.11	1.80		1.18
B. Proportion per 1,000 of Average Population.										

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.

Original source : Folkmängden i administrativa områden 31 dec. 1926 och 31 dec. 1927
(The Population in Administrative Districts).

Administrative divisions (departments, provinces)	Average population (in 1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
1. Stockholm (Town) ..	448	459	5,304	5,139	11.84	11.20
Stockholm (Province) ..	263	263	4,082	3,828	15.55	14.57
2. Uppsala " ..	140	140	2,344	2,191	16.74	15.68
3. Södermanland " ..	192	191	2,971	2,835	15.48	14.82
4. Östergötland " ..	310	310	5,153	4,941	16.60	15.93
5. Jönköping " ..	231	231	3,791	3,531	16.38	15.28
6. Kronoberg " ..	158	158	2,673	2,640	16.93	16.75
7. Kalmar " ..	231	231	3,945	3,815	17.05	16.48
8. Gotland " ..	57	57	937	997	16.45	17.49
9. Blekinge " ..	148	148	2,627	2,617	17.73	17.72
10. Kristianstad " ..	245	246	4,564	4,399	18.62	17.89
11. Malmöhus " ..	503	505	8,403	7,914	16.71	15.68
12. Halland " ..	150	150	2,449	2,386	16.36	15.93
13. Götch. o. Bohus " ..	443	445	7,295	6,658	16.45	14.96
14. Älvsborg " ..	311	312	5,019	4,744	16.16	15.23
15. Skaraborg " ..	246	245	4,011	3,952	16.32	16.11
16. Värmland " ..	271	271	4,587	4,326	16.87	15.98
17. Örebro " ..	222	222	3,159	2,901	14.21	13.08
18. Västmanland " ..	165	164	2,664	2,342	16.17	14.28
19. Kopparberg " ..	253	253	3,970	3,933	15.67	15.57
20. Gävleborg " ..	278	279	4,881	4,841	17.55	17.36
21. Västernorrland " ..	274	275	5,267	5,173	19.24	18.83
22. Jämtland " ..	136	136	2,669	2,515	19.57	18.43
23. Västerbotten " ..	197	199	4,705	4,463	23.90	22.45
24. Norrbotten " ..	192	193	4,918	4,766	25.66	24.68
Total for towns	1,879	1,907	26,765	25,180	14.24	13.21
Total for rural districts ..	4,185	4,174	75,603	72,667	18.07	17.41

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1927.

Original source : Statistisk årsbok för Sverige 1928 (Statistical Year-Book of Sweden for 1928).

Year	Live births			Still-births			Total births, live-born and still-born together		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1922	60,071	56,875	116,946	1,627	1,290	2,917	61,698	58,165	119,863
1923	58,573	54,862	113,435	1,632	1,280	2,912	60,205	56,142	116,347
1924			109,009			2,713			111,722
1925			105,989			2,609			108,508
1926			102,368			2,584			104,952
Average : 1922-26 ..			109,549			2,747			112,296
1927			97,847			2,514			100,361
Excess of male births per 100 female births, among children			Still-born children per 100 births of the same sex (live-born and still-born children together)						
	Live-born	Still-born	Live-born and still-born together	Boys	Girls	Total			
1922	105.6	123.3	106.1	2.57	2.22	2.43			
1923	106.8	127.3	107.2	2.71	2.28	2.50			
1924						2.43			
1925						2.41			
1926						2.46			
1927						2.50			

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS FOR THE YEARS 1922 AND 1923.

Original source: Statistisk årsbok för Sverige 1928 (The Statistical Year-Book of Sweden for 1928).

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922	99,610	2,400	102,010	17,336	517	17,853	116,946	2,917	119,863
1923	97,037	2,377	99,414	16,398	535	16,933	113,435	2,912	116,347

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
	Live-born (col. A 8)	Still-born (col. A 9)	Total (col. A 10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				Per 100 live-born and still-born children			Per 1,000 average	
				Legitimate (col. A 4)	Illegitimate (col. A 7)	Total (col. A 10)		
1	2	3	4	5	6	7	8	9
1922	148.2	177.2	148.9	2.35	2.9	2.43	16.68	2.91
1923	144.6	183.7	145.5	2.39	3.16	2.50	16.18	2.74

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.

Original source: Statistisk årsbok för Sverige 1926-28 (Statistical Year-Book for Sweden for 1926-28).

Provinces	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population		1926	1927
					As compared with	
	1926	1927	1926	1927	1925	1926
1. Stockholm (Town) ..	5,216	5,650	11.64	12.31	+ 0.03	+ 0.67
Stockholm (Province) ..	3,013	3,192	11.48	12.15	+ 0.41	+ 0.67
2. Uppsala " ..	1,762	1,819	12.59	13.02	+ 0.81	+ 0.43
3. Södermanland " ..	2,245	2,444	11.70	12.78	+ 0.78	+ 1.08
4. Östergötland " ..	3,762	3,921	12.12	12.64	+ 0.45	+ 0.52
5. Jönköping " ..	2,534	2,974	10.95	12.87	+ 0.21	+ 1.08
6. Kronoberg " ..	1,959	2,217	12.41	14.07	+ 0.13	+ 1.66
7. Kalmar " ..	3,104	3,251	13.42	14.04	+ 0.96	+ 0.62
8. Gotland " ..	860	820	15.10	14.39	+ 1.81	- 0.71
9. Blekinge " ..	1,816	2,051	12.26	13.89	+ 0.05	+ 1.63
10. Kristianstad " ..	2,935	3,116	11.97	12.67	- 0.25	+ 0.70
11. Malmöhus " ..	5,420	5,939	10.78	11.77	- 0.11	+ 0.99
12. Halland " ..	1,696	1,929	11.33	12.88	- 0.58	+ 1.55
13. Göteb. o. Bohus " ..	4,679	5,084	10.55	11.42	- 0.72	+ 0.87
14. Älvsborg " ..	3,622	4,001	11.66	12.84	- 0.50	+ 1.18
15. Skaraborg " ..	3,025	3,268	12.31	13.32	- 0.02	+ 1.01
16. Värmland " ..	3,255	3,648	12.03	13.48	+ 0.01	+ 1.45
17. Örebro " ..	2,502	2,641	11.26	11.91	+ 0.08	+ 0.65
18. Västmanland " ..	1,997	2,054	12.12	12.52	+ 0.34	+ 0.40
19. Kopparberg " ..	2,925	3,133	11.54	12.40	- 0.30	+ 0.86
20. Gävleborg " ..	3,263	3,555	11.73	12.75	+ 0.20	+ 1.02
21. Västernorrland " ..	3,509	3,604	12.82	13.12	- 1.09	+ 0.30
22. Jämtland " ..	1,613	1,699	11.83	12.45	- 0.18	+ 0.62
23. Västerbotten " ..	2,286	2,402	11.61	12.08	+ 0.18	+ 0.47
24. Norrbotten " ..	2,317	2,708	12.09	14.02	- 0.10	+ 1.93
Total for towns	20,591	22,172	10.96	11.63	+ 0.07	+ 0.67
Total for rural districts ..	50,724	54,948	12.12	13.16	- 0.10	+ 1.04

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1924.

Original sources : Statistisk årsbok för Sverige 1928 (Statistical Year-Book of Sweden for 1928) och Dödsorsaker för åren 1922-24 (Causes of Death in Sweden in 1922-24).

Year	Average population (in 1,000's)		Total of deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (Difference between co. and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922.	2,935.0	3,035.9	36,582	39,761	12.46	13.10	- 0.64
1923.	2,946.3	3,050.4	33,708	34,716	11.33	11.38	- 0.05
1924.	2,956.4	3,064.5	35,190	36,811	11.90	12.01	- 0.11
1925.	2,968.4	3,076.4	34,704	36,214	11.69	11.77	- 0.08
1926.	2,977.6	3,086.4					
Average: 1922-26 . . .	2,956.7	3,062.7					
1927.	2,990.2	3,097.7					

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1924 AND 1925.

Original source: Dödsorsaker 1924 och 1925 (Causes of Death in Sweden in 1924 and 1925).

A. Actual Figures.

Ages and age-groups	Total deaths					
	In 1924			In 1925		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	3,801	2,773	6,574	3,398	2,519	5,917
1	773	597	1,370	554	470	1,024
2	348	287	635	250	217	467
3	225	193	418	218	160	378
4	190	166	356	173	127	300
0-4	5,337	4,016	9,353	4,593	3,493	8,086
5-9	530	512	1,042	551	423	974
10-14	539	564	1,103	544	554	1,098
15-19	1,012	988	2,000	1,021	962	1,983
20-24	1,259	1,152	2,411	1,363	1,130	2,493
25-29	1,094	993	2,087	1,064	964	2,028
30-34	904	897	1,801	854	985	1,839
35-39	927	915	1,842	956	982	1,938
40-44	938	1,011	1,949	961	995	1,956
45-49	1,112	1,079	2,191	1,209	1,145	2,354
50-54	1,305	1,221	2,526	1,370	1,336	2,706
55-59	1,616	1,655	3,271	1,632	1,582	3,214
60-69	5,274	5,429	10,703	5,326	5,352	10,678
70 and over	13,343	16,379	29,722	13,260	16,311	29,571
Age unknown						
Total	35,190	36,811	72,001	34,704	36,214	70,918

Table No. 12* (concluded).

B. Proportional Figures.

Ages and age-groups	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (-) in mortality in 1925 compared with 1924		
	In 1924			In 1925			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0	68.0	52.37	60.39	65.6	50.9	58.42	-3.23	-1.47	-1.97
1	13.92	11.17	12.57	10.68	9.46	10.08	-3.24	-1.71	-2.49
2	5.78	4.95	5.38	4.63	4.23	4.44	-1.13	-0.72	-0.94
3	3.51	3.14	3.33	3.98	3.03	3.52	+0.47	-0.11	+0.19
4	3.54	3.23	3.39	2.9	2.21	2.56	-0.64	-1.02	-0.83
0-4	18.44	14.49	16.51	16.89	13.39	15.18	-1.55	-1.10	-1.33
5-9	1.91	1.91	1.91	1.96	1.57	1.77	+0.05	-0.34	-0.14
10-14	1.81	2.01	1.89	1.88	1.99	1.94	+0.07	-0.02	+0.05
15-19	3.51	3.53	3.52	3.46	3.38	3.42	-0.05	-0.15	-0.10
20-24	4.82	4.44	4.63	5.14	4.28	4.71	+0.32	-0.16	+0.08
25-29	4.71	4.17	4.44	4.49	3.98	4.24	-0.22	-0.19	-0.20
30-34	4.44	4.14	4.29	4.06	4.43	4.25	-0.38	+0.29	-0.04
35-39	4.83	4.49	4.65	4.97	4.75	4.85	+0.14	+0.26	+0.20
40-44	5.54	5.61	5.57	5.51	5.36	5.43	-0.03	-0.25	-0.14
45-49	7.16	6.59	6.87	7.54	6.74	7.13	+0.38	+0.15	+0.26
50-54	10.09	8.70	9.37	9.93	9.06	9.48	-0.16	+0.36	+0.11
55-59	13.95	12.49	13.17	14.45	12.42	13.27	+0.50	-0.07	+0.10
60-69	27.15	23.57	25.20	26.75	22.69	24.55	-0.40	-0.88	-0.65
70 and over ..	94.22	90.32	92.03	90.5	87.35	88.73	-4.17	-1.59	-3.30
Total ..	11.90	12.03	11.96	11.67	11.75	11.72	-0.28	-0.21	-0.24

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1924 AND 1925.

Original source: Dödsorsaker 1924 och 1925 (Causes of Death in Sweden in 1924 and 1925).

Month	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1925 compared with 1924
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1924	1925	1924	1925	
1	2	3	4	5	6
<i>A. Per Month.</i>					
January ..	6,689	6,046	1.11	1.0	- 0.11
February ..	6,346	5,801	1.05	0.96	- 0.09
March	6,991	6,466	1.16	1.07	- 0.09
April	6,701	6,611	1.11	1.09	- 0.02
May	6,642	6,622	1.10	1.09	- 0.01
June	5,929	5,938	0.98	0.98	+ 0
July	5,643	6,117	0.94	1.01	+ 0.07
August	5,168	4,918	0.86	0.81	- 0.05
September ..	4,985	4,849	0.83	0.80	- 0.03
October ..	5,359	5,510	0.89	0.91	+ 0.02
November ..	5,635	5,418	0.94	0.90	- 0.04
December ..	5,913	6,622	0.98	1.09	+ 0.11
Total ..	72,001	70,918			
<i>B. Per Quarter.</i>					
1st Quarter ..	20,026	18,313			
2nd " ..	19,272	19,171			
3rd " ..	15,796	15,884			
4th " ..	16,907	17,550			
Total ..	72,001	70,918			

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES
IN 1923 AND 1924.

Original source: Medicinalstyrelsens årsberättelser 1923 och 1924 (Hygiene and Health Services in Sweden in 1923 and 1924). Dödsorsaker 1923 och 1924 (Causes of Death in Sweden in 1923 and 1924).

International List of Causes of Death 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notifi- ed cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics	
			Actual figures	Per 10,000 of average population	Cases		Deaths				
					Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)			
1	2	3	4	5	6	7	8	9	10	11	
1	Typhoid fever and para- typhoid fever	1923	94	0.16	808	1.34			11.63		
		1924	111	0.18	1,401	2.27			7.88		
2	Typhus	1923	—	—							
		1924	—	—							
3	Relapsing fever	1923	—	—							
		1924	—	—							
5	Malarial fever or cachexia	1923	—	—	—				100		
		1924	4	0.007	4						
6	Smallpox	1923	—	—	—				0		
		1924	—	—	1						
7	Measles ¹	1923	126	0.21							
		1924	545	0.90							
8	Scarlet fever	1923	101	0.17	10,829	180.3			0.93		
		1924	81	0.13	10,882	180.4			0.75		
9	Whooping cough ¹ ..	1923	688	1.15							
		1924	471	0.78							
10	Diphtheria	1923	214	0.36	4,840	8.06			4.42		
		1924	195	0.33	4,240	7.03			4.55		
11	Influenza ¹	1923	224	0.37							
		1924	458	0.76							
14	Asiatic cholera	1923	—	—							
		1924	—	—							
16	Dysentery	1923	4	0.007	37	0.06			10.81		
		1924	4	0.007	82	0.137			4.88		
17	Plague	1923	—	—							
		1924	—	—							
18	Yellow fever	1923	—	—							
		1924	—	—							

¹ No compulsory notification.

Table No. 14* (concluded).

International List of Causes of Death 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 not- ified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics
			Actual figures	Per 10,000 of average population	Cases		Deaths			
					Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
20	Leprosy..	1923	5	0.008	2	0.004				
		1924	1	0.002	1	0.002		40.0		
21	Erysipelas ¹	1923	167	0.28						
		1924	158	0.26				100.0		
22	Acute poliomyelitis .. .	1923	73	0.12	308	0.51		23.7		
		1924	166	0.27	656	1.08		25.3		
23	Encephalitis lethargica	1923	181	0.30	530	0.88		34.15		
		1924	4	0.007	318	0.53		1.26		
24	Epidemic cerebro-spinal meningitis.. . . .	1923	48	0.08	85	0.14		56.47		
		1924	65	0.11	115	0.19		56.52		
26	Glanders and farcy .. .	1923								
		1924								
27	Malignant pustule and anthrax	1923								
		1924								
28	Rabies	1923	—							
		1924	—							
31	Tuberculosis ¹ of the respiratory system .. .	1923	6,745	11.23						
		1924	7,176	11.89						
32	Tuberculosis ¹ of the me- ninges or tuberculosis of the central nervous system	1923	724	1.20						
		1924	833	1.38						
33a	Tuberculosis ¹ of other organs.. . . .	1923	664	1.11						
		1924	740	1.23						
33b	Tuberculosis not defined ¹	1923	232	0.39						
		1924	258	0.43						
38	Syphilis.. . . .	1923	99	0.16	1,087	1.81		9.1		
		1924	102	0.17	853	1.41		11.95		
39	Soft chancre	1923	—		295			—		
		1924	—		215			—		
40	Gonorrhœa	1923	—		10,337	17.11		—		
		1924	—		10,197	16.89		—		

¹ No compulsory notification.

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX IN 1924.

Original source : Dödsorsaker 1924 (Causes of Death in Sweden in 1924).

Age-groups ; Years	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
	77 280	75 229	152 509	13.78 11.99	14.16 10.19	13.96 11.12
0-4	357	304	661	12.86	11.37	12.15
5-9	119	151	270	4.29	5.65	4.96
10-14	144	257	401	4.71	6.71	8.65
15-19	477	624	1,101	16.55	22.30	19.38
20-24	685	764	1,449	26.21	29.43	27.81
25-29	577	575	1,152	24.83	24.16	24.50
30-34	385	430	815	18.93	19.96	19.42
35-39	320	323	643	16.70	15.80	16.28
40-44	224	289	513	13.22	16.04	14.67
45-49	194	229	423	12.49	14.30	13.25
50-54	180	171	351	13.92	12.21	13.02
55-59	175	150	325	15.11	11.32	12.79
60-69	330	290	620	16.98	12.59	14.60
70 and over ..	139	144	283	9.81	7.94	8.76
Total :						
1924	4,306	4,701	9,007	14.60	15.38	14.96
1925			8,752			14.46
1926			8,024			13.21

Table No. 16.

DEATH RATE FROM TUMOURS, 1923 AND 1924.

Original source : Dödsorsaker 1923 och 1924 (Causes of Death in Sweden in 1923 and 1924).

Year	Classification according to International List (3rd revision, 1920)	
	No. 49-49 Cancer or other malignant tumours	No. 50 Non-malignant tumours or tumours of which the malignant character is not specified
1	2	3
	<i>A. Actual Number of Deaths.</i>	
1923	6,934	522
1924	7,088	544
	<i>B. Proportional Figures per 10,000 of Average Population.</i>	
1923	11.55	0.89
1924	11.75	0.90

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1923 TO 1925.

Original source: Dödsorsaker 1923 och 1924 (Causes of Death in Sweden in 1923 and 1924).

Year		Classification according to International List (3rd revision, 1920)						
		I. Classes of Disease						
		Affections						
		Of the nervous system and organs of special sense	Of the circulatory system	Of the respiratory system	Of the digestive system	Non-venereal diseases of genito-urinary system	Of the skin and cellular tissue	Of the bones and organs of locomotion
		No. 70-86	No. 87-96	No. 97-107	No. 108-127	No. 128-142	No. 151-155	No. 156-158
1		2	3	4	5	6	7	8
		A. Actual Number of Deaths.						
1923	..	5,503	11,115	6,376	3,038	2,332	36	760
1924	..	5,789	11,944	6,798	3,279	2,391	31	830
		B. Proportional Figures per 10,000 of Average Population.						
1923	..	9.16	18.51	10.42	5.06	3.88	0.06	1.26
1924	..	9.59	19.79	11.26	5.42	3.96	0.05	1.37

Year		II. Various Important Diseases								
		Cerebral hæmorrhage, apoplexy	Diseases of the heart	Acute and chronic bronchitis	Pneumonia	Diarrhœa and enteritis (all ages)	Cirrhosis of the liver	Acute and chronic nephritis	Old age	Unknown or ill-defined diseases
		No. 74	No. 87-90	No. 99	No. 100,101	No. 113, 114	No. 122	No. 128, 129	No. 164	No. 204, 205
		9	10	11	12	13	14	15	16	17
		A. Actual Number of Deaths.								
1923	.. ..	4,521	7,477	1,130	3,680	866	115	1,474	11,114	2,121
1924	.. ..	4,694	7,713	1,238	3,793	1,006	114	1,448	11,498	1,985
1925	.. ..	4,693	7,824	1,071	3,737	988	147	1,384	10,836	1,712
		B. Proportional Figures per 10,000 of Average Population.								
1923	.. ..	7.53	12.45	1.88	6.13	1.44	0.19	2.45	18.5	3.53
1924	.. ..	7.78	12.78	2.05	6.28	1.67	0.19	2.39	19.05	3.29
1925	.. ..	7.75	12.92	1.77	6.17	1.63	0.24	2.29	17.90	2.83

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1923 AND 1924.

Original source: Dödsorsaker 1923 och 1924 (Causes of Death in Sweden in 1923 and 1924).

Year	Number of confinements notified	Total number of live births and still-births	Total deaths from					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births and still-births (col. 3)	Notified confinements (col. 2)	Live births and still-births (col. 3)
1	2	3	4	5	6	7	8	9
1923.. ..	.	116,347	131	132		11.26		11.34
1924.. ..	.	111,722	99	161		8.86		14.41

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES IN 1923 AND 1924.

Original source: Dödsorsaker 1923 och 1924 (Causes of Death in Sweden in 1923 and 1924).

Description	Actual figures		Rate per 10,000 of average population	
	1923	1924	1923	1924
1	2	3	4	5
Deaths by suicide	851	874	1.41	1.45
Other external causes	1,854	2,059	3.09	3.41
Total deaths from external causes	2,705	2,933	4.50	4.86
Total deaths from all causes	68,424	72,001	113.93	119.26
Total deaths excluding deaths due to external causes (natural mortality)	65,719	69,068	109.43	114.40

5. INFANT MORTALITY.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1923 AND 1924.

Original source: Dödsorsaker 1923 och 1924 (Causes of Death in Sweden in 1923 and 1924).

No. in International List (3rd revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1923	1924	1923	1924
1	2	3	4	5	6
159	Congenital malformations				
160	Congenital debility, icterus and scleroma	2,912	2,941	25.65	26.76
161	Premature birth ; injury at births				
38	Congenital syphilis	32	29	0.28	0.26
7	Measles	37	149	0.32	1.36
8	Scarlet fever	11	5	0.09	0.04
9	Whooping-cough	447	279	3.94	2.54
10	Diphtheria	8	16	0.07	0.15
11	Influenza	32	34	0.28	0.31
15	Cholera nostras				
21	Erysipelas	30	30	0.26	0.27
24	Epidemic cerebro-spinal meningitis ..	12	5	0.10	0.04
31	Tuberculosis of the respiratory system	59	43	0.52	0.39
32	Tuberculosis of the meninges or of the central nervous system	77	81	0.68	0.74
33-37	Tuberculosis of other organs	28	36	0.25	0.31
	Unspecified tuberculosis	9	8	0.08	0.07
71	Meningitis	18	27	0.16	0.25
80	Convulsions of infants				
99a	Acute bronchitis	486	493	4.28	4.49
100-101	Pneumonia	483	529	4.26	4.81
113	Diarrhoea and enteritis	469	568	4.13	5.17
175-199	External causes	31	32	0.27	0.29
200	Infanticide (murder of infants less than 1 year of age)	32	25	0.28	0.23
205	Diseases not specified or ill-defined ..	517	452	4.56	4.11

6. PUBLIC HEALTH STATISTICS.

Table No. 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis.—Survey of Anti-tuberculosis Institutions in 1925, 1926 and 1927.

Original source: Medicinalstyrelsens årsberättelser 1925 och 1926 (Hygiene and Health Services in Sweden in 1925 and 1926).

Designation of institutions	Number of institutions			Number of beds			Number of tuberculous patients admitted during the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
I. Anti-tuberculosis dispensaries	203	211	213	—	—	—	6,791	7,018	7,377
II. Tuberculosis sanatoria :									
(a) For children suffering from pulmonary tuberculosis ¹ ..	2	2	2	137	137	137	121	120	
(b) For children suffering from surgical tuberculosis (seaside sanatoria) ..	6	6	6	779	957	957	1,817	2,018	3,901
(c) For children suffering from tuberculosis of a mixed type	—	—	—	—	—	—	—	—	—
(d) Total for children ..	8	8	8	916	1,094	1,094	1,938	2,138	
(e) For adults suffering from pulmonary tuberculosis ..	74	79	83	5,987	6,287	6,633	11,161	12,515	
(f) For adults suffering from tuberculosis of a mixed type ..	—	—	—	—	—	—	—	—	—
(g) Total for adults ..	74	79	83	5,987	6,287	6,633	11,161	12,515	
(a-g) Total number of sanatoria	82	87	91	6,903	7,381	7,727	13,099	14,653	

¹ Most sanatoria for adults have special wards for children.

Table No. 24* (concluded).

B. *Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases in 1925, 1926 and 1927.*

Original source: Medicinalstyrelsens årsberättelser (Hygiene and Health Services in Sweden).

Designation of the institutions	Number of institutions			Number of patients suffering from venereal diseases admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Consultation centres for persons suffering from venereal diseases	19	19	19	10,257	12,492	13,341
II. Venereal dispensaries	—	—	—			
III. Homes for the treatment of hereditary syphilis	3	3	3	31	62	
IV. Other institutions	4	4	4			

C. *Alcoholism.—Survey of the Institutions for the Campaign against Alcoholism in 1925, 1926 and 1927.*

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Centres for persons suffering from alcoholism ¹	2,522	2,523	2,525			
II. Anti-alcoholic dispensaries ²	1	1	1	876	772	825
III. Sanatoria for alcoholic persons	10	10	10	303	267	328

¹ One temperance board in every parish of the kingdom.

² In Stockholm.

Table No. 24* (concluded).

D. Smallpox.—Survey of Vaccinations in 1925, 1926 and 1927.

Original source: Medicinalstyrelsens årsberättelser (Hygiene and Health Services in Sweden).

	1925	1926	1927
	1	2	3
I. Number of Persons vaccinated in Infancy:			
With positive result:			
(a) Actual figures	92,459	87,473	63,968
(b) Percentage of persons vaccinated in infancy			
(c) Percentage of infants born alive during preceding year	84.82	82.53	62.51
II. Number of Persons revaccinated:			
With positive result:			
(a) Actual figures	2,633	2,157	2,766
(b) Percentage of persons revaccinated			
III. Total Number of Vaccinations and Revaccinations:			
With positive result:			
(a) Actual figures	95,092	89,630	66,734
(b) Percentage of persons vaccinated and revaccinated			
(c) Percentage of the average population for the same year	15.70	14.76	10.94

Table No. 25.*

INSTITUTIONS FOR THE PROTECTION OF MOTHERS AND CHILDREN IN 1925, 1926 AND 1927.

Original source: Medicinalstyrelsens årsberättelser (Hygiene and Health Services in Sweden).

Designation of the Institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
	1	2	3	4	5	6	7
I. Consultation centres for expectant mothers	—	—	—			
II. Special obstetrical hospitals	22	25	—			
Number of beds	800	858	—	21,997	23,804	
III. Dispensaries for mothers and infants	—	—	—			
IV. Special hospitals for infants	3	3	—	1,417	1,462	
V. Other important institutions..	—	—	—			

7. DATA ON CURATIVE MEDICINE.

Table No. 26.*

STATISTICS OF HOSPITALS, ETC., IN 1925, 1926 AND 1927.

Original source: Medicinalstyrelsens årsberättelser (Hygiene and Health Services in Sweden in 1925 and 1926; Medical Treatment for Mental Cases in Sweden in 1925 and 1926).

A. Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds (Actual figures)			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals ..	92	92		12,780	14,573		21.11	23.99	
II. Mental hospitals ..	50	52		12,636	13,144		20.87	21.63	
III. Hospitals for the treatment of nervous diseases:									
(a) Homes for epileptics ..	4	4	4	221	221	221	0.36	0.36	0.36
(b) Sanatoria for alcoholics ..	10	10	10	322	322	339	0.53	0.53	0.56
IV. Homes for idiots and imbeciles ..	47	52	61	3,316	3,718	4,135	5.31	6.12	6.79
V. Infant hospitals ..	3	3	3	163	163		0.27	0.27	
VI. Children's hospitals ..	6	6	6	599	599		0.99	0.98	
VII. Hospitals for cripples	4	4	4	292	292	292	0.48	0.48	0.48
VIII. Hospitals for contagious diseases ..	125 ¹	124 ¹	135 ¹	5,132	5,384	6,838	8.48	8.86	11.23
IX. Tuberculosis hospitals	76	81		6,124	6,424		10.12	10.58	
X. Homes for lepers ..	1	1	1	34	34	34	0.056	0.056	0.056
XI. Obstetrical hospitals	22	25		800	858		1.32	1.41	
XII. Maternity hospitals ..	—	—		—	—		—	—	
XIII. Eye hospitals ..									
XIV. Homes for incurables			70 ¹			1,102			1.81

¹ Approved by the Directorate of Public Health.

Table No. 26* (concluded).

B. Movement of Patients and Duration of Disease.

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2+8)	Discharged	Deceased		Actual figures	Per one patient admitted (col. 8)
1	2	3	4	5	6	7	8	9
Year 1925.								
I. General hospitals ..		168,244			8,629		4,359,670	25.9
II. Mental hospitals ..		8,340			579		4,888,735	
III. Hospitals for the treatment of nervous diseases ..								
IV. Homes for idiots and feeble-minded ..								
V. Infants' hospitals ..		1,417			84		52,876	34.8
VI. Children's hospitals ..		5,895			304		169,003	28.6
VII. Hospitals for cripples ..		1,307			8		66,175	50.6
VIII. Hospitals for contagious diseases ..		18,349			491		631,701	34.3
IX. Tuberculosis hospitals (sanatoria) ..		11,282			1,731		2,097,158	185.9
X. Homes for lepers ..		1	17		4		4,808	
XI. Obstetrical clinics ..		21,997			133		238,178	10.9
Year 1926.								
I. General hospitals ..		177,766			9,533		4,761,016	26.8
II. Mental hospitals ..		7,970			659		5,280,968	
III. Hospitals for the treatment of nervous diseases ..								
IV. Homes for idiots and feeble-minded ..								
V. Infants' hospitals ..		1,462			74		50,964	34.9
VI. Children's hospitals ..		5,866			294		177,716	32.9
VII. Hospitals for cripples ..		1,301			8		66,980	51.5
VIII. Hospitals for contagious diseases ..		16,624			488		525,940	31.7
IX. Tuberculosis hospitals ..		12,635			1,823		2,171,746	171.9
X. Homes for lepers ..		—	11		—		4,138	
XI. Obstetrical clinics ..		23,804			194		266,975	11.1

Table No. 27.*

STATISTICS OF SANITARY PERSONNEL IN 1925, 1926 AND 1927.

Sanitary personnel	M. = Males F. = Females T. = Total	Actual figures			Rate (Males and Females together) per 10,000 of the average population		
		1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8
I. Medical students	M. F. T.	1,621 130 1,751	1,633 135 1,768	1,727 145 1,872	2.89	2.91	3.07
II. Doctors graduated during the year	M. F. T.	121 5 126	127 14 141	130 3 133	0.21	0.23	0.22
III. Doctors (total)	M. F. T.	1,923 91 2,014	1,951 105 2,056	2,035 108 2,143	3.33	3.38	3.52
IV. Dental students	M. F. T.	216 68 294	255 72 327	265 65 330	0.48	0.54	0.54
V. Dentists graduated during the year	M. F. T.	60 12 72	50 17 67	77 23 100	0.12	0.11	0.16
VI. Dentists (total)	M. F. T.	698 190 888	743 202 945	820 220 1,040	1.47	1.56	1.71
VII. Pharmacists	M. F. T.	355 — 355	367 — 367	371 — 371	0.59	0.60	0.61
VIII. Assistant pharmacists	M. F. T.	600 242 842	595 260 855	592 273 865	1.39	1.41	1.42
IX. Midwives	F.	2,943	2,884		4.86	4.75	
X. Doctors' assistants (Feldschers)	M. F. T.	35 — 35	35 — 35	35 — 35	0.06	0.06	0.06

Table No. 28.*

STATISTICS OF HEALTH INSURANCE FUNDS IN 1925 AND 1926.

Original source : Sociala meddelanden 1927 och 1928 (The Social Reviews for 1927 and 1928).

A. *Number of Funds and Memberships.*

Category of fund	Number of funds		Membership			
	1925	1926	1925		1926	
			Males	Females	Males	Females
1	2	3	4	5	6	7
1. Local funds	1,205	1,176	512,073	289,997	528,514	304,203
2. General funds	49	48				
3. Continued-sickness funds	32	32	63,261	28,950	69,235	30,976
Total for both sexes ..	1,286	1,256	575,334	318,947	597,749	335,179

B. *Number of Sick Members and Duration of Sickness.*

Category of fund	Number of sick members				Number of days' illness			
	1925		1926		1925		1926	
	Males	Females	Males	Females	Males	Females	Males	Females
1	2	3	4	5	6	7	8	9
1. Local funds	257,424		286,223		6,676,538		7,640,789	
2. General funds	2,402		2,820		165,841		203,431	
3. Continued-sickness funds	259,826		289,043		6,842,379		7,844,220	
Total for both sexes ..	259,826		289,043		6,842,379		7,844,220	

C. *Proportional Figures for the Total Number of Funds.*

Year	Number of members per 1,000 of average population			Percentage of members of each sex			Rate of morbidity per 100 members of the same sex			Average duration of illness (in days) for					
										One case			One member		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1925 ..	148.7			64.0	36.0	100	35.8	29.5	33.7	23.6	31.3	25.9	8.5	9.2	8.7
1926 ..	153.6			64.3	35.7	100	38.4	31.4	35.9	24.2	32.5	26.7	9.3	10.2	9.6

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

1. Hospitals for Contagious Diseases.

During the year 1926, eleven hospitals for contagious diseases, with 1,454 beds, received official recognition.

2. Cases of Epidemic Diseases involving Compulsory Notification in 1926.

Year	Plague	Diphtheria	Scarlet fever	Typhoid fever	Dysentery	Epidemic cerebro-spinal meningitis	Acute anterior poliomyelitis	Encephalitis lethargica	Total
1926 . .	—	3,561	8,513	816	59	147	341	172	13,609
1927 . .	4 ¹	3,816	5,375	463	61	147	375	129	10,370

The following cases were treated in the epidemic hospitals during 1926 :

Diphtheria : 3,495, *i.e.*, 98.1 per cent of reported cases.
 Scarlet fever : 7,689, *i.e.*, 90.3 per cent of reported cases.
 Typhoid fever : 619, *i.e.*, 75.9 per cent of reported cases.

B. CHRONIC DISEASES.

1. Venereal Diseases.

Cases reported in 1927.

	Congenital syphilis	Acquired syphilis	Gonorrhœa	Soft chancre
Men	25	825	9,372	187
Women	30	343	3,007	25
Total	55	1,168	12,379	212

Number of cases in 1919 :

Total for both sexes . .	5,823	20,471	482
--------------------------	-------	--------	-----

2. The Care of Incurables.

In 1927, Parliament voted a bill concerning the care of incurables. The Government subventions homes for incurables, erected by provincial councils or communes, up to one bed for 1,000 inhabitants in the province. In the year 1927, 70 homes with 1,102 beds were approved.

¹ Imported cases.

III. PUBLIC HEALTH ACTIVITIES.

PROTECTION OF THE CHILD OF SCHOOL AGE.

Most of the towns and four provincial councils have now arranged for the medical examination of children in secondary schools. Every child is carefully examined at least twice during the school-year, and a health register of every child examined is kept. Children requiring treatment can obtain it, including treatment by a specialist.

IV. PUBLIC HEALTH LEGISLATION.

Date	Authority	Scope of the Law or Decree	Published in
June 27th, 1927..	The Government	Government subvention to homes for incurables.	"Svenskförfattningssamling" (The Swedish Statute Books).
October 7th, 1927	The Government	Instruction about the use of hydrocyanic acid for disinfection.	The Swedish Statute Books.

January 1929.

TURKISH REPUBLIC.

REPORT PREPARED BY THE

Ministry of Health and Social Welfare

(Angora).

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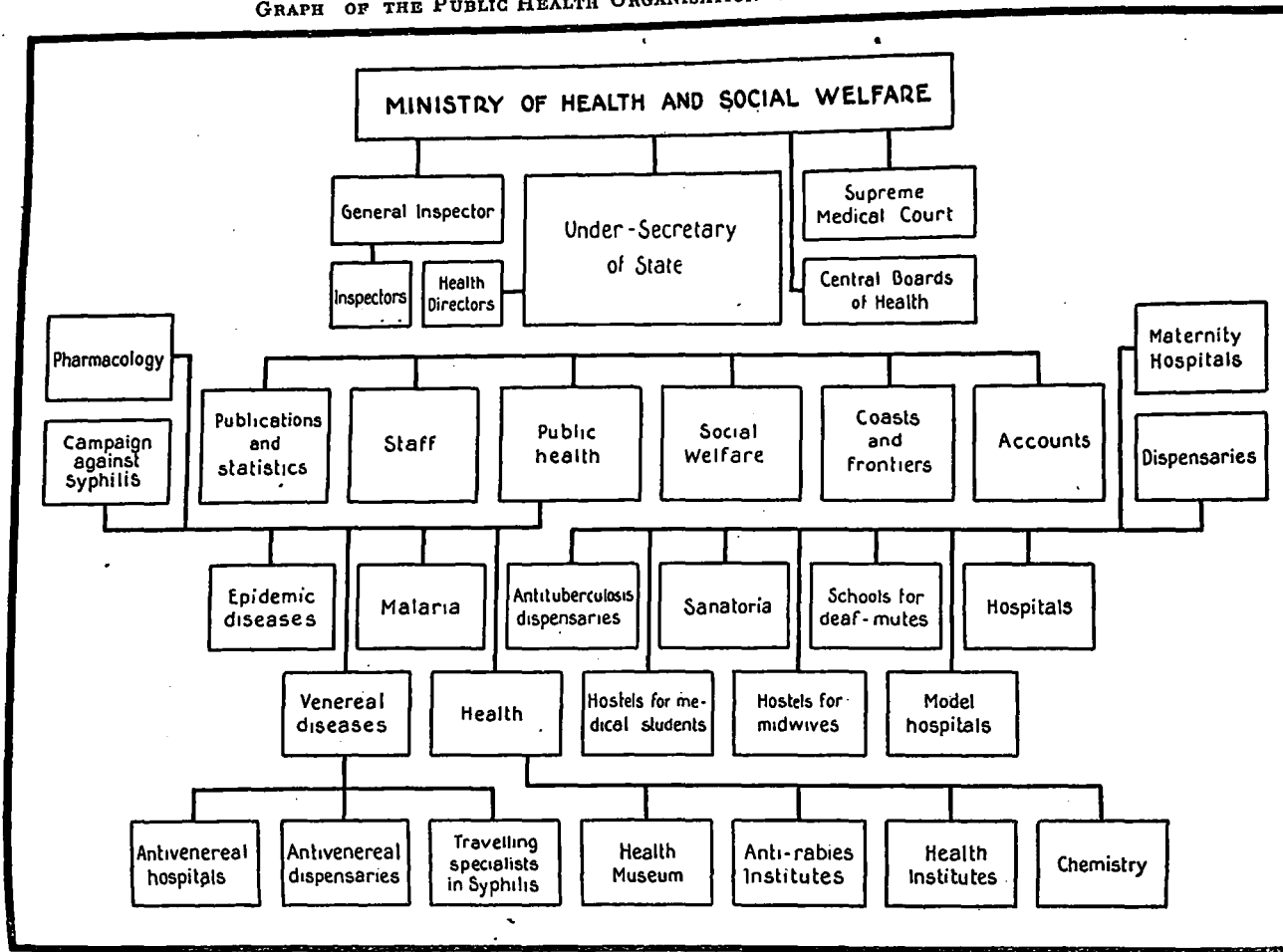
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GRAPH OF THE PUBLIC HEALTH ORGANISATION OF THE TURKISH REPUBLIC.



who have escaped the census are counted, the Turkish population may be estimated at approximately 14½ million inhabitants.

Details of distribution according to age, civil status, etc., have not yet been published.

3. REGISTRATION OF BIRTHS AND DEATHS.

The registration of births and deaths is governed by the law of August 14th, 1913. In spite of this law, however, registration is not yet sufficiently organised to give strictly accurate statistics. A certain number of births still escape registration.

In order to arrive at more accurate results, the Ministry of Health decided to have the movement of births and deaths recorded by its own agents; the figures obtained by this means are higher than those furnished by the Civil Registration Department.

The formalities required for the declaration of births and deaths may be summarised as follows: When a child is born, the father or guardian must fill up a declaration form before the chief man of the village or district, in the presence of two witnesses. This form must be sent within one month to the authorities or civil registration official of the locality, particulars being given of the place and date of birth, also the names of the parents and of the witnesses.

A similar declaration is required in the case of a death, the cause of the death being stated, in addition to the usual particulars. The form must be sent to the Registration Department within two weeks of the death in places where there is a registrar and within two months in other localities.

4. BIRTH RATE, GENERAL MORTALITY AND INFANT MORTALITY.

Number of births registered by the Health Ministry from 1924-26:

Year	Males	Females	Total
1924	72,958	62,699	135,657
1925	65,859	74,577	140,436
1926	83,714	74,313	158,027

The development of the health services in districts where a special anti-malaria campaign has been organised¹ has enabled the Ministry to undertake an enquiry into infant mortality. This enquiry, which was begun on May 1st, 1926, was completed on April 30th, 1927, and has given the following results:

Adana District:

Villages in which the enquiry was undertaken.. .. .	585
Total population of these villages	157,695
Live births.. .. .	7,517
Deaths from 0 to 1 year.	1,008
Total deaths	2,698
Infant mortality rate (per thousand)	132
General death rate	17.1
Birth rate	47.17

¹ See map on p. 825, showing the districts in which the anti-malaria campaign is being conducted.

Aidin District :

Villages in which the enquiry was undertaken.. .. .	200
Total population.	79,428
Live births.. . . .	2,700
Deaths from 0 to 1 year.	305
Total deaths	1,406
Infant mortality rate (per thousand)	113
General death rate	17.7
Birth rate	34

Konia District :

Villages in which the enquiry was undertaken.. .. .	135
Total population.	35,985
Live births.. . . .	1,628
Deaths from 0 to 1 year.	282
Total deaths	745
Infant mortality rate (per thousand)	171
General death rate	20.7
Birth rate	45

Brusa District :

Villages in which the enquiry was undertaken.. .. .	389
Total population.	229,572
Live births.. . . .	6,228
Deaths from 0 to 1 year.	1,243
Total deaths	3,170
Infant mortality rate (per thousand)	199
General death rate	19.2
Birth rate	27

5. DEATHS CLASSIFIED ACCORDING TO CAUSES.

The regulations concerning the notification of deaths and concerning burial permits have made it possible to ascertain the causes of death in the towns. In country districts, however, burials frequently take place without the cause of death being established. If the patient was not seen by a doctor, the information on the early history of the disease is confined to the statements made by the deceased's friends, and an excessive number of deaths are consequently registered under the heading "cause unknown".

In 1926, the Turkish Republic adopted the International Nomenclature of Diseases and Causes of Death (Bertillon classification).

NUMBER OF DEATHS ACCORDING TO THE PRINCIPAL CAUSES (1926).

Typhoid fever	115
Typhus	41
Recurrent fever	9
Malaria	2,693
Smallpox	63
Measles	385
Scarlet fever	235
Whooping-cough	85
Diphtheria	98
Influenza	146
Cholera	0
Dysentery	227
Plague (Constantinople)	7
Epidemic cerebro-spinal meningitis	24
Other epidemic affections	287
Rabies	6
Tuberculosis of the respiratory system	3,297
Other tuberculous affections	1,387
Cancer and other malignant tumours	297
Cerebral hæmorrhage, apoplexy	410
Affections of the circulatory system	5,550
Acute and chronic bronchitis	670
Broncho-pneumonia	5,736
Stomach affections (cancer excepted)	2,300
Appendicitis	53
Hernia	123
Affections of the liver	1,034
Acute and chronic nephritis	1,991
Gynæcological affections (cancer excepted)	271
Puerperal accidents	710
Congenital malformations	1,207
Senility	1,427
Violent deaths (suicide excepted)	1,210
Suicides	160
Deaths due to unknown causes	25,387
Other diseases	22,166
Total	79,807

As regards infant mortality, according to the statistics for the last three years, the main causes are, firstly, gastro-intestinal troubles and, secondly, measles.

6. MARRIAGES AND DIVORCES.

Year	Marriages	Divorces
1924	84,620	9,724
1925	69,698	12,613
1926	137,952	13,814

II. CAMPAIGN AGAINST SOCIAL DISEASES.

1. INFECTIOUS DISEASES.

Under the law of March 31st, 1914, notification of the following diseases is compulsory : cholera, plague, typhus, typhoid fever, smallpox, diphtheria, epidemic cerebro-spinal meningitis, dysentery (amœbic and bacillary), scarlet fever, trachoma, glanders, rabies (including bites of a doubtful nature), puerperal fever.

Article 5 of this law empowers the Minister of Health to require the compulsory notification of any infectious disease which might assume an epidemic form. Accordingly, measles, recurrent fever, influenza, chicken-pox, malaria (except in recognised malarial districts) are now included among compulsory notifiable diseases.

The persons responsible for notification are (in the order indicated in Article 2 of the regulations), firstly, the doctor, the head of the family, nurses and midwives ; secondly, persons living in the same house ; thirdly, doorkeepers, house-owners, and hotel managers ; and, lastly, undertakers and the clergy. Should the death take place at sea, the captain of the vessel must inform the authorities at the first port of call.

Any infringement of these regulations is punishable with the penalties laid down in Articles 99 and 102 of the Penal Code.

As soon as one of the above-mentioned diseases breaks out in a vilayet, the health director must notify the Ministry by telegraph.

SEASONAL DISTRIBUTION OF INFECTIOUS DISEASES IN 1927 (CASES AND DEATHS).

	Measles		Smallpox		Typhus		Typhoid		Cholera		Plague	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
January	408	36	17	0	10	0	54	11	0	0	0	0
February	335	40	3	1	4	0	58	6	0	0	0	0
March	507	57	7	0	24	2	33	4	0	0	0	0
April	289	58	3	0	23	2	40	3	0	0	0	0
May	195	3	1	0	14	1	23	1	0	0	1	0
June	143	14	1	0	26	3	46	2	0	0	1	0
July	71	7	2	0	5	2	86	19	0	0	0	0
August	0	0	7	0	7	1	52	8	0	0	0	0
September	0	0	18	0	11	1	72	4	0	0	2	0
October	0	0	1	0	10	0	107	22	0	0	1	0
November	0	0	10	3	18	2	119	13	0	0	1	0
December	0	0	3	0	33	2	138	22	0	0	1 ¹	1

	Dysentery		Diphtheria		Cerebro-spinal meningitis		Scarlet fever	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
January	2	0	150	9	2	2	111	11
February	13	4	58	7	2	1	67	14
March	1	0	47	5	0	0	104	11
April	2	0	53	8	3	0	70	4
May	12	6	30	3	2	0	98	19
June	28	6	29	3	4	1	55	4
July	6	0	28	0	3	1	56	10
August	3	0	24	6	0	0	82	21
September	2	0	33	12	0	0	130	35
October	5	0	83	11	3	0	224	51
November	10	0	127	21	4	3	234	56
December	2	10 ²	85	0	2	0	225	30

Frontier Protection against Epidemics.—The Supreme Health Board of Constantinople, which consisted of Turkish and foreign members, was dissolved in 1914, when the capitulations were abrogated. It was replaced by a Frontier Health Department, which took over the sanitary stations and lazarets on the coasts and frontiers. The Health Department of Coasts and Frontiers was definitely organised in 1924. It is attached to the Ministry of Health and Social Welfare.

¹ Constantinople only.
² Deaths occurring in November and notified in December.

In accordance with the stipulations of the Convention of Paris, cases of compulsorily notifiable diseases occurring in the ports and on the frontiers of Turkey are communicated to the diplomatic agents of the European Powers. The representative of the country concerned and the navigation companies are informed of the measures taken against persons or goods coming from infected ports. These measures are also announced in the Press.

In order to carry out the health regulations, the Health Department of Coasts and Frontiers has at its disposal four lazarets, ten sanitary stations and thirty-eight coast stations. The sanitary stations issue and visé bills of health. They are situated at Cavak, Stamboul, Zongouldak, Samsun, Trebizond, Hopa, the Dardanelles, Smyrna, Adalia and Mersina. There is a medical man in charge of each sanitary station.

The lazarets receive doubtful cases, keep them under observation and carry out the necessary bacteriological tests. They also attend to vaccination, rat destruction, and disinfection. Lazarets are under the direction of a medical officer, and are provided with disinfecting apparatus and sufficient accommodation for patients. The lazaret at Cavak on the Bosphorus, which is particularly well organised, was of great service during the post-war period.

There are smaller stations—thirty-eight in all—in the small coasting ports along the shores of the Mediterranean and the Black Sea.

2. MALARIA.

A Commission was convened early in 1925, under the presidency of the present Minister of Health and including professors in the Faculty of Medicine, to frame draft laws on scientific lines for the anti-malaria campaign which it was proposed to undertake. These laws were first applied in the town and neighbourhood of Angora in the autumn of the same year, and were submitted to the National Assembly.

The first Anti-Malaria Commission, which worked at Angora, was composed of eight doctors, assisted by twenty-six health assistants and squads of workmen. It undertook the drainage of the marshland situated near the town, examined nearly all the population of the district and treated all persons suffering from enlarged spleens. The number of patients treated in the city was 15,000, while 2,000 were given preventive treatment with quinine. The quantity of quinine consumed in the course of the year was 450 kilograms.

The Second Commission started work in May of the same year at Adana. It was composed of eight doctors, assisted by workmen, etc. After the preliminary work of canalisation and drainage had been carried out, the Commission turned its attention to persons suffering from malaria, of whom the proportion in this district was particularly high. A special hospital was established at Adana and two dispensaries were opened in the districts most seriously affected. The number of patients treated in 1925 was 19,645; 7,461 persons were treated with quinine, and 308 kilograms of quinine were consumed.

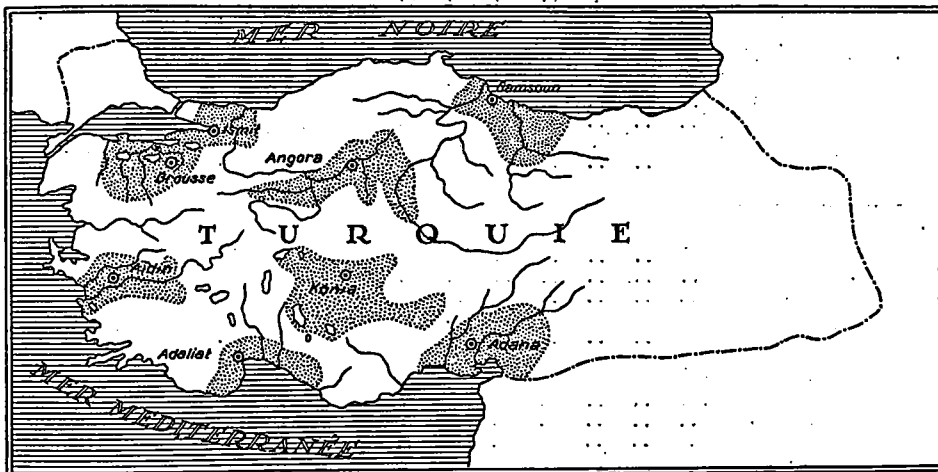
The Third Commission, whose field of operations was the vilayet of Aidin, began work in July, and shortly afterwards extended its work to all the malarial zones in the vilayet. The number of malaria patients treated during that year was 6,000, and quinine for preventive treatment was distributed to 10,000 persons.

During the same year, a campaign was initiated in the vilayets of Samsun and Brussa, the work being entrusted to two Sub-Commissions.

In 1926, the anti-malaria campaign was continued in all the malarial districts on

more definite lines, uniform methods being employed, as provided for by the Law on Malaria (Law No. 839) ¹, passed by the National Assembly on May 13th, 1926.

MAP SHOWING THE DISTRICTS IN WHICH THE ANTI-MALARIA CAMPAIGN IS BEING CONDUCTED.



During 1926, the campaign was started in Konia. Research work on mosquitoes, hæmatozoa and meteorological conditions was undertaken in all malarial districts. At Konia, the Commission's first task was to drain Lake-Kerpitch, which is near the town.

The following figures give some idea of the work done during 1926 and 1927 :

<i>Angora District :</i>	1926	1927
Persons examined	31,861	19,348
Blood tests	8,803	18,941
Patients treated.. .. .	5,855	7,200
Persons treated with quinine?.. .. .	2,517	2,638
Quinine consumed	170 kg.	178 kg.
 <i>Adana District :</i>		
Persons examined	133,820	175,865
Blood tests	39,398	29,730
Patients treated.. .. .	50,000	40,936
Persons treated with quinine	18,831	20,998
Quinine consumed	1,168 kg.	1,088 kg.
 <i>Aidin District :</i>		
Persons examined	47,875	116,976
Blood tests	6,876	40,191
Patients treated.. .. .	26,644	28,035
Persons treated with quinine.. .. .	37,757	12,601
Quinine consumed	1,194 kg.	742 kg.

¹ Article 11 of this law reads as follows :

" Within two years of the entry into force of the present law, the municipalities must submit to the Ministry of Health and Social Welfare a scheme for the disposal of their waste water. This scheme must be adapted to the special conditions of each locality. The laying of pipes must be begun, at the latest, two years after the proposed scheme has been approved."

Konia District :

Persons examined	42,161	98,652
Blood tests	34,451	91,292
Patients treated.. .. .	9,654	13,992
Persons treated with quinine	4,924	732
Quinine consumed	273 kg.	322 kg.

Brussa District :

Persons examined	204,740	158,067
Blood tests	5,604	13,065
Patients treated.. .. .	14,049	11,693
Persons treated with quinine	1,259	1,343
Quinine consumed	252 kg.	253 kg.

Kodja-Ili Sub-District :

	1926	1927
Persons examined	17,372	6,885
Blood tests		No laboratory.
Patients treated.. .. .	9,635	1,132
Persons treated with quinine	118	525
Quinine consumed	170 kg.	161 kg.

Samsun Sub-District :

Persons examined	50,477	40,299
Blood tests	1,698	362
Patients treated.. .. .	1,800	12,364
Persons treated with quinine	15,694	4,683
Quinine consumed	305 kg.	230 kg.

Total :

Persons examined	528,305	636,089
Blood tests	96,830	193,581
Patients treated.. .. .	117,648	115,352
Persons treated with quinine	81,100	43,520
Quinine consumed	3,532 kg.	298 kg.

Marshes have been drained in the following districts :

Angora :

Marsh-land near the railway station (40,000 square metres), drained in 1925.

Adana :

Merdjin-Deguirmen marshes (200 deunumes) ¹.

Aidin :

Yeni-Keuy marshes (45 deunumes).
 Ova-Emiri marshes (10 deunumes).
 Oumourlar marshes (300 deunumes).
 Keuchk marshes (1,200 deunumes).
 Bagh-Arassi marshes (250 deunumes).
 Aziz Abad marshes (100 deunumes) at Nazilli.

Adana :

Elvanli marshes at Mersina (550 deunumes).

¹ The deunume is equivalent to 980 square metres.

In the early part of June 1928, the sub-zones of Kodja-Ili (Ismith) and Samsun will be converted into main zones and a sub-zone will be formed at Adalia.

Government quinine (blue tabloids) is distributed free of charge to all who need it ; its use is controlled. Another form of quinine (pink tabloids) is sold by the Government at a low price. The manufacture of these two forms of quinine by individuals is forbidden.

Each quinine tablet supplied by the Government contains 0.25 cg. of quinine hydrochlorate. Since the early part of 1927, quinine has been given to children in the form of chocolate containing quinine tannate (0.10 cg. per tablet). As regards commercial quinine, each tablet must contain the equivalent of 0.25 quinine hydrochlorate.

At a recent session, the Malaria Commission stated that the results obtained up to the end of 1927 were satisfactory. Deaths from malaria were practically nil ; out of 43,000 patients treated in the Adana district, only 81 deaths had been recorded.

3. SYPHILIS.

The first Anti-Syphilis Committee met at Stamboul in April 1925, and drew up the conditions of free treatment which it was proposed to introduce into public institutions. Special compulsory regulations were framed (Regulations of June 23rd, 1925, concerning the Treatment of Syphilis). These regulations contain a full description of the treatment to be given and the methods to be applied in places where it is materially impossible to undertake ultra-microscopic tests and control by specific reactions. Special emphasis is laid on the value of the abortive treatment :

“ When the chancre has been found to contain spirochetes, a sample of the blood should be taken and treatment begun without waiting for the result of the Wassermann reaction. The earlier the abortive treatment is employed, the greater its chances of success. ”

Special paragraphs are devoted to the treatment of pregnant women and syphilitic children and to the restrictions to prevent the marriage of syphilitic persons undergoing treatment.

The treatment for syphilis in all the State medical institutions, as well as by the Government and municipal medical officers, is free. Several vilayets also have travelling doctors whose special duty it is to discover and treat cases of syphilis. In some vilayets, there are likewise anti-venereal hospitals and dispensaries.

Two Commissions have been appointed by the Government to conduct the campaign against syphilis at Sivas and Orhan-Ili (Brussa). The Commission at Sivas consists of a chief medical specialist, the head of the laboratory and six other medical specialists, and the Orhan-Ili Commission of four doctors. Each Commission has a laboratory for serological tests, and an adequate number of health assistants and male nurses.

Every patient treated by the State or municipal medical officers in the dispensaries or by the anti-venereal organisations, receives a treatment book in which are entered the date, the doses administered and the result of the laboratory tests.

During 1926, 63,457 persons were examined at Sivas and 40,199 at Orhan-Ili. Positive or doubtful cases were checked by the Wassermann-Meinicke and Sachs-Georgi reactions ¹.

¹ Under a special law of February 5th, 1922, medical examination before marriage was made compulsory, and this has led to the discovery of a considerable number of cases of syphilis.

Under another law of December 11th, 1924, the majority of anti-syphilitic products are exempted from Customs duties.

4. TRACHOMA.

Sporadic cases of trachoma are to be found in most of the eastern vilayets ; there are endemic foci in the Tarsus-Adana and Kiatha-Malatia districts. In this latter district, the campaign against trachoma was started in 1925.

Up to the present, it has not been found possible to run this campaign on as large a scale as desired, but the 1928 budget provides for an increase of £T200,000, which will be mainly devoted to the development of the anti-trachoma organisation. A special hospital for the treatment of trachoma will be established in the Adana district.

The results of the campaign undertaken in the Malatia district during 1926 and 1927 may be summarised as follows :

	1926	1927
Patients examined by the Husnumansur section	36,321	28,700
Patients treated by the section	1,153	4,232
Patients treated at the hospital	30,890	89,209
Operations performed at the hospital	658	688
Operations performed in the Malatia dispensary	701	116

A treatment card has also been adopted for trachoma.

III. PUBLIC HEALTH ACTIVITIES.

1. SCHOOL HYGIENE.

A department of school hygiene has been established under the Ministry of Education. School health inspectors, school medical officers, and the various establishments providing medical treatment for school children are attached to the Ministry of Education.

The school hygiene work of the last two years may be summarised as follows :

1. A preventorium for primary school children was founded at Stamboul in June 1927. By the end of 1927, 210 children had passed through this establishment, 173 having left it completely cured.

2. According to the latest statistics, the proportion of tubercular children in the secondary schools is 2 per cent. A sanatorium for poor tubercular children is about to be established.

3. A special school dispensary has been founded at Stamboul for pupils with symptoms of trachoma. Two medical specialists are attached to this dispensary. At the present time, 223 pupils, of whom 67 are girls, are undergoing treatment.

4. The problems of nutrition and general hygiene are receiving very careful attention, and schools are inspected regularly by the health inspectors.

2. PHYSICAL CULTURE.

Until the last few years, the question of physical culture had been somewhat neglected. The Government of the Republic, recognising its importance, first of all began by training teachers of physical culture, and engaged for this purpose three instructors (one woman) from the Royal Swedish Gymnastic Institute.

A gymnasium, fitted with complete equipment, was founded at Stamboul in 1926. Courses of advanced training, lasting one year, and intended for teachers of physical culture, were organised in the early part of 1927, and were attended by 60 teachers, of whom 24 were women. The instruction includes a theoretical part

(anatomy, physiology, theory and history of physical culture, methods of teaching, medical instruction, etc.) and a practical part (gymnastics, school games, sports, swimming, medical gymnastics and massage), including lessons to pupils in primary and middle-grade schools, etc. At the end of the course, candidates spend six weeks in a camp.

Three teachers of physical culture are now completing their studies in Sweden at State expense.

Sport is constantly developing and there are at present thirty athletic clubs.

IV. PUBLIC HEALTH LEGISLATION.

Turkish health legislation includes the following laws and regulations :

- Law on health administration ;
- Regulations concerning contagious and epidemic diseases ;
- Regulations concerning cholera ;
- Regulations concerning plague ;
- Regulations concerning venereal diseases ;
- Law concerning syphilis ;
- Government regulations for hospitals ;
- Regulations concerning vaccination ;
- Law on the campaign against malaria ;
- Law on pharmacies and pharmacists ;
- Law on laboratories for biological and chemical analyses ;
- Water law ;
- Law on the exercise of the medical and allied professions.

Great importance has been attached to the framing of the Law on Public Health, which will be submitted to the National Assembly at its next session. This law will deal with the following matters : Principles of Government health organisation ; health organisation of the municipalities and the duties of the latter ; general hygiene ; water, housing, etc ; foodstuffs ; campaign against infectious diseases, tuberculosis, syphilis, etc. ; sanitation in public places ; industrial hygiene, registered establishments.

V. PUBLIC HEALTH ADMINISTRATION.

Up to the end of the world war, health administration in Turkey was in the hands of a Board of Health, attached to the Ministry of the Interior. In 1920, during the War of Independence, an independent Ministry of Health and Social Welfare was created. The Minister of Health and Social Welfare is its executive head ; an Under-Secretary of State acts as his substitute.

The Ministry consists of the following departments :

- Public Health ;
- Social Welfare ;
- Coasts and Frontiers ;
- Publications and Statistics ;
- Staff ;
- Accounts ; and the
- Administrative Section.

With the exception of Accounts and Administration, all these departments are controlled by medical men. The number of medical officers attached to these departments is 16.

Health administration in the provinces (vilayets) is under a health director (directly attached to the Ministry) in the chief town of each province; the *cazas* (provincial sub-districts) have their own medical officer, who is a Government official and is responsible for the public health services and medical assistance in the district, and also does medico-legal work. The local dispensary is controlled by the Government medical officer, who is under the authority of the health director of the vilayet; it is the latter's duty to transmit orders in regard to the working of the health services. The medical officer is assisted by certified midwives and health assistants. The latter visit the villages at frequent intervals; undertake vaccination, which is compulsory in Turkey, and investigate cases of infectious diseases, etc.

In addition to these officials, the municipalities and departments usually have their own medical officers who, although their salaries are charged to the budget of the municipality or department, are appointed by the Ministry of Health.

Demographic and nosological data are forwarded by the health directors of the vilayets to the Statistical Bureau of the Ministry, and these data, together with the information obtained from other sources, are used for the compilation of the health statistics of the country.

In order to facilitate the work of the health services, the territory of the Turkish Republic has been divided into ten zones, each comprising a certain number of vilayets. A medical inspector is appointed for each zone; he reports to the Inspector-General at the Ministry, who takes any action required.

(See pages 818 and 819 Graph of the Public health Organisation and map of the Health Inspection Districts.)

VI. BUDGET.

The State Budget for the year 1927 amounted to £T194,454,619.

BUDGET OF THE MINISTRY OF HEALTH AND SOCIAL WELFARE.

This amounted to £T3,202,400, distributed as follows:—

	Turkish
Salaries of officials and other expenditure	1,630,400
Campaign against contagious and epidemic diseases	45,000
Campaign against syphilis	70,000
Campaign against trachoma	30,000
Campaign against malaria	400,000
Translations and publications	10,000
Apparatus and instruments	7,000
Sundry	76,000
Buildings, installations, etc.	85,000
Foreign specialists	18,000
Scholarships	22,000
Health institutes	32,000
Health museums	4,000
Institutes for vaccine	15,000
Chemical institutes	4,000
Anti-rabies institutes	21,000
Schools for health assistants	14,500
Children's hospital at Stamboul	57,000
Model hospitals	149,000
<i>Carried forward</i>	<u>2,689,900</u>

	Brought forward	£Turkish
		2,689,900
Hospital at Zongouldak		18,000
Institutions for nervous and mental diseases		269,000
Heybeli sanatorium		27,000
Dispensaries		70,000
School for the blind and deaf mutes		14,000
Hostel for medical students		50,000
Maternity homes		63,000
Assistance to private charitable institutions		2,500
		<hr/>
Total		3,203,400

The Health Administration of Coasts and Frontiers has a special budget, which is submitted to the National Assembly in the form of a supplementary budget.

VII. CURATIVE MEDICINE.

1. HIGHER MEDICAL TRAINING.

Higher medical training is given by the Faculty of Medicine of the University of Stamboul, to which are attached the Dental School, the School of Pharmacy and the School for Midwives.

Medical studies cover a period of five years, not including the preparatory year at the Faculty of Science. These studies are arranged as follows :

First year :

Descriptive anatomy, histology, embryology.

Second year :

Descriptive anatomy, physiology, biological chemistry, medical physics, microbiology, medical semeiology, surgical semeiology, pharmacology, operative surgery.

Third year :

General pathology, pathological anatomy, medical clinic, surgical clinic, parasitology, medical semeiology, surgical semeiology, pharmacology, operative surgery.

Fourth year :

Medical clinic, surgical clinic, *materia medica* and pharmaco-dynamics, obstetrics, hygiene, pathological anatomy (post-mortem examinations).

Fifth year :

Forensic medicine, therapeutics and pharmaco-dynamics, tropical diseases, care of infants, X-rays, physio-therapy, history of medicine and deontology.

Students are allocated to the different clinics, which they must attend at the prescribed hours. Examinations are held at the end of each year.

The Dental School and the School of Pharmacy are attached to the Faculty; the studies (theoretical and practical) cover a period of three years.

The School for Midwives is also attached to the Faculty, practical instruction being given at the University Maternity Hospital. The course lasts for two years. No tuition fees are charged.

The number of students on the registers of these various institutions for the academic year 1926-27 was as follows:

Medical students	325
Dental students	155
Pharmaceutical students	130
Midwives	257

Under the law of October 8th, 1923 (No. 369), every newly graduated doctor is compelled to serve for a period of two years as Government medical officer. Another law (April 26th, 1926, No. 826) stipulates that these officials shall undergo three months' training in the malaria institutes.

2. TRAINING OF MINOR MEDICAL STAFF.

(a) *Schools for Health Assistants.*

Two schools were founded in 1924 at Stamboul and Sivas for the training of health assistants to work under the Government medical officers.

The course, which lasts for four terms, is arranged as follows:

First term:

Elementary anatomy and physiology, duties of a male nurse, hygiene.

Second term:

Minor surgery and first-aid; infectious diseases, care of infants.

Third term:

Pathology and general therapeutics, practical instruction at the disinfecting stations, hospital training.

Fourth term:

Practical instruction and period of probation.

(b) *School for Nurses at Stamboul.*

This school was founded in February 1925 at Stamboul, under the auspices of the Red Crescent Society, for training hospital nurses. The training lasts for two and a-quarter years; the first three months constitute a trial period, during which the teaching staff decides whether the candidate is suited to the work. The latter is equally free to discontinue her training at the end of that period.

The regular course of study begins at the end of this trial period, and includes theoretical instruction given in the school and practical training at the Goureba Hospital of Stamboul. Examinations are held at the end of each year. Students who are successful in the second year's examination receive the title of "Red Crescent Nurse" and a special badge.

All training fees are paid by the Red Crescent Society, which has founded a Nurses' Hostel, where students of the school can obtain the quiet and comfort necessary to enable them to pursue their studies successfully, free from material cares.

Certified nurses are required to serve for five years in the hospitals to which they are appointed.

3. HOSPITALS.

The number of hospitals in the territory of the Turkish Republic is 97, with a total of 6,879 beds. There is a hospital in the capital of each province, and sometimes one or more smaller hospitals in the districts. All these hospitals are attached to the Ministry of Health. A certain number are maintained by the vilayets, or municipalities, but the credits granted for health requirements are always fixed by the Ministry of Health.

The number of beds varies from 50 to 200, and the medical staff according to the size of the establishments. Hospitals with 50 beds have two doctors—one a general practitioner and the other a surgeon—and a pharmacist; hospitals with more than 50 beds also have a radiologist and a second pharmacist. If the hospital belongs to a municipality, it also has a gynæcologist-obstetrician, an urologist and an assistant, which brings the medical staff up to eight. Hospitals with 200 beds also have a specialist for each of the following branches: ear, nose, throat, eyes, skin and venereal diseases. In addition, hospitals with more than 200 beds have a specialist in children's diseases and a neurologist.

Most of the provincial hospitals, which were neglected during the years immediately following the war, were recognised after the War of Independence. At the same period, four model hospitals (*Numouné*) were established by the Government in the towns of Angora, Sivas, Diarbekir and Erzerum. These hospitals are fitted with the latest scientific equipment and apparatus and have a specially selected staff. Polyclinics have also been attached to these establishments.

The most important municipal hospitals are at Stamboul. The law of April 1st, 1926, provides that the number of beds in each municipal hospital must be equal to 1 per 1,000 of the population served.

A children's hospital with 150 beds (*Etfal Hastahanéssi*) has been opened at Stamboul with a staff of specialists in pediatrics. Its annual budget amounts to £T57,000. The Gourebas Hospital (250 beds) is maintained by the "Evkaf" (a religious foundation).

There are two special hospitals for contagious and epidemic diseases at Haïdar-Pacha (100 beds) and Smyrna (50 beds); these are attached to the Health Department of Coasts and Frontiers.

The Bakir-Keuy Hospital for nervous and mental diseases at Stamboul is the most important institution of its kind, and has accommodation for 1,050 patients. Its scientific staff consists of a chief specialist in mental diseases, three heads of clinics, three heads of laboratories, three assistants and two pharmacists. The credits allocated to this establishment amount to £T269,000 a year. Two other hospitals for nervous and mental diseases, with 50 beds each, have been founded at El'aziz and Magnissa.

STATISTICS RELATING TO THE HOSPITALS MAINTAINED BY THE MINISTRY OF HEALTH
(1926 AND 1927).

Year 1926.

Establishments	Number of In-patients	Number of consultations given by the Polyclinics	Number of Laboratory Tests
Model Hospital at Angora	1,468	6,207	3,184
Model Hospital at Erzerum	1,239	3,580	1,649
Model Hospital at Diarbekir	472	396	
Model Hospital at Sivas	1,056	5,313	1,668
Children's Hospital at Stamboul	1,593	14,091	2,886
Heybeli Sanatorium	122		1,911
Zongouldak Hospital	523	69	74
Bakir-Keuy Hospital	714	855	2,068
Magnissa Hospital	161		
El'aziz Hospital	60		
Maternity Hospital and Crèche at Angora ..	145	3,694	
Maternity Hospital and Crèche at Konia ..	74	1,712	

Year 1927.

Model Hospital at Angora	1,697	7,940	2,513
Model Hospital at Erzerum	1,176	3,336	1,439
Model Hospital at Diarbekir	806	339	162
Model Hospital at Sivas	858	4,435	1,217
Children's Hospital at Stamboul	1,439	13,738	2,935
Heybeli Sanatorium	95		1,405
Zongouldak Hospital	376	173	113
Bakir-Keuy Hospital	868	853	1,299
Magnissa Hospital	158		
El'aziz Hospital	71	350	87
Maternity Hospital and Crèche at Angora ..	195	4,245	
Maternity Hospital and Crèche at Konia ..	162	2,243	

4. HEALTH INSTITUTIONS.

The following institutions are included under this head :

The Health Institute at Stamboul comprises the following sections : bacteriology, chemistry, biological analyses, sera and vaccines. Each of these sections is directed by a specialist.

WORK OF THE HEALTH INSTITUTE LABORATORIES DURING 1926 AND 1927 :

	1926	1927
Microscopic tests	848	1,344
Cultures	460	894
Inoculations	1	333
Wassermann reactions	3,246	4,525
Widal's reactions	151	140
<i>Vaccines produced :</i>		
Anti-cholera	202,700 cc.	298,500 cc.
Anti-plague	422,950	304,000
Anti-dysentery	232,850	200,500
Anti-gonococcus	1,566	1,477
Anti-typhus	466,400	490,500

Institute for preparing Jenner's vaccine.—The quantity of vaccine supplied by this institute was 2,353,122 doses in 1926 and 2,153,196 in 1927.

WORK OF THE LABORATORIES OF THE HEALTH INSTITUTE AT SIVAS

	1926	1927
Blood tests	115	14
Wassermann reactions	318	526
Widal's reactions	5	25
Various	187	417

Vaccines produced :

Anti-cholera.. ..	64,500 cc.	104,650 cc.
Anti-typhus.. ..	113,600 »	201,000 »
Anti-dysentery	57,300 »	62,200 »
Jenner's	516,120 doses	423,680 doses

Anti-Rabies Institute at Stamboul.—The number of persons treated during 1926 was 1,170 (384 women and 786 men). In 1927, this number rose to 1,200 (370 women and 834 men). No death was recorded during these two years.

Anti-Rabies Institute at Sivas.—The number of patients treated in 1926 was 107 (36 women and 71 men); four deaths occurred among the men. In 1927, 60 persons were treated (9 women and 51 men) and two deaths were recorded.

Anti-Rabies Institute at Diarbekir.—This institute, which was recently opened, treated 33 persons during 1927.

5. MATERNITY HOSPITALS AND CRÈCHES.

Two maternity hospitals were established in 1925, one at Angora and the other at Konia. An obstetrician, a specialist in pediatrics and two midwives are attached to each. These hospitals also provide a free pre-natal consultation service and free consultations in regard to infants. Each hospital has ten beds for difficult confinements and a crèche.

6. DISPENSARIES.

In 1923, after the proclamation of the Republic, dispensaries were opened all over the country to meet the health requirements of the rural population. Their number soon rose to 155. The object of these dispensaries is to extend the benefit of free medical assistance to the peasants, even if the latter do not feel the need for it. As a rule, the peasant does not willingly undertake the journey from his village to the capital of the department, where the hospital is situated, for the purpose of a consultation. The journey is, moreover, frequently beyond his means or his strength.

The dispensaries are governed by special regulations and are under the supervision of the Government medical officer. Patients are given free treatment and medicine; persons suffering from syphilis are required to attend regularly in order to undergo suitable treatment. It is the duty of the medical officer in charge of the dispensary to instruct the population in the preventive measures to be taken to guard against syphilis, blennorrhagia and tuberculosis.

Each dispensary has a ward of five beds for the temporary accommodation of sick or injured persons when out-patient treatment is not possible; should the illness continue, these patients are transferred to the hospital in the capital of the province.

Three dispensaries for eye diseases have been established in the vilayet of Malatia, where trachoma is endemic.

The dispensaries in the towns usually belong to the municipalities, and here also consultations are free.

During 1926, the Government dispensaries provided accommodation for 1,270 patients and treated 249,993. In 1927, 802 patients were admitted to hospital and 209,290 received treatment.

7. PHARMACIES.

The number of pharmacies in Turkey is 718, not including municipal pharmacies. The law of January 24th, 1927 (No. 964), on Pharmacies and Pharmacists provides for an even distribution of pharmacies over the whole country by fixing their number at 1 to every 10,000 or fraction of 10,000 inhabitants. As a result of this law, certain districts in Anatolia which have as yet no pharmacy will now be provided with one.

Every pharmacy must be controlled by a certified pharmacist, who is responsible for it. The law lays down the conditions for the opening and the running of pharmacies and places them under the supervision of the health directors. The sale of medicinal and pharmaceutical products outside the pharmacies is forbidden.

Druggists' shops are governed by a special law (Law of March 13th, 1927).

The Law of March 3rd, 1926, (No. 767) provides that a pharmacopœia shall be drawn up by a commission to be known as the Pharmacopœia Commission, attached to the Ministry of Health. This Commission's work is practically finished.

8. HEALTH STAFF.

The number of medical officers directly under the Ministry of Health is 589 ; the medical institutions in the departments employ 184 and the towns 286, making a total of 1,059 medical officers attached to official establishments.

There are 347 midwives—321 in the service of the municipalities, 20 in the service of the departments, and a certain number in the maternity hospitals under the Ministry. The number of health assistants is 1,036.

Throughout the Republic, the exercise of the medical profession and the treatment of diseases are reserved for persons of Turkish nationality who possess the diploma of the Faculty of Medicine of the Turkish University (Article 1 of the Law of April 14th, 1928, No. 368, on the Practice of Medicine and the Medical Profession). Turkish doctors holding diplomas of foreign universities must have them ratified by the Ministry of Health and undergo the compulsory period of probation stipulated in the Law of October 8th, 1923, before they are allowed to exercise their profession in Turkey. The fulfilment of similar conditions is required in the case of dentists, midwives, etc., who must obtain the diploma of the corresponding Turkish school (Articles 29 and 47).

Only the Faculty of Medicine and the medical institutions designated by the Ministry are allowed to grant specialists' diplomas (Article 8). Serious surgical operations under narcosis or a local anæsthetic may only be performed by qualified surgeons, except in urgent cases or where it is impossible to obtain the services of a specialist (Article 23).

June 1928.

THE UNITED KINGDOM

- 1. ENGLAND AND WALES.**
- 2. SCOTLAND.**
- 3. NORTHERN IRELAND.**

1. ENGLAND AND VALES

Report prepared by the Ministry of Health (London).

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I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION¹ ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1921 AND 1911.

Original source : Census of England and Wales 1921 : General Report.

Date of Census	Area in square kilometers	Present population		
		Males	Females	Total
1	2	3	4	5
June 19th-20th, 1921 ²	151,112	18,075,239	19,811,460	37,886,699
April 2nd-3rd, 1911 ³		17,445,608	18,624,884	36,070,492
Increase (+) or decrease (—) in 1921 compared with 1911 :				
(a) Actual		+ 629,631	+ 1,186,576	+ 1,816,207
(b) Yearly average		+ 62,963.1	+ 118,657.6	+ 181,620.7
(c) Yearly average, per 1,000 inhabitants (average population during the intercensal period) ..		+ 3.5	+ 6.2	+ 4.9

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER, ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES TAKEN IN 1911 AND 1921.

Year of last two Censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of females over males			
			Present population		Resident population	
	Present	Resident	Actual figures	Per 1,000 males	Actual figures	Per 1,000 males
1	2	3	4	5	6	7
1921	251		1,736,221	96		
1911	239		1,179,276	68		
Increase (+) or decrease (—) in 1921 as compared with 1911	+ 12		+ 556,945			

¹ Data regarding resident population not available.

² Year of last Census.

³ Year of previous Census.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX ACCORDING TO THE RESULTS OF THE
LAST CENSUS (1921) AND ESTIMATE OF THIS DISTRIBUTION FOR 1927
(LAST ESTIMATE).

Original source : Census of England and Wales 1921 : General Tables,
and Registrar General's Statistical Review.

A. Actual Figures.

Ages and age groups in years	I. 1921 Census Actual Population				II. Estimate for 1927		
	Males	Females		Total	Males	Females	Total
		Total	Married				
1	2	3	4	5	6	7	8
0	404,510	390,964	—	795,474	323,775	316,496	640,271
1	419,387	406,729	—	826,116	325,580	318,964	644,544
2	279,429	272,999	—	552,428	329,035	321,509	650,544
3	269,978	266,725	—	536,703	334,559	327,777	662,336
4	308,135	302,847	—	610,982	343,055	335,516	678,571
0-4	1,681,439	1,640,264	—	3,321,703	1,656,004	1,620,262	3,276,266
5-9	1,766,560	1,752,366	—	3,518,926	1,701,210	1,662,934	3,364,144
10-14	1,837,125	1,822,701	—	3,659,826	1,685,455	1,675,189	3,360,644
15-19	1,727,823	1,775,231	31,145	3,503,054	1,793,269	1,782,309	3,575,578
20-24	1,448,385	1,703,067	459,789	3,151,452	1,714,296	1,747,170	3,461,466
25-29	1,339,960	1,620,290	920,986	2,960,250	1,448,771	1,661,217	3,109,988
30-34	1,281,320	1,519,649	1,059,538	2,800,969	1,306,180	1,591,365	2,897,545
35-39	1,273,321	1,471,913	1,089,287	2,745,234	1,250,283	1,488,793	2,739,076
40-44	1,223,054	1,378,121	1,035,109	2,601,175	1,212,907	1,425,372	2,638,279
45-49	1,162,158	1,243,968	919,123	2,406,126	1,182,085	1,351,268	2,533,353
50-54	971,021	1,043,130	730,201	2,014,151	1,096,398	1,200,662	2,297,060
55-59	781,608	849,117	542,021	1,630,725	921,189	1,004,478	1,925,667
60-64	601,235	680,768	375,443	1,282,003	708,088	797,167	1,505,255
65-69	449,363	536,699	236,802	986,062	505,770	598,801	1,104,571
70-74	280,491	376,320	122,381	656,811	335,364	428,518	763,882
75-79	158,540	234,038	50,021	392,578	181,330	263,812	445,142
80-84	66,997	112,857	14,733	179,854	78,340	132,634	210,974
85-89	20,331	40,007	2,942	60,338	20,674	40,403	61,077
90 and over ..	4,508	10,954	486	15,462	6,387	13,646	20,033
Unknown ..	—	—	—	—	—	—	—
Total ..	18,075,239	19,811,460	7,590,007	37,886,699	18,804,000	20,486,000	39,290,000

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1921 Census. Actual Population							II. Estimate of the age distribu- tion for 1927
	Males	Females	Males	Females	Total	Married Women		Both Males and Females per 1,000 inhabitants (total population of all ages)
	Per 1,000 of total male and female population		Per 1,000 of total population (all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)	
	Male	Female						
1	2	3	4	5	6	7	8	9
0	22.4	19.7	10.7	10.3	21.0	—	—	16.3
1	23.2	20.5	11.1	10.7	21.8	—	—	16.4
2	15.5	13.8	7.4	7.2	14.6	—	—	16.6
3	14.9	13.5	7.1	7.1	14.2	—	—	16.9
4	17.0	15.3	8.1	8.0	16.1	—	—	17.3
0-4	93.0	82.8	44.4	43.3	87.7	—	—	83.5
5-9	97.8	88.4	46.6	46.3	92.9	—	—	85.6
10-14	101.7	91.9	48.5	48.1	96.6	—	—	85.5
15-19	95.6	89.5	45.6	46.9	92.5	17.5	0.8	91.0
20-24	80.1	86.0	38.2	45.0	83.2	270.0	12.1	88.1
25-29	74.1	81.8	35.3	42.8	78.1	568.4	24.3	79.2
30-34	70.9	76.7	33.8	40.1	73.9	697.2	28.0	73.7
35-39	70.4	74.3	33.6	38.9	72.5	740.0	28.7	69.7
40-44	67.7	69.6	32.3	36.4	68.7	751.1	27.3	67.1
45-49	64.3	62.8	30.7	32.8	63.5	738.9	24.3	64.5
50-54	53.7	52.7	25.6	27.5	53.2	700.0	19.3	58.5
55-59	43.2	42.9	20.6	22.4	43.0	638.3	14.3	49.0
60-64	33.3	34.4	15.9	17.9	33.8	551.5	9.9	38.3
65-69	24.9	27.1	11.9	14.1	26.0	441.2	6.3	28.1
70-74	15.5	19.0	7.4	9.9	17.3	325.2	3.2	19.4
75-79	8.8	11.8	4.2	6.2	10.4	213.7	1.3	11.3
80-84	3.7	5.7	1.8	2.9	4.7	130.5	0.4	5.4
85-89	1.1	2.0	0.6	1.0	1.6	73.5	0.1	1.6
90 and over ..	0.2	0.6	0.1	0.3	0.4	44.4	0.0	0.5
Unknown	—	—	—	—	—	—	—	—
Total	1,000	1,000	477.1	522.9	1,000	383.1	200.3	1,000

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION¹, 1922 TO 1927.

Original source : Registrar-General's Statistical Review.

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of	
							Births (col. 5) over deaths	Deaths over births
1	2	3	4	5	6	7	8	9
<i>A. Actual Figures.</i>								
1922 ..	38,158	299,524	2,588	780,124		486,780	+ 293,344	
1923 ..	38,403	292,408	2,667	758,131		444,785	+ 313,346	
1924 ..	38,746	296,416	2,286	729,933		473,235	+ 256,698	
1925 ..	38,890	295,689	2,605	710,582		472,841	+ 237,741	
1926 ..	39,067	279,860	2,622	694,563		453,804	+ 240,759	
Average : 1922-26 ..	38,653	292,779	2,554	734,667		466,289	+ 268,378	
1927 ..	39,290	308,310	3,190	654,172		484,609	+ 169,563	
<i>B. Proportion per 1,000 of Average Population.</i>								
		Persons married	Persons divorced					
1922 ..		15.7	0.14	20.4		12.8	7.6	
1923 ..		15.2	0.14	19.7		11.6	8.1	
1924 ..		15.3	0.12	18.8		12.2	6.6	
1925 ..		15.2	0.13	18.3		12.2	6.1	
1926 ..		14.3	0.13	17.8		11.6	6.2	
1927 ..		15.7	0.16	16.6		12.3	4.3	

¹ The second part of Table No. 4 (Emigration and Immigration) has not been completed for any of the three countries or for the United Kingdom as a whole, since migration movements between the United Kingdom and overseas countries are extremely complicated. To attempt summary statistics regarding them would require the disentanglement of figures relating to British subjects and aliens, travellers on business, tourists and persons of both these classes in transit only, a special analysis of cross-Channel traffic and many like matters.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.

Original source: Registrar-General's Statistical Review.

Administrative county with associated county boroughs	Average population (in 1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
Bedfordshire.. .. .	214	215	3,236	3,163	15.1	14.7
Berkshire	300	304	4,827	4,533	16.1	14.9
Buckinghamshire.. .. .	249	252	3,878	3,681	15.6	14.6
Cambridgeshire	129	130	1,964	1,883	15.2	14.5
Cheshire	1,073	1,083	17,864	16,756	16.7	15.5
Cornwall	316	316	4,878	4,753	15.4	15.1
Cumberland	274	273	5,490	4,702	20.1	17.2
Derbyshire	753	758	14,248	13,417	18.9	17.7
Devonshire	702	706	11,002	10,667	15.7	15.1
Dorsetshire	233	235	3,734	3,685	16.1	15.7
Durham	1,554	1,553	35,487	31,624	22.8	20.4
Ely, Isle of	77	78	1,539	1,448	20.0	18.6
Essex	1,564	1,600	27,522	26,351	17.6	16.5
Gloucestershire	770	775	12,989	12,218	16.9	15.8
Herefordshire	115	114	1,984	1,835	17.3	16.0
Hertfordshire	355	364	5,475	5,351	15.4	14.7
Huntingdonshire	56	56	965	934	17.3	16.7
Kent	1,145	1,155	18,480	17,764	16.1	15.4
Lancashire	5,066	5,098	90,196	84,991	17.8	16.7
Leicestershire	522	529	8,987	8,852	17.2	16.7
Lincolnshire (Holland)	87	88	1,730	1,660	19.8	18.9
Lincolnshire (Kesteven)	109	108	1,960	1,904	17.9	17.6
Lincolnshire (Lindsey)	416	417	7,629	7,251	18.3	17.4
London	4,615	4,550	78,825	73,263	17.1	16.1
Middlesex	1,330	1,356	21,703	21,123	16.3	15.6
Norfolk	504	506	8,445	8,146	16.8	16.1
Northamptonshire	308	308	4,702	4,389	15.3	14.2
Northumberland	769	773	15,709	14,207	20.4	18.4
Nottinghamshire	667	674	12,671	12,248	19.0	18.2
Oxfordshire	191	193	3,163	2,927	16.5	15.1
Peterborough, Soke of	49	50	788	792	16.1	15.9
Rutlandshire	18	18	299	254	16.6	14.1
<i>Carried forward</i>	24,530	24,635	432,639	40,6772		

Table No. 5* (concluded).

Administrative county with associated county boroughs	Average population in 1,000's		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
<i>Brought forward</i> ..	24,530	24,635	432,639	406,772		
Shropshire	245	245	4,479	4,179	18.3	17.1
Somersetshire .. .	469	471	6,949	6,583	14.8	14.0
Southampton .. .	944	954	16,327	15,748	17.3	16.5
Staffordshire .. .	1,422	1,432	28,934	28,056	20.4	19.6
Suffolk, East .. .	296	298	4,972	4,770	16.8	16.0
Suffolk, West .. .	108	109	1,665	1,605	15.4	14.8
Surrey	987	1,009	14,953	14,502	15.1	14.4
Sussex, East .. .	522	528	7,044	6,707	13.5	12.7
Sussex, West .. .	202	208	2,932	2,917	14.5	14.1
Warwickshire .. .	1,433	1,459	26,480	26,011	18.5	17.8
Westmorland .. .	62	62	1,058	995	17.0	16.1
Wight, Isle of .. .	87	86	1,141	1,124	13.1	13.1
Wiltshire	311	310	5,040	4,783	16.2	15.4
Worcestershire .. .	418	421	7,506	7,107	17.9	16.9
Yorkshire, East Riding .. .	463	467	9,218	9,108	19.9	19.5
Yorkshire, North Riding .. .	456	455	9,370	8,622	20.5	18.9
Yorkshire, West Riding .. .	3,296	3,335	59,936	56,187	18.2	16.8
York, City and County Borough	86	85	1,553	1,523	18.0	17.9
Anglesey	53	52	872	816	16.6	15.7
Brecknockshire .. .	62	61	1,106	1,024	18.0	16.7
Caernarvonshire .. .	120	120	1,888	1,844	15.8	15.3
Cardiganshire .. .	58	58	844	748	14.4	12.9
Carmarthenshire .. .	182	182	3,587	3,146	19.7	17.3
Denbighshire .. .	159	160	2,750	2,632	17.3	16.5
Flintshire	107	109	2,063	1,945	19.3	17.9
Glamorganshire .. .	1,313	1,305	26,315	22,960	20.0	17.6
Merionethshire .. .	44	44	717	722	16.4	16.4
Monmouthshire .. .	469	469	9,511	8,259	20.3	17.6
Montgomeryshire .. .	52	52	1,012	873	19.4	16.7
Pembrokeshire .. .	90	90	1,579	1,518	17.5	16.9
Radnorshire .. .	22	22	393	386	17.6	17.4
Total for towns, including London .. .	31,049	31,233	552,722	519,930	17.8	16.6
Total for rural districts .. .	8,018	8,057	141,841	134,242	17.7	16.7
Total for England and Wales	39,067	39,290	694,563	654,172	17.8	16.6

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY¹, 1922 TO 1927.

Original source : Registrar-General's Statistical Review.

Year	Live births			Excess of Male births per 100 Female births among live-born children
	Boys	Girls	Total	
1	2	3	4	5
1922	399,459	380,665	780,124	4.9
1923	387,296	370,835	758,131	4.4
1924	373,270	356,663	729,933	4.7
1925	363,167	347,415	710,582	4.5
1926	354,217	340,346	694,563	4.1
Average :				
1922-26	375,482	359,185	734,667	
1927	333,737	320,435	654,172	4.2

¹ Figures regarding still-births not available.

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS, 1922 TO 1927.

Original source: Registrar-General's Statistical Review.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922..	745,986			34,138			780,124		
1923..	726,609			31,522			758,131		
1924..	699,637			30,296			729,933		
1925..	681,686			28,896			710,582		
1926..	664,972			29,591			694,563		
Average: 1922-26	703,778			30,889			734,667		
1927..	625,149			29,023			654,172		

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
				Legitimate	Illegitimate	Total	Legitimate	Illegitimate
	Live-born (col. A. 8)	Still-born (col. A. 9)	Total (col. A. 10)	Per 100 live-born and still-born children			Per 1,000 average population	
				Legitimate (col. A. 4)	Illegitimate (col. A. 7)	Total (col. A. 10)		
1	2	3	4	5	6	7	8	9
1922 . .	44						19.5	0.9
1923 . .	42						18.9	0.8
1924 . .	42						18.1	0.8
1925 . .	41						17.5	0.7
1926 . .	43						17.0	0.8
Average: 1922-26 .	42						18.2	0.8
1927 . .	44						15.9	0.7

Table No. 9.*

MONTHLY¹ NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1925 TO 1927.

Original source : General Register Office.

Month	Actual figures for live-born children					
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
	In 1925		In 1926		In 1927	
	1	2	3	4	5	6	7
January						
February	168,394	7,129	166,479	7,518	159,596	7,378
March						
April						
May	179,112	7,752	173,378	7,954	163,070	7,708
June						
July						
August	174,280	7,555	167,397	7,440	156,304	7,550
September						
October						
November	159,900	6,460	157,718	6,679	146,179	6,387
December						
Total	681,686	28,896	664,972	29,591	625,149	29,023
Live-born children (legitimate and illegitimate together)						
Actual figures			Rate per 1,000 of average population (calculated on an annual basis)			
In 1925	In 1926	In 1927	In 1925	In 1926	In 1927	
8	9	10	11	12	13	
January						
February	175,523	173,997	166,974	18.3	18.1	17.2
March						
April						
May	186,864	181,332	170,778	19.3	18.6	17.4
June						
July						
August	181,835	174,837	163,854	18.6	17.8	16.5
September						
October						
November	166,360	164,397	152,566	17.0	16.7	15.4
December						
Total	710,582	694,563	654,172	18.3	17.8	16.6

¹ Births by month of occurrence are not tabulated; the figures given relate to the births registered in the calendar quarters.

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926 AND 1927.

Original source: Registrar-General's Statistical Review.

Administrative county with associated county boroughs	Civilian deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population ¹		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
Bedfordshire	2,330	2,606	11.0	12.2	-0.6	+ 1.2
Berkshire	3,414	3,723	11.5	12.4	—	+ 0.9
Buckinghamshire	2,555	2,819	10.4	11.3	-0.5	+ 0.9
Cambridgeshire	1,522	1,677	11.8	13.0	+ 0.1	+ 1.2
Cheshire	12,323	12,804	11.5	11.8	-0.7	+ 0.3
Cornwall	4,264	4,181	13.5	13.2	+ 0.5	-0.3
Cumberland	3,498	3,673	12.8	13.5	-0.8	+ 0.7
Derbyshire	8,007	8,929	10.6	11.8	-0.9	+ 1.2
Devonshire	8,790	8,850	12.8	12.9	—	+ 0.1
Dorsetshire	2,631	2,855	11.5	12.4	+ 0.2	+ 0.9
Durham	18,687	19,730	12.0	12.7	-1.2	+ 0.7
Ely, Isle of	889	992	11.5	12.8	-1.3	+ 1.3
Essex	15,866	17,206	10.2	10.8	-0.3	+ 0.6
Gloucestershire	9,026	9,968	11.7	12.9	-1.2	+ 1.2
Herefordshire	1,412	1,505	12.3	13.1	-0.5	+ 0.8
Hertfordshire	3,571	3,931	10.1	10.8	-0.4	+ 0.7
Huntingdonshire	674	758	12.1	13.6	-0.5	+ 1.5
Kent	12,351	13,660	11.0	12.0	-0.4	+ 1.0
Lancashire	64,901	68,429	12.8	13.4	-0.8	+ 0.6
Leicestershire	5,905	6,341	11.3	12.0	-0.8	+ 0.7
Lincolnshire (Holland)	1,053	1,083	12.0	12.3	+ 0.3	+ 0.3
Lincolnshire (Kesteven)	1,193	1,344	11.2	12.6	-1.0	+ 1.4
Lincolnshire (Lindsey)	4,825	5,176	11.6	12.4	+ 0.2	+ 0.8
London	53,476	55,170	11.6	12.1	-0.3	+ 0.5
Middlesex	12,941	14,325	9.8	10.6	-0.3	+ 0.8
Norfolk	5,864	6,420	11.7	12.7	-0.5	+ 1.0
Northamptonshire	3,509	3,667	11.4	11.9	-0.4	+ 0.5
Northumberland	9,170	9,284	11.9	12.0	-0.7	+ 0.1
Nottinghamshire	7,940	8,396	11.9	12.5	-0.6	+ 0.6
Oxfordshire	2,362	2,503	12.4	13.0	-0.2	+ 0.6
Peterborough, Soke of	639	647	13.0	13.0	+ 2.0	—
Rutlandshire	231	203	12.8	11.2	-1.3	-1.6
Shropshire	2,927	3,120	12.0	12.8	+ 0.1	+ 0.8
<i>Carried forward</i>	288,746	305,975				

¹ Civilian population only.

Table No. 10* (concluded).

Administrative county with associated county boroughs	Civilian deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population †			
	1926	1927	1926	1927	1926	1927
					As compared with	
				1925	1926	
1	2	3	4	5	6	7
<i>Brought forward</i>	288,746	305,975				
Somersetshire	5,579	5,972	11.9	12.7	- 0.6	+ 0.8
Southampton	10,333	11,356	11.5	12.5	- 0.3	+ 1.0
Staffordshire	16,089	17,648	11.3	12.3	- 1.2	+ 1.0
Suffolk, East	3,347	3,549	11.4	12.0	- 0.4	+ 0.6
Suffolk, West	1,327	1,419	12.3	13.1	+ 0.5	+ 0.8
Surrey	10,036	10,909	10.2	10.9	- 0.3	+ 0.7
Sussex, East	6,300	6,821	12.1	12.9	- 0.7	+ 0.8
Sussex, West	2,363	2,446	11.7	11.8	- 0.1	+ 0.1
Warwickshire	16,130	16,866	11.3	11.6	- 0.2	+ 0.3
Westmorland	748	845	12.0	13.7	- 1.2	+ 1.7
Wight, Isle of	1,116	1,155	13.0	13.5	+ 0.4	+ 0.5
Wiltshire	3,299	3,639	11.1	12.2	- 0.1	+ 1.1
Worcestershire	4,776	5,489	11.4	13.1	- 0.6	+ 1.7
Yorkshire, East Riding	5,900	6,130	12.7	13.1	+ 0.1	+ 0.4
Yorkshire, North Riding	5,567	5,985	12.3	13.2	- 1.0	+ 0.9
Yorkshir, West Riding	39,706	43,411	12.0	13.0	- 0.6	+ 1.0
York, City and County Borough	1,012	1,137	12.0	13.5	- 0.5	+ 1.5
Anglesey	724	787	13.8	15.1	- 0.8	+ 1.3
Brecknockshire	721	782	11.7	12.8	+ 0.1	+ 1.1
Caernarvonshire	1,838	1,777	15.3	14.8	- 0.7	- 0.5
Cardiganshire	881	974	15.1	16.8	- 0.9	+ 1.7
Carmarthenshire	2,294	2,285	12.6	12.5	+ 0.3	- 0.1
Denbighshire	1,923	2,082	12.1	13.1	- 0.3	+ 1.0
Flintshire	1,275	1,362	12.0	12.6	- 1.8	+ 0.6
Glamorganshire	14,112	15,211	10.8	11.7	- 0.8	+ 0.9
Merionethshire	696	700	16.0	16.0	- 0.2	-
Monmouthshire	4,520	5,269	9.6	11.2	- 1.3	+ 1.6
Montgomeryshire	661	708	12.7	13.6	- 1.2	+ 0.9
Pembrokeshire	1,103	1,226	12.3	13.8	- 0.6	+ 1.5
Radnorshire	250	272	11.2	12.3	- 2.7	+ 1.1
Total for towns, including London	363,404	387,348	11.7	12.4	- 0.6	+ 0.7
Total for rural districts	89,968	96,839	11.3	12.1	- 0.5	+ 0.8
Non-civilian deaths	432	422	-	-	-	-
Total for England and Wales	453,804	484,609	11.6 [‡]	12.3 [‡]	- 0.6	+ 0.7

† Civilian population only.

‡ Based on total deaths and total population.

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1927.

Original source : Registrar-General's Statistical Review.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (Difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	18,225	19,933	247,221	239,559	13.6	12.0	+ 1.6
1923	18,342	20,061	226,858	217,927	12.4	10.9	+ 1.5
1924	18,545	20,201	240,620	232,615	12.9	11.5	+ 1.4
1925	18,602	20,288	240,875	231,966	12.9	11.4	+ 1.5
1926	18,698	20,369	231,549	222,255	12.4	10.9	+ 1.5
Average :							
1922-26	18,482	20,170	237,425	228,864	12.8	11.3	+ 1.5
1927	18,804	20,486	246,606	238,003	13.1	11.6	+ 1.5

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1926 AND 1927.

Original source : Registrar-General's Statistical Review.

A. Actual Figures.

Ages and age-groups	Total deaths					
	1926			1927		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	28,036	20,721	48,757	26,306	19,304	45,610
1	6,395	5,711	12,106	6,858	5,838	12,696
2	2,705	2,309	5,014	2,933	2,638	5,571
3	1,676	1,597	3,273	1,812	1,612	3,424
4	1,399	1,209	2,608	1,387	1,228	2,615
0-4	40,211	31,547	71,758	39,296	30,620	69,916
5-9	4,116	3,639	7,755	4,145	3,701	7,846
10-14	2,646	2,530	5,176	2,649	2,557	5,206
15-19	4,451	4,271	8,722	4,519	4,318	8,837
20-24	5,206	5,097	10,303	5,606	5,177	10,783
25-29	4,993	5,357	10,350	5,272	5,497	10,769
30-34	4,973	5,352	10,325	5,196	5,703	10,899
35-39	6,456	6,208	12,664	7,003	6,395	13,398
40-44	8,592	7,255	15,847	9,225	7,755	16,980
45-49	10,981	9,250	20,231	11,993	9,793	21,786
50-54	14,052	11,346	25,398	15,107	12,425	27,532
55-59	16,808	13,603	30,411	18,158	14,440	32,598
60-64	20,098	16,841	36,939	21,837	18,484	40,321
65-69	23,441	20,300	43,741	24,993	22,543	47,536
70-74	23,567	24,089	47,656	26,437	26,188	52,625
75-79	20,248	23,280	43,528	22,507	26,746	49,253
80-84	12,957	18,294	31,251	14,300	20,214	34,514
85-89	5,982	10,246	16,228	6,602	11,249	17,851
90 and over ..	1,771	3,750	5,521	1,761	4,198	5,959
Total	231,549	222,255	453,804 ¹	246,606	233,003	484,609 ²

¹ These figures relate to the deaths registered during the year and differ from those given in Table No. 13 which relate to the date of occurrence of death.

The 453,804 deaths at all ages include 509 cases (273 males and 236 females) in which only approximate ages were stated; these have been included under the stated age (e.g., age "about 40" under age 40). In 41 cases (35 males and 6 females) the ages were stated to be within certain limits (e.g., age 20 to 25 years); these have been distributed over the age-group in proportion to the numbers of precisely stated ages in the individual years of age. In 20 cases (19 males and 1 female) the ages were stated to be unknown; these have been distributed to the particular ages, with regard as far as possible to the cause of death.

² The 484,609 deaths at all ages include 591 cases (334 males and 257 females) in which only approximate ages were stated; these have been included under the stated age (e.g., age "about 40" under age 40). In 41 cases (37 males and 4 females) the ages were stated to be within certain limits (e.g., age 20 to 25 years); these have been distributed over the age-group in proportion to the numbers of precisely stated ages in the individual years of age. In 16 cases (15 males and 1 female) the ages were stated to be unknown; these have been distributed to the particular ages, with regard as far as possible to the cause of death.

Table No. 12* (concluded).

B. Proportional Figures.

Ages and age-groups	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (-) in mortality in 1927 compared with 1926		
	In 1926			In 1927			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0 ..	83.2	63.2	73.3	81.2	61.0	71.2	- 2.0	- 2.2	- 2.1
1 ..	19.2	17.6	18.4	21.1	18.3	19.7	+ 1.9	+ 0.7	+ 1.3
2 ..	8.0	7.0	7.5	8.9	8.2	8.6	+ 0.9	+ 1.2	+ 1.1
3 ..	4.9	4.7	4.8	5.4	4.9	5.2	+ 0.5	+ 0.2	+ 0.4
4 ..	3.8	3.3	3.6	4.0	3.7	3.9	+ 0.2	+ 0.4	+ 0.3
0- 4 ..	23.3	18.8	21.1	23.7	18.9	21.3	+ 0.4	+ 0.1	+ 0.2
5- 9 ..	2.5	2.3	2.4	2.4	2.2	2.3	- 0.1	- 0.1	- 0.1
10-14 ..	1.5	1.5	1.5	1.6	1.5	1.5	+ 0.1	—	—
15-19 ..	2.5	2.4	2.4	2.5	2.4	2.5	—	—	+ 0.1
20-24 ..	3.1	2.9	3.0	3.3	3.0	3.1	+ 0.2	+ 0.1	+ 0.1
25-29 ..	3.7	3.3	3.5	3.8	3.4	3.6	+ 0.1	+ 0.1	+ 0.1
30-34 ..	6.1	4.6	5.3	6.6	4.9	5.6	+ 0.5	+ 0.3	+ 0.3
35-39 ..	6.1	4.6	5.3	6.6	4.9	5.6	+ 0.5	+ 0.3	+ 0.3
40-44 ..	6.1	4.6	5.3	6.6	4.9	5.6	+ 0.5	+ 0.3	+ 0.3
45-49 ..	11.1	8.2	9.5	11.9	8.7	10.2	+ 0.8	+ 0.5	+ 0.7
50-54 ..	11.1	8.2	9.5	11.9	8.7	10.2	+ 0.8	+ 0.5	+ 0.7
55-59 ..	23.3	17.4	20.2	24.5	18.3	21.3	+ 1.2	+ 0.9	+ 1.1
60-64 ..	23.3	17.4	20.2	24.5	18.3	21.3	+ 1.2	+ 0.9	+ 1.1
65-69 ..	56.8	43.9	49.7	61.1	47.4	53.6	+ 4.3	+ 3.5	+ 3.9
70-74 ..	56.8	43.9	49.7	61.1	47.4	53.6	+ 4.3	+ 3.5	+ 3.9
75-79 ..	132.7	108.0	117.7	141.7	118.5	127.7	+ 9.0	+ 10.5	+ 10.0
80-84 ..	132.7	108.0	117.7	141.7	118.5	127.7	+ 9.0	+ 10.5	+ 10.0
85-89 ..	282.0	254.2	263.4	309.0	285.8	293.6	+ 27.0	+ 31.6	+ 30.2
90 and over	282.0	254.2	263.4	309.0	285.8	293.6	+ 27.0	+ 31.6	+ 30.2
Unknown ¹	—	—	—	—	—	—	—	—	—
Total ..	12.4	10.9	11.6	13.1	11.6	12.3	+ 0.7	+ 0.7	+ 0.7

¹ See notes to first part of this table.

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS, 1926 AND 1927.

Original source: Registrar-General's Statistical Review.

Month	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
A. Per Month.					
January ..	46,507	55,176	14.0	16.5 ²	+ 2.5 ²
February ..	40,166	63,916	13.4	21.2 ²	+ 7.8 ²
March ..	43,714	49,693	13.2	14.9 ²	+ 1.7 ²
April ..	43,462	38,149	13.5	11.8	- 1.7 ²
May ..	38,216	36,465	11.5	10.9	- 0.6
June ..	31,627	32,551	9.8	10.1	+ 0.3
July ..	30,839	31,643	9.3	9.5	+ 0.2
August ..	29,727	30,321	9.0	9.1	+ 0.1
September ..	30,218	30,209	9.4	9.4	—
October ..	36,632	1	11.0	?	?
November ..	38,917	1	12.1	?	?
December ..	43,562	1	13.1	?	?
Total ..	453,587		11.6		
B. Per Quarter.					
1st Quarter ..	130,387	168,785	13.5	17.4	+ 3.9
2nd Quarter ..	113,305	107,165	11.6	10.9	- 0.7
3rd Quarter ..	90,784	92,173	9.2	9.3	+ 0.1
4th Quarter ..	119,111	1	12.1		
Total ..	453,587		11.6		

* Not yet available. The deaths registered during the 4th Quarter of 1927 were 116,016, or 11.7 per 1,000 of the population.

² The increases in the months of January, February and March were mainly due to influenza.

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES,
1926 AND 1927.

Original source: Registrar-General's Statistical Review.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6) †	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics ‡
			Actual figures	Per 10,000 of average population	Cases		Deaths			
					Actual figures †	Per 10,000 of average population	Actual figures †	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
1a	Typhoid † fever	1926	326	0.08	2,739	0.7			13.4	
		1927	313	0.08						
1b	Paratyphoid † fever ..	1926	41	0.01	3,533	0.9			10.4	
		1927	54	0.01						
2	Typhus	1926	1	0.00	1	0.0	2	0.0	100.0	—
		1927	—	—						
3	Relapsing fever	1926	—	—						
		1927	—	—						
5	Malarial fever or cachexia	1926	65	0.02	2 †	0.0				
		1927	39	0.01						
6	Smallpox	1926	18	0.00	10,146	2.6			0.2	
		1927	47	0.01						
7	Measles †	1926	3,483	0.89	14,767	3.8			0.3	
		1927	3,622	0.92						
8	Scarlet fever	1926	677	0.17	81,672	21.0			0.8	
		1927	579	0.15						
9	Whooping-cough † ..	1926	4,118	1.05	84,450	21.6			0.7	
		1927	3,681	0.94						

† The figures in col. 6 and col. 10 relate to civilian population only.

‡ Not available.

§ Cases of typhoid and paratyphoid fever are notified together under the heading "Enteric fever".

¶ Contracted in England and Wales.

** These diseases are not notifiable in England and Wales.

Table No. 14* (continued).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6) ¹	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics.	
					Cases		Deaths				
			Actual figures	Per 10,000 of average population	Actual figures ¹	Per 10,000 of average population	Actual figures ¹	Per 100 notified cases (col. 6)			
1	2	3	4	5	6	7	8	9	10	11	
10	Diphtheria	1926	2,994	0.77	51,069	13.1				5.9	
		1927	2,732	0.70	52,011	13.3				5.2	
11a	Influenza with pulmonary complications ³ ..	1926	5,489	1.41	2						
		1927	15,451	3.94	2						
11b	Influenza without pulmonary complications ³	1926	3,447	0.88	2						
		1927	6,812	1.73	2						
14	Asiatic cholera	1926	—	—	—	—				—	
		1927	—	—	—	—				—	
16	Dysentery	1926	142	0.04	530						
		1927	95	0.02	440						
17	Plague	1926	1	—	2					—	
		1927	—	—	—	—				—	
18	Yellow fever ³	1926	—	—							
		1927	—	—							
20	Leprosy ³	1926	1	0.00							
		1927	3	0.00							
21	Erysipelas	1926	808	0.21	14,597	3.8				5.5	
		1927	820	0.21	14,708	3.8				5.6	
22	Acute poliomyelitis . .	1926	235	0.06	1,297	0.3				18.0	
		1927	182	0.05	896	0.2				20.2	
23	Encephalitis lethargica..	1926	1,325	0.34	2,267	0.6				58.4	
		1927	1,155	0.29	1,615	0.4				71.3	
24	Epidemic cerebro-spinal meningitis	1926	365	0.09	385	0.1				92.7	
		1927	430	0.11	470	0.1				91.1	

* See previous page.

¹ See previous page.

² These diseases are not notifiable in England and Wales.

³ Pneumonia (Acute primary and Acute influenzal) is notifiable. The figures for this are given on the next page.

Table No. 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics to 100 notified cases (col. 6) ¹ (col. 4).	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes-of-death statistics	
					Cases		Deaths				
			Actual figures	Per 10,000 of average population	Actual figures ¹	Per 10,000 of average population	Actual figures ²	Per 100 notified cases (col. 6)			
1	2	3	4	5	6	7	8	9	10	11	
26	Glanders and farcy ³ ..	1926	1	0.00							
		1927	1	0.00							
27	Malignant pustule and anthrax ³	1926	8	0.00							
		1927	3	0.00							
28	Rabies	1926	—	—							
		1927	—	—							
	Pneumonia (Acute primary and Acute influenza)	1926			51,010	13.0					
		1927			67,757	17.2					
31	Tuberculosis of the respiratory system	1926	30,108	7.71	56,212	14.5					
		1927	31,066	7.91	54,048	13.8					
32	Tuberculosis of the meninges or tuberculosis of the central nervous system	1926	2,834	0.73	18,608	4.8					
		1927	2,868	0.73			17,697	4.5			
33-37	Tuberculosis of other organs	1926	4,583	1.17							
		1927	4,239	1.08							
38	Syphilis	1926	1,254	0.32							
		1927	1,406	0.36							
39	Soft chancre	1926	—	—							
		1927	—	—							
40	Gonorrhœa	1926	51	—							
		1927	74	—							

¹ See page 858.² See page 858.³ These diseases are not notifiable in England and Wales.

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1926.

Original source : Registrar-General's Statistical Review.

Age-groups	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex			Age-groups
	Males	Females	Total	Males	Females	Total	
1	2	3	4	5	6	7	8
0	505	357	862				
1-4	1,261	1,055	2,316				
0-4	1,766	1,412	3,178	10.25	8.40	9.34	0
5-9	547	544	1,091	3.39	3.44	3.41	5
10-14	484	703	1,187	2.78	4.07	3.42	10
15-19	1,379	2,085	3,464	7.64	11.62	9.62	15
20-24	2,134	2,487	4,621	12.68	14.32	13.51	20
25-29	1,985	2,191	4,176	13.80	11.76	12.69	25
30-34	1,753	1,608	3,361	16.21	8.72	12.16	35
35-39	1,893	1,338	3,231				
40-44	2,112	1,195	3,307				
45-49	1,948	951	2,899	16.26	6.80	11.28	45
50-54	1,734	759	2,493				
55-59	1,236	528	1,764	13.46	5.63	9.35	55
60-64	895	456	1,351				
65-69	521	286	807	8.69	4.57	6.42	65
70-74	198	176	374				
75-79	65	96	161				
80-84				3.02	3.11	3.08	75
85-89	19	41	60				and up
90 and over .. .							
Age unknown ¹ ..	—	—	—	—	—	—	—
Total.	20,669	16,856	37,525	11.05	8.27	9.61	

¹ See notes to Table No. 12.

Table No. 16.*

DEATH RATE FROM TUMOURS,¹ 1925 TO 1927.

Original source: Registrar-General's Statistical Review.

Year	Classification according to International List (3rd Revision, 1920)					Other nomenclatures			
	No. 43-49 Cancer or other malignant tumours	No. 50 Non- malignant tumours, or tumours of which the malignant character is not specified	No. 137 Cysts and other non- malignant tumours of the ovary	No. 139 Non- cancerous tumour of the uterus	Nos 43-50, 137, 139 Total number of tumours (col. 2, 3, 4, 5 together)	Carcinoma	Sarcoma	"Cancer" undefined	Nos. 43-49 Total number of malignant tumours
1	2	3	4	5	6	7	8	9	10
<i>A. Actual Number of Deaths.</i>									
1925 ..	51,939	739	282	387	53,347	40,832	2,729	8,378	51,939
1926 ..	53,220	824	309	416	54,769	42,673	2,676	7,871	53,220
1927 ..	54,078	833	274	420	55,605	44,274	2,817	6,987	54,078
<i>B. Proportional Figures per 10,000 of Average Population.</i>									
1925 ..	13.36	0.19	0.14	0.19	13.88	10.50	0.70	2.16	13.36
1926 ..	13.62	0.21	0.15	0.20	14.18	10.92	0.69	2.01	13.62
1927 ..	13.76	0.21	0.13	0.21	14.31	11.27	0.72	1.77	13.76

¹ Note that headings of col. 9 and 10 differ from the corresponding headings in the standard tables.

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927.

Original source : Registrar-General's Statistical Review.

Classification according to International List (3rd Revision, 1920)									
I. Classes of Disease									
Year	Affections								
	Of the nervous system and organs of special sense Nos. 70-86	Of the circulatory system Nos. 87-96	Of the respiratory system Nos. 97-107	Of the digestive system Nos. 108-127	Non-venereal diseases of genito-urinary system Nos. 128-142	Of the skin and cellular tissue Nos. 151-154	Of the bones and organs of locomotion Nos. 155-158		
1	2	3	4	5	6	7	8		
<i>A. Actual Number of Deaths.</i>									
1925..	46,930	83,990	77,829	27,511	18,707	3,270	864		
1926..	46,569	85,204	67,829	27,649	19,083	3,117	834		
1927..	43,898	97,778	75,941	26,027	20,710	2,943	898		
<i>B. Proportional Figures per 10,000 of Average Population.</i>									
1925..	12.07	21.60	20.01	7.07	4.81	0.84	0.22		
1926..	11.92	21.81	17.36	7.08	4.88	0.80	0.21		
1927..	11.17	24.89	19.33	6.62	5.27	0.75	0.23		
II. Various Important Diseases									
Year	Cerebral hæmorrhage, apoplexy No. 74	Diseases of the heart Nos. 87-90	Acute and chronic bronchitis No. 99	Pneumonia Nos.100,101	Diarrhoea and enteritis (all ages) Nos.113,114	Cirrhosis of the liver No. 122	Acute and chronic nephritis Nos.128,129	Old age No. 164	Unknown or ill-defined diseases Nos.204,205
	9	10	11	12	13	14	15	16	17
<i>A. Actual Number of Deaths.</i>									
1925..	27,031	64,059	35,252	36,990	8,328	1,847	12,615	25,314	1,604
1926..	27,208	64,465	30,187	32,339	8,415	1,865	12,752	24,564	1,406
1927..	25,238	72,109	33,021	37,242	6,197	1,860	13,852	22,753	1,085
<i>B. Proportional Figures per 10,000 of Average Population.</i>									
1925..	6.95	16.47	9.06	9.51	2.14	0.47	3.24	6.51	0.41
1926..	6.96	16.50	7.73	8.28	2.15	0.48	3.26	6.29	0.36
1927..	6.42	18.35	8.40	9.48	1.58	0.47	3.52	5.79	0.28

Table No. 18.*

DEATHS¹ FROM PUERPERAL DISEASES, 1925 TO 1927.

Original source: Registrar-General's Statistical Review.

Year	Number of confinements notified	Total number of live births	Total deaths from					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
					Rate per 10,000			
			Actual figures		Notified confinements (col. 2)	Live births (col. 3)	Notified confinements (col. 2)	Live births (col. 3)
1	2	3	4	5	6	7	8	9
1925 . . .		710,582	1,110	1,790		15.62		25.19
1926 . . .		694,563	1,109	1,751		15.97		25.21
1927 . . .		654,172	1,026	1,664		15.68		25.44

Table No. 19.

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES 1925 TO 1927.

Original source: Registrar-General's Statistical Review.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
	2	3	4	5	6	7
Deaths by suicide	4,084	4,449	4,907	1.05	1.14	1.25
Other external causes	14,230	14,171	15,215	3.66	3.63	3.87
Total deaths from external causes	18,314	18,620	20,122	4.71	4.77	5.12
Total deaths from all causes	472,841	453,804	484,609	121.58	116.16	123.34
Total deaths excluding deaths due to external causes (natural mortality)	454,527	435,184	464,487	116.87	111.39	118.22

¹ Still-births excluded.

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE, SEX AND LEGITIMACY, 1925 AND 1926.

Original source : Registrar-General's Statistical Review.

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legitimate	Illegitimate	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6	7	8	9	10	11
Year 1925.										
(a) Days of age :										
0	4,053	3,107	7,160	6,482	678	11.16	8.94	10.08	9.51	23.46
1										
2										
3										
4	4,551	3,369	7,920	7,416	504	12.53	9.70	11.15	10.88	17.44
5										
6										
7										
8										
9										
10										
11	1,848	1,470	3,318	3,082	236	5.09	4.23	4.67	4.52	8.17
12										
13										
14										
15										
16										
17										
18	1,483	1,141	2,624	2,458	166	4.08	3.28	3.69	3.61	5.74
19										
20										
21										
22										
23										
24										
25										
26	1,143	806	1,949	1,820	129	3.15	2.32	2.74	2.67	4.46
27										
28										
29										
(b) Months of age :										
0	13,078	9,893	22,971	21,258	1,713	36.01	28.48	32.33	31.18	59.28
1	3,058	2,163	5,221	4,815	406	8.42	6.23	7.35	7.06	14.05
2	2,143	1,607	3,750	3,387	363	5.90	4.63	5.28	4.97	12.56
3	1,851	1,272	3,123	2,867	256	5.10	3.66	4.39	4.21	8.86
4	1,520	1,061	2,581	2,365	216	4.19	3.05	3.63	3.47	7.48
5	1,380	945	2,325	2,169	156	3.80	2.72	3.27	3.18	5.40
6	1,314	980	2,294	2,138	156	3.62	2.82	3.23	3.14	5.40
7	1,283	947	2,230	2,075	155	3.53	2.73	3.14	3.04	5.36
8	1,289	1,028	2,317	2,187	130	3.55	2.96	3.26	3.21	4.50
9	1,251	971	2,222	2,095	127	3.44	2.79	3.13	3.07	4.40
10	1,244	956	2,200	2,081	119	3.43	2.75	3.10	3.05	4.12
11	1,087	995	2,082	1,962	120	2.99	2.86	2.93	2.88	4.15
Total under 1 year ..	30,498	22,818	53,316	49,399	3,917	83.98	65.68	75.03	72.47	135.56

Table No. 20* (concluded).

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legitimate	Illegitimate	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6	7	8	9	10	11
(a) Days of age:	Year 1926.									
0	3,993	2,944	6,937	6,190	747	11.3	8.7	10.0	9.3	25.2
1										
2										
3										
4	4,505	3,329	7,834	7,319	515	12.7	9.8	11.3	11.0	17.4
5										
6										
7										
8										
9										
10										
11	1,782	1,386	3,168	2,933	235	5.0	4.1	4.6	4.4	7.9
12										
13										
14										
15										
16										
17										
18	1,408	1,070	2,478	2,293	185	4.0	3.1	3.6	3.4	6.3
19										
20										
21										
22										
23										
24										
25	1,026	682	1,708	1,571	137	2.9	2.0	2.5	2.4	4.6
26										
27										
28										
29										
(b) Months of age:										
0	12,714	9,411	22,125	20,306	1,819	35.9	27.7	31.9	30.5	61.5
1	2,876	1,843	4,719	4,342	377	8.1	5.4	6.8	6.5	12.7
2	1,930	1,410	3,340	3,053	287	5.4	4.1	4.8	4.6	9.7
3	1,622	1,170	2,792	2,544	248	4.6	3.4	4.0	3.8	8.4
4	1,430	972	2,402	2,187	215	4.0	2.9	3.5	3.3	7.3
5	1,153	875	2,028	1,858	170	3.3	2.6	2.9	2.8	5.7
6	1,175	874	2,049	1,897	152	3.3	2.6	2.9	2.9	5.1
7	1,164	838	2,002	1,868	134	3.3	2.5	2.9	2.8	4.5
8	1,054	892	1,946	1,821	125	3.0	2.6	2.8	2.7	4.2
9	1,035	833	1,868	1,755	113	2.9	2.4	2.7	2.6	3.8
10	960	804	1,764	1,665	99	2.7	2.4	2.5	2.5	3.3
11	923	799	1,722	1,627	95	2.6	2.3	2.5	2.4	3.2
Total under 1 year ..	28,036	20,721	48,757	44,923	3,834	79.1	60.9	70.2	67.6	129.6

Table No. 21.*

SEASONAL VARIATIONS¹ IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE CHILDREN UNDER 1 YEAR OF AGE, 1925 AND 1926.

Original source : Registrar-General's Statistical Review.

Month	Number of deaths among children under 1 year		
	Actual figures		
	Legitimate children	Illegitimate children	Total
1	2	3	4
	<i>Year 1925.</i>		
January	14,549	1,032	15,581
February			
March			
April			
May	11,496	925	12,421
June			
July			
August	10,430	883	11,313
September			
October			
November	12,924	1,077	14,001
December			
Total	49,399	3,917	53,316
	<i>Year 1926.</i>		
January			
February	13,724	1,161	14,885
March			
April			
May	10,457	863	11,320
June			
July			
August	9,168	801	9,969
September			
October			
November	11,574	1,009	12,583
December			
Total	44,923	3,834	48,757

¹ Proportional figures not available.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH, 1925 AND 1926.

Original source: Registrar-General's Statistical Review.

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations	3,253	3,181	4.58	4.58
160	Congenital debility, icterus and sclerema	4,553	4,062	6.41	5.85
161	Premature birth; injury at birth	13,591	13,195	19.13	19.00
38	Syphilis	585	586	0.82	0.84
7	Measles	1,099	789	1.55	1.14
8	Scarlet fever	31	21	0.04	0.03
9	Whooping cough	2,708	1,920	3.81	2.76
10	Diphtheria	121	124	0.17	0.18
11	Influenza	412	312	0.58	0.45
15	Cholera nostras	—	—	—	—
21	Erysipelas	100	86	0.14	0.12
24	Epidemic cerebro-spinal menin- gitis	104	127	0.15	0.18
31	Tuberculosis of the respiratory system	108	91	0.15	0.13
32	Tuberculosis of the meninges or of the central nervous system ..	435	444	0.61	0.64
33-37	Tuberculosis of other organs ..	353	327	0.50	0.47
71	Meningitis	434	388	0.61	0.56
80	Convulsions of infants	2,824	2,524	3.97	3.63
99	Acute bronchitis	3,655	2,939	5.14	4.23
100-101	Pneumonia	8,101	6,980	11.40	10.05
113	Diarrhoea and enteritis	5,307	5,394	7.47	7.77
175-199	External causes	696	671	0.98	0.97
201	Infanticide (murder of infants less than 1 year of age)	69	62	0.10	0.09
205	Diseases not specified or ill-defined	88	77	0.12	0.11

6. PUBLIC HEALTH STATISTICS.

Table No. 24.

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis.—Dispensaries, Sanatoria and Hospitals approved by the Minister of Health for the Treatment of Tuberculosis, 1925 to 1927.

Class of institution	Number of institutions			Number of beds		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Anti-tuberculosis dispensaries (including visiting stations, out-patient departments of general hospitals and special clinics)	579	604	634	—	—	—
II. Institutions for pulmonary tuberculosis : ¹						
(a) Sanatoria (including consumption hospitals) ..	204	209	210	14,733	15,238	15,797
(b) Isolation hospitals (including smallpox hospitals)	53	52	52	2,247	2,425	2,453
(c) Institutions for children only	24	24	22	1,375	1,387	1,245
III. General hospitals :						
(a) Town	139	140	144	571	580	582
(b) Country branches	15	15	16	140	140	132
IV. Institutions mainly or entirely for non-pulmonary tuberculosis :						
(a) For adults only	8	7	8	361	361	381
(b) For children only	39	42	44	2,148	2,459	2,517
(c) For adults and children ..	7	7	8	741	741	752
Totals	489	496	504	22,316	23,331	23,859

In each case the figures given are those for the end of the year in question.

The number of patients admitted during these years to institutions of each type is not available. The total admitted to residential institutions of all types is shown in Table No. 26 B, section IX.

¹ These institutions are used mainly (and in some cases solely) pulmonary tuberculosis, but a small and unknown number of the beds is in use for the treatment non-pulmonary tuberculosis.

Table No. 24 (concluded).

B. Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases, 1925 to 1927.¹

Designation of the institutions	Number of institutions			Number of new cases dealt with during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. and II. Consultation and treatment centres	193	190	186	71,431 ²	74,644 ²	80,853 ²
III. Homes for hereditary syphilis . .	No specific accommodation reserved for this class of disease.					
IV. Other institutions :						
(a) Hostels for infected women and girls	14	14	14	630	694	656
(b) Other institutions for care of pregnant women suffering from venereal diseases	8	8	8	344	491	518

¹ In each case the figures given are those for the end of the year in question.² These figures show only the number of new cases dealt with at the centres in each year.

Table No. 25.*

 INSTITUTIONS FOR THE PROTECTION OF MOTHERS AND CHILDREN,¹ 1925 TO 1927.

Designation of the institutions	Number of institutions		
	1925	1926	1927
1	2	3	4
I. Consultation centres for expectant mothers ²	725	770	848
II. Special obstetrical hospitals	No complete information available		
III. Welfare centres for mothers and infants	2,438	2,542	2,653
IV. Special hospitals for infants	42	39	39
V. Other important institutions :			
(a) Maternity homes and hospitals	149	156	158
(b) Convalescent homes for mothers (with their babies) after confinement and for children under 5 years of age	37	47	49
(c) Homes for mothers and babies (chiefly for unmarried mothers)	103	106	109
(d) Homes for babies	36	39	41

¹ No complete information is available as to the numbers of persons admitted to the above institutions during the years in question.

In each case the figures given are those for the end of the year in question.

² These centres are also used as welfare centres, and the figures under III include the figures under I.

7. DATA ON CURATIVE MEDICINE.

Table No. 26 A.*

STATISTICS OF HOSPITALS, ETC., 1925 TO 1927.

A. Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds					
				Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals . . .	No complete information available.								
II. Mental hospitals . . .	166	166	166	115,612	116,615	118,498	30	30	30
III. Hospitals for the treatment of nervous diseases: . . .	No complete information available.								
(a) Homes for epileptics . . .	No complete information available.								
(b) Sanatoria for alcoholics . . .	No complete information available.								
IV. Homes for idiots and imbeciles . . .	(a) 273	(b) 269	(c) 266	(a) 21,130	(b) 22,507	(c) 23,589	5	6	6
V. Infant hospitals . . .	24	25	23	578	617	570	0.15	0.16	0.14
VI. Children's hospitals . . .	No complete information available.								
VII. Hospitals for cripples . . .	No complete information available.								
VIII. Hospitals for contagious diseases . . .	981	984	985	35,916	36,254	36,397	9.2	9.3	9.3
IX. Tuberculosis hospitals and sanatoria ¹ . . .	475	489	496	22,092	22,316	23,331	5.7	5.7	5.9
X. Homes for lepers . . .	—	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical hospitals . . .	No complete information available.								
XII. Maternity hospitals and homes ¹ . . .	134	149	156	2,015	2,182	2,344	0.52	0.56	0.6
XIII. Eye hospitals . . .	No complete information available.								
XIV. Homes for incurables . . .	No complete information available.								

(a), (b) and (c) including $\left\{ \begin{array}{l} (a) 166 \\ (b) 158 \\ (c) 154 \end{array} \right\}$ institutions approved under Section 37 of the Mental Deficiency Act, 1913, providing accommodation for: (a) 7,893, (b) 8,452, (c) 8,675 patients.

¹ These figures include only those institutions which are approved by the Minister of Health for the payment of grants from the central government.

Table No. 26B.

 B. *Movement of Patients and Duration of Disease.*

Distribution of the institutions according to their character	Actual number of patients					Number of deaths per 100 patients discharged	Number of days of illness ¹
	At the beginning of the year	Admitted	Treated	Discharged	Deceased		
1	2	3	4	5	6	7	8 and 9
II. Mental hospitals :							
1925	110,229	21,550	131,779	10,761	8,478	78.8	
1926	112,587	21,638	134,225	10,523	8,346	79.3	
1927	115,412	21,639	137,051	10,541	9,249	87.7	
IV. Homes for idiots and feeble-minded :							
1925	18,735	1	1	1	1	1	
1926	20,297	1	1	1	1	1	
1927	21,662	1	1	1	1	1	

 IX. *Tuberculosis Hospitals and Sanatoria approved by the Minister of Health.*

Year	Actual number of patients ²					Number of deaths per 100 patients discharged ³	Number of days of illness	
	At the beginning of the year	Admitted	Treated (col. 2 + 3)	Discharged	Deceased		Actual figures ⁴	Per one patient treated (col. 4)
1	2	3	4	5	6	7	8	9
1925 ..								
1926 ..	17,687	45,149	62,836	39,450	4,579	10.4	7,356,628	117
1927 ..	18,900	44,900	63,800	39,729	4,840	10.9	7,583,394	119

Information as to movement of patients and duration of disease is not available in respect of institutions of the categories mentioned under heads V, VI, VII, VIII, XI and XII of Table No. 26.

¹ Information not available.

² Excluding cases admitted solely for observation.

³ Calculated on the sum of cols. 5 and 6.

⁴ Total number of "patient-days" for the year as near as possible.

Table No. 27.

STATISTICS OF SANITARY PERSONNEL.

Sanitary personnel	Actual figures			Rate per 10,000 average population		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
IX. Practising Midwives . .	14,278	14,411	14,479	3.67	3.69	3.69

Table No. 28.

STATISTICS OF HEALTH INSURANCE FUNDS, 1925 TO 1927.

A. Number of Insured Persons.

1925		1926		1927	
Males	Females	Males	Females	Males	Females
9,483,000	4,611,000	9,757,000	4,740,000	9,808,000	4,772,000

B. Estimated Number of Days' Incapacity in respect of which Sickness or Disablement Benefit was paid.

1925		1926		1927	
Males	Females	Males	Females	Males	Females
90,000,000	60,000,000	103,500,000	66,000,000	109,500,000	73,500,000

C. Proportional Figures of Number of Insured Persons to Total Population.

Year	Number of persons per 1,000 of average population of the same sex		Percentage of persons of each sex		
	Males	Females	Males	Females	Total
1925 . . .	510	227	67	33	100
1926 . . .	522	232	67	33	100
1927 . . .	522	233	67	33	100

II. PREVENTION AND TREATMENT OF INFECTIOUS DISEASE.

1. GENERAL.

The total number of cases of infectious disease notified in England and Wales during 1927 was 326,825, as compared with 300,892 in the previous year. This figure does not include chicken-pox, influenza, whooping-cough or mumps, and it includes measles only in respect of certain districts; but it is considered to be a useful index of the prevalence of infectious diseases.

There were few features of outstanding interest during the year 1927. The number of cases of encephalitis lethargica showed a further decline, being 1,615, as compared with 2,267 in the previous year. The fatality rate, however, reached the high figure of 71.5 per cent, as compared with 58.4 per cent in 1926.

The total number of cases of poliomyelitis and polio-encephalitis notified during 1927 was 896, with a fatality rate of 20.3 per cent, but there was only one considerable outbreak of these allied diseases, which accounted for 110 cases, 6 of which were fatal.

The prevalence of mild smallpox still continued. In 1927, 14,767 cases were notified, as compared with 10,146 in 1926. The deaths during the year which were classed to smallpox numbered 47, indicating that the case mortality is very low.

52,011 cases of diphtheria were notified during the year, of which 2,732 were fatal. The case fatality rate was 5.25 per cent. This compares with a rate of 5.86 per cent in 1926 and 10.3 per cent ten years ago, and is the lowest death rate recorded since complete returns became first available for the whole country. Greater use is being made of the Schick test and of the immunisation of persons against the disease.

There was a further decline in the recorded fatality rate for scarlet fever. In 1927, there were 84,450 cases notified in England and Wales, of which 579 were fatal, the fatality rate being 0.68 per cent, as compared with 0.82 per cent in 1926, which was the lowest recorded rate in the recent history of scarlet fever.

2. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

During the year, two local authorities were empowered to establish rheumatism supervisory centres, and to make such other arrangements as they think necessary for the supervision, after-care and treatment of acute rheumatism in their districts. In London, steps are being taken to provide additional hospital accommodation for about 350 cases of rheumatism in children.

3. PUBLIC HEALTH LEGISLATION.

(1) The Mental Deficiency Act, 1927, by amending the definition of "mental deficiency", facilitates the treatment in institutions for the mentally defective of suitable cases of persons suffering from the after-effects of encephalitis lethargica.

(2) During the year, it was decided to alter the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations, 1919, which provide for the notification and treatment of certain infectious diseases, and contain provisions for the prevention and treatment of other infectious diseases which are notifiable under the general law. For this purpose, new Regulations were issued, under which trench fever is

no longer compulsorily notifiable, but all cases of malaria and dysentery which come to the notice of medical practitioners are now notifiable, except cases of malaria in which the disease has been induced in an institution for therapeutic purposes.

4. TUBERCULOSIS.

Preventive Measures.—The preventive work of local sanitary authorities in England and Wales comprises the administration of Regulations issued by the Central Department for the compulsory notification of new cases of tuberculosis, and the taking of such sanitary and preventive measures as are appropriate in cases of the disease. The returns and reports furnished to the Minister of Health show that there has been recently in many areas a marked improvement of the local work connected with the notification of cases of tuberculosis.

Treatment.—The provision of institutional and other treatment for persons suffering from tuberculosis is undertaken, under schemes approved by the Minister of Health, by the councils of counties and county boroughs (or combinations of such councils). The steady development of the tuberculosis service has continued during 1927-28, but there has been no striking new feature to record.

Table 24 A shows, as at March 31st, 1928, the various classes of institutions approved for the purposes of the schemes of local authorities in England and Wales and the total number of beds of each class.

It is not practicable to analyse the accommodation further to show the respective numbers of sanatoria and hospitals for pulmonary and non-pulmonary tuberculosis in adults and children, because a large number of the institutions are available for both the hospital and sanatorium type of case, as well as for certain types of non-pulmonary tuberculosis in adults and for children. It should also be noted that many cases of non-pulmonary tuberculosis receive surgical treatment in institutions not mainly concerned with the treatment of tuberculosis.

A further increase took place during the year in the number of areas served by comprehensive orthopædic schemes, that is, schemes providing special out-patient clinics for the surgical care and after-treatment of tuberculous and other cripples, in conjunction with a properly equipped orthopædic hospital at which in-patient treatment is afforded.

Budget.—The gross expenditure of local authorities on their tuberculosis schemes during 1927-28 amounted to £3,389,992, or £95,001 in excess of the gross expenditure during 1926-27.

Grants made by the Government during 1927-28 towards the expenditure of local authorities amounted to £1,743,419 (including special grants of £27,320 towards capital expenditure), and, in addition, payments amounting to £152,964 were made by the Ministry of Pensions to local authorities for the residential treatment of ex-service men whose tuberculosis was held to be due to or aggravated by war service.

Legislation.—No fresh legislation was enacted in regard to tuberculosis during the year 1927.

5. VENEREAL DISEASES.

Diagnosis and Treatment.—The diagnosis and treatment of venereal diseases are carried out, under schemes approved by the Minister of Health, by the councils of counties and county boroughs.

There are no new developments to report in connection with this service, but the statistical information given in previous years is brought up to date in Table 24 B.

Budget.—The net expenditure of local authorities on the service in the year 1927-28 was £309,811, and in the year 1926-27, £390,185. In each case, approximately three-quarters of the cost is met by grants paid by the Ministry of Health, the residue being borne by the local authorities concerned.

Legislation.—No fresh legislation in regard to venereal diseases was passed during 1927.

6. ALCOHOLISM.

No observations, in view of the special enquiry being made by the League of Nations.

III. PUBLIC HEALTH ACTIVITIES.

1. PROTECTION OF MATERNITY, INFANCY AND THE CHILD OF PRE-SCHOOL AGE.

General.—This work, for the benefit of expectant and nursing mothers and children under 5 years of age, is carried on by some 464 local authorities and by a large number of voluntary agencies working in close co-operation with them, and has continued to make steady progress during 1927.

The infant mortality rate, which was as high as 132 per thousand births in 1906, had been reduced to 70 in 1927.

The equivalent of the whole time of 2,028 women was devoted to health visiting at March 31st, 1928, as compared with 1,994 at March 31st, 1927. Health visitors are primarily occupied in the periodical visiting of homes in which births occur and in instructing the mothers in the care of their young children. As from April 1st, 1928, all new health visitors are required to undergo a prescribed course of public health training in addition to nursing and midwifery, and to pass an examination conducted by a central examining body under conditions approved by the Minister of Health. Efforts are being made to secure the payment of adequate salaries to all health visitors and to improve the conditions of their employment throughout the country.

The figures given in Table 25 show the progress which has been made in recent years in the provision of ante-natal clinics, infant welfare centres, maternity homes and hospitals and other important institutions for the welfare of mothers and young children.

The importance of the early treatment of crippling defects and diseases in children under school age is being increasingly recognised, and the number of local authorities which have made arrangements for the treatment of such children increased from 80 to 166 during the year.

Deep and increasing concern is being shown in the question of maternal mortality, and two important Committees have recently been appointed :

(1) A Departmental Committee to enquire into the training of midwives and the conditions under which they are practising ; and

(2) A representative Maternal Mortality Committee with a view to co-ordinating and stimulating research into questions relating to the prevention of maternal mortality.

Arrangements are being made for the local investigation of maternal deaths by competent medical officers, with a view to ascertaining more exactly the actual causes which lead to maternal mortality, and it will be one of the duties of this latter Committee to secure that these investigations are conducted on uniform lines. Doctors are now required to notify to the local medical officers of health all cases of puerperal pyrexia, and provision has been made enabling the notifying practitioners to call upon the local authorities for any assistance which may be needed in dealing with cases of puerperal fever or puerperal pyrexia. By the end of the year, 128 local authorities had made special arrangements for the institutional treatment of these cases, 138 for the services of specialists for consultation, and 68 for skilled nursing assistance.

Legislation.—The only fresh legislation to which it is necessary to refer is the Nursing Homes Registration Act, 1927, which came into force on July 1st, 1928, provides for the inspection and compulsory registration of nursing homes in England and Wales. The term "nursing homes" includes maternity homes and, as regards these, the provisions of the Act supersede similar enactments in Local Acts and in the Midwives and Maternity Homes Act, 1926. The Act does not apply to any hospital or other premises maintained or controlled by a Government Department or local authority, or by any other body constituted by special Act of Parliament or incorporated by Royal Charter. Exemption from the provisions of the Act may be granted in respect of any hospital or institution not carried on for profit or any Christian Science nursing home. The grounds on which registration may be refused include the unfitness of the person carrying on the home or of any person employed by him at the home, and the unsuitability of the home itself for reasons connected with situation, construction, accommodation, staffing or equipment. There were 1918 maternity homes registered at December 31st, 1927, under the Act of 1926 or under Local Acts, while 161 maternity homes had been exempted from registration.

The Births and Deaths Registration Act, 1926, which came into operation on July 1st, 1927, requires the registration of all still-births.

Budget.—The total amount of the grants disbursed by the Government in 1927-28 was £1,040,786, as compared with £962,476 in 1926-27.

The expenditure, estimated or actual, of local authorities, voluntary agencies and the Government during 1927-28 was as follows:

(a) Estimated net expenditure of local authorities before deducting amount of Government grant	£1,658,800
(b) Estimated net expenditure of voluntary agencies before deducting amount of Government grant	£470,900
(c) Government grant paid to local authorities	£817,718
(d) Government grant paid to voluntary agencies	£223,068

2. THE HEALTH OF THE SCHOOLCHILD.

The Board of Education, acting on behalf of the Minister of Health, is the Central Authority in England and Wales for the administration of measures connected with the protection of the health of schoolchildren. Local responsibility is undertaken by the local education authorities, 318 in number, each operating in its own area, whether county, county borough, borough, or urban district. The main activities are known as the Special Services of Education, and are as follows:

1. Medical Inspection and Treatment.
2. Provision of Meals.

3. Organisation of Physical Training.
4. Evening Play Centres.
5. Nursery Schools.
6. Special Schools.

(a) *Medical Inspection and Treatment of Schoolchildren.*

This service, known briefly as the School Medical Service, was inaugurated in 1907 throughout England and Wales. At its head in each autonomous area is the school medical officer, appointed by the local education authority. He is usually also the medical officer of health for the area, thus ensuring the co-ordination of the school medical work with the general work of public health in the area. His staff includes other medical officers, specialists and nurses as required. The main purpose of the work undertaken is preventive rather than curative. The school medical officer advises the local education authority on all matters affecting the health of the children, such as the sanitation, ventilation, heating, lighting and equipment of the school; the physical and mental condition of the children; and the health measures which should be adopted to enable every child to take full advantage of the education provided for it.

The local education authority is required to provide for the periodical routine medical inspection of all the children in the public elementary schools. The children are examined three times in the course of their school life—on entering school, at the age of 8 and at the age of 12. In addition, children specially referred by their parents, teachers or school nurses are examined at any time. If any defect is found, the parents are informed and a school nurse follows up the case with a view to securing that treatment is obtained. Should the parent be unable to obtain treatment, the local education authority is required to provide treatment for certain types of defect—defective eyesight, what are called "minor ailments", dental defects and enlarged tonsils and adenoids. Treatment is carried out either at school clinics, which number at the present time about 1,500, or at hospitals under arrangements made between the local education authority and the hospital authorities.

Every year rather more than one-third of the children in attendance at public elementary schools are submitted to routine medical inspection, which is of such a character as to provide for the discovery of any specific defect as well as for a general estimate of the physical condition of the children. In addition, another one-fifth are examined as "special cases". The total number of children medically inspected in 1927 was 2,685,739, out of an average attendance in the schools of 4,967,394. Approximately 20 per cent of the children submitted to routine medical inspection and 30 per cent of the "special cases" were found to be in need of medical treatment for specific defects. This excludes dental disease and uncleanness. Of the children submitted to dental inspection, at least two-thirds are found to require treatment.

The medical and dental staff employed in 1927 included 280 whole-time and 1,860 part-time medical officers, of whom 317 were women, and 238 whole-time and 386 part-time dentists, of whom 59 were women. The school nursing staff numbered 2,796, of whom 1,252 were whole-time school nurses. It will be understood that very many of the part-time officers, both doctors and nurses, devote the whole of their time to public health work. In the county areas a good deal of assistance in school nursing work is given by district nurses, that is, nurses employed by voluntary associations to carry out general nursing work in a particular district.

Speaking generally, it may be said that provision for defects of eyesight and minor ailments is fairly complete. This is true also of provision for enlarged tonsils and

adenoids, where the local education authority has made arrangements for this form of treatment; there are, however, a considerable number of areas where the authority has not yet made such arrangements. Provision for dental treatment is in almost all areas still far from complete.

A comparatively recent development is the provision of orthopædic treatment for crippling defects. Schemes, very often limited in extent, are now in operation in about half of the areas. Treatment is carried out at hospitals and after-treatment at centres organised by the local education authority or voluntary bodies.

Another recent development is the treatment by ultra-violet rays of cases of debility and malnutrition, rickets and some skin diseases. The treatment is given under careful safeguards. Reports as to results are somewhat conflicting, but on the whole reasonably encouraging.

As regards institutions of higher education, the only obligation on local education authorities is to arrange for the medical inspection of the pupils in secondary schools, etc., provided by the authorities. They are also empowered to arrange for it in similar schools provided by other bodies. In any school in which they arrange for medical inspection they may also arrange for medical treatment, but any such extension of their duty of medical inspection is optional. The work is carried out in the main by the same officers as undertake it in the elementary schools.

(b) *Provision of Meals.*

Local education authorities are empowered to provide meals for children attending public elementary schools who are unable by reason of lack of food to take full advantage of the education provided for them. These meals are supplied free in necessitous cases. In other cases the parents are required to pay the whole or part of the cost. In a normal year the number of individual children fed is round about 100,000 and the number of meals provided about 10,000,000, the average cost per meal being about threepence. These numbers are liable to be increased considerably during exceptional periods of industrial depression or disturbance. Thus in 1926-27, in which there was a prolonged stoppage in the coal industry, 389,828 children were fed and 70,045,498 meals were supplied.

(c) *Physical Training.*

For the past quarter of a century, the Board of Education has insisted on the value of physical training as an integral part of education, and regular instruction in the subject is given in all public elementary schools. The training is based on the Swedish system of educational gymnastics. The official syllabus, which includes games as well as free-standing exercises, was issued originally in 1909 and revised in 1919.

Instruction in physical exercises in the public elementary schools is given by the ordinary teachers. In a number of areas (96 in all) the local education authority has appointed an organiser of physical training to supervise the teaching. The organisers, in addition to advising individual teachers, conduct classes for teachers and give demonstrations, and are generally responsible for organising physical training activities in the area.

Equal importance is attached to the subject in secondary schools. In the girls' schools, it is usually in the hands of specialist mistresses, for whose training a number of physical training colleges exist. In the boys' schools, the teaching is given by the ordinary form masters. A reference book of gymnastic training for boys was published by the Board in 1927.

(d) *Nursery Schools.*

Local education authorities are empowered to provide nursery schools for children over 2 and under 5 years of age and to make arrangements for attending to their health, nourishment and physical welfare. Nursery schools are also provided by voluntary bodies, who may receive aid from the local education authority. At present, only 27 such schools are recognised by the Board. These schools, which aim at providing the right environment, physical, mental and social, for the proper development of very young children, are found in the congested areas of large towns. They are conducted as far as possible on open-air lines.

(e) *Evening Play Centres.*

The recreation and physical welfare, under suitable supervision, of children attending public elementary schools are encouraged by local education authorities under statutory powers given them to conduct evening play centres. Voluntary organisations also conduct such centres, receiving aid from the local education authority. These centres meet for the most part during the winter months in public elementary-school buildings. They are generally open for three evenings in the week and on Saturday mornings. A number of the centres, especially in London, continue their work during the summer holidays, the activities taking place in the playgrounds, parks or other open spaces, the school buildings remaining available for use in wet weather. The centres are staffed by voluntary and paid workers, including a considerable number of school-teachers. At the present time, there are altogether 264 centres, attended by some 57,000 children.

(f) *Special Schools.*

The above activities all relate to normal children. There are a considerable number of children of school age, however, who suffer from physical or mental defects so severe as to render it imperative that special educational facilities should be provided for them. Such children fall into the categories of the blind, the deaf, the mentally defective, the physically defective and the epileptic. It is the duty of local education authorities first to ascertain the children in their area who fall into one or other of these categories, and, secondly, to make suitable provision for them in "special" schools. Parents are similarly under an obligation to cause these children to attend school between the ages of 7 and 16, except in the case of blind children, where the obligation begins at the age of 5.

Special schools may be provided by the authorities themselves or by voluntary managers, and may be either day or residential. In 1927, there were 572 special schools, with a total accommodation of 47,887, about one-third of this being in residential schools. Broadly speaking, the accommodation for the blind and deaf is adequate; provision for the other types of defect is insufficient, but continues to grow. This is particularly true of day open-air schools for delicate children, which provide, in addition to an adapted curriculum, facilities for meals, rest and bathing.

There is no compulsory education for any of these types of children beyond the age of 16, but provision is made for full-time courses of instruction in preparation for a trade. Such courses are provided in 39 institutions for the blind, 4 for the deaf, 8 for cripples and 3 for epileptics. There are 2 secondary schools for the blind, 1 for boys and 1 for girls, each with accommodation for 40 pupils.

During 1927, the Board issued a *Handbook of Suggestions on Health Education* for teachers and others concerned in the work of public elementary schools. Since 1907, when the School Medical Service began, the teaching of hygiene in the schools has received particular attention. The object of the handbook is to encourage still further and systematise this teaching and to present to the teachers, in a form which can readily be transmitted to the children, an authoritative body of information on the subject. It is recognised that there is no better method of protecting the health of schoolchildren than enabling them to understand the principles and practice of healthy living.

An annual review, including statistical appendices, of the work of the Special Services of Education is contained in the report of the Chief Medical Officer of the Board of Education, which is published under the title of *The Health of the Schoolchild*.

3. HOUSING.¹

The strenuous efforts which have been made since the Armistice to improve the housing conditions of this country were continued during the year 1927-28, when considerable further progress was made. As in previous years, the new houses provided were erected by: (a) local authorities and private enterprise with the aid of subsidy; and (b) private enterprise without State assistance. The number erected in connection with subsidy schemes during the year was 178,582, of which local authorities were responsible for 104,034 and private enterprise 74,548; and a further 60,332 were erected by private enterprise without subsidy, making a total of 238,914 houses completed during the year. This number excludes houses built to replace those demolished in connection with slum clearance schemes.

A gratifying feature of the past few years has been the revival of house-building by private enterprise, which, in pre-war days, erected the bulk of the houses in the country. During 1927-28, private enterprise provided 134,880 of the total of 238,914 new houses built during the year.

As an indication of the rapid progress made in recent years with house-building, it may be mentioned that, of the 1,105,056 houses completed since the Armistice down to March 1928, no fewer than 766,858 were erected during the last four years. Table A (page 884) shows yearly progress in house-building. This rapid progress may be further emphasised by stating that the average annual increase in the number of houses in England and Wales for the ten years prior to 1914 was about 82,000.

Although such a large number of houses has been built, it is not claimed that the shortage of housing accommodation has yet been entirely overcome; but conditions have been materially bettered. Overcrowding has undoubtedly been considerably relieved, for the new houses completed have much more than met the needs of the growth of population.

The great need of the moment is for a type of house which can be let at a rental which the less-well-paid worker can afford to pay; and local authorities have been urged to devote themselves to the provision of this type of house. There are indications that, during the year under review, the type of house in question was erected in much larger numbers than before; the continuation of this policy will enable local authorities to make provision in a greater degree for the better housing of the poorer section of the community which, to a large extent, forms the population of the slum areas.

¹ Year ended March 31st, 1928.

At the end of 1926, the Government decided that the State subsidy should be reduced in respect of houses completed after September 30th, 1927, the capitalised value of the reduction being approximately £25. In announcing this reduction, it was stated that the main object was to reduce the cost of house-building. The institution of subsidies in the past had invariably been followed by a rise in costs, and it was anticipated that a reduction would result in decreased prices. These anticipations have been realised, as the average prices of non-parlour-type houses in contracts let by local authorities had fallen by £80 between December 1926 and the quarter ended March 1928, and of parlour-type houses by £76. Table B (page 884) shows the average prices ruling between these periods.

One of the difficulties of the housing problem has been the provision of houses in agricultural districts, where it is customary for tenants to pay only very low rentals. In these areas it is not a question of building large numbers of houses on compact sites, but more frequently the provision of two or three houses on scattered sites—perhaps far removed from a railway. Consequently, building is often more expensive in rural areas, particularly in the case of an isolated site. With a view to improving housing conditions in these areas at a more rapid rate, and as supplementary to the erection of new houses, the Government, at the end of 1926, passed a measure known as the Housing (Rural Workers) Act, 1926, authorising the grant of financial assistance for the reconditioning of old cottages so as to bring them up to modern standards of comfort and sanitation, and also the conversion into dwellings of suitable buildings not previously used for that purpose. Up to the end of March 1928, applications for assistance under this Act had been made in respect of 1,072 dwellings, and assistance had been promised in respect of 334. An energetic administration of this measure by local authorities is calculated to effect a decided improvement in housing conditions in the country-side.

Local authorities continue to make progress with the clearance of slum areas (i.e., areas containing numbers of insanitary houses which are a menace to the health of the inhabitants), although improvement is still not so rapid as could be desired. The clearance of these areas is in the main dependent upon the supply of new houses, and the rapid improvement in the output of these, particularly of the type of house which can be let to the less-well-paid worker, should enable better progress to be made with slum clearance in the future. The Government has promised fresh legislation designed to expedite the improvement of slum conditions.

Up to the end of March 1928, 118 schemes for the improvement of slum areas had been approved by the Ministry of Health since the Armistice, and 18 of these were sanctioned during the year 1927-28.

Apart from the entire clearance of large areas of bad houses, considerable attention is given by local authorities annually to the condition of individual houses. The latest statistics on this subject are for the year ending December 1926, during which period 1,164,875 houses were inspected for housing defects, 13,260 were found to be unfit for human habitation and 352,643 not reasonably fit in some respect. The duty of the local authority is to close those houses found to be totally unfit. As regards the others, repairs and renovations were carried out during the year to 583,609 houses, this indicating that arrears of work of this nature are being overtaken.

Continued activity was shown during the year in the lending of money to prospective owner-occupiers and others for the purchase and erection of houses. Local authorities under their statutory powers actually advanced, or received sanction to borrow for the purpose of making advances, over £12,000,000 during the year 1927-28. In addition, building societies made advances during the year ended December 1927 amounting to some £55,500,000. The extension of the owner-

occupiership movement has been one of the outstanding features of post-war years, and the facilities available for borrowing money on easy terms have resulted in large numbers of persons becoming the owners of their own houses. There are various other sources from which money may be borrowed for this purpose, but complete statistics as to the sums advanced from these are not available.

Since the Armistice, local authorities in England and Wales have advanced or received sanction to advance nearly £54,000,000 to owner-occupiers and others. Building societies have advanced over £311,000,000.

During the year, State subsidy to the amount of some £9,500,000 was paid in respect of houses erected under approved schemes. Of this, approximately £6,850,000 represents annual payments towards the loss incurred on the erection of 175,000 houses prior to March 1923, at a period when the cost of labour and material and rates of interest were high; in addition, an annual payment, approximating £1,000,000, was made in respect of these houses by local authorities from their own funds.

The balance of the State subsidy, viz., £2,650,000 approximately, represents annual payments (in some cases extending over twenty years, in others over forty years) relating to houses erected under schemes approved since March 1923 (see Table A); additional grants of varying smaller amounts were made by some local authorities from their own funds in respect of these houses.

Table A.

NUMBER OF HOUSES BUILT EACH YEAR SINCE THE ARMISTICE TO MARCH 31ST, 1928.

Years ended March 31st	Houses		
	Subsidy schemes	Non-subsidy schemes	Total
To March 1920	715		
" " 1921	28,549		
" " 1922	101,071	53,800 ¹	251,988
" " 1923	67,853		
" " 1924	18,664	67,546	86,210
" " 1925	67,669	69,220	136,889
" " 1926	106,987	66,439	173,426
" " 1927	153,779	63,850	217,629
" " 1928	178,582	60,332	238,914
Total	723,869	381,187	1,105,056

Table B.

AVERAGE PRICES OF HOUSES (EXCLUDING COST OF LAND AND DEVELOPMENT) INCLUDED IN CONTRACTS LET BY LOCAL AUTHORITIES DURING EACH QUARTER SINCE DECEMBER 1926.

Quarter ended	Non-parlour houses	Parlour houses
	£	£
December 1926	448	513
March 1927	425	490
June 1927	412	477
September 1927	403	483
December 1927	407	453
March 1928	368	437

¹ Partly estimated.

4. TOWN PLANNING.

The year 1927-28 has witnessed a great increase in town-planning activity, which has been reflected in every phase of town-planning work. The numbers of new resolutions to prepare schemes and of town-planning proposals actually submitted for approval have exceeded those for previous years.

The total area now covered by town-planning schemes proposed or in operation is nearly 3,500,000 acres, but many authorities have not yet reached the stage of a definite preliminary plan.

The number of urban authorities for which town planning is compulsory (that is, urban areas with a population of more than 20,000 at the last Census) which have not yet submitted any town-planning proposals in the form of either resolutions or preliminary statements or schemes, is 98, and many of those which have already submitted proposals have done so only in respect of parts of their town-planning areas. Some of the districts concerned are areas where the financial position is difficult, and where, therefore, there may be good reason for not proceeding for the present; and some of the other local authorities have little or no undeveloped land in their areas to plan.

There has also been increased activity in regional planning during the year. Eight new advisory committees have been formed, and joint committees with full powers to prepare joint statutory schemes have been also set up for seven districts. The number of joint committees in existence at the close of the year was 50 advisory and 16 executive, including some 730 authorities and comprising an area of 10,500,000 acres, a population of 29,000,000 and a rateable value of £205,000,000.

The main need at present in connection with regional planning generally is a closer study of the possibility of concerted measures for carrying regional proposals involving public expenditure into effect as and when the time for doing so arrives, including the promotion of agreed methods of distributing the costs among the interested authorities, whether by the establishment of joint bodies administratively and financially responsible for selected proposals affecting a group of authorities, or by means of special agreements between the authorities benefited.

The recently established Greater London Regional Planning Committee, which held its first meeting in November 1927, has appointed several sub-committees, which have been engaged in a preliminary survey of: (1) the existing provision of public open spaces, the need of further provision and the land available for the purpose, with a view to considering the possibility of a regional scheme for open spaces, including the question of the reservation of an agricultural belt round London; and (2) the industrial development within the region, with a view to considering the possibility of an ordered control of such development in future.

5. WATER SUPPLY.

There is a growing tendency to resort to the lower courses of rivers in order to secure additional supplies of water for domestic consumption. Such water generally requires thorough treatment to render it safe for domestic use.

Recourse to river water has been encouraged by the success which has attended the methods employed by the Metropolitan Water Board for the treatment of water

from the river Thames. Prior to the war, raw Thames water was pumped to storage reservoirs, where it was partially purified by sedimentation and then treated in slow sand-filters. Continuous research and experiment have been carried on by the Board in the methods of purification, and large quantities of river water are now treated by chlorination, followed by slow sand-filtration without prolonged storage. The average saving to the Board in the cost of pumping resulting from this course is approximately £15,000 a year.

Another method of purification adopted by the Board consists in the use of mechanical pressure filters for the removal of the grosser impurities. The first large installation of mechanical filters was brought into use in 1927, and is capable of dealing with 18,000,000 gallons of water per twenty-four hours. The water is first treated in mechanical filters; is then passed through slow sand-filters at a rate three times as fast as before mechanical filtration was provided; and is finally chlorinated before distribution.

The consumption of water for domestic purposes continues to increase, and would be even more marked if it were not for the efforts now made to prevent waste. The rise in consumption is due, not only to the increasing population, but to changing habits, modern conveniences and improved sanitation, such as the conversion of privies and pail-closets to water-closets, the provision of baths and hot-water installations and the growing employment of domestic and other appliances requiring the use of water.

6. POLLUTION OF RIVERS.

During the year, the Minister of Health and the Minister of Agriculture and Fisheries appointed a Joint Advisory Committee to consider, and from time to time to report on, the position with regard to the pollution of rivers and streams and on any legislative, administrative or other measures which appear desirable for reducing pollution.

A further important development has been the appointment by the Committee of the Privy Council for Scientific and Industrial Research of a Water-Pollution Research Board. The terms of reference are:

"(1) To submit to the Committee of the Privy Council for Scientific and Industrial Research, from time to time, schemes for research on the prevention of the pollution of rivers and other sources of water supply by industrial effluents and sewage, and on any relevant matters affecting the purity of water supplies; (2) to supervise the execution of approved investigations."

7. PUBLIC CLEANSING.

Continuous attention is being paid to obtaining adequate statistical information of the cost of the collection and disposal of refuse and of street cleansing in order to provide comparative data of the cost of these services in various towns. Unless local authorities are in possession of accurate information on these lines, it is difficult for them to know whether their own services are being run with economy. The particulars obtained for the past year are given in the tables in the appendices to the Annual Report of the Ministry.

8. SMOKE ABATEMENT.

The Public Health (Smoke Abatement) Act, 1926, came into operation on July 1st, 1927. During the year, joint committees, generally with advisory functions, were set up in various industrial areas in addition to those already at work.

By-laws relating to the abatement of smoke have been made by a number of local authorities and confirmed. These by-laws are based on the model series issued by the Ministry prescribing that the emission of black smoke for a period of two minutes in the aggregate within any continuous period of thirty minutes shall be presumed to be a nuisance.

9. PUBLIC PARKS, PLEASURE-GROUNDS AND PLAYING-FIELDS.

The total amount of the loans sanctioned by the Minister of Health during the year 1927-28 for these purposes was £1,253,000. Of this amount, £527,000 was for the purchase of land, the total area being 6,744 acres, including 820 acres acquired for playing-fields. Authority was also given to appropriate for pleasure-ground purposes a further 645 acres already vested in local authorities for other purposes. In addition, loans amounting to nearly £374,000 were sanctioned for the purchase of 668 acres of land for the benefit, improvement or development of cities or boroughs; a considerable part of the land is likely to be devoted to recreation. Many gifts of land for recreation have also been made to local authorities.

10. SEWAGE DISPOSAL.

During the year 1927-28, loans amounting to about £5,000,000 were sanctioned by the Minister of Health in respect of schemes of sewerage and sewage disposal.

Co-operation between local authorities in sewage disposal is becoming increasingly desirable, and the policy of the Ministry is to secure that arrangements for sewage disposal shall be determined by the physical characteristics of areas rather than by administrative boundaries, and that sewage is dealt with at a common outfall, where such a course is practical and economic. By this means, increased efficiency and more economy in treatment and in management are secured, with a reduction in the risk of nuisance and of the pollution of rivers.

11. WELFARE OF THE BLIND.

A description of the Government grants paid in aid of the welfare of the blind was given in the *International Health Year-Book*, 1927 (Volume III). Later returns up to March 31st, 1927, have been obtained, showing that the number of persons registered as blind was then 46,822. For the purpose of this enumeration, persons are included who are "so blind as to be unable to perform any work for which eyesight is essential". For children of school age, the definition is different and includes all those who are "too blind to read the ordinary school-books used by children". The former definition applies to all persons over 16 years of age. In applying it, a person is regarded as blind where the acuity of vision (refractive error being corrected) is below one-twentieth of the normal ($3/60$ Snellen), and where it is better than $6/60$ Snellen, the presumption

is that the person is not blind unless there are such counterbalancing visual conditions as great contraction of the field of vision, marked nystagmus, etc. The test to be applied is, not whether a person is unable to pursue his ordinary occupation or any particular occupation, but whether he is too blind to perform work for which eyesight is essential. It will be seen that the total of 46,822 includes many other persons than those who are totally blind.

In the course of the year, the Advisory Committee on the Welfare of the Blind issued a handbook which gives in short compass a description of the whole organisation for the welfare of the blind in England and Wales (published by H. M. Stationery Office, Adastral House, Kingsway, London, price sixpence).

December 1928.

2. SCOTLAND

**Report prepared by the Scottish Board of Health
(Edinburgh).**

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INTRODUCTION.

As this is the first issue of the International Health Year-Book in which a Scottish section has appeared, a brief description of the framework of health administration in Scotland may be useful. But it should be noted that proposals at present before the Government contemplate a reform of local government machinery which would modify considerably the position as stated below¹.

GENERAL PUBLIC HEALTH.

There are 33 counties and 201 burghs (self-governing towns) in Scotland. The majority of the counties are divided into several districts for public health purposes, the responsible authorities being the district committees. In the undivided counties, the county council is the public health authority. All the burghs are independent public health units under the management of town councils. As there are 201 burghs and 106 county public health areas (counties and county districts), the local authorities primarily responsible for public health number 307. The burghs range in population from about 350 persons to over 1,000,000 in the case of Glasgow. The smallest county district has a population of under 100 persons, while the largest has over 200,000. The local authorities referred to above are elected by popular vote.

The principal statute dealing with sanitary matters in Scotland is the Public Health (Scotland) Act, 1897, an omnibus and consolidating statute which specifies the powers and duties of local authorities with regard to sanitation generally, the control of infectious disease, the provision of infectious-diseases hospitals, water supply, sewage disposal, port sanitation, etc. Various provisions affecting health administration are also contained in the general local government statutes (the Local Government Acts, the Burgh Police Acts). Many important fields of public health administration are covered by separate statutes, such as the Sale of Food and Drugs Acts, the Milk and Dairies Act, the Rivers Pollution Prevention Act, the many statutes dealing with housing, and so forth.

While the local authorities referred to above are responsible for public health generally, there has been a tendency in recent years to place the newer health services ("social medicine") in the hands of a limited number of larger authorities. Thus in the case of tuberculosis, the county councils are empowered to take over the duties of the smaller town councils (those whose areas have a population under 20,000); and this has been done in all but three instances. In the case of the venereal diseases and the child welfare services, the joint committee system has been largely adopted, local authorities being grouped together under *ad hoc* bodies with full administrative powers but no powers of direct assessment.

¹ Since the above was written, the Local Government (Scotland) Act, 1929, giving effect to the reforms referred to in the context, has become law. An account of the principal provisions of the Act will be included in the next Year-Book.

It may be added that the tendency towards larger public health areas seems likely to receive legislative support in the near future. The proposals now under consideration by the Government would, *inter alia*, restrict the number of local authorities dealing with the major public health services to 30 county councils and to 22 town councils of large burghs. The remaining burghs would retain certain minor health services, but the district committees would be abolished as independent councils.

The *School Medical Service* is controlled by the Education Authorities, of which there are 37, covering the 33 counties and the 4 largest towns, all the other burghs being included in the county units for educational purposes. In some areas the school medical scheme is closely co-ordinated with the general public health service, but in others there is no co-operation. If the Government's proposals for reform are carried, Education Authorities *ad hoc* will be abolished and the Health and School Medical Services will be co-ordinated under one local authority¹.

The *National Health Insurance Scheme* is co-ordinated with that of England and Wales, although the administrations are in the main independent. As in England, the main administrative burden of the health insurance service falls on the approved friendly societies, while the local insurance committees, of which there are 54 in Scotland, are responsible for the administration of medical benefit, including the supply of drugs.

Special reference has to be made to the *Highlands and Islands Medical Service* scheme. This scheme covers a large area in the north and west of Scotland, where the sparseness of the population, the climatic conditions, the configuration of the country and the limited resources of the people create a problem demanding special treatment. The essence of the scheme is to secure, by means of State financial assistance, an improvement in the whole field of medical practice in the area concerned and to ensure that the charges for the improved services are commensurate with the means of the people. Under the scheme, charges for attendance are on a scale and no charge is made to the patient for travelling. The scheme represents an important development of the principle of State assistance in a wider sphere than that included under the heads of public health and social medicine.

The *care of the sick poor* in Scotland as a whole is in the hands of the parish councils, the local authorities responsible for the Poor Law generally. There are 869 parish councils. The Poor Law in Scotland in its present form dates from 1845, and the success of subsequent developments has depended mainly on a rather broad-minded interpretation of the original statute. But it has for long been recognised that the machine is a cumbrous one crying for reform, and the proposals of the Government aim at abolishing the 869 parish councils and transferring their functions to 30 county councils and the town councils of 22 large towns².

The central department exercising surveillance over the services enumerated above is the Scottish Board of Health, Edinburgh². Other departments are necessarily interested in other aspects of the problem—the Ministry of Agriculture and Fisheries, for example, dealing with measures for the control of tuberculosis in cattle, and the Home Office concerning itself with factory hygiene in Great Britain as a whole.

The narrative given below, dealing primarily with the position in the year 1927, follows as far as possible the arrangement suggested by the Health Organisation of the League of Nations.

¹ See footnote to previous page.

² Now the Department of Health for Scotland.

I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION¹ ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1921 AND 1911.

Original source : Census Reports, Registrar-General for Scotland.

Date of census	Area in square kilometers	Present population		
		Males	Females	Total
1	2	3	4	5
June 19th, 1921 ²	77,170	2,347,642	2,534,855	4,882,497
April 2nd, 1911 ³	77,173	2,308,839	2,452,065	4,760,904
Increase (+) or decrease (-) in 1921 compared with 1911:				
(a) Actual		+ 38,803	+ 82,790	+ 121,593
(b) Yearly average		+ 3,799	+ 8,105	+ 11,904
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period) ..		+ 1.632	+ 3.251	+ 2.469

Table No. 2.*

DENSITY OF POPULATION¹ AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1921 AND 1911.

Original source : Census Reports, Registrar-General for Scotland.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of Females over Males. Present population	
	Present	Resident	Actual figures	Per 1,000 Males
1	2	3	4	5
1921	63.269		187,213	79.7
1911	61.691		143,226	62.0
Increase (+) or decrease (-) in 1921 as compared with 1911	+ 1.578			

¹ Figures of resident population not available.

² Year of last census.

³ Year of previous census.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE LAST CENSUS (1921) AND ESTIMATE¹ OF THIS DISTRIBUTION FOR 1927 (LAST ESTIMATE).

Original source : Census Report, Registrar-General for Scotland.

A. Actual Figures.

Ages and age-groups in years	I. 1921 Census. Actual population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0.. .. .	56,909	55,632	—	112,541
1.. .. .	58,566	57,540	—	116,106
2.. .. .	40,721	39,658	—	80,379
3.. .. .	39,474	38,895	—	78,369
4.. .. .	42,917	42,061	—	84,978
0-4.. .. .	238,587	233,786	—	472,373
5-9.. .. .	240,161	237,185	—	477,346
10-14.. .. .	246,627	243,366	—	489,993
15-19.. .. .	238,821	239,279	5,015	478,100
20-24.. .. .	202,930	225,851	54,657	428,781
25-29.. .. .	172,467	203,876	102,085	376,343
30-34.. .. .	154,999	182,936	116,412	337,935
35-39.. .. .	150,136	174,019	119,260	324,155
40-44.. .. .	145,808	162,545	114,195	308,353
45-49.. .. .	141,946	148,012	102,307	289,958
50-54.. .. .	119,329	125,213	81,262	244,542
55-59.. .. .	96,474	104,095	60,428	200,569
60-64.. .. .	75,936	85,441	42,179	161,377
65-69.. .. .	56,849	66,520	25,832	123,369
70-74.. .. .	34,801	48,709	13,543	83,510
75-79.. .. .	19,401	30,416	5,271	49,817
80-84.. .. .	8,735	15,865	1,543	24,600
85-89.. .. .	2,659	5,652	300	8,311
90 and over .. .	603	1,698	44	2,301
Unknown .. .	373	391	120	764
Total .. .	2,347,642	2,534,855	844,453	4,882,497

¹ Not available.

Table No. 3 ^{*} (concluded).

B. Proportional Figures.

Ages and age-groups in years	1. 1921 Census. Actual population						
	Males	Females	Males	Females	Total	Married Women	
	Per 1,000 of total population		Per 1,000 of total population (all ages)			Per 1,000 women of same age- group	Per 1,000 inhabitants (total popula- tion of all ages)
	Male	Female					
1	2	3	4	5	6	7	8
0	24.24	21.95	11.66	11.39	23.05	—	—
1	24.95	22.70	12.00	11.78	23.78	—	—
2	17.35	15.65	8.34	8.12	16.46	—	—
3	16.81	15.34	8.08	7.97	16.05	—	—
4	18.28	16.59	8.79	8.61	17.40	—	—
0-4	101.63	92.23	48.87	47.88	96.75	—	—
5-9	102.30	93.57	49.19	48.58	97.77	—	—
10-14	105.05	96.01	50.51	49.85	100.36	—	—
15-19	101.73	94.39	48.91	49.01	97.92	21	1.0
20-24	86.44	89.10	41.56	46.26	87.82	242	11.2
25-29	73.46	80.43	35.32	41.76	77.08	501	20.9
30-34	66.02	72.17	31.75	37.47	69.22	636	23.8
35-39	63.95	68.65	30.75	35.64	66.39	685	24.4
40-44	62.11	64.12	29.86	33.29	63.15	703	23.4
45-49	60.46	58.39	29.07	30.31	59.38	691	21.0
50-54	50.83	49.40	24.44	25.65	50.09	649	16.6
55-59	41.10	41.06	19.76	21.32	41.08	581	12.4
60-64	32.35	33.71	15.55	17.50	33.05	494	8.6
65-69	24.22	26.24	11.64	13.62	25.26	388	5.3
70-74	14.82	19.22	7.13	9.98	17.11	278	2.8
75-79	8.27	12.00	3.97	6.23	10.20	173	1.1
80-84	3.72	6.26	1.79	3.25	5.04	97	0.3
85-89	1.13	2.23	0.54	1.16	1.70	53	0.1
90 and over ..	0.25	0.67	0.12	0.35	0.47	26	0.0
Unknown ..	0.16	0.15	0.08	0.08	0.16	—	0.2
Total ..	1,000	1,000	480.83	519.17	1,000	464	173.0

Table No. 4.*

SURVEY OF THE MOVEMENT OF THE POPULATION,¹ 1922 TO 1927.

Original source : Registrar-General for Scotland
(Migration figures as supplied to Registrar-General by Board of Trade).

Year	Average population (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of	
							Births (col. 5) over deaths	Deaths over births
1	2	3	4	5	6	7	8	9
<i>A. Actual Figures.</i>								
1922 ..	4,904	34,375	382	115,085		72,905	42,180	
1923 ..	4,901	35,200	363	111,902		63,283	48,619	
1924 ..	4,882	32,328	438	106,900		70,357	36,543	
1925 ..	4,893	32,456	451	104,137		65,507	33,630	
1926 ..	4,897	31,244	425	102,449		63,780	38,669	
Average : 1922-26	4,895	33,121	412	108,095		67,166	40,928	
1927 ..	4,892	32,593	474	96,672		65,830	30,842	
<i>B. Proportion per 1,000 of Average Population.</i>								
1922 ..		7.009	0.078	23.465		14.865		
1923 ..		7.182	0.074	22.832		12.912		
1924 ..		6.622	0.090	21.898		14.413		
1925 ..		6.633	0.092	21.283		13.388		
1926 ..		6.381	0.087	20.922		13.025		
1927 ..		6.663	0.097	19.761		13.457		

¹ Emigration figures not available ; see note to Table No. 4, page 846.

2. BIRTH RATES.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.

Original source : Registrar-General's Annual Report.

Counties	Average population (in 1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926	1927	1926	1927	1926	1927
1	2	3	4	5	6	7
Scotland	4,897	4,892	102,449	96,672	20.9	19.8
Large burghs (i.e. population of over 30,000)	2,391	2,404	52,946	50,212	22.1	20.9
Small burghs	952	948	17,752	16,795	18.7	17.7
County districts	1,554	1,540	31,751	29,665	20.4	19.3
Aberdeen	293	291	6,457	6,010	22.0	20.6
Argyll	79	79	950	924	12.0	11.7
Ayr	310	311	5,953	5,646	19.2	18.2
Banff	54	53	1,309	1,205	24.2	22.6
Berwick	27	27	472	437	17.5	16.4
Bute	18 ¹	18 ¹	244	231	13.5	12.8
Caithness	26	25	511	537	19.7	21.2
Clackmannan	33	32	639	615	19.6	19.0
Dumbarton	151	152	3,100	2,909	20.5	19.2
Dumfries	75	75	1,618	1,436	21.6	19.3
East Lothian	49	48	960	857	19.8	17.7
Fife	295	295	6,023	5,309	20.4	18.0
Forfar	270	271	5,403	5,121	20.0	18.9
Inverness	78	77	1,395	1,314	17.8	17.0
Kincardine	42	42	873	815	20.7	19.4
Kinross	8	8	138	129	17.2	16.2
Kirkcudbright	36	35	746	643	20.8	18.2
Lanark	1,571	1,574	37,196	35,460	23.8	22.5
Midlothian	510	510	9,705	9,398	19.0	18.4
Moray	40	39	850	796	21.4	20.3
Nairn	8	8	168	143	20.1	17.4
Orkney	23	22	358	330	15.7	14.8
Peebles	15	15	219	226	14.6	15.2
Perth	125	125	1,995	1,872	15.9	15.0
Renfrew	292	292	6,397	5,873	21.6	20.1
Ross and Cromarty	68	67	1,048	1,051	15.4	15.6
Roxburgh	43	42	651	688	15.1	16.2
Selkirk	21	21	321	318	15.2	15.3
Shetland	24	23	321	282	13.5	12.1
Stirling	160	160	3,626	3,372	22.6	21.0
Sutherland	16	16	237	261	14.5	16.4
West Lothian	85	84	1,965	1,828	23.2	21.6
Wigtown	30	29	601	636	20.3	21.8

¹ An arbitrary figure, the census population having been grossly inflated by summer visitors.

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY,¹ 1922 TO 1927.

Original source : Registrar-General's Annual Report.

Year	Live births			Excess of Male births per 100 Female births among live-born children
	Boys	Girls	Total	
1	2	3	4	5
1922	58,826	56,259	115,085	4.6
1923	57,332	54,570	111,902	5.1
1924	54,919	51,981	106,900	5.7
1925	53,426	50,711	104,137	5.4
1926	52,362	50,087	102,449	4.5
Average:				
1922-26	55,373	52,722	108,095	
1927	49,314	47,358	96,672	4.1

¹ Figures regarding still-births not available.

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS, 1922 TO 1927.

Original source : Registrar-General's Annual Report.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born ¹	Total	Live-born	Still-born ¹	Total	Live-born	Still-born ¹	Total
1	2	3	4	5	6	7	8	9	10
1922	107,204			7,881			115,085		
1923	104,425			7,477			111,902		
1924	99,814			7,086			106,900		
1925	97,306			6,831			104,137		
1926	95,403			7,046			102,449		
Average : 1922-26 ..	100,836			7,264			108,095		
1927	89,694			6,978			96,672		

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children ¹			Live-born children	
	Live-born (col. A.8)	Still-born ¹ (col. A.9)	Total ¹ (col. A.10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				Per 100 live-born and still-born children				
				Legitimate (col. A.4)	Illegitimate (col. A.7)	Total (col. A.10)	Per 1,000 average population	
1	2	3	4	5	6	7	8	9
1922	68.5						21.9	1.6
1923	66.8						21.3	1.5
1924	66.3						20.4	1.5
1925	65.6						19.9	1.4
1926	68.8						19.5	1.4
Average : 1922-26 ..	67.2						20.6	1.5
1927	72.2						18.3	1.4

¹ Data regarding still-births not available.

Table No. 9.*

MONTHLY NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1925 TO 1927.

Original source : Registrar-General's Annual Report.

Month	Actual figures for live-born children					
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
	1925		1926		1927	
	1	2	3	4	5	6	7
January						
February	23,602	1,628	24,392	1,778	23,037	1,738
March						
April						
May	26,140	1,769	25,213	1,783	23,304	1,812
June						
July						
August	23,810	1,785	23,072	1,749	21,755	1,741
September						
October						
November	23,754	1,649	22,726	1,736	21,598	1,687
December						
Total	97,306	6,831	95,403	7,046	89,694	6,978
Live-born children (legitimate and illegitimate together)						
Actual figures			Rate per 1,000 of average population (calculated on an annual basis)			
1925	1926	1927	1925	1926	1927	
8	9	10	11	12	13	
January	8,507	8,706	8,257	20.5	20.9	19.9
February	7,937	8,087	7,626	21.1	21.5	20.3
March	8,786	9,374	8,892	21.1	22.5	21.4
April	9,086	9,215	8,463	22.6	22.9	21.0
May	9,390	9,082	8,538	22.6	21.8	20.5
June	9,433	8,704	8,115	23.5	21.6	20.2
July	9,136	8,576	7,971	22.0	20.6	19.2
August	8,339	8,321	7,913	20.1	20.0	19.0
September	8,120	7,922	7,612	20.2	19.7	18.9
October	8,658	8,233	7,989	20.8	19.8	19.2
November	8,008	8,144	7,333	19.9	20.2	18.2
December	8,737	8,085	7,963	21.0	19.4	19.2
Total	104,137	102,449	96,672	21.3	20.9	19.8

3. GENERAL DEATH RATE.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926 AND 1927.

Original source : Registrar-General's Annual Report.

Counties	Total deaths				Difference in death rate (+or-)	
	Actual figures		Rate per 1,000 of population		1926	1927
	1926	1927	1926	1927		
					As compared with	
					1925	1926
1	2	3	4	5	6	7
Scotland	63,780	65,830	13.0	13.5	-0.4	+ 0.5
Large burghs	33,511	33,945	14.0	14.1	-0.4	+ 0.1
Small burghs	12,005	12,670	12.6	13.4	-0.5	+ 0.8
County districts	18,264	19,215	11.8	12.5	-0.3	+ 0.7
Aberdeen	3,866	3,994	13.2	13.7	0.0	+ 0.5
Argyll	885	963	11.2	12.2	-1.3	+ 1.0
Ayr	3,347	3,541	10.8	11.4	-0.4	+ 0.6
Banff	731	886	13.5	16.6	+ 0.4	+ 3.1
Berwick	346	391	12.8	14.7	-0.7	+ 1.9
Bute	211	236	11.7	13.0	-1.2	+ 1.3
Caithness	407	428	15.7	16.9	+ 1.5	+ 1.2
Clackmannan	416	434	12.8	13.4	0.0	+ 0.6
Dumbarton	1,699	1,789	11.2	11.8	-0.9	+ 0.6
Dumfries	1,000	1,045	13.3	14.0	-1.9	+ 0.7
East Lothian	496	529	10.2	10.9	-1.5	+ 0.7
Fife	3,264	3,492	11.0	11.9	-0.7	+ 0.9
Forfar	3,841	4,421	14.2	16.3	-1.6	+ 2.1
Inverness	1,176	1,258	15.0	16.3	+ 0.3	+ 1.3
Kincardine	546	554	12.9	13.2	+ 1.3	+ 0.3
Kinross	101	94	12.6	11.8	-0.5	-0.8
Kirkcudbright	495	536	13.8	15.2	-1.4	+ 1.4
Lanark	21,858	21,556	14.0	13.7	+ 0.1	-0.3
Midlothian	6,773	7,085	13.3	13.9	-0.9	+ 0.6
Moray	544	644	13.7	16.4	-0.2	+ 2.7
Nairn	126	143	15.1	17.4	-0.3	+ 2.3
Orkney	343	397	15.1	17.7	-1.9	+ 2.6
Peebles	154	190	10.2	12.7	-2.5	+ 2.5
Perth	1,623	1,691	13.0	13.5	0.0	+ 0.5
Renfrew	3,865	3,665	13.0	12.6	+ 0.3	-0.4
Ross and Cromarty	952	1,071	14.0	15.9	-0.5	+ 1.9
Roxburgh	632	651	14.7	15.4	+ 0.1	+ 0.7
Selkirk	316	299	14.9	14.4	+ 0.5	-0.5
Shetland	317	338	13.3	14.4	-0.2	+ 1.1
Stirling	1,884	1,864	11.7	11.6	-1.0	-0.1
Sutherland	240	269	14.7	16.9	-1.5	+ 2.2
West Lothian	904	952	10.7	11.3	-0.5	+ 0.6
Wigtown	422	424	14.3	14.5	-1.7	+ 0.2

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1926.

Original source : Registrar-General's Annual Report.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between male and female death rates (difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	2,358	2,546	36,244	36,661	15.37	14.40	+ 0.97
1923	2,357	2,545	31,682	31,601	13.44	12.42	+ 1.02
1924	2,347	2,534	35,168	35,189	14.98	13.88	+ 1.10
1925	2,353	2,540	33,036	32,471	14.04	12.78	+ 1.26
1926	2,354	2,542	32,021	31,759	13.60	12.49	+ 1.11
Average :							
1922-26	2,354	2,541	33,630	33,536	14.29	13.19	+ 1.10
1927	2,352	2,540	33,097	32,733	14.07	12.89	+ 1.18

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 AND 1926.

Original source : Registrar-General's Annual Report.

A. Actual Figures.

Ages and age-groups	Total deaths					
	1925			1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	5,527	3,903	9,430	4,924	3,590	8,514
1	1,426	1,288	2,714	1,282	1,022	2,304
2	539	482	1,021	492	438	930
3	331	292	623	281	259	540
4	239	222	461	234	220	454
0- 4	8,062	6,187	14,249	7,213	5,529	12,742
5- 9	643	539	1,182	593	550	1,143
10-14	423	448	871	436	382	818
15-19	656	638	1,294	609	605	1,214
20-24	757	767	1,524	685	782	1,467
25-29	670	814	1,484	686	815	1,501
30-34	682	787	1,469	674	830	1,504
35-39	878	883	1,761	843	899	1,742
40-44	1,110	965	2,075	972	1,025	1,997
45-49	1,305	1,236	2,541	1,385	1,271	2,656
50-54	1,722	1,511	3,233	1,749	1,496	3,245
55-59	2,202	1,898	4,100	2,111	1,875	3,986
60-64	2,640	2,349	4,989	2,704	2,252	4,956
65-69	3,005	2,696	5,701	2,916	2,681	5,597
70-74	3,177	3,233	6,410	3,269	3,233	6,502
75-79	2,531	2,973	5,504	2,522	3,148	5,670
80-84	1,555	2,527	4,082	1,600	2,376	3,976
85-89	797	1,421	2,218	835	1,467	2,302
90 and over ..	219	599	818	219	543	762
Unknown ..	2	—	2	—	—	—
Total ..	33,036	32,471	65,507	32,021	31,759	63,780

Table No. 12* (concluded).

B. Proportional Figures.

Ages and age-groups	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (—) in mortality in 1926 compared with 1925		
	1925			1926			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0 ..	96.9	70.0	83.6	86.3	64.3	75.4	— 10.6	— 5.7	— 8.2
1 ..									
2 ..	13.9	12.8	13.4	12.6	10.9	11.7	— 1.3	— 1.9	— 1.7
3 ..									
4 ..									
0-4 ..	33.7	26.4	30.1	30.1	23.6	26.9	— 3.6	— 2.8	— 3.2
5-9 ..	2.7	2.3	2.5	2.5	2.3	2.4	— 0.2	0.0	— 0.1
10-14 ..	1.7	1.8	1.8	1.8	1.6	1.7	+ 0.1	— 0.2	— 0.1
15-19 ..									
20-24 ..	3.2	3.0	3.1	2.9	3.0	2.9	— 0.3	0.0	— 0.2
25-29 ..									
30-34 ..	4.1	4.1	4.1	4.1	4.2	4.2	0.0	+ 0.1	+ 0.1
35-39 ..									
40-44 ..	6.7	5.5	6.1	6.1	5.7	5.9	— 0.6	+ 0.2	— 0.2
45-49 ..									
50-54 ..	11.6	10.0	10.8	12.0	10.1	11.0	+ 0.4	+ 0.1	+ 0.2
55-59 ..									
60-64 ..	28.0	22.4	25.1	27.8	21.7	24.6	— 0.2	— 0.7	— 0.02
65-69 ..									
70-74 ..	67.3	51.3	58.4	67.3	51.2	58.3	0.0	— 0.1	— 0.1
75-79 ..									
80-84 ..	144.9	118.6	128.5	146.1	119.0	129.2	+ 1.2	+ 0.4	+ 0.7
85-89 ..									
90 and over	310.7	274.2	285.4	322.1	272.7	287.9	+ 11.4	— 1.5	+ 2.5
Unknown	—	—	—	—	—	—	—	—	—
Total..	14.0	12.8	13.4	16.3	12.5	13.0	— 0.4	— 0.3	— 0.4

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS, 1926 AND 1927.

Original source : Registrar-General's Annual Report.

Month	Total deaths (not including still-births)				Increase (+) or decrease (-) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
A. Per Month.					
January	5,981	6,214	14.4	15.0	+ 0.6
February	5,416	6,112	14.4	16.3	+ 1.9
March	6,531	7,111	15.7	17.1	+ 1.4
April	6,892	5,695	17.1	14.2	- 2.9
May	5,569	5,348	13.4	12.9	- 0.5
June	4,547	4,769	11.3	11.9	+ 0.6
July	4,426	4,640	10.6	11.2	+ 0.6
August	4,234	4,507	10.2	10.8	+ 0.6
September	4,206	4,494	10.5	11.2	+ 0.7
October	4,441	4,963	10.7	11.9	+ 1.2
November	5,734	5,296	14.2	13.2	- 1.0
December	5,803	6,681	14.0	16.1	+ 2.1
Total	63,780	65,830	13.0	13.5	+ 0.5
B. Per Quarter.					
1st Quarter	17,928	19,437	14.8	16.1	+ 1.3
2nd Quarter	17,008	15,812	13.9	13.0	- 0.9
3rd Quarter	12,866	13,641	10.4	11.1	+ 0.7
4th Quarter	15,978	16,940	12.9	13.7	+ 0.8
Total	63,780	65,830	13.0	13.5	+ 0.5

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES, 1926 AND 1927.
Original source : Annual Reports of Registrar-General for Scotland (Deaths) ;
Scottish Board of Health (Notifications).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded according to causes- of-death statistics
			Actual figures	Per 10,000 of average population	Cases		Deaths			
					Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
1a	Typhoid fever	1926	39	0.1	315	0.6			12.3	
		1927	41	0.1	381	0.8			10.8	
1b	Paratyphoid fever.. ..	1926	11	—	81	0.2			13.6	
		1927	13	—	149	0.3			8.7	
2	Typhus	1926	3	—	30	0.1			10.0	
		1927	2	—	4	—			50.0	
3	Relapsing fever	1926	—	—	1	—			—	
		1927	—	—	—	—			—	
5	Malarial fever or ca- chexia.. .. .	1926	4	—	61	0.1			6.6	
		1927	7	—	44	0.1			15.9	
6	Smallpox	1926	—	—	1	—			—	
		1927	—	—	167	0.3			—	
7	Measles ¹	1926	928	1.9	3,575	7.3			26.0	
		1927	660	1.3	925	1.9			71.4	
8	Scarlet fever	1926	343	0.7	21,795	44.5			1.6	
		1927	200	0.4	17,284	35.3			1.2	
9	Whooping-cough ¹	1926	506	1.0	3,966	8.1			12.8	
		1927	850	1.7	10,095	20.6			8.4	
10	Diphtheria	1926	490	1.0	7,999	16.3			6.1	
		1927	485	1.0	10,324	21.1			4.7	
11 a	Influenza with pulmo- nary complications ..	1926	833	1.7						
		1927	1,153	2.4						
11 b	Influenza without pul- monary complications	1926	588	1.2						
		1927	873	1.8						
14	Asiatic cholera	1926	—	—	—	—				
		1927	—	—	—	—				
16	Dysentery	1926	14	—	256	0.5			5.5	
		1927	12	—	187	0.4			6.4	
17	Plague	1926	—	—	—	—				
		1927	—	—	—	—				

¹ Columns 6, 7 and 10 have been completed for these three diseases, but the figures are of no practical value as notifications of these diseases are received only from a limited number of public health authorities. Notification of these three diseases is not compulsory throughout Scotland.

Table No. 14* (concluded).

International List of Causes of Deaths, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases				Proportion of deaths recorded according to causes-of-death statistics (col. 4) to 100 notified cases (col. 6)	Proportion of notified cases with fatal issue (col. 8) to 100 deaths recorded, according to causes- of-death statistics
			Actual figures	Per 10,000 of average population	Cases		Deaths			
					Actual figures	Per 10,000 of average population	Actual figures	Per 100 notified cases (col. 6)		
1	2	3	4	5	6	7	8	9	10	11
18	Yellow fever	1926	—	—	—					
		1927	—	—	—					
20	Leprosy	1926	—	—	—					
		1927	—	—	—					
21	Erysipelas	1926	145	0.3	3,380	6.9			4.3	
		1927	124	0.3	2,997	6.1			4.1	
22	Acute poliomyelitis ..	1926	22	—	39	0.1			56.4	
		1927	25	—	61	0.1			41.0	
23	Encephalitis lethargica ..	1926	169	0.3	281	0.6			60.1	
		1927	117	0.2	194	0.4			60.3	
24	Epidemic cerebro-spinal meningitis ¹	1926	120	0.2	129	0.3			93.0	
		1927	145	0.3	167	0.3			86.8	
26	Glanders and farcy ..	1926	—	—	—					
		1927	—	—	—					
27	Malignant pustule and anthrax	1926	2	—	—					
		1927	1	—	—					
28	Rabies	1926	1	—	—					
		1927	—	—	—					
31	Tuberculosis of the res- piratory system ..	1926	3,384	6.9	6,669	13.6			50.7	
		1927	3,466	7.1	6,051	12.4			57.3	
32	Tuberculosis of the men- inges or tuberculosis of the central nervous system	1926	496	1.0						
		1927	531	1.1						
33	Tuberculosis of other organs	1926	981	2.0	4,656	9.5			31.7	
		1927	871	1.7	4,436	9.1			31.6	
38	Syphilis	1926	147	0.3						
		1927	104	0.2						
39	Other venereal diseases	1926	3							
		1927	6							

¹ See note on previous page.

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1926.

Original source : Registrar-General's Annual Report.

Age-groups	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	102	83	185	18.0	14.9	16.4
1-4	277	230	507	15.1	12.9	14.0
0-4	379	313	692	15.8	13.3	14.6
5-9	98	83	181	4.1	3.4	3.7
10-14	96	130	226	3.8	5.3	4.6
15-19	425	619	1,044	9.6	13.3	11.5
20-24	454	492	946	13.8	12.6	13.2
35-39	364	314	678	12.3	9.3	10.6
40-44	343	220	563	13.2	8.1	10.5
45-49	231	123	354	13.4	6.5	9.6
50-54	87	67	154	9.5	5.8	7.3
55-59	13	10	23	4.6	2.2	3.0
60-64	—	—	—	—	—	—
65-69	—	—	—	—	—	—
70-74	—	—	—	—	—	—
75-79	—	—	—	—	—	—
80-84	—	—	—	—	—	—
85-89	—	—	—	—	—	—
90 and over	—	—	—	—	—	—
Unknown	—	—	—	—	—	—
Total	2,490	2,371	4,861	10.6	9.3	9.9

Table No. 16.*

DEATH RATE FROM TUMOURS, 1925 TO 1927.

Original source : Registrar-General's Annual Report.

Year	Classification according to International List (3rd Revision, 1920)					Other nomenclatures			
	No. 43-49 Cancer or other malignant tumours	No. 50 Non- malignant tumours or tumours of which the malignant character is not specified	No. 137 Other non- malignant tumours of ovary	No. 139 Non cancerous tumour of the uterus	No. 43-50, 137, 139 Total number of tumours of (col. 2, 3, 4, 5 together)	Cancer	Sarcoma	Other tumours	Total number of tumours
1	2	3	4	5	6	7	8	9	10
<i>A. Actual Number of Deaths.</i>									
1925 ..	6,675	50	53	48	6,826	6,409	266	151	6,826
1926 ..	6,640	57	36	50	6,783	6,405	235	143	6,783
1927 ..	6,919	33	54	53	7,059	6,670	249	140	7,059
<i>B. Proportional Figures per 10,000 of Average Population.</i>									
1925 ..	13.6	0.1	0.1	0.1	14.0	13.1	0.5	0.3	14.0
1926 ..	13.6	0.1	0.1	0.1	13.9	13.1	0.5	0.3	13.9
1927 ..	14.1	0.1	0.1	0.1	14.4	13.6	0.5	0.3	14.4

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927.

Original source : Registrar-General's Annual Report.

Year	Classification according to International List (3rd Revision, 1920)								
	I. Classes of Disease								
	Affections								
	Of the nervous system and organs of special senses No. 70-86	Of the circulatory system No. 87-96	Of the respiratory system No. 97-107	Of the digestive system No. 108-127	Non-venereal diseases of genito-urinary system No. 128-142	Of the skin and cellular tissue No. 151-155	Of the bones and organs of locomotion No. 156-158		
1	2	3	4	5	6	7	8		
	A. Actual Number of Deaths.								
1925	8,563	8,380	10,273	3,762	2,738	518	129		
1926	8,440	8,442	9,706	3,912	2,746	542	104		
1927	8,499	8,985	10,652	3,725	2,782	512	125		
	B. Proportional Figures per 10,000 of Average Population.								
1925	17.5	17.1	21.0	7.7	5.6	1.1	0.3		
1926	17.2	17.3	19.8	8.0	5.6	1.1	0.2		
1927	17.4	18.4	21.8	7.6	5.7	1.0	0.3		
Year	II. Various Important Diseases								
	Cerebral haemorrhage, apoplexy No. 74	Diseases of the heart No. 87-90	Acute and chronic bronchitis No. 99	Pneumonia No. 100, 101	Diarrhoea and enteritis (all ages) No. 113, 114	Cirrhosis of the liver No. 122	Acute and chronic nephritis No. 128, 129	Old age No. 164	Unknown or ill-defined diseases No. 204, 205
	9	10	11	12	13	14	15	16	17
	A. Actual Number of Deaths.								
1925 ..	5,307	7,375	4,027	5,393	1,185	174	1,833	3,576	1,152
1926 ..	5,277	7,410	3,586	5,262	1,093	177	1,834	3,521	1,123
1927 ..	5,452	7,904	3,914	5,896	1,001	147	1,870	3,528	1,109
	B. Proportional Figures per 10,000 of Average Population.								
1925 ..	10.8	15.1	8.2	11.0	2.4	0.4	3.7	7.3	2.4
1926 ..	10.8	15.1	7.3	10.7	2.2	0.4	3.7	7.2	2.3
1927 ..	11.1	16.2	8.0	12.1	2.0	0.3	3.8	7.2	2.3

Table No. 18.*

 DEATHS FROM PUERPERAL DISEASES¹, 1925 TO 1927.

Original source : Registrar-General's Annual Report.

Year	Number of confinements notified	Total number of livebirths	Total deaths from :					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
					Rate per 10,000			
			Actual figures		Notified confinements (col. 2)	Live births (col. 3)	Notified confinements (col. 2)	Live births (col. 3)
1	2	3	4	5	6	7	8	9
1925 ..		104,137	171	471		16.4		45.2
1926 ..		102,449	173	483		16.9		47.1
1927 ..		96,672	184	438		19.0		45.3

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1925 TO 1927.

Original source : Registrar-General's Annual Report.

Description	Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927
	2	3	4	5	6	7
Deaths by suicide	372	424	503	0.8	0.9	1.0
Other external causes	2,445	2,233	2,454	5.0	4.6	5.0
Total deaths from external causes ..	2,817	2,657	2,957	5.8	5.4	6.0
Total deaths from all causes	65,507	63,780	65,830	133.9	130.3	134.6
Total deaths, excluding deaths due to external causes (natural mortality)	62,690	61,123	62,873	128.1	124.8	128.5

¹ Data relating to still-births not available; note that headings of cols. 3, 7 and 9 differ from the corresponding headings in the standard table.

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS¹ AND MONTHS OF AGE,
SEX AND LEGITIMACY, 1925 AND 1926.

Original source : Registrar-General's Annual Report.

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legiti- mate ²	Illegiti- mate ²	Males	Females	Total	Legiti- mate ²	Illegiti- mate ²
1	2	3	4	5	6	7	8	9	10	11
<i>(b) Months of age :</i>										
<i>Year 1925.</i>										
0..	2,258	1,581	3,839							
1..	480	352	832							
2..	406	237	643							
3..	397	232	629							
4..	300	217	517							
5..	293	200	493							
6..	242	180	422							
7..	257	171	428							
8..	221	184	405							
9..	230	172	402							
10..	220	180	400							
11..	223	197	420							
Total (under 1 year)	5,527	3,903	9,430	—	—	103	77	91		
<i>(b) Months of age :</i>										
<i>Year 1926.</i>										
0..	2,176	1,554	3,730							
1..	383	257	640							
2..	321	249	570							
3..	332	228	560							
4..	282	185	467							
5..	228	193	421							
6..	204	161	365							
7..	217	150	367							
8..	203	153	356							
9..	205	175	380							
10..	190	139	329							
11..	183	146	329							
Total (under 1 year)	4,924	3,590	8,514			94	72	83		

¹ Figures not available.

² The death registers contain no reference as to legitimacy of children dying.

Table No. 21.

SEASONAL VARIATIONS IN THE DEATH RATE OF LEGITIMATE AND ILLEGITIMATE¹ CHILDREN UNDER 1 YEAR OF AGE, 1925 AND 1926.

Original source : Registrar-General's Annual Report.

Month	Number of deaths among children under 1 year	
	Actual figures	Per 1,000 live births of the same category occurring in the same month and 11 previous months (see Table No. 9); monthly number of deaths reckoned as rate for the year
1	2	3
<i>Year 1925</i>		
January	953	106
February	872	108
March.. . . .	898	101
April	884	103
May	729	82
June	633	74
July	632	71
August	613	68
September.. . . .	616	72
October	718	82
November	854	100
December	1,028	116
Total	9,430	91
<i>Year 1926</i>		
January	833	94
February	771	96
March.. . . .	916	103
April	928	107
May	688	77
June	542	63
July	506	58
August	509	58
September.. . . .	573	67
October	596	68
November	767	91
December	885	102
Total	8,514	83

¹ The death registers contain no reference as to legitimacy of children dying.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH, 1925 AND 1926.

Original source : Registrar-General's Annual Report.

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations	467	429	4.5	4.2
160	Congenital debility, icterus and scleroma	1,321	1,344	12.7	13.1
161	Premature birth ; injury at birth ..	1,920	1,926	18.4	18.8
38	Congenital syphilis	64	66	0.6	0.6
7	Measles	142	245	1.4	2.4
8	Scarlet fever	12	20	0.1	0.2
9	Whooping-cough	794	242	7.6	2.4
10	Diphtheria	49	48	0.5	0.5
11	Influenza	66	76	0.6	0.7
15	Cholera nostras	—	—	—	—
21	Erysipelas	24	21	0.2	0.2
24	Epidemic cerebro-spinal meningitis	42	45	0.4	0.4
31	Tuberculosis of the respiratory system	16	15	0.2	0.1
32	Tuberculosis of the meninges or of the central nervous system	118	104	1.1	1.0
33-37	Tuberculosis of other organs	92	66	0.9	0.6
71	Meningitis	172	168	1.7	1.6
80	Convulsions of infants	391	376	3.8	3.7
99	Acute bronchitis	525	416	5.0	4.1
100-101	Pneumonia	1,521	1,278	14.6	12.5
113	Diarrhoea and enteritis	735	677	7.1	6.6
175-199	External causes	121	121	1.2	1.2
200	Infanticide (murder of infants less than 1 year of age)	6	7	0.1	0.1
205	Diseases not specified or ill-defined	80	76	0.8	0.7

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

1. *Smallpox.*

There was a localised outbreak of smallpox in Scotland during the year : 167 cases were notified, but the number of cases actually confirmed was 155. This is the largest outbreak since 1920. The outbreak was discovered in March and covered a period of about six months ; but the great bulk of the cases occurred in the first eleven weeks. All but 3 of the cases were found in the city of Dundee. Although the disease took a very mild form, expert medical opinion was definite as to its real nature. It was deemed desirable, however, to confirm by vaccination the diagnosis of all cases admitted to hospital, while such cases as presented special difficulty of diagnosis or were of particular importance from the standpoint of epidemiology or administration were also investigated by means of the Gordon vaccinia agglutination test. With regard to the Gordon test, it may be said that the results obtained justified the conclusion that, in the investigation of mild and atypical smallpox (alastrim) and in cases of severe and atypical chicken-pox, the value of the test is very great.

The vaccinal condition of the 155 cases at the time of infection was as shown below :

Age	Vaccinated	Revaccinated	Unvaccinated
Under 22 years	—	—	127
22 and over	25	1	2
Total	25	1	129

The 25 persons of 22 years and over were vaccinated in infancy.

2. *Influenza.*

The outbreak of influenza which took place in Western Europe in the winter of 1926-27 did not attain formidable proportions in Scotland till January 1927. Yet by the end of April there were few districts which had not been affected. From the mortality statistics and from the reports of local medical officers of health it appears that the outbreak was much less fatal than the other post-war outbreaks. The indications are that the infection travelled through the country from south to north, following the normal lines of communication, then spreading to the more isolated districts. There were 1,274 deaths from influenza in Scotland in the first quarter of the year (1927), 294 being of persons between 45 and 65 and 611 of persons over 65. Unlike some recent epidemics, that of 1927 was not very fatal in the younger and middle years of life. Generally speaking, there was little done to control the outbreak. A mixed influenza vaccine was used in some places, school closure was resorted to in a number of areas, while measures were taken to provide beds in local authorities' hospitals for the severer cases of pneumonia.

3. Children's Diseases.

There was a heavy increase in the incidence of whooping-cough during the year, and also a marked increase in the number of cases of diphtheria. The incidence of scarlet fever, however, was somewhat lighter than in 1926. It is satisfactory to note that the practice of testing persons for susceptibility to scarlet fever and to diphtheria and of immunising against the diseases those found susceptible continues to spread.

4. Encephalitis.

In spite of statistical data pointing to a contrary conclusion, it is doubtful whether any cases of this disease have actually originated in Scotland within the last year or two. But the problem of the disposal of cases of encephalitis lethargica in the later stages of the disease has been the cause of some anxiety. Fifty beds have been made available for this purpose in a Glasgow institution as a central clearing hospital. In view of the protracted nature of the treatment necessary, this provision has not proved sufficient, although it has enabled difficult cases to be dealt with.

5. Infectious Disease Notifications.

The following table deals with all diseases which were compulsorily notifiable in Scotland throughout the whole of the year 1927 :

TABLE SHOWING FOR THE YEAR 1927 THE NUMBER OF CASES OF CERTAIN INFECTIOUS DISEASES NOTIFIED IN SCOTLAND AT VARIOUS AGE PERIODS AND THE NUMBER OF SUCH CASES REMOVED TO HOSPITAL.

Infectious disease	Age: Years						All ages	Removed to hospital
	Under 1	1 and under 5	5 and under 15	15 and under 65	65 and upwards	Age not ascertained		
Typhoid or enteric fever ..	6	34	129	356	5	—	530	442
Typhus fever	—	1	—	3	—	—	4	4
Smallpox	3	31	86	46	1	—	167	160
Scarlet fever or scarlatina ..	131	3,958	10,124	3,066	5	—	17,284	14,913
Diphtheria and membranous croup	196	2,592	5,503	2,021	12	—	10,324	9,601
Erysipelas	56	53	152	2,340	394	2	2,997	865
Puerperal fever	1	—	3	755	—	3	762	603
Continued fever	—	1	3	11	—	—	15	14
Ophthalmia neonatorum ..	1,310	3	26	—	—	2	1,341	124
Infective jaundice	—	9	41	23	—	—	73	2
Malaria	—	1	—	43	—	—	44	9
Dysentery	16	35	31	99	6	—	187	91
Acute primary pneumonia ..	1,910	4,251	2,612	3,894	567	59	13,293	5,452
Acute influenza pneumonia ..	67	259	296	1,138	190	17	1,967	486
Pulmonary tuberculosis ..	32	156	808	4,919	136	—	6,051	5,656
Non-pulmonary tuberculosis ..	215	1,068	1,570	1,546	37	—	4,436	2,220
Infantile paralysis	6	39	15	1	—	—	61	18
Polio-encephalitis	1	1	2	1	—	—	5	3
Encephalitis lethargica	2	10	28	152	2	—	194	84
Total	3,952	12,502	21,429	20,414	1,355	83	59,735	40,747

B. CHRONIC DISEASES.

1. *Tuberculosis.*

For nearly sixty years there has been a steady decline in the mortality from tuberculosis in Scotland. In 1927, the death rate per 100,000 of population for all forms of tuberculosis was 99, the figures for pulmonary and non-pulmonary tuberculosis being 71 and 28 respectively. The anti-tuberculosis campaign instigated by the State dates from shortly before the war. It is now felt that sufficient institutional provision has been made for the pulmonary form of the disease, but that more beds with specially trained staffs are required for non-pulmonary tuberculosis. When the sanatorium building schemes still in progress have been completed, it is expected that this need will be much less acute. At present there are about 4,550 beds definitely earmarked for tuberculosis in the various institutions, but many more beds in the general hospitals are also occupied by tuberculosis patients. There are 34 tuberculosis dispensaries, all situated in the larger towns. Dispensary work and domiciliary treatment are in the hands of a fairly adequate staff of medical officers and female health visitors. In the larger institutions, X-ray and artificial-light installations are becoming universal. Occupational therapy is practised at the sanatoria which treat pulmonary tuberculosis in its earlier manifestations, while one large institution has a fully equipped group of workshops for the training of suitable patients in new vocations. On the non-pulmonary side the practice of orthopædic methods is becoming more general. With regard to the incidence of tuberculosis, it is recognised that pulmonary tuberculosis has been for several decades decidedly more prevalent in the Highlands and Islands of the north and west than in other parts of Scotland. The history and causes of this disparity are the subject of enquiry by the central department.

Approximate particulars of the sanatoria and hospitals available in 1927 in Scotland for the treatment of tuberculosis are given below :

Designation of institutions	Number of institutions	Number of beds definitely reserved for tuberculosis
<i>Sanatoria :</i>		
(a) Exclusively for children suffering from pulmonary tuberculosis	1	44
(b) Exclusively for children suffering from surgical tuberculosis	5	78
(c) Total exclusively for children	6	122
(d) For adults suffering from pulmonary tuberculosis	18	1,258
(e) For adults suffering from tuberculosis of mixed type	21	1,533
(f) Total for adults	39	2,791
(a) to (f) Total number of sanatoria	45	2,913
<i>Hospitals :</i>		
(a) For pulmonary tuberculosis	34	1,207
(b) For surgical tuberculosis	24 ¹	24
(c) For all forms of tuberculosis	11	404
(a) to (c) Total number of hospitals	69	1,635

¹ This figure includes a number of voluntary institutions in which beds are not definitely reserved for tuberculosis.

2. Venereal Diseases.

The anti-venereal diseases campaign in Scotland dates from 1916. There now exists a fairly satisfactory establishment of out-patient centres, in-patient wards and laboratories. Particulars of centres and of patients attending them in 1927 are given in Table A below. The work at the centres undoubtedly reaches a high level of efficiency. Knowledge of this efficiency and a realisation that the guarantee of secrecy and privacy can be relied upon have gone a long way in securing the confidence of the people. There is evidence, however, that there is still considerable ignorance among the public as to the existence and the nature of the facilities provided. The enlightened co-operation of the general practitioner also stands in need of stimulus, especially in the case of the older generation of doctors.

Table A.

VENEREAL DISEASES.

I. Survey of the Institutions for the Campaign against Venereal Diseases in 1924-25, 1925-26 and 1926-27.

(N. B.—Each year runs from June to the following May inclusive.)

Designation of institutions	Number of institutions			Number of patients treated during the year		
	1924-25	1925-26	1926-27	1924-25	1925-26	1926-27
1. Centres treating out-patients only	19	23	22	3,585	4,746	6,197
2. Centres treating in-patients and out-patients	25	26	26	21,658	20,738	18,534
Total	44	49	48	25,243	25,484	24,731
Total new patients				13,011	13,854	13,976

II. Classification of New Patients attending at Scottish Venereal-Diseases Treatment Centres during the Years 1924-25, 1925-26 and 1926-27.

Year	Number of new patients suffering from :														
	Syphilis			Gonorrhœa			Soft chancre			Mixed infections ¹			No venereal disease		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1924-25	2,181	1,877	4,058	4,477	1,234	5,711	298	1	299	173	335	508	1,374	1,061	2,435
1925-26	1,990	1,923	3,913	4,254	1,606	5,860	224	5	229	144	274	418	1,887	1,547	3,434
1926-27	1,922	1,783	3,705	4,590	1,558	6,148	196	4	200	158	269	427	1,932	1,564	3,496

¹ Persons suffering from two or more venereal diseases are included only under the head "Mixed infections".

The problem of the "defaulter", the patient who discontinues treatment as soon as the outward manifestations of the disease disappear, continues to prove troublesome to local authorities and their officials. Several of the larger local authorities have been giving active consideration to the promotion of legislation to deal with this problem as well as with the more adequate control of venereal diseases generally. There are many difficulties in the way of such legislation. Compulsory notification alone would be useless. Yet there can be no doubt that the present legislative position is unsatisfactory. Briefly, the difficulty arises because the venereal diseases service has to look for its sanction to existing statutory provision designed essentially for the control of the acute infections.

As to the nature of the progress which has been made, it would seem that from 1920 to 1927 there has been a steady decline in syphilis. But there is reason to believe that this decline is already being interrupted. We are on more certain ground in noting that primary lesions of syphilitic nature are, on the whole, much less severe than they were twenty years ago, or, again, that cases of neuro-syphilis, such as general paralysis of the insane and locomotor ataxia, are both less common and less severe than they were at the beginning of the century.

III. PUBLIC HEALTH ACTIVITIES.

1. PUBLIC HEALTH EDUCATION.

Health Propaganda.—Much is being done both by local authorities and by voluntary associations towards instructing the people in the elements of hygiene and preventive medicine. Of the voluntary associations, reference may be made to the National Association for the Prevention of Tuberculosis and the British Social Hygiene Council. The former body has many activities connected with the anti-tuberculosis campaign, but special note has to be made of a lecture and demonstration tour of the Highlands and Islands carried out during 1927 by one of the Association's medical commissioners, who had the assistance of a motor caravan and complete cinematographic outfit. The British Social Hygiene Council continues through its Scottish Committee to do excellent work of a propagandist and educational character, particularly with regard to the venereal diseases. Again, most of the large local authorities make periodical arrangements for lectures on health subjects, mothercraft classes, demonstrations for women at child welfare centres, etc. Sometimes these efforts are concentrated in a Health Week, and this method of organising health propaganda shows signs of becoming more popular. Another and equally useful type of educative measure is illustrated by the clean-milk competitions which have been held in many areas for the benefit of milk vendors.

The education of the public health official also receives attention. Many local authorities encourage their medical officers to attend conferences of a specialist nature and to visit institutions and centres which make use of special methods, etc. For the health visitor there are "refresher" courses organised at the large centres, these being usually held at half-yearly intervals and lasting a fortnight. Again, for the benefit of sanitary inspectors, a short course in clean-milk production was arranged in November 1927. This course, which was held at Kilmarnock, was attended by 70 sanitary inspectors and proved very successful.

2. PROTECTION OF MATERNITY, INFANCY AND THE CHILD OF PRE-SCHOOL AGE.

The maternity service and child welfare schemes date from 1915, the Notification of Births (Extension) Act of that year giving local authorities permissive powers of a wide nature. The schemes of local authorities in operation at the end of 1927 covered areas representing 93 per cent of the total population.

Generally, it may be said that considerable and satisfactory progress has been made so far as the care of the mother and the infant is concerned, but that as yet there is a meagre provision for the care of the health of the pre-school child. This is in part due to the need for economy in public finance.

There were 194 maternity and child welfare centres in Scotland at the end of 1927, 10 new centres having been opened during the year. Clinics are held at the centres at intervals suited to the needs of the district. During the year 1926, there were 448,695 attendances at the centres, as follows :

	First Attendances	Re-attendances
Children under 1 year	27,220	129,695
Children between 1 and 5 years .. .	12,821	225,400
Ante-natal consultations	13,255	26,608
	434,999	
Post-natal attendances	13,696	
	448,695	

Ante-natal Care.—With regard to the facilities for ante-natal supervision, there is a need for further provision in the rural areas and for dealing with complications of confinement. It cannot be doubted that there is a growing appreciation among the people of the value of ante-natal examination, although much prejudice has still to be overcome.

Provision for Childbirth.—Under existing statutory provision, every expectant mother in Scotland has available to her during confinement the services of a midwife or a medical practitioner, the service, if need be, being provided by and at the expense of the local authority.

At March 31st, 1927, there were approximately 4,250 midwives practising in Scotland.

There are at present in Scotland 13 maternity hospitals and 7 maternity homes, exclusive of institutions run for profit. Eleven of these are maintained by local authorities.

During 1927, 622 women died in Scotland from diseases of pregnancy and childbirth, representing a rate of 6.4 per 1,000 births. Unfortunately, this rate does not show an improvement on past experience. Of the 622 maternal deaths, 184 were due to puerperal sepsis.

The Infant under 1 Year of Age.—The number of children under 1 year of age who died in Scotland during 1927 was 8,577 (exclusive of still-births and ante-natal deaths). This means an infantile mortality rate of 89 per 1,000 births. Of the deaths, 3,678 were due to "diseases of early infancy and malformations", 1,576 were due to pneumonia, 590 to diarrhoea and enteritis, 530 to bronchitis and 431 to whooping-cough.

The Pre-School Child.—In 1927, there were 359,937 children in Scotland between 1 and 5 years of age, equal to 7.3 per cent of the total population. Only 7.5 per cent of the children in this age-group were seen at their homes by health visitors, and only 3.6 per cent attended the child welfare clinics. A Government grant of £10,000 per annum is distributed to local authorities to encourage the combating of measles and whooping-cough in children under 5 years of age. In 1927, 625 cases of measles and 717 cases of whooping-cough occurring in this age-group were treated in infectious-diseases hospitals under the special arrangements made. There are now 26 day nurseries and 18 play centres and kindergartens in Scotland. These are found only in a limited number of areas, but they have proved a very popular auxiliary to child welfare work.

3. PROTECTION OF THE CHILD OF SCHOOL AGE.

The Education (Scotland) Act, 1913, enabled school authorities to provide for the treatment of such defects in school-children as would not be remedied by other agencies. Prior to that year, the powers of the authorities were regarded as confined to the mere recording of defects. Developments under the 1913 Act were hampered by the war and little was done until the Education (Scotland) Act, 1918, abolished the parochial basis of the local school authority in favour of authorities representing the counties and large cities. Since then, steady progress has been made in the establishment of a school medical service. But in many areas the follow-up and remedial work is still far from adequate, while there is much overlapping and failure to co-operate with the other health services.

Some indication of the progress made may be gathered from the particulars of the staff employed at the end of 1927 in the school medical service by the 37 education authorities in Scotland, as follows :

37 chief school medical officers, of whom 21 are also county medical officers of health ;
 64 assistant school medical officers, of whom 12 are part-time officials ;
 50 part-time local practitioners ;
 80 dentists, of whom 37 are part-time officers ;
 666 nurses, of whom 166 are engaged full-time in school work ; 29 are part-time, being full-time health visitors engaged in statutory duties under local authorities ; and 471 are district nurses engaged part-time in school nursing duties.

In addition, arrangements have been made for the following specialist services :

30 authorities employ 39 eye specialists ;
 11 authorities employ 16 ear, nose and throat specialists ;
 2 authorities employ 3 skin specialists ;
 1 authority employs 1 X-ray specialist ;
 1 authority employs 1 orthopædic surgeon ;
 1 authority employs 1 medico-psychologist.

During 1927, there were approximately 830,060 pupils in average enrolment in 3,411 State-aided schools in Scotland. The total number of children in selected age-groups examined during the year was 237,692. In addition, 223,700 special examinations and re-examinations were made of children selected from those not due for systematic examination and children found to be defective at previous examinations.

Space does not permit of an account of the work done in the following-up and treatment of children found to be physically defective. Few of the schemes of the local education authorities can be described as completely adequate, yet the amount of useful work done, both remedial and preventive, is in some areas very creditable.

Reference falls to be made to a large-scale test carried out during 1925-27 in schools in seven Scottish cities and in Belfast, Ireland, to determine the results of the addition of whole milk, separated milk and biscuit to the ordinary diet of children attending elementary schools. The test was conducted by a committee appointed by the Scottish Board of Health and it is thought that the final conclusions will be of considerable value. An interim report has already been published in the medical Press.

4. HOUSING.

Local authorities in Scotland have possessed legal powers to provide houses for the working classes since 1890. Little was done, however, until the series of post-war measures imposed an obligation on the local authorities to see that the inhabitants of their areas were provided with houses in accordance with their needs, the Government making available special money grants in view of the unremunerative nature of the task under post-war conditions. It is estimated that 10,000 new houses are required in Scotland every year to meet the ordinary increase in population and to replace wastage. In addition, there is good authority for the opinion that the shortage in houses actually existing renders the provision of at least a further 10,000 houses per annum necessary for many years to come. In none of the post-war years prior to 1927 had the necessary output of 20,000 houses per annum been attained. It is therefore satisfactory to have to record that in the year 1927 the total number of working-class houses erected was 21,660. This figure probably represents the largest number of houses ever built in Scotland in any one year. Up to the end of 1927, 69,966 houses had been completed under the State-assisted schemes which began with the year 1919. At the beginning of 1928, 26,723 more houses were either under construction or definitely arranged for.

Since the war, a special grant has been made available to local authorities in aid of the clearance of insanitary areas and the erection of new houses to meet the needs of persons dispossessed by such clearance schemes. This grant represents 50 per cent of the annual deficit in such schemes. By the end of 1927, 38 local authorities had undertaken slum clearance schemes involving the closing of 11,935 houses and the provision of a similar number of new or reconstructed houses. A very limited number of houses, however, is actually reconstructed.

The Housing (Rural Workers) Act, 1926, aims at promoting the provision and improvement of housing accommodation for agricultural workers by authorising the grant of financial assistance towards the reconstruction and improvement of houses

and other buildings. This new provision is proving a valuable addition to the measures designed to improve Scottish housing conditions.

Increasing attention is being paid by local authorities to the preparation of town-planning schemes in areas where building development on any considerable scale is proceeding or likely to proceed. An important step was taken in the right direction in the year 1927, when the numerous local authorities in the Clyde Valley industrial area decided to set up a Joint Advisory Committee with a view to the preparation of a regional plan dealing with the whole area.

5. SUPERVISION OF THE FOOD SUPPLY.

Under this head, local authorities have been given by various statutes a wide range of power for good. The Sale of Food and Drugs Acts and the Public Health Acts charge local authorities with the duty of seeing that the food of the people is of the "nature, substance and quality" demanded by purchasers and that food is free from infection or contamination. A series of measures culminating in the Milk and Dairies (Scotland) Act, 1914, deal with the registration, control and inspection of dairies, the appointment of veterinary inspectors and the inspection of cows, methods of transport and handling, etc. Every milk-cow in Scotland must be clinically inspected once a year. The Tuberculosis Order, 1925, lays down the procedure to be followed in dealing with bovines affected with tuberculosis. The issue of regulations for the grading of milk was authorised by an Act of 1922. Departmental regulations have also been issued at various times dealing with such matters as standards for condensed and dried milk, preservatives in foods, standards for meat inspection, control of meat from overseas and the detection of unsound food at ports.

(*Note.*—The Preservatives Regulations strictly limit the amount of sulphur dioxide and of benzoic acid that may be added to a limited number of foods. These two chemical substances are comparatively harmless. Unauthorised developments of preserving processes are prohibited, and this is perhaps the most important effect of the Regulations.)

The operation of the later milk and dairies legislation was suspended during the war and for some years after, but in recent years local authorities have made considerable headway. The adoption of dairy by-laws is compulsory and every local authority must appoint a veterinary inspector. In the case of twelve counties the veterinary inspectors are whole-time officials. By the end of 1927, 172 sets of dairy by-laws had been confirmed by the central department.

A number of outbreaks of milk-borne infection occurred in 1927. No deaths resulted from these outbreaks.

During 1927, 2,240 bovine animals were dealt with under the Tuberculosis Order. There are at least 81 tuberculin-tested herds in the country.

There are now 155 public slaughterhouses and about 540 private slaughterhouses in Scotland. The departmental regulations prescribing a system and standard of meat inspection function smoothly and well.

The total number of samples taken in Scotland under the Sale of Food and Drugs Acts during the year ending September 30th, 1927, was 16,906.

SUMMARY FOR SCOTLAND OF THE NUMBER OF FORMAL AND OF TEST SAMPLES ANALYSED ON BEHALF OF LOCAL AUTHORITIES AND THE NUMBER AND PERCENTAGE OF CASES REPORTED AGAINST FOR THE YEAR ENDED SEPTEMBER 30TH, 1927.

Article	Number of formal samples		Percentage of formal samples reported adulterated or not up to standard	Number of test samples		Percentage of test samples reported adulterated or not up to standard
	Examined	Reported adulterated or not up to standard		Examined	Reported adulterated or not up to standard	
Milk	5,356	382	7.1	4,966	665	13.4
Butter	530	18	8.4	882	33	3.7
Cheese	81	1	1.2	64	2	3.1
Margarine	190	3	1.6	112	4	3.6
Coffee	75	1	1.3	80	—	—
Sugar	62	—	—	26	1	3.8
Confectionery and jam	93	4	4.3	175	2	1.1
Pepper	121	2	1.7	97	3	3.1
Tea	58	—	—	11	1	9.1
Oatmeal	27	—	—	16	—	—
Flour	55	2	3.6	27	—	—
Syrup	24	1	4.2	7	—	—
Beer	22	—	—	11	—	—
Spirits	225	39	17.3	290	23	7.9
Drugs	170	14	8.2	472	38	8.1
Other articles ..	1,092	140	12.8	1,489	168	11.2
Total	8,181	607	7.4	8,725	940	10.8

6. MISCELLANEOUS SERVICES.

(a) *Welfare of the Blind.*—The Blind Persons Act, 1920, places on local authorities the duty of promoting the welfare of the blind. Generally, the local authorities concerned exercise their powers through the medium of voluntary agencies and with the co-operation of education authorities and parish councils. The grants to institutions and societies for the year ended March 31st, 1927, amounted to £16,033. There was a steady development of the services provided during the year 1927. The main development of the work of outdoor societies has been in the direction of the provision, for blind persons outside institutions, of employment and assistance under Schemes of Assistance to Home Workers.

(b) *Insulin.*—In 1927, 976,900 units of insulin (including 96,200 units of double-strength insulin) were issued to the 74 local authorities whose arrangements for supplying medicines and treatment free or at reduced rates to persons suffering from diabetes have been sanctioned.

7. NATIONAL HEALTH INSURANCE.

(a) *Approved Societies.*—The number of approved societies operating in Scotland at December 31st, 1927, was 204. The following table gives particulars of the Scottish membership of the societies :

Class of society	1927 Membership			Percentage of total	
	Men	Women	Total	1912	1927
I. Friendly societies with branches	311,000	114,000	425,000	32.4	24.2
II. Other friendly societies	286,000	141,000	427,000	23.2	24.3
III. Industrial assurance companies and collecting societies ..	444,000	313,000	757,000	34.5	43.0
IV. Trade unions	123,000	13,000	136,000	9.4	7.7
V. Employers' provident funds ..	6,000	8,000	14,000	0.4	0.8
Total	1,170,000	589,000	1,759,000	100	100

There has been a disquieting increase in the benefits expenditure of societies during 1926 and 1927, as is illustrated by the following figures :

	1925	1926	1927
Sickness benefit ..	£1,010,000	£1,284,000	£1,253,000
Disablement benefit ..	560,000	660,000	767,000
Total	£1,570,000	£1,944,000	£2,020,000

These figures are not quite comparable, owing to schemes of additional benefits being adopted in the later periods. When the necessary adjustments are made, however, it is found that the expenditure in the years 1926 and 1927 exceeded that in 1925 by 20 per cent and 23 per cent respectively. This excess over normal experience appears to be due largely to a tendency on the part of practitioners to depart from the true standards of incapacity for work and to grant medical certificates more freely than in the past. The matter was under continuous consideration by the department concerned, and efforts were made through meetings between departmental officials and insurance service practitioners to bring to the notice of the latter the serious effects of lax certification. Eventually a memorandum was issued to practitioners indicating the broad principles to be observed in interpreting the phrase "incapable of work". The British Medical Association has appointed a special committee to deal with the certification question in its medical aspects.

The average expenditure by approved societies on cash benefits in 1927 is given below in *pence* per member per week :

	Men	Women
Sickness benefit	3.34	3.35
Disablement benefit	2.00	2.11
Maternity benefit	0.67	0.37
All cash benefits	6.01	5.83

Schemes of additional benefits were in force throughout 1927 as a result of the surpluses disclosed at the second valuation of approved societies. With regard to dental benefit, there is an agreed scale of dentists' fees, etc., prepared by the Dental

Benefit Joint Committee. Societies with a membership of over 1,200,000 (representing 90 per cent of the membership of Scottish units giving dental benefit) have adopted the agreed scale and the arrangements attached thereto. It was found during 1927 that a number of societies had allocated insufficient funds to dental benefit. To some extent this was no doubt unavoidable. A Dental Officer for Scotland was appointed in the course of the year to assist in the administration of dental benefit. A Scottish Sub-Committee of the Dental Benefit Joint Committee has been set up to deal with disputes and appeals.

As regards ophthalmic benefit, it would appear that the funds allocated by the societies have, with a few exceptions, proved sufficient.

There are seven district medical officers appointed for the purpose of giving second medical opinions as to the condition of particular claimants for benefit. During the year, 34,558 persons were referred by societies to these officers, while 510 cases were referred by practitioners. Of the total of 35,068 cases, 13,250 were not examined; in 13,772 cases the certifying practitioner's opinion that the person was incapable was upheld; and in 8,046 cases the opinion was reserved.

The permanently invested funds of approved societies now amount to £12,200,000.

(b) *Insurance Committees*.—The administrative expenditure of insurance committees amounted in 1927 to approximately £50,000. In respect of the medical service of insured persons, 1,773,000 capitation fees at the rate of 9s. per head were paid to insurance practitioners. In addition, £42,500 was distributed to practitioners in rural and semi-rural areas in respect of additional time and expense incurred in travelling, while £3,500 was expended in the improvement of the medical service in sparsely populated areas. Payments to chemists for the supply of drugs and medicines amounted to £156,904. The number of prescription forms dispensed was 2,755,443, at an average cost of approximately 1/1½d.

In May 1926, a committee began the task of reducing the inflation in the Insurance Committees' Index Registers of insured persons entitled to medical benefit by comparison with the membership registers of approved societies. By the end of 1927, the work was practically completed. As a result, a clearance of about 400,000 names of persons who had ceased to be entitled to benefit has taken place. A central register has been prepared and arrangements have been made to have this register properly maintained. The clearance will, of course, affect the doctors' lists to some slight extent, but what the effect on payments to individual doctors will be had not been ascertained at the close of the year.

8. POOR LAW MEDICAL SERVICE.

The success of the Poor Law Medical Service is dependent primarily on the efficiency of the parish medical officer. Every parish council must appoint a parish medical officer, whose duty it is to supply medical attendance to the destitute sick in their homes. In principle, he may prescribe any treatment which he considers desirable in the interests of the patient, whether such treatment be of a highly specialised nature or not. The work of the parish medical officers is carried out on the whole in a satisfactory manner, and there is little room for criticism so far as the domiciliary treatment and attendance available to the sick poor in Scotland are concerned.

Prior to the Poor Law Act of 1845, which is still the chief sanction for all the Poor Law services, the system was essentially one of outdoor relief. Indoor provision, apart from "correction houses" designed for the suppression of vagrancy, was no part of the scheme. The Act of 1845 permitted the establishment of poorhouses, the

intention being that these institutions should minister to the wants of the aged poor, the sick poor with no one in their homes able to attend to them, orphans or deserted children, the feeble-minded and persons of doubtful character. No serious attempt was made at first to distinguish between the accommodation for sick patients and that for ordinary inmates. With the advancement of medical knowledge, however, the hospital aspect of the poorhouse system came to be recognised as of greater importance, and the more recent institutions have hospital blocks which are usually erected apart from the main buildings. In some of the older institutions, structural difficulties stand in the way of the high medical standard of hospital provision necessary for the treatment of acutely sick patients. But it is now generally accepted that the destitute sick ought to receive medical treatment and nursing attention not inferior to that provided in the general hospitals and infirmaries maintained by voluntary effort. There has, indeed, been a complete change in the past sixty or seventy years in the conception of poverty in its relation to sickness. As stated in the Report of the Royal Commission on the Poor Law, 1909, "poverty is less a cause of disease than disease the cause of poverty". This dictum might almost be said to furnish the guiding principle in the present-day Poor Law Medical Service in Scotland, a principle which necessarily urges the parochial authorities to the adoption of high standards. In a number of the larger Poor Law hospitals the standard already attained leaves little to be desired; but the discrepancy between the best and the least good is still somewhat disquieting.

9. HIGHLANDS AND ISLANDS (MEDICAL SERVICE) FUND.

As explained in the Introduction, the State pays a special grant in aid of medical and nursing services in the Highlands and Islands with a view to raising the general health service in this poor and sparsely populated area to the level of that in other parts of the country. The scheme applies to an area which covers more than one-half of the land surface of Scotland, but is occupied by less than one-fifteenth of the population.

During 1927, activity under the scheme has been confined almost entirely to the maintenance of services already in being. These services have done much to improve medical and nursing practice in the area, but, particularly in view of changing conditions, economic and other, it is recognised that State assistance towards a still more comprehensive system is required. The annual grant meantime is £42,000. This grant-in-aid is paid into a separate fund, and any balance unexpended is not surrendered to the Treasury at the close of the financial year. In the earlier years, only a part of the annual grant was spent, so that the fund acquired a considerable balance in hand. Now, however, the £42,000 annual grant is being exceeded and the reserve is rapidly disappearing. The charges against the fund in respect of the year 1927, which are summarised below, give an indication of the scope of the scheme.

Medical Service: Scheme of modified fees, special arrangements, insurance mileage, and holiday relief	£
	43,050
Nursing Service	13,300
Hospitals and Ambulance Service	6,338
Specialist Service: Grants in respect of surgeons	1,926
Houses for doctors and nurses	1,890
Telegraphs and telephones	153
Special Emergency Scheme	214
Special Tuberculosis Scheme	3,050
	<u>£69,921</u>

IV. PUBLIC HEALTH LEGISLATION.

The following statute received the Royal Assent during the year 1927 :

THE MIDWIVES AND MATERNITY HOMES (SCOTLAND) ACT, 1927.

Part I of this Act amends the Midwives (Scotland) Act, 1915, so as to make more effective the prohibition against the practice of midwifery by unqualified persons in Scotland. Persons not certified under the previous Act and attending a woman in childbirth must act under the direction and personal supervision of a qualified medical practitioner. Protection is afforded, however, to a person attending a case of sudden or urgent necessity. A midwife is given a right to recover compensation from the local authority when suspended from practice to prevent the spread of infection. In areas in which a Maternity and Child Welfare Scheme is not in operation, the local authority must, on receiving reasonable notice, provide the services of a midwife or doctor to attend a woman in childbirth. Power is given to recover the fee from the husband or guardian when in a position to pay. Part II of the Act provides for the registration by local authorities of maternity homes other than institutions controlled by a Government Department or local authority. Any person carrying on an unregistered maternity home after January 1st, 1928, is liable to penalty. The local authority is required to register every applicant unless satisfied that he or any of his employees is unfit to carry on the home or that, for reasons stated in the Act, the premises are not fit for use as a maternity home, or that the superintendence of nursing is not in the hands of a qualified nurse or certified midwife. The local authority may cancel registration on similar grounds. Provision is also made for the prescribing by the central department of the records to be kept at registered maternity homes, and for the inspection of the homes and their records by officers of the local authority and the central department.

V. BUDGET.

(a) CENTRAL DEPARTMENT.

Particulars of the estimated expenditure of the Scottish Board of Health (the central department for health in Scotland) are given below in respect of two years :

	Year ending	
	March 31st, 1928	March 31st, 1929
	£	£
Administrative expenses	228,232	221,802
Housing grants	1,662,435	1,535,202
Miscellaneous grants :		
Maternity and child welfare	144,280	148,780
Treatment of tuberculosis	300,000	310,000
Sanatorium building schemes	20,000	10,000
Treatment of venereal diseases	57,603	62,000
Welfare of the blind	17,438	18,500
Grants to port sanitary authorities	4,530	4,700
Highlands and Islands Medical Service grant	42,000	42,000
	<hr/>	<hr/>
Carried forward	2,476,518	2,352,984

	Year ending	
	March 31st, 1928	March 31st, 1929
	£	£
<i>Brought forward</i>	2,476,518	2,352,984
Grants in respect of benefits, etc., under the National Health Insurance Acts :		
Medical benefit	194,000	194,000
Sickness, disablement, maternity, etc., benefits	490,000	450,000
Other small grants	435	383
Charges for services of other departments	60,235	61,936
Total	3,221,188	3,059,303
Income from various sources, including refund of cost of administering various funds	117,788	129,852

In addition to the State grants included in the foregoing statement, a sum of £15,000 is contributed annually by the Government in aid of the salaries of medical officers of health and sanitary inspectors.

(b) LOCAL AUTHORITIES.

It is not possible at the moment to give for any recent year complete details of the expenditure of local authorities on public health. The following figures, which apply to the year ending May 15th, 1927, will give an indication of the cost of the later social services (the cost of the treatment of the infectious diseases being also included) and the relative sources of income :

	Hospitals and treatment of disease	Maternity and child welfare	Housing
	£	£	£
<i>Expenditure ;</i>			
Debt charges	184,100	11,300	2,159,500
Administrative	—	16,800	98,000
All other expenses	1,144,900	301,700	632,500
	£1,329,000¹	£329,800	£2,890,000
<i>Receipts ;</i>			
Local rates	868,900	140,500	543,500
Government grants	437,000	174,500	1,076,500
All other receipts (including rents)	23,100	14,800	1,270,000
	£1,329,000	£329,800	£2,890,000

(c) NATIONAL HEALTH INSURANCE.

The following is a summary of accumulated funds under the National Health Insurance Acts in Scotland, showing the approximate position at the beginning and end of 1927, and including approximate receipts and payments in respect of all forms of benefits and administration, including central administration.

¹ Includes tuberculosis, £582,000, and venereal diseases, £73,600.

ACCUMULATED FUNDS AT THE BEGINNING OF THE YEAR AS PER LAST RETURN.

			£
Invested with National Debt Commissioners..			7,427,000
Invested by or on behalf of approved societies			5,809,000
Cash at bank..			21,000
Cash in hands of approved societies and insurance committees			263,000
			<u>£13,520,000</u>
Adjustment of above totals as brought forward from last return			10,000
			<u>£13,530,000</u>
			Receipts.
			£
Contributions of employers and employed persons			2,711,000
Exchequer (including statutory proportion of benefits and cost of Central Administration, less expenses recoverable from Insurance Fund)			730,000
Interest on investments and sundry receipts..			555,000
			<u>£17,526,000</u>
			Payments..
			£
Medical benefit			1,015,000
Sickness benefit :			
	Men	Women	
	£	£	
Approved societies	832,000	412,000	
Deposit contributors..	2,500	9,000 ¹	
	<u>£834,500</u>	<u>£422,500¹</u>	
Disablement benefit :			
Approved societies	£502,000	£265,000	1,257,000
			767,000
Maternity benefit :			
Approved societies	169,000	24,000	
Deposit contributors..	750	23,000 ¹	
	<u>£169,750</u>	<u>£47,250</u>	
			217,000
Other benefits :			
Approved societies :			
		Men and Women	
		£	£
Additional non-cash benefits		404,000	
Donations to hospitals, etc..		51,700	
Deposit Contributors :			
Payments on death and emigration, etc..		300	
Administration expenses :			
Approved societies..		408,000	456,000
Insurance committees		52,000	
Central Administration..		97,000 ²	
Accumulated funds at the end of the year :			
Invested with National Debt Commissioners		6,955,000	557,000
Invested by or on behalf of approved societies		6,086,000	
Cash at bank..		6,000	
Cash in hands of approved societies and insurance committees..		210,000	
			<u>13,257,000</u>
			<u>£17,526,000</u>

¹ Married women entitled to special benefits (Class K).² This expenditure, of which £30,000 was borne by the Exchequer, includes £40,000 in connection with National Health Insurance in Scotland incurred by other Government Departments in respect of office accommodation (buildings, furniture, fuel and light), rates, stationery and printing, postage, telegrams, telephones, share of cost of National Insurance Audit Department and miscellaneous.

VI. CURATIVE MEDICINE.

1. HOSPITAL ACCOMMODATION, ETC.

The following figures give an approximate indication of the hospital accommodation in Scotland in 1927 :

	Hospitals	Beds
Voluntary hospitals (general and special) ..	136	8,800
Poor Law hospitals and sick-wards in poor-houses	—	6,100
Local health authority hospitals :		
1. Infectious diseases (other than tuberculosis)	134	5,240
2. Tuberculosis	71	4,140
3. Maternity	11	176

The figures shown against "Tuberculosis" and "Maternity" do not, of course, include beds used for these purposes in voluntary hospitals.

It is estimated that about 120,000 in-patients were treated at the voluntary hospitals in 1927. Approximately 34,000 cases of infectious disease (other than tuberculosis) were removed to local authority hospitals during the year. The number of cases of tuberculosis sent to hospitals and sanatoria (including voluntary hospitals) by local authorities in the year 1927 was as follows :

	Pulmonary	Non-pulmonary
Adults	4,722	791
Children	934	1,430
	<u>5,656</u>	<u>2,220</u>

The number of beds available for lunatics in private and public asylums and in the lunatic wards of poorhouses is approximately 19,000. The following particulars deal with private and pauper lunatics in these institutions :

	(Resident at December 31st, 1927	Admitted during 1927
Private :		
Males	1,535	199
Females	1,315	295
Pauper :		
Males	7,047	1,490
Females	7,025	1,446
	<u>16,922</u>	<u>3,430</u>

2. DISPENSARIES.

The dispensary provision made in connection with the new social services is referred to above in the paragraphs dealing with the schemes concerned. With regard to the provision made by voluntary effort, there are important clinics in the large towns devoted to separate branches of medicine (eye, ear, throat, etc.), while the large general hospitals possess important out-patient departments dealing with all conditions not requiring indoor treatment. Many of the smaller institutions also

cater for the out-patient. It is estimated that, in 1927, about 370,000 out-patients were treated at these voluntary institutions.

3. MEDICAL PERSONNEL.

The following particulars of medical students and doctors in Scotland have been supplied by the Scottish Branch of the General Medical Council :

MEDICAL STUDENTS REGISTERED IN SCOTLAND DURING THE YEARS :

	1925	1926	1927
Men	373	456	501
Women	37	39	38
	<u>410</u>	<u>495</u>	<u>539</u>

DOCTORS QUALIFIED.

	1925	1926	1927
Men	620	497	457
Women	152	111	63
	<u>772</u>	<u>608</u>	<u>520</u>

NUMERICAL SUMMARY OF PRACTITIONERS IN SCOTLAND.

1925	1926	1927
5,685	5,997	6,127

4. PHARMACISTS.

The statement below has been furnished by the North British Branch of the Pharmaceutical Society of Great Britain. The figures are to be regarded as approximate only.

APPROXIMATE NUMBER OF QUALIFIED PHARMACISTS IN SCOTLAND : (1) IN BUSINESS ; (2) AS QUALIFIED ASSISTANTS ; AND APPROXIMATE NUMBER OF UNQUALIFIED ASSISTANTS OR APPRENTICES IN SCOTLAND.

Pharmacists in Business

	1925	1926	1927
Male	1,368	1,572	1,806
Female	221	255	294
	<u>1,589</u>	<u>1,827</u>	<u>2,100</u>

Pharmacists as Assistants

	1925	1926	1927
Male	511	588	676
Female	83	95	109
	<u>594</u>	<u>683</u>	<u>785</u>

Pharmacists' Apprentices.

	1925	1926	1927
Male	1,041	1,197	1,376
Female.. .. .	170	195	224
	<u>1,211</u>	<u>1,392</u>	<u>1,600</u>

5. DENTISTS.

The following statement has been supplied by the Dental Board of the United Kingdom :

PARTICULARS OF DENTISTS AND DENTAL STUDENTS IN SCOTLAND IN CERTAIN YEARS

Designation	Number in the year		
	1925	1926	1927
Dental students registered by the General Medical Council :			
Male.. .. .	23	20	33
Female	6	11	9
	<u>29</u>	<u>31</u>	<u>42</u>
Persons qualified during the year at Scottish Universities or by Licensing Bodies :			
Male.. .. .	77	80	78
Female	11	5	12
	<u>88</u>	<u>85</u>	<u>90</u>
Dentists (total) domiciled in Scotland, inclusive of those registered under the Dentists Acts 1878 to 1923 in virtue of qualifications or of being in practice, but not including those restored to the Register during the years given (approximately) :			
Male	1,423	1,374	1,525
Female	63	73	78
	<u>1,486</u>	<u>1,447</u>	<u>1,603</u>

(Note.—Under the Dentists Act, 1921, practitioners are required to pay an annual fee for the retention of their names on the Register. This must be paid on or before December 31st for the year following. The names of those who omit to do this are removed from the Register, but may be restored thereto on payment of an additional fee. If this number (approximately 4 per cent) is added to the figures given above, the totals for the respective years would be: 1925: 1,546; 1926: 1,503; 1927: 1,667.)

December 1928.

3. NORTHERN IRELAND

Report prepared by the Ministry of Home Affairs.

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INTRODUCTION.

Northern Ireland has an area of approximately 5,200 square miles and a population of 1,250,000.

It is divided into 6 counties, 2 county boroughs, 2 boroughs, 30 urban districts and 32 rural districts.

Public health administration rests with a central Government department—the Ministry of Home Affairs, and local authorities elected for each county or district. The functions of the central department are limited to the initiation of legislation and the general supervision of the local authorities. The actual administration is carried on by the local authorities in each area.

Public health work generally is based on a series of Acts, beginning with the Public Health (Ireland) Act in 1878, which deals with sanitation, infectious disease, water supply, sewage, streets and buildings, etc. There is special legislation relating to such matters as tuberculosis, venereal diseases, welfare of the blind and the medical inspection of school-children. A further series of Acts, namely, the Housing Acts and the Labourers Acts, is designed to secure a supply of houses for the members of the working class, while the Poor Law and Medical Charities Acts provide for the relief of destitute persons and for medical attendance on all poor persons. National Health Insurance Acts and Unemployment Insurance Acts make provision for the payment of benefits to insured persons while unable to work owing to sickness or while unable to find employment.

The greater part of the administration of the Public Health Acts rests with the urban and rural district councils, but some special branches, such as tuberculosis, medical inspection of school-children, etc., are administered by the county and county borough councils.

Hospital accommodation is provided partly by voluntary institutions, partly by Poor Law authorities and partly by committees of the county councils.

Poor Law hospitals are, however, gradually being converted into district hospitals, which admit all classes of patients, and are not directly controlled by the Poor Law Guardians.

National health and unemployment insurance are administered by special committees, and the central authority is the Ministry of Labour for Northern Ireland.

I. VITAL AND PUBLIC HEALTH STATISTICS.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION¹ ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1926 AND 1911.

Original source: Registrar-General, Northern Ireland.

Date of census	Area in square kilometers	Present population		
		Males	Females	Total
1	2	3	4	5
April 18th-19th, 1926 ²	13,563 ⁴	608,088	648,473	1,256,561
April 2nd-3rd, 1911 ³	13,565	602,539	647,992	1,250,531
Increase (+) or decrease (—) in 1926, compared with 1911:				
(a) Actual		+ 5,543	+ 481	+ 6,030
(b) Yearly average		+ 370	+ 32	+ 402
(c) Yearly average per 1,000 inhabitants (average population during the inter-census period)		+0.60	+0.05	+0.32

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1926 AND 1911.

Original source: Registrar-General, Northern Ireland.

Year of last two censuses	Number of inhabitants per square kilometer calculated according to the population		Excess of Females over Males			
			Present population		Resident population	
	Present	Resident	Actual figures	Females per 1,000 males	Actual figures	Per 1,000 males
1	2	3	4	5	6	7
1926	92.6		40,385	1,066		
1911	92.2		45,453	1,075		
Increase (+) or decrease (—) in 1926 as compared with 1911	+ 0.4		— 5,068	— 9		

¹ Data regarding resident population not available.

² Year of last census.

³ Year of previous census.

⁴ Excluding 574 square kilometers under the larger rivers, lakes, tideways, etc.

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX ACCORDING TO THE RESULTS OF THE LAST CENSUS (1926) AND ESTIMATE¹ OF THIS DISTRIBUTION FOR 1927 (LAST ESTIMATE).

Original source : Registrar-General, Northern Ireland.

A. Actual Figures.

Ages and age-groups in years	I. 1926 Census. Actual Population			
	Males	Females		Total
		Total	Married	
1	2	3	4	5
0	12,850	12,224	—	25,074
1	12,508	11,990	—	24,498
2	13,150	12,682	—	25,832
3	13,095	12,707	—	25,802
4	13,380	13,193	—	26,573
0-4	64,983	62,796	—	127,779
5-9	59,350	57,587	—	116,937
10-14	60,325	59,364	—	119,680
15-19	59,411	60,468	1,024	119,879
20-24	52,516	56,713	11,391	109,229
25-29	45,866	53,125	24,806	98,991
30-34	38,017	44,277	26,836	82,294
35-39	35,317	41,062	26,216	76,379
40-44	32,749	37,277	24,526	70,026
45-49	33,478	36,562	23,391	70,040
50-54	32,279	33,316	19,996	65,595
55-59	26,803	27,615	14,803	54,418
60-64	21,284	22,205	10,013	43,489
65-69	18,773	20,279	7,499	39,052
70-74	13,764	17,856	4,754	31,620
75-79	7,542	10,039	1,788	17,581
80-84	3,673	5,114	605	8,787
85-89	1,504	2,148	166	3,652
90 and over ..	454	670	49	1,124
Unknown				
Total	608,088	648,473	197,863	1,256,561

¹ Not available.

Table No. 3* (concluded).

B. Proportional Figures.

Ages and age-groups in years	I. 1926 Census. Actual Population						
	Males	Females	Males	Females	Total	Married Women	
	Per 1,000 of total population		Per 1,000 of total population (both sexes and all ages)			Per 1,000 women of same age-group	Per 1,000 inhabitants (total population of all ages)
	Male	Female					
1	2	3	4	5	6	7	8
0	21.1	18.9	10.2	9.7	19.9	—	—
1	20.6	18.5	10.0	9.5	19.5	—	—
2	21.6	19.6	10.5	10.1	20.6	—	—
3	21.5	19.6	10.4	10.1	20.5	—	—
4	22.0	20.3	10.6	10.5	21.1	—	—
0-4	106.8	96.9	51.7	49.9	101.6	—	—
5-9	97.6	88.8	47.2	45.9	93.1	—	—
10-14	99.2	91.5	48.0	47.3	95.3	—	—
15-19	97.7	93.2	47.3	48.1	95.4	16.9	0.8
20-24	86.4	87.5	41.8	45.1	86.9	200.9	9.1
25-29	75.4	81.9	36.5	42.3	78.8	466.9	19.7
30-34	62.5	68.3	30.3	35.2	65.5	606.1	21.4
35-39	58.1	63.3	28.1	32.7	60.8	638.4	20.9
40-44	53.9	57.5	26.1	29.6	55.7	657.9	19.5
45-49	55.1	56.4	26.6	29.1	55.7	639.8	18.6
50-54	53.1	51.4	25.7	26.5	52.2	600.2	15.9
55-59	44.1	42.6	21.3	22.0	43.3	536.0	11.8
60-64	35.0	34.2	16.9	17.7	34.6	450.9	8.0
65-69	30.9	31.3	14.9	16.2	31.1	369.8	6.0
70-74	22.6	27.5	11.0	14.2	25.2	266.2	3.8
75-79	12.4	15.5	6.0	8.0	14.0	178.1	1.4
80-84	6.0	7.9	2.9	4.1	7.0	118.3	0.5
85-89	2.5	3.3	1.2	1.7	2.9	77.3	0.1
90 and over ..	0.7	1.0	0.4	0.5	0.9	73.1	0.1
Unknown							
Total	1,000	1,000			1,000		

Table No. 4.*
 SURVEY OF THE MOVEMENT OF THE POPULATION¹, 1922 TO 1927.
 Original source : Registrar-General, Northern Ireland.

Year	Average population* (in 1,000's)	Marriages	Divorces	Live-born children	Still-born children	Deaths (excluding still-births)	Excess of	
							Births (col. 5) overdeaths	Deaths over births
1	2	3	4	5	6	7	8	9
A. Actual Figures.								
1922	1,269,000	8,072		29,531		19,795	9,736	—
1923	1,259,000	7,974		30,097		18,790	11,307	—
1924	1,258,000	7,514		28,496		20,299	8,197	—
1925	1,257,000	7,682		27,686		19,784	7,902	—
1926	1,254,000	7,228		28,162		18,827	9,335	—
Average : 1922-26 ..	1,259,000	7,694		28,794		19,499	9,295	—
1927	1,251,000	7,175		26,676		18,216	8,460	—

2. BIRTH RATES.

Table No. 5.*
 GEOGRAPHICAL DISTRIBUTION OF BIRTHS, 1926 AND 1927.
 Original source : Registrar-General, Northern Ireland.

Counties	Average population (in 1,000's)		Live births			
			Actual figures		Rate per 1,000 inhabitants (average population)	
	1926 ¹	1927 ¹	1926	1927	1926	1927
1	2	3	4	5	6	7
1. Co. Antrim	192,000	192,000	4,213	4,026	21.9	21.0
2. Co. Armagh	110,000	110,000	2,343	2,274	21.3	20.7
3. Belfast Co. Borough	415,000	415,000	10,369	9,605	25.0	23.1
4. Co. Down	209,000	209,000	4,191	4,005	20.1	19.2
5. Co. Fermanagh	58,000	58,000	1,155	1,055	19.9	18.2
6. Londonderry Co. and Co. Borough	140,000	140,000	3,169	3,142	22.6	22.4
7. Co. Tyrone	133,000	133,000	2,722	2,569	20.5	19.3
Total for towns, urban districts, etc.	639,000	639,000	15,681	14,631	24.5	22.9
Total for rural districts	618,000	618,000	12,481	12,045	20.2	19.5

¹ Emigration figures not available; see note to Table No. 4, page 846.
² Estimated populations to middle of each year.
³ 1926 census figures; no estimates are available for counties.

Table No. 6.

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY¹ 1922 TO 1927.

Original source : Registrar-General, Northern Ireland.

Year	Live births			Excess of Male births per 100 Female births among live-born children
	Boys	Girls	Total	
1	2	3	4	5
1922	15,098	14,433	29,531	4.6
1923	15,332	14,765	30,097	3.8
1924	14,800	13,696	28,496	8.1
1925	14,185	13,501	27,686	5.1
1926	14,576	13,586	28,162	7.3
Average :				
1922-26	14,798	13,996	28,794	
1927	13,693	12,983	26,676	5.5

¹ No figures available for still-births.

Table No. 8.*

 LEGITIMACY AND ILLEGITIMACY OF BIRTHS¹, 1922 TO 1927.

Original source : Registrar-General, Northern Ireland.

A. Actual Figures.

Year	Legitimate births			Illegitimate births			Total births		
	Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1	2	3	4	5	6	7	8	9	10
1922 ..	28,276			1,255			29,531		
1923 ..	28,753			1,344			30,097		
1924 ..	27,271			1,225			28,496		
1925 ..	26,539			1,147			27,686		
1926 ..	26,912			1,250			28,162		
Average : 1922-26	27,550			1,244			28,794		
1927 ..	25,414			1,262			26,676		

B. Proportional Figures.

Year	Illegitimate children per 1,000 births			Still-born children			Live-born children	
	Live-born (col. A. 8)	Still-born (col. A. 9)	Total (col. A. 10)	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
				Per 100 live-born and still-born children				
	Legitimate (col. A. 4)	Illegitimate (col. A. 7)	Total (col. A. 10)	Per 1,000 average population ²				
1	2	3	4	5	6	7	8	9
1922 ..	42.5						22.3	1.0
1923 ..	44.7						22.8	1.1
1924 ..	43.0						21.7	1.0
1925 ..	41.4						21.1	0.9
1926 ..	44.4						21.5	1.0
Average 1922-26..	43.2						21.9	1.0
1927 ..	47.3						20.3	1.0

¹ No figures available for still-births.

² Estimated population to the middle of each year.

Table No. 9.*

MONTHLY¹ NUMBER OF LIVE BIRTHS, LEGITIMATE AND ILLEGITIMATE, 1925 TO 1927.

Original source: Registrar-General, Northern Ireland.

Month	Actual figures for live-born children					
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate
	1925		1926		1927	
	1	2	3	4	5	6	7
January						
February	6,613	250	6,758	293	6,439	299
March						
April						
May	7,121	303	7,131	337	6,945	346
June						
July						
August	6,809	339	6,756	332	6,272	331
September						
October						
November	5,996	255	6,267	288	5,758	286
December						
Total	26,539	1,147	26,912	1,250	25,414	1,262
Live-born children (legitimate and illegitimate together)						
Actual figures			Rate per 1,000 of average population (calculated on an annual basis)			
1925	1926	1927	1925	1926	1927	
8	9	10	11	12	13	
January						
February	6,863	7,051	6,738	21.8	22.5	21.5
March						
April						
May	7,424	7,468	7,291	23.6	23.8	23.3
June						
July						
August	7,148	7,088	6,603	22.7	22.6	21.1
September						
October						
November	6,251	6,555	6,044	19.9	20.9	19.3
December						
Total	27,686	28,162	26,676	22.0	22.5	21.3

¹ Figures for individual months not available.

3. GENERAL DEATH RATE.

Table No. 10.

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE, 1926 AND 1927.

Original source: Registrar-General, Northern Ireland.

Counties	Total deaths (not including still-births)				Difference in death rate (+ or -)	
	Actual figures		General death rate per 1,000 of average population ¹		1926	1927
	1926	1927	1926	1927	As compared with	
					1925	1926
1	2	3	4	5	6	7
Co. Antrim	2,697	2,714	14.0	14.1	- 0.5	+ 0.1
Co. Armagh	1,696	1,798	15.4	16.3	- 2.0	-
Belfast Co. Borough .. .	6,493	5,719	15.6	13.8	+ 0.7	- 1.8
Co. Down	2,972	3,045	14.2	14.6	- 1.1	+ 0.4
Co. Fermanagh	827	860	14.3	14.8	- 3.6	+ 0.5
Londonderry Co. and Co. Borough	2,069	2,018	14.8	14.4	- 2.1	- 0.4
Co. Tyrone	2,073	2,062	15.6	15.5	- 1.8	- 0.1
Total	18,827	18,216	15.0	14.5	- 0.7	- 0.5
Total for county boroughs and urban districts .. .	9,691	8,968	15.2	14.0	+ 0.1	- 1.2
Total for rural districts ..	9,136	9,248	14.8	15.0	- 1.6	+ 0.2

¹ 1926 census population figures.

Table No. 11.*

DEATH RATE ACCORDING TO SEX, 1922 TO 1926.

Original source : Registrar-General, Northern Ireland.

Year	Average population (in 1,000's)		Total deaths		Rate per 1,000 of average population of same sex		Difference (+ or -) between Male and Female death rates (Difference between col. 6 and 7)
	Males	Females	Males	Females	Males	Females	
1	2	3	4	5	6	7	8
1922	619,000	650,000	9,484	10,311	15.3	15.9	- 0.6
1923	609,000	650,000	9,047	9,743	14.9	15.0	- 0.1
1924	608,000	650,000	9,787	10,512	16.1	16.2	- 0.1
1925	608,000	649,000	9,572	10,212	15.7	15.7	-
1926	607,000	647,000	9,161	9,666	15.1	14.9	+ 0.2
Average: 1922-26	610,000	649,000	9,410	10,089	15.4	15.5	- 0.1
1927	605,000	646,000	8,721	9,495	14.4	14.7	- 0.3

Table No. 12.*

DEATH RATE ACCORDING TO AGE AND SEX, 1925 TO 1926.

Original source : Registrar-General, Northern Ireland.

A. Actual Figures.

Ages and age-groups	Total deaths					
	1925			1926		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	1,386	1,005	2,391	1,366	1,024	2,390
1	371	329	700	366	275	641
2	155	165	320	154	122	276
3	98	85	183	82	73	155
4	67	74	141	58	61	119
0-4	2,077	1,658	3,735	2,026	1,555	3,581
5-9	150	172	322	186	140	326
10-14	128	163	291	126	125	251
15-19	212	243	455	169	217	386
20-24	256	313	569	216	271	487
25-29	219	296	515	200	278	478
30-34	193	292	485	194	315	509
35-39	195	318	513	193	260	453
40-44	219	313	532	266	331	597
45-49	347	384	731	365	398	763
50-54	468	532	1,000	517	531	1,048
55-59	580	534	1,114	575	565	1,140
60-64	736	707	1,443	658	691	1,349
65-69	775	819	1,594	761	769	1,530
70-74	1,124	1,260	2,384	1,011	1,190	2,201
75-79	818	886	1,704	731	873	1,604
80-84	588	746	1,334	520	628	1,148
85-89	342	376	718	314	359	673
90 and over	145	200	345	133	170	303
Unknown	—	—	—	—	—	—
Total	9,572	10,212	19,784	9,161 *	9,666	18,827

Table No. 12* (concluded).

B. Proportional Figures.

Ages and age-groups	Mortality per 1,000 persons of the same age and sex						Increase (+) or decrease (-) in mortality in 1926 compared with 1925		
	1925 ¹			1926			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
1	2	3	4	5	6	7	8	9	10
0	107.9	82.2	95.4	106.3	83.8	95.3	-1.6	+1.6	-0.1
1	29.7	27.4	28.6	29.3	22.9	26.2	-0.4	-4.5	-2.4
2	11.8	13.0	12.4	11.7	9.6	10.7	-0.1	-3.4	-1.7
3	7.5	6.7	7.1	6.3	5.7	6.0	-1.2	-1.0	-1.1
4	5.0	5.6	5.3	4.3	4.6	4.5	-0.7	-1.0	-0.8
0-4	32.0	26.4	29.2	31.2	24.8	28.0	-0.8	-1.6	-1.2
5-9	2.5	3.0	2.8	3.1	2.4	2.8	+0.6	-0.6	-
10-14	2.1	2.7	2.4	2.1	2.1	2.1	-	-0.6	-0.3
15-19	3.6	4.0	3.8	2.8	3.6	3.2	-0.8	-0.4	-0.6
20-24	4.9	5.5	5.2	4.1	4.8	4.5	-0.8	-0.7	-0.7
25-29	4.8	5.6	5.2	4.4	5.2	4.8	-0.4	-0.4	-0.4
30-34	5.1	6.6	5.9	5.1	7.1	6.2	-	+0.5	+0.3
35-39	5.5	7.7	6.7	5.5	6.3	5.9	-	+1.4	+0.8
40-44	6.7	8.4	7.6	8.1	8.9	8.5	+1.4	+0.5	+0.9
45-49	10.4	10.5	10.4	10.9	10.9	10.9	+0.5	+0.4	+0.5
50-54	14.5	16.0	15.2	16.0	15.9	16.0	+1.5	-0.1	+0.8
55-59	21.6	19.3	20.5	21.5	20.5	20.9	-0.1	+1.2	+0.4
60-64	34.6	31.8	33.2	30.9	31.1	31.0	-3.7	-0.7	-2.2
65-69	41.3	40.4	40.8	40.5	37.9	39.2	-0.8	-2.5	-1.6
70-74	81.7	70.6	75.4	73.5	66.6	69.6	-8.2	-4.0	-5.8
75-79	108.5	88.3	96.9	96.9	87.0	91.2	-11.6	-1.3	-5.7
80-84	160.1	145.9	151.8	141.6	122.8	130.6	-18.5	-23.1	-21.2
85-89	227.4	175.0	196.6	208.8	167.1	184.3	-18.6	-7.9	-12.3
90 and over	319.4	298.5	306.9	293.0	253.7	269.6	-26.4	-44.8	-37.3
Unknown									
Total	15.7	15.7	15.7	15.1	14.9	15.0	-0.6	-0.8	-0.7

¹ The rates given for 1925 are based on the figures of the 1926 census.

Table No. 13.^x

 SEASONAL DISTRIBUTION¹ OF DEATHS, 1926 AND 1927.

Original source: Registrar-General, Northern Ireland.

Quarter	Total deaths (not including still-births)				Increase (+) or decrease (—) in death rate for 1927 compared with 1926
	Actual figures		Monthly death rate calculated per 1,000 of average population and for the year		
	1926	1927	1926	1927	
1	2	3	4	5	6
	<i>Per Quarter (Rate calculated on annual basis).</i>				
1st Quarter ..	5,299	5,317	16.9	17.0	
2nd Quarter ..	5,197	4,984	16.6	15.9	
3rd Quarter ..	3,769	3,640	12.0	11.6	
4th Quarter ..	4,562	4,275	14.6	13.7	
Total	18,827	18,216	15.0	14.6	

¹ Monthly figures not available.

4. CAUSES OF DEATH.

Table No. 14.*

MORTALITY, INCIDENCE AND CASE FATALITY¹ OF CERTAIN INFECTIOUS DISEASES, 1926 AND 1927.

Original source : Registrar-General, Northern Ireland.

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population ²	Actual figures	Per 10,000 of average population
1	2	3	4	5	6	7
1a	Typhoid ² fever..	1926	36	0.3	241	1.9
		1927	40	0.3		
1b	Paratyphoid ² fever..	1926	1	0.0	318	2.5
		1927	4	0.0		
2	Typhus	1926	1	0.0	9	0.1
		1927	2	0.0	8	0.1
3	Relapsing fever..	1926	—	—	—	—
		1927	—	—	—	—
5	Malarial fever or cachexia ..	1926	4	0.0	6	0.0
		1927	5	0.0	2	0.0
6	Smallpox	1926	—	—	—	—
		1927	—	—	—	—
7	Measles-	1926	308	2.5	—	—
		1927	22	0.2	—	—
8	Scarlet fever	1926	41	0.3	2,376	19.0
		1927	46	0.4	2,318	18.5
9	Whooping-cough	1926	107	0.9	—	—
		1927	220	1.8	—	—
10	Diphtheria	1926	125	1.0	1,267	10.1
		1927	85	0.7	1,097	8.8
11a	Influenza with pulmonary complications	1926	261	2.1	—	—
		1927	288	2.3	—	—
11b	Influenza without pulmonary complications	1926	221	1.8	—	—
		1927	457	3.7	—	—
14	Asiatic cholera	1926	—	—	—	—
		1927	—	—	—	—
16	Dysentery	1926	2	0.0	—	—
		1927	1	0.0	1	0.0

¹ Case-fatality figures not available.² Cases of typhoid and paratyphoid fever are notified together under the heading "Enteric fever".³ Estimated population to the middle of each year.

Table No. 14* (concluded).

International List of Causes of Death, 1920	Infectious diseases	Year	Deaths recorded according to causes-of-death statistics		Notifiable diseases Cases	
			Actual figures	Per 10,000 of average population ¹	Actual figures	Per 10,000 of average population
17	Plague	1926	—	—	—	—
		1927	—	—	—	—
18	Yellow fever	1926	—	—	—	—
		1927	—	—	—	—
20	Leprosy	1926	—	—	—	—
		1927	—	—	—	—
21	Erysipelas	1926	44	0.4	230	1.8
		1927	41	0.3	236	1.9
22	Acute poliomyelitis	1926	1	0.0	6	0.0
		1927	3	0.0	5	0.0
23	Encephalitis lethargica	1926	38	0.3	21	0.2
		1927	28	0.2	12	0.1
24	Epidemic cerebro-spinal meningitis	1926	7	0.1	18	0.1
		1927	8	0.1	13	0.1
26	Glanders and farcy	1926	—	—	—	—
		1927	—	—	—	—
27	Malignant pustule and anthrax	1926	—	—	—	—
		1927	1	—	—	—
28	Rabies	1926	—	—	—	—
		1927	—	—	—	—
31	Tuberculosis of the respiratory system	1926	1,391	11.1	263	2.1
		1927	1,300	10.4		
32	Tuberculosis of the meninges or tuberculosis of the central nervous system	1926	172	1.4	1,192	9.5
		1927	147	1.2		
33	Tuberculosis of other organs	1926	278	2.2		
		1927	320	2.6		
38	Syphilis	1926	20	0.2		
		1927	23	0.2		
39	Soft chancre	1926	—	—		
		1927	—	—		
40	Gonorrhœa	1926	2	0.0		
		1927	2	0.0		

¹ Estimated population to the middle of each year.

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX, 1926.

Original source : Registrar-General, Northern Ireland.

Age-groups	Number of deaths from all forms of tuberculosis			Death rate from all forms of tuberculosis per 10,000 persons of the same age and sex		
	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7
0	21	26	47	16.3	21.3	18.7
1-4	58	61	119	11.1	12.1	11.6
0-4	79	87	168	12.2	13.9	13.0
5-9	31	31	62	5.2	5.4	5.3
10-14	20	42	62	3.3	7.1	5.2
15-19	73	132	205	12.3	21.8	17.1
20-24	121	148	269	23.0	26.1	24.6
25-29	103	141	244	22.5	26.5	24.6
30-34	80	109	189	21.0	24.6	23.0
35-39	60	69	129	17.0	16.8	16.9
40-44	64	60	124	19.5	16.1	17.7
45-49	68	67	135	20.3	18.3	19.3
50-54	63	37	100	19.5	11.1	15.2
55-59	46	30	76	17.2	10.9	14.0
60-64	20	24	44	9.4	10.8	10.1
65-69	11	6	17	5.9	3.0	4.4
70-74	7	7	14	5.1	3.9	4.4
75-79	2	2	4	2.7	2.0	2.3
80-84	1	—	1	2.7	—	1.1
85-89						
90 and over						
Unknown						
Total	849	992	1,841	14.0	15.3	14.7

Table No. 16.*

 DEATH RATE FROM TUMOURS, 1925 TO 1927.¹

Original source: Registrar-General, Northern Ireland.

Year	Classification according to International List (3rd Revision, 1920)					Other nomenclatures			
	No. 43-49 Cancer or other malignant tumours	No. 50 Non- malignant tumours, or tumours of which the malignant character is not specified	No. 137 Other non- malignant tumours of ovary	No. 139 Non- cancerous tumour of the uterus	No. 43-50, 137, 139 Total number of tumours (col. 2, 3, 4, 5 together)	Cancer	Sarcoma	Carcinoma	Total number of malignant tumours
1	2	3	4	5	6	7	8	9	10
<i>A. Actual Number of Deaths.</i>									
1925..	1,441	6	16	19	1,482	530	67	844	1,441
1926..	1,410	12	9	12	1,443	538	73	799	1,410
1927..	1,477	25	7	10	1,519	521	61	895	1,477
<i>B. Proportional Figures per 10,000 of Average Population.²</i>									
1925..	11.5	0.05	0.1	0.2	11.8	4.2	0.5	6.7	11.5
1926..	11.2	0.10	0.1	0.1	11.5	4.3	0.6	6.4	11.2
1927..	11.8	0.20	0.1	0.1	12.1	4.2	0.5	7.2	11.8

¹Note that headings of col. 9 and 10 differ from the corresponding headings in the standard table.
²Estimated population to the middle of each year.

Table No. 17.*

DEATH RATE FROM ORGANIC DISEASES, 1925 TO 1927.

Original source: Registrar-General, Northern Ireland.

Year	Classification according to International List (3rd Revision, 1920)								
	I. Classes of Disease								
	Affections:								
	Of the nervous system and organs of special sense No. 70-86	Of the circulatory system No. 87-96	Of the respiratory system No. 97-107	Of the digestive system No. 108-127	Non-venereal diseases of genito-urinary system No. 128-142	Of the skin cellular tissue No. 151-154	Of the bones and organs of locomotion No. 155-158		
1	2	3	4	5	6	7	8		
	A. Actual Number of Deaths.								
1925..	2,141	2,778	2,944	1,176	664	108	28		
1926..	1,946	2,950	2,725	1,354	644	104	37		
1927..	1,922	2,790	2,620	1,097	690	118	35		
	B. Proportional Figures per 10,000 of Average Population.								
1925..	17.0	22.1	23.4	9.4	5.3	0.9	0.2		
1926..	15.5	23.5	21.7	10.8	5.1	0.8	0.3		
1927..	15.4	22.3	20.9	8.8	5.5	0.9	0.3		
	II. Various Important Diseases								
Year	Cerebral haemorrhage, apoplexy No. 74 (a + b)	Diseases of the heart No. 87-90	Acute and chronic bronchitis No. 99	Pneumonia No. 100, 101	Diarrhoea and enteritis (all ages) No. 113, 114	Cirrhosis of the liver No. 122	Acute and chronic nephritis No. 128, 129	Old age No. 164	Unknown or ill-defined diseases No. 204, 205
	9	10	11	12	13	14	15	16	17
	A. Actual Number of Deaths.								
1925..	1,101	2,533	1,394	1,266	463	24	435	2,385	194
1926..	1,018	2,678	1,212	1,197	644	33	421	2,124	165
1927..	1,087	2,529	1,108	1,253	417	28	457	2,117	142
	B. Proportional Figures per 10,000 of Average Population.								
1925..	8.8	20.2	11.1	10.1	3.7	0.2	3.5	19.0	1.5
1926..	8.1	21.4	9.7	9.5	5.1	0.3	3.4	16.9	1.3
1927..	8.7	20.2	8.9	10.0	3.3	0.2	3.7	16.9	1.1

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1925 TO 1927.

Original source : Registrar-General, Northern Ireland.

Year	Number of confinements notified	Total number of live births	Total deaths from :					
			Puerperal septicæmia	Other puerperal diseases	Puerperal septicæmia		Other puerperal diseases	
			Actual figures		Rate per 10,000			
					Notified confinements (col. 2)	Live births (col. 3)	Notified confinements (col. 2)	Live births (col. 3)
1	2	3	4	5	6	7	8	9
1925..	Not Available	27,686	27	96	Not Available	9.8	Not Available	34.7
1926..		23,162	49	109		17.4		38.7
1927..		26,676	48	80		18.0		30.0

Table No. 19.*

 DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES.
 1925 TO 1927.

Original source : Registrar-General, Northern Ireland.

Description	Actual figures			Rate per 10,000 of estimated population		
	1925	1926	1927	1925	1926	1927
	2	3	4	5	6	7
Deaths by suicide	75	63	80	0.6	0.5	0.6
Other external causes	393	371	398	3.1	3.0	3.2
Total deaths from external causes ..	468	434	478	3.7	3.5	3.8
Total deaths from all causes	19,784	18,827	18,216	157.4	150.1	145.6
Total deaths excluding deaths due to external causes (natural mortality)	19,316	18,393	17,738	155.7	146.7	141.8

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS¹ AND MONTHS OF AGE, SEX AND LEGITIMACY,
1925 AND 1926.

Original source: Registrar-General, Northern Ireland.

Age	Number of deaths among children under 1 year									
	Actual figures					Rate per 1,000 live births of the same category				
	Males	Females	Total	Legitimate	Illegitimate	Males	Females	Total	Legitimate	Illegitimate
1	2	3	4	5	6	7	8	9	10	11
(b) Months of age:	Year 1925.									
0	333	362	895	813	82	37.6	26.8	32.3	30.6	71.5
1	131	109	240	202	38	9.2	8.1	8.7	7.6	33.1
2	109	70	179	147	32	7.7	5.2	6.5	5.5	27.9
3										
4	217	187	404	361	43	15.3	13.8	14.6	13.6	37.5
5										
6										
7										
8										
9	396	277	673	633	40	27.9	20.5	24.3	23.9	34.9
10										
11										
Total (under 1 year) ..	1,386	1,005	2,391	2,156	235	97.7	74.4	86.4	81.2	204.9
(b) Months of age:	Year 1926.									
0	566	394	960	847	113	38.8	29.0	34.1	31.5	90.4
1	143	112	255	196	59	9.8	8.2	9.1	7.3	47.2
2	96	89	185	159	26	6.6	6.6	6.6	5.9	20.8
3										
4	193	163	356	322	34	13.2	12.0	12.6	12.0	27.2
5										
6										
7										
8										
9	368	266	634	588	46	25.2	19.6	22.5	21.8	36.8
10										
11										
Total (under 1 year) ..	1,366	1,024	2,390	2,112	278	93.7	75.4	84.9	78.5	222.4

* Data not available.

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH, 1925 AND 1926.

Original source : Registrar-General, Northern Ireland.

No. in International List (3rd Revision)	Causes of death	Deaths among children under 1 year (excluding still-births)			
		Actual figures		Death rate per 1,000 live births of the same year	
		1925	1926	1925	1926
1	2	3	4	5	6
159	Congenital malformations	85	110	3.1	3.9
160	Congenital debility, icterus and scleroma	562	546	20.3	19.4
161	Premature birth ; injury at birth	328	379	11.8	13.5
38	Congenital syphilis	16	7	0.6	0.2
7	Measles	44	74	1.6	2.6
8	Scarlet fever	4	2	0.1	0.1
9	Whooping-cough	132	55	4.8	2.0
10	Diphtheria	4	2	0.1	0.1
11	Influenza	27	18	1.0	0.6
15	Cholera nostras	—	—	—	—
21	Erysipelas	6	3	0.2	0.1
24	Epidemic cerebro-spinal menin- gitis	—	4	—	0.1
31	Tuberculosis of the respiratory system	13	10	0.5	0.4
32	Tuberculosis of the meninges or of the central nervous system ..	27	24	2.0	0.9
33-37	Tuberculosis of other organs ..	20	13	0.7	0.5
71	Meningitis	36	28	1.3	1.0
80	Convulsions of infants	131	122	4.7	4.3
99a	Acute bronchitis	123	99	4.4	3.5
100-101	Pneumonia	305	263	11.0	9.3
113	Diarrhoea and enteritis	288	412	10.4	14.6
175-199	External causes	14	13	0.5	0.5
200	Infanticide (murder of infants less than 1 year of age)	3	6	0.1	0.2
204 and 205	Diseases not specified or ill- defined	5	12	0.2	0.4

6. PUBLIC HEALTH STATISTICS.

Table No. 23.

PUBLIC HEALTH LEGISLATION, 1927.

Date	Authority	Scope of the Law or Decree	Published in
21-xii-27	Parliament.	I. <i>Campaign against Social Diseases.</i> (a) Tuberculosis. (b) Venereal Diseases. (c) Alcoholism. (d) Other Social Diseases.	Northern Ireland Public General Acts, 1927. 17 and 18 Geo. V.
21-xii-27	Parliament.	II. <i>Campaign against Infectious Diseases.</i> III. <i>Protection of Mothers, Infants and Children.</i> V. <i>Control of Foodstuffs.</i> (1) Sale of Milk Act.	Northern Ireland Public General Acts, 1927. 17 and 18 Geo. V, C. 17.
15-ii-27, <i>et seq.</i>	Ministry of Home Affairs.	(2) Preservative Regulations.	Statutory Rules and Orders (Northern Ireland), 1927.
31-v-27	Parliament.	VI. <i>Public Health in general.</i> Lead Paint.	Northern Ireland Public General Statutes, 1927.

Table No. 24.*

INSTITUTIONS FOR THE CAMPAIGN AGAINST SOCIAL DISEASES.

A. Tuberculosis.—Survey of Anti-Tuberculosis Institutions, 1925 to 1927.

Original source : Ministry of Home Affairs for Northern Ireland.

Designation of the institutions	Number of institutions			Number of beds			Number of tuberculous patients admitted during the year ended March 31st		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. Anti-tuberculosis dispensaries	43	43	43	—	—	—	5,409	5,983	5,663
II. Tuberculosis sanatoria :									
(a) For children suffering from pulmonary tuberculosis									
(b) For children suffering from surgical tuberculosis									
(c) For children suffering from tuberculosis of a mixed type	1	1	1	51	51	51			
(d) Total for children	1	1	1	51	51	51			
(e) For adults suffering from pulmonary tuberculosis ¹	5	5	5	376	376	376	1,372	1,485	1,422
(f) For adults suffering from tuberculosis of a mixed type	—	—	—	—	—	—	—	—	—
(g) Total for adults	5	5	5	376	376	376	1,372	1,485	1,422
(a-g) Total number of sanatoria	6	6	6	427	427	427			

¹ The figures in col. 5, 6 and 7 relate to public sanatoria only. Figures in col. 8, 9 and 10 do not include patients in private sanatoria who are not paid for by public authorities. These institutions are for children as well as adults.

Table No. 24* (concluded).

B. Venereal Diseases.—Survey of the Institutions for the Campaign against Venereal Diseases, 1925 to 1927.

Original source : Ministry of Home Affairs for Northern Ireland.

Designation of the institutions	Number of institutions			Number of patients suffering from venereal diseases admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Consultation centres for persons suffering from venereal diseases	12	12	12	2,645	2,802	2,956
II. Venereal dispensaries	—	—	—	—	—	—
III. Homes for the treatment of hereditary syphilis	—	—	—	—	—	—
IV. Other institutions	—	—	—	—	—	—

C. Alcoholism.—Survey of the Institutions for the Campaign against Alcoholism, 1925 to 1927.

Original source : Ministry of Home Affairs for Northern Ireland.

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7
I. Centres for persons suffering from alcoholism	—	—	—	—	—	—
II. Anti-alcoholic dispensaries	—	—	—	—	—	—
III. Sanatoria for alcoholic persons	1	1	1	9	3	8

D. Smallpox.—Survey of Vaccinations, 1925 to 1927.

Original source : Ministry of Home Affairs for Northern Ireland.

	1925	1926	1927
	1	2	3
I. Number of infants vaccinated	19,111	18,810	18,682
II. Number of persons revaccinated	1,425	971	709
Total	20,536	19,781	19,391

Table No. 25.*

INSTITUTIONS FOR THE PROTECTION OF MOTHERS AND CHILDREN, 1925 TO 1927.

Original source : Ministry of Home Affairs for Northern Ireland.

Designation of the institutions	Number of institutions			Number of persons admitted during the year		
	1925	1926	1927	1925	1926	1927
I	2	3	4	5	6	7
I. Consultation centres for expectant mothers	10	10	10			
II. Special obstetrical hospitals						
Number of beds	2	2	2			
III. Dispensaries for mothers and infants						
IV. Special hospitals for infants	1	1	1			
V. Other important institutions	1	1	1			
Hospital for children and women	—	—	—	—	—	—
Hospital for women only	1	1	1			

7. DATA ON CURATIVE MEDICINE.

Table No. 26.

STATISTICS OF HOSPITALS, ETC., 1925 TO 1927.

Original source : Ministry of Home Affairs for Northern Ireland.

A. Number of Public and Private Institutions and Number of Beds for the Civilian Population.

Distribution of the institutions according to their character	Number of institutions at the commencement of the year			Number of beds					
				Actual figures			Rate per 10,000 of average population		
	1925	1926	1927	1925	1926	1927	1925	1926	1927
1	2	3	4	5	6	7	8	9	10
I. General hospitals ¹	44	44	44	5,031	5,031	5,031	40.04	40.04	40.04
II. Mental hospitals	7	7	7	—	—	—	—	—	—
III. Hospitals for the treatment of nervous diseases	1	1	1	16	16	16	0.1	0.1	0.1
(a) Homes for epileptics	—	—	—	—	—	—	—	—	—
(b) Sanatoria for alcoholics	1	1	1	—	—	—	—	—	—
IV. Homes for idiots and imbeciles	—	—	—	—	—	—	—	—	—
V. Infants' hospitals	—	—	—	—	—	—	—	—	—
VI. Children's hospitals	1	1	1	44	44	44	0.3	0.3	0.3
VII. Hospitals for cripples	—	—	—	—	—	—	—	—	—
VIII. Hospitals for contagious diseases	39	39	39	1,470	1,470	1,470	11.7	11.7	11.7
IX. Tuberculosis hospitals	6	6	6	516	516	516	4.1	4.1	4.1
X. Homes for lepers	—	—	—	—	—	—	—	—	—
XI. Gynæcological and obstetrical hospitals	1	1	1	—	—	—	—	—	—
XII. Maternity hospitals	2	2	2	56	56	56	0.4	0.4	0.4
XIII. Eye hospitals	3	3	3	59	59	59	—	—	—
XIV. Homes for incurables	—	—	—	—	—	—	0.4	0.4	0.4
Total	105	105	105	7,192	7,192	7,192	57.0	57.0	57.0

¹ Includes 28 Poor Law hospitals, with 3,902 beds.

Table No. 28.

STATISTICS OF HEALTH INSURANCE FUNDS, 1925 TO 1927.

Original source : Ministry of Labour for Northern Ireland.

1. The Northern Ireland Health Insurance Fund is composed of contributions made by employers, workers and the State. The amounts of the contributions have varied from time to time, and are now approximately in the proportion of :

Employers	..	..	..	..	..	..	43 %
Workers	..	..	..	..	..	..	40 %
State	..	..	..	..	..	..	17 %

2. There is only one Health Insurance Fund for the area, and the membership for the three years in question was :

Year				Males	Females	Total
1925	..	..	..	195,100	140,100	335,200
1926	..	..	..	195,900	136,200	332,100
1927	..	..	..	196,100	136,400	332,500

3. No information is available as to the number of persons sick during any period, but it is estimated that the total number of days' illness in respect of which sickness or disablement benefit was paid was :

1925	..	..	..	..	..	4,100,000 days
1926	..	..	..	..	..	5,000,000 days
1927	..	..	..	..	..	6,300,000 days.

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

The death rate of epidemic diseases was 0.53 per thousand, which was lower than the average for the five years 1922 to 1926, viz., 0.73.

In urban districts the death rate was 0.75.

The number of cases of infectious disease notified was as follows:

Table No. I.

	Cases
Smallpox	—
Cholera	—
Diphtheria	1,159
Membranous croup	4
Erysipelas	226
Scarlatina or scarlet fever	2,678
Typhus fever	6
Typhoid or enteric fever	361
Relapsing fever	1
Puerperal fever.. .. .	37
Total	4,472

Table No. II¹.

	Cases
Cerebro-spinal fever	12
Encephalitis lethargica	16
Measles	28
German measles	—
Ophthalmia neonatorum	9
Chicken-pox	189
Poliomyelitis anterior.. .. .	3
Influenza	—
Septic throat (not otherwise classified)	2
Anthrax.. .. .	—
Mumps	10
Total	269

Table No. III.

	Cases
Malaria fever	1
Dysentery	1
Trench fever	—
Pneumonia	340
Total	342

¹ The diseases referred to in this table are only notifiable in certain districts.

B. CHRONIC DISEASES.

1. *Tuberculosis.*

Schemes for the treatment of tuberculosis are in operation in every part of Northern Ireland except Londonderry County and Londonderry County Borough; and under these 375 beds are available for treatment in public sanatoria in addition to those in private institutions. There are also 43 dispensaries or clinics at which out-patients receive treatment; while domiciliary treatment is provided for suitable cases which cannot be dealt with in sanatoria or at dispensaries.

The following table shows the number of patients treated during the year:

Local authority	Total number of patients
County Antrim	1,192
County Armagh	905
County Down	647 ¹
County Fermanagh	364 ²
County Tyrone	607
Belfast County Borough	6,900 ³

Ruppel Treatment.—The results obtained so far from the use of Professor Ruppel's serum have not been encouraging, but a further trial of this serum is being made in the Belfast Municipal Sanatorium, the Medical Superintendent of which believes that it has been of some advantage to the cases in which it was tried.

Annual Government Grant.—A sum of £28,346 was recouped to local authorities out of the Maintenance Grant by the Ministry during the year in respect of expenditure incurred by local authorities in connection with tuberculosis schemes.

2. *Venereal Diseases.*

Financial assistance amounting to 75 per cent of their net approved expenditure is given by the Ministry to local authorities (the councils of counties and county boroughs) which make provision for the treatment of venereal diseases. Schemes are now in operation in the two county boroughs of Belfast and Londonderry, and in all the counties in Northern Ireland, and the sum paid to these authorities by the Ministry during the year amounted to £5,875. The schemes provide for treatment at dispensaries and in hospital irrespective of the place of residence of the patient, and every care is taken to keep the names of the patients secret.

The number of patients presenting themselves for treatment was 5,645, of which 5,186 were out-patients and 459 were in-patients. Of the 5,645 persons who presented themselves, 2,208 were found not to be suffering from disease.

¹ This total does not include 296 other persons who attended dispensaries for observation.

² This figure includes 73 patients who were attended in their own homes. The Medical Officer states there is no domiciliary scheme operating in the county.

³ This total does not include 154 children attending Graymount Open-Air School, who are not in fact themselves tuberculous, though in danger of becoming so.

III. PUBLIC HEALTH ACTIVITIES.

1. PUBLIC HEALTH EDUCATION.

There is no scheme of systematic education of the public in health matters, but a considerable amount of voluntary work is carried on and some instruction in hygiene is given in the schools, including lectures on the care of the teeth. Instruction is also given in connection with schemes for the prevention of tuberculosis.

2. PROTECTION OF MATERNITY, INFANCY, AND THE CHILD OF PRE-SCHOOL AGE.

Maternity and child welfare work is carried on in 47 localities. In 19, the work is done directly by the local authority ; in 17, the local authority contributes to a nursing society which does the work ; and in 11, nursing societies do the work without help from the local authority. In all cases the Government contributes approximately 50 per cent of the net cost. The Government contribution for 1927 was £5,081.

Besides these maternity and child welfare schemes, all boards of guardians appointed for the relief of the poor provide midwives to give free attendance on cases of childbirth among the poor. There are at present 132 of these midwives.

3. PROTECTION OF CHILDREN OF SCHOOL AGE.

Schemes of medical inspection are now in operation in Belfast County Borough, two counties and portions of two other counties. Schemes for a third county and the remaining portions of the other two counties are being formulated. A partial scheme is in operation in the second county borough, Londonderry. One county has not yet begun to consider a scheme. There are 9 whole-time school medical officers, 1 part-time medical officer, 3 specialist medical officers (part-time), 4 dentists (part-time) and 18 nurses employed in connection with these schemes.

4. SANITATION.

There have been no new developments in connection with the suppression of nuisances or scavenging, which are carried out on accepted lines.

5. HOUSING.

The Government makes a grant of £80 for each house completed with floor area of between 500 and 650 square feet, and the grant is increased to £100 if the house is completed within six months of being commenced. In addition, many local authorities make a grant (not exceeding £40) for each such house. Of these houses, 3,599 were approved for erection and 2,092 actually completed in the twelve months ended March 31st, 1928. The number of houses built without Government assistance is not known.

The grants paid by the Government during the year amounted to £121,940. These houses may be built in urban districts or in rural districts.

The erection of cottages in rural districts is also encouraged by the grant to rural district councils of long-term loans, on which the Government pays 40 per cent of the loan charges. Up till a year ago the terms were even more favourable. Schemes for the erection of 382 cottages by rural district councils were approved; 391 cottages were completed in the twelve months ended March 31st, 1928, and a further 659 were in course of erection at the end of the year.

The total Government contribution for the year was £141,170.

Small Dwellings under the Small Dwellings Acquisition Acts (Northern Ireland), 1899-1923.—Local authorities are empowered to grant loans to persons desiring to purchase a dwelling-house for their own occupation. The value of the house must not exceed £1,200 and the loan granted may be up to 90 per cent of the value of the house.

Loans may also be advanced to persons building houses for their own occupation, subject to the same limitations as to the value of the house and the amount of the loan. In this case, the loan is issued in instalments as the building proceeds.

Loans to local authorities to the amount of £235,000 were sanctioned during the year ended March 31st, 1928, to enable them to make advances to persons under these Acts, and advances amounting to £289,819 were made by the local authorities during the same period to persons purchasing or building houses for themselves.

6. WATER SUPPLY.

Large extensions of the water supply of Belfast and Londonderry County Boroughs are in progress, and practically all the other towns of larger size have a fairly adequate supply; but in one or two there have been complaints that the supply is insufficient and the authorities of these places are considering improvements.

Considerable progress was made during the year in providing new supplies or improving the existing supplies of smaller villages.

Loans amounting to £5,819 were sanctioned for work in connection with the supply of water.

7. SEWAGE DISPOSAL.

Loans amounting to £52,464 were sanctioned for the construction of new sewers during the year ended March 31st, 1928. One considerable scheme for the disposal and purification of sewage was approved as well as many lesser works. The question of the pollution of rivers and of the seashore by the discharge of crude sewage has begun to receive more attention, and two important seaside towns are undertaking schemes with the object of discharging their sewage at points where it will not be washed back on to the beach.

8. MILK SUPPLY.

The only new development has been the introduction of grading. The Sale of Milk Act (Northern Ireland), 1927, and the regulations made under it (Sale of Milk [Special Designation] Regulations [Northern Ireland], 1927), empowered the Ministry of Home Affairs to grant licences for the sale of milk under the designation "Grade A. (T.T.) Milk", and prohibited under penalty the sale of milk under this designation or any other resembling it by persons not so licensed.

The licences are granted on condition that the herds are tested periodically, that the dairies are open to inspection, and that the milk reaches a certain standard of cleanliness.

There are now twelve persons holding producers' licences and one holding a retail licence.

9. SALE OF FOOD AND DRUGS.

Considerable activity was displayed by local authorities in testing samples of food and drugs. During the year, 7,961 samples of 186 different articles were taken and 356 were found to be adulterated.

IV. PUBLIC HEALTH LEGISLATION.

1. The *Lead Paint (Protection against Poisoning) Act, 1927*, to make better provision for the protection against lead poisoning of persons employed in painting buildings. This enables regulations to be made prohibiting the use of any lead compound except in the form of paste or of paint ready for use, and also dry rubbing down and scraping, etc.; and providing for the medical examination of persons employed and facilities for cleanliness.

It also prohibits the employment of women or young persons in painting with lead paint, except in certain special circumstances.

2. The *Sale of Milk Act (Northern Ireland), 1927*.—This has already been referred to under the heading "8. Milk Supply".

December 1928.

COLONY AND PROTECTORATE OF KENYA

Report prepared by the Medical Department (Nairobi).

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I. VITAL STATISTICS.

1. AREA AND PHYSIOGRAPHY.

The Kenya Colony and Protectorate has an area of 224,960 square miles, and is situated on the Indian Ocean between latitude 5° N. and 5° S., and bounded on the north by Abyssinia, on the west by the Victoria Nyanza and the Uganda Protectorate and on the south by Tanganyika Territory. The country presents the greatest variations in climate and altitude. The coast is tropical and the climate damp and hot, though temperature readings are not excessively high and seldom rise above 90° F. in the shade. The northern territory is hot and dry, and is chiefly waterless desert country of a low altitude. The Victoria Nyanza is at an altitude of 3,500 feet; and the country immediately surrounding it is hot and tropical, but rapidly rises, and subtropical and almost temperate conditions then prevail. Between the coast strip and the more elevated interior is a well-marked desert zone which, in the old days before the building of the Uganda Railway, must have formed a very effective barrier between the comparative civilisation of the coast and the primitive savagery of the interior. A considerable area of the country comprising the provinces of Ukamba, Kikuyu, Naivasha and part of Kavirondo is situated at an altitude of over 4,000 feet and contains several mountains, of which the highest is Mount Kenya (17,040 feet), after which the colony and protectorate has recently been named. The climate of the upland areas shows considerable variations and, though cool nights are the rule, the flat plains or sheltered valleys may be uncomfortably warm in the middle of the day. On the north-west border of the colony the land slopes up to the mass of Mount Elgon (14,010 feet).

2. POPULATION.

The inhabitants of the country may be divided into: (1) the native Africans of Bantu or Nilotic origin; (2) the tribes of Hamitic origin—Somalis, Gallas and Masai; and (3) members of trading or immigrant races—Europeans, Arabs and Indians. Of the foregoing it may be stated roughly that the first class is distributed in the large native reserves; the second in the northern areas, with the exception of the Masai, who have their own reserve along the Tanganyika border; and the third along the coast strip and in the various townships. A comparatively large part of the European population are farmers in the highlands. The numerous townships, of which Nairobi and Mombasa are the largest, make up a considerable urban population and attract natives from the various tribes, who tend to become more and more detribalised and to become permanent town-dwellers.

The non-native Census taken in 1926 revealed the following:

Europeans	..	..	..	..	..	..	..	12,529
Asiatics, including Goans	..	..	..	..	..	..	..	26,759
Arabs	..	..	..	..	..	..	..	10,557

The native African population numbers about two and a-half millions.

3. DEATH RATE.

As registration of deaths is compulsory only in townships and as registration of births is not yet compulsory among the native population, the compilation of vital statistics with regard to the whole population is at present impossible.

For the two larger towns of Nairobi and Mombasa the death rates of the various communities are given below. In the case of Nairobi the rates are recorded rates, those for Mombasa are crude rates. Corrected rates cannot yet be obtained.

<i>Mombasa Crude Death Rate, 1927.</i>							Per 1,000 of population
Europeans	..	..	..	..	..	..	10.3
Asiatics	..	..	..	..	..	..	20.6
Arabs ..	..	..	..	..	..	..	16
Africans	..	..	..	..	..	..	17.5
All races	..	..	..	..	..	..	17.9

<i>Nairobi Recorded Death Rate, 1927.</i>							Per 1,000 of population
Europeans	..	..	..	..	..	..	13.8
Asiatics	..	..	..	..	..	..	29
Africans	..	..	..	..	..	..	16
All races	..	..	..	..	..	..	19.84

In the absence of registration of births, no infant mortality rate can be arrived at. For the general native population of the country no figures are available, but the infant mortality rate is undoubtedly very high.

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. GENERAL.

The general standard of public health in a country situated in the African tropics must of necessity be largely regulated under present circumstances by the standard of living and culture obtaining among the native population, since not only is that population greatly preponderant numerically, but the native for economic and industrial reasons is in fairly close contact with members of other communities, and communicable disease affecting the natives cannot fail to make its presence felt among Europeans and others.

The facts that no considerable epidemics occurred during the year and that the death rate among the European section of the immigrant population was low cannot be held to indicate that the general standard of public health so far attained is satisfactory. In the absence of full statistics, it is impossible to give definite facts, but certain broad conclusions may be stated.

Over a large part of the country the climate is subtropical or even temperate, and among the European inhabitants of these areas a high standard of health has in

most cases been maintained. Among the native African inhabitants of the country, whether highland or lowland, no such standard has, however, yet been generally achieved.

The average standard of living of the African native is still low, many are, as a rule, under-nourished, and their sanitary environment, especially in the Reserves, is primitive to a degree. As a result, communicable disease is rife among them, and malaria, plague, dysentery, helminthiasis take their toll of life and of economic efficiency in the Reserves, and are carried by the labourer when he seeks work on estates or in the towns.

The diseases which affect the African native are for the most part diseases of uncivilised communities, and arise from the neglect of simple rules of health, and their incidence and importance will be reduced only as the measures, largely educational, which have been successful elsewhere in reducing communicable disease can be applied in Africa.

B. ACUTE INFECTIOUS DISEASES.

1. *Pneumonia.*

In the Native Reserves no reliable figures are available as regards the incidence of the disease, but in the urban areas it is responsible for an enormous amount of morbidity and mortality. In the capital, Nairobi, 37.4 per cent of the total deaths were recorded as being due to this cause in 1927.

As a fatal disease amongst the native population, pneumonia is perhaps the most important in the colony.

2. *Plague.*

Plague is endemic in many native districts of the colony, but in no case during the year did the disease assume epidemic proportions. In some townships and in some European farming areas small outbreaks were reported, but with the exception of Nairobi, where 70 cases occurred, none of these were large. In the seaport town of Mombasa only three cases occurred during the year. Two of these were associated with a small outbreak of rodent plague in March. The third case was imported.

Until 1927, plague in Kenya had only been associated with a local variety of the black rat, *Rattus Kijabius*, and no infection of field rodents had been observed. Early in 1927, however, during the course of an outbreak in a large maize-growing district, a marked increase both of domestic and wild rodents took place, and for the first time plague infection was discovered among the latter. The rodent infected was *Arvicanthus Abyssinicus*. The importance of this event cannot, however, be estimated until it has been ascertained whether the infection is persisting among wild rodents.

3. *Smallpox.*

Twenty-two cases of smallpox occurred during the year. The outbreaks were confined to up-country areas, the port of Mombasa and the coastal districts remaining free from the disease throughout the year.

The total number of vaccinations performed during the year was 142,790. Vaccination is compulsory, and the condition of the population as regards protection is steadily improving.

4. *The Enteric Group of Fevers.*

The total for this group of diseases treated in Government hospitals in 1927 was 230, compared with 56 in the preceding year. The European population provided 11 of these cases and the non-European population 219. It is possible that there may have been an increase in the prevalence of typhoid fever during the year, but, in the circumstances which prevail in the Native Reserves, it would be unwise to draw any definite conclusion to that effect; all that is certain is that more cases of typhoid among the native population are now coming to notice than was formerly the case.

5. *Relapsing Fever.*

This disease occurs in several parts of the colony, but on the information available it would not appear to occupy so important a place in Kenya as in many other parts of Africa.

The number of cases treated in Government hospitals was only 79, and no serious outbreak or incidence was reported from any area.

6. *Trypanosomiasis.*

During 1927, a Census of the inhabitants of the districts bordering on the Victoria Nyanza, which had been begun in 1926, was completed. During this important investigation, which extended over eighteen months, a total of 209,528 persons were examined. Only 388 cases in all were discovered. The disease as it now occurs in the lake districts appears to be of a very mild type, and in only three areas were there any considerable numbers of cases. All those discovered received treatment.

As a result of this investigation, it would appear that human trypanosomiasis is becoming less and less a menace in this colony and that even now, provided the necessary precautions are instituted and maintained, the disease may be regarded as a comparatively unimportant factor in public health.

7. *Other Acute Fevers.*

With the notable exception of *cholera*, no case of which has been recorded in the colony during the present century, most of the acute fevers are either endemic or are introduced from time to time. During 1927, however, the incidence of acute fevers was probably lower than usual and no notable outbreak occurred. *Influenza* of a mild type was recorded in most districts. A few cases of *dengue* and *cerebro-spinal fever* occurred. Eighteen cases of *undulant fever* were recorded and two cases of *encephalitis lethargica* were reported. No cases of *typhus* came to notice.

C. CHRONIC DISEASES.

1. *Tuberculosis.*

Accurate figures with regard to the incidence of tuberculosis are not available, but recent investigation in several Native Reserves suggests that the incidence of this disease is much greater than had previously been considered likely, and there is

grave reason to fear that tuberculosis may ultimately be found to present a formidable problem. The conditions under which the African native lives both in townships and in the Reserves appear ideal in many respects for the spread of the disease. Whilst all forms of tuberculosis are found, pulmonary tuberculosis is the most common. So far, no special campaign has been instituted with regard to tuberculosis, since the general standard of education of the natives of the colony is not yet such that a specific educational campaign against this disease could be instituted with success. The immediate needs are better housing and improved economic conditions both in the towns and in the Reserves, the control of pre-disposing diseases, such as malaria and ankylostomiasis, and the provision of further and more suitable hospital or institutional facilities for the treatment and segregation of infectious cases.

2. Malaria.

Malaria occurs in most parts of the colony, and in some of these districts the degree of endemicity is serious; in other districts endemicity is much less, though on occasions severe epidemics occur. Generally speaking, the colony as a whole cannot be described as highly malarious. Nevertheless, malaria is probably one of the two most important diseases with which the population has to contend. Although there is no reason to suppose that, with extended and more intensive agricultural development, the improvement of economic conditions, the raising of the standard of living among the indigenous populations and the spread of education, the incidence of the disease will not be lessened till, as in parts of Europe, it becomes negligible, yet at present the morbidity rate is very high. Furthermore, since agricultural development and the creation of industries are more rapid than the eradication of age-long customs and popular ignorance, there is a serious danger lest, until social conditions improve, the free movement of population, together with certain alterations of environment, may for a time and in certain places result in an increased incidence of the disease.

During 1926, the incidence of malaria was higher than usual and in places assumed epidemic proportions. So far as could be ascertained, the epidemic was associated with an unprecedented development of *Anopheles costalis*. The special conditions which resulted in the prevalence of this species of anopheles have not been determined with certainty, but in certain places a contributing factor of importance was no doubt the existence both in town and country of undrained borrow pits, badly graded drains, ditches, irrigation canals and other man-made mosquito breeding-places.

During the past few years, a considerable amount of information has been collected regarding the various species of anophelines which are prevalent in the country and the part which they play in the transmission of malaria. Of the species so far recorded, it would appear that *Anopheles costalis* has been the prevalent domestic mosquito in the areas investigated. *Anopheles funestus* also occurs in all districts investigated, but generally in relatively small numbers. The influence, if any, on malaria incidence of the other domestic species of anopheles would appear to have been very weak.

An outstanding event of the year in connection with malaria control was the allocation by Government of £20,000 for anti-malaria work in the Nairobi municipal area. The municipal corporation has agreed to contribute an equal amount, and the railway administration has accepted responsibility for the eradication of breeding-grounds in the area under its control.

Local authorities in general are taking an increasing interest in preventive measures in their areas.

3. Venereal Diseases.

The total number of cases of syphilis treated in Government hospitals during the year was 16,218. In addition, large numbers of cases were treated by native dressers at sub-dispensaries and by the medical officer engaged on the sleeping-sickness Census and his staff.

With the exception of two large districts in the neighbourhood of the Victoria Nyanza, however, the Native Reserves of the colony are not yet seriously affected by syphilis, and the disease is prevalent mainly in the larger centres of population, townships, trading centres, etc. In the Kavirondo lake districts, on the other hand, the incidence of syphilis is presenting an increasingly serious aspect. In these districts, the elders of the tribes and the Local Native Councils have fortunately realised the importance of the matter, as is shown by the fact that they have requested the promulgation of specific rules under the Native Authority Ordinance. Notwithstanding the increased interest taken by the Local Native Councils, the position, however, remains unsatisfactory. The younger generation remains apathetic, and does not apply for treatment, or, if they do, they cannot be persuaded to attend with any regularity. Nor is the medical staff in these districts as yet sufficient to undertake the provision of adequate treatment among a large and scattered rural population. The institution of squads of medical officers, serologists and nurses, with the prime object of carrying out anti-venereal propaganda and providing full courses of treatment in these Reserves, is at present under consideration.

In the large towns some progress can be recorded. Clinics and treatment centres are gradually being established, and the number of patients attending them is increasing.

4. Yaws (*Framboesia tropica*).

The total number of cases recorded as treated in hospitals, at dispensaries or by medical officers on tour was, in 1927, 70,253.

The number of cases recorded for the last six years is as follows :

1922	24,233	1925.. .. .	50,584
1923	64,344	1926.. .. .	66,883
1924	45,527	1927.. .. .	70,253

In addition to the above total, 11,336 injections of bismuth are reported as having been given at dispensaries in the Keruguya District of the Kikuyu Reserve, where syphilis is not met with. It is fair, therefore, to assume that the injections were given on account of yaws. The actual number of cases is not specified.

The considerable increase in the total may be accounted for by increased activity in the Reserves.

The question inevitably arises as to the effect of the treatment, which has been carried out now for some years in certain districts. The impression is that the number of cases is diminishing. While statistics as to the prevalence of the disease are lacking, the comparative table of figures from Fort Hall may indicate the effect that is being produced :

1925	15,856
1926	13,596
1927	10,208

The disease, however, still remains a formidable menace to the colony, and its complete eradication in any district is under present conditions extremely difficult. While the native is willing to undergo treatment when obvious signs of the disease are present, the disappearance of the lesions usually means the discontinuance of injections, with the probability of relapse.

In Nairobi, systematic extended treatment, with continuous examination of serum reaction, has been carried out at the Infectious Diseases Hospital in a number of cases. The investigation will be concluded and the results available in 1928. Some definite indication of the value of bismuth treatment will have been attained.

As in the previous year, the two bismuth salts used have been sodium potassium bismuth tartrate and sodium bismuth tartrate. The reports as to the efficacy of the two salts in healing lesions vary very considerably. The general consensus of opinion appears to be that the salts at present used are not so efficient as the original salt as produced in the laboratory. Experiments with other bismuth salts are being tried. Metallic bismuth has also been used; the results appear to be slower but equally effective.

Notable, however, as the results of the treatment of yaws may have been, the possibility that it can be controlled or even all but eliminated by treatment, and much sickness thereby prevented, must not obscure the fact that yaws, equally with tuberculosis and syphilis, comes within the category of social diseases and is dependent for its propagation and existence chiefly on markedly insanitary environmental conditions, the neglect of simple rules of health and a low standard of life and culture.

5. *Helminthiasis.*

Of the chronic diseases which may be placed under the heading of social medicine, two are in most parts of the tropics of outstanding importance—malaria and helminthiasis. Generally speaking and provided certain conditions prevail, malaria is in the warmer tropics the more important of the two, but in the colony of Kenya, where conditions do not as a rule favour the continued prevalence of very large numbers of dangerous anophelines, the diseases from intestinal worms are probably of even greater importance than malaria.

That hookworm disease is in certain parts of the tropics of immense economic and social importance has long been appreciated and is now generally recognised, but it is doubtful whether the results which may follow from infestation with other helminths, such as ascaris and tænia, have yet been fully realised.

Investigations carried out during 1927 have shown that the degree of infestation of the population in certain areas with either ascaris or tænia is intense and general, and, though little is yet known with regard to the effect of these parasites, other investigations which are in progress at the Laboratory suggest that tænia infestation among adolescents may be a very serious factor in connection with growth and nutrition.

Hitherto, organised sanitation campaigns among native peoples in respect of the disposal of excreta have been instituted chiefly with a view to the prevention of ankylostomiasis, but the degree of infestation with other helminths which has been found to prevail in certain parts of the colony where ankylostomiasis is apparently of minor importance is so great that it is proposed in future to give special attention to the more seriously infected areas with the special object of controlling the incidence of ascaris and tænia infestation.

6. *Ankylostomiasis.*

Infestation by hookworm is met with in practically every district, but the effects of the parasite are most evident on the coast. The posting of a medical officer to the Digo district in 1926 was soon followed by reports indicating that the disease was a very serious factor in the economic life of the Reserve and responsible in large part for the poor physical condition of the people. Similar reports were received from the Malindi district. After consideration of the position, it was decided to attempt a wholesale anti-ankylostomiasis campaign coupled with the institution of a system of pit latrines. The campaign divided itself into four distinct phases :

- (a) A rapid medical survey of the population.
- (b) A propaganda campaign in which the nature of the disease, well recognised by the natives themselves, was explained ; demonstrations, microscopic and others, of the worms and eggs given ; and the method of spread explained.
- (c) The installation of a system of house pit latrines.
- (d) The administration to the population of a mixture of carbon tetrachloride and oil of chenopodium.

In spite of very great difficulties, most encouraging results have been achieved. The people willingly accepted the idea of treatment and the necessity for a latrine system. At the close of the year, the treatment campaign was inaugurated in a place where a latrine system had been created and adopted by over 6,000 people. The actual digging of the latrines has been no mean task for a population provided in the main with primitive tools only, and in many cases in a low physical state as the result of infestation. Difficulties in connection with the nature of the soil and the provision of suitable timber for the covering-in of the pit were often considerable. It is on record that one man, unfortunately situated as regards the possibilities of digging a pit, moved his house to a more suitable spot.

After the difficulties in connection with the installation of the latrine system had been surmounted, there remained the organisation of treatment, no mean task in itself in a scattered and uncivilised community.

The type of latrine which is being constructed is a pit of at least 12 feet in depth covered over with logs and with a suitable rainproof shelter. Communal pits have not been installed, the rule being that each household has to provide its own convenience. Assistance has been afforded by a squad of sanitary workers specially trained in the construction of latrines of the nature specified. The squad goes ahead of the medical officers and instructs and assists the inhabitants of the villages in the construction of their pits. Help has also been provided in some cases by the loan of tools. The Local Native Council voted a sum of money for the purchase of tools, while others were borrowed from various departments.

The question as to a suitable latrine top occasioned considerable thought. It was recognised from the outset that a plain earth surface would tend to the spread rather than to the elimination of ankylostomiasis. In some places flat stones are obtainable and can be used as effective covers. In others a mixture of crushed coral and red earth will, if properly beaten down, produce an impervious surface. The Local Native Council also considered the manufacture and sale at a low price of portable cement concrete tops.

It has been emphasised all through that treatment would only be given after sanitation had been completed. This in itself has no doubt helped, but the fact that it has been shown to be possible to persuade a Reserve population to construct a

system of pit latrines is an encouraging indication of what can be effected. It is also true that the Coast has been in contact for centuries with Arab civilisation and that therefore pit latrines may be a tradition, while, as far as is known, the superstitions of the people are not directly antagonistic to ideas of sewage disposal.

The procedure followed in the Digo district has also been adopted in the Malindi district, where similarly encouraging results have been obtained.

7. *Alcoholism.*

Under urban conditions, alcoholism plays for the present at any rate but a small part in the colony, nor would it appear to be a matter of importance either on farms or estates or in any place where life is active and occupation plentiful. In a number of the Native Reserves, on the other hand, the excessive consumption of various native alcoholic drinks is not uncommon, and in certain circumstances and among certain tribes may be exercising a prejudicial effect on the people. This alcoholism, however, if the term may be used, is probably only a passing phase: it is a disease accompanying idleness and not an occupational disease. In former times, the consumption of alcohol was limited to the elders of the tribe, while to the younger members it was forbidden. With the abolition of tribal warfare and of the necessity for maintaining a severe form of military tribal training and discipline, numerous customs which such necessity probably inculcated have disappeared, and a degree of licence has in certain cases resulted which would not previously have been permitted.

With increasing development, however, it may be expected that conditions will again change and that more temperate habits will be acquired. Fortunately, there would not appear to be any great tendency for the native of these parts to be attracted by spirits of European manufacture.

III. PUBLIC HEALTH ACTIVITIES.

1. PUBLIC HEALTH ADMINISTRATION.

Up to the present, no representative local public health authorities have been established in any part of the colony except in the capital.

Under the existing Public Health Ordinance, "local authority" is defined as meaning:

"The Council of any municipality constituted under the Municipal Corporation Ordinance or any ordinance substituted therefor. Any committee or other authority appointed under the Townships Ordinance for the purpose of the said Ordinance and the district commissioner and the medical officer for such district when available (not being within the district of any existing municipal authority) shall be the local authority for such district."

Nairobi, being the only town to-day which has a municipal council, affords at present the only example of a municipal or representative body which acts as a local public authority. Public health administration has remained therefore largely in the hands of Government and more particularly in the hands of the Medical Department, which has been established and built up with a view to promoting and safeguarding the public health and providing medical relief.

The Medical Department is organised in four divisions, as follows :

Administrative Division (Central) :

Director of Medical and Sanitary Services.
Deputy-Director of Sanitary Service.
Deputy-Director of Medical Service.
Senior sanitation officer.
Senior medical officer.
Chief sanitary inspector.
Medical storekeeper.
Accountant and office staff.

Sanitation Division (Local) :

2 Senior sanitation officers.
10 Sanitation officers.
3 Senior sanitary inspectors
19 Sanitary inspectors.
6 Sanitary overseers.
4 Health sisters.
Native subordinate staff.

Medical Division (Local) :

1 Surgical specialist.
5 Senior medical officers.
34 Medical officers.
32 Nursing sisters.
3 Assistant surgeons.
22 Sub-assistant surgeons.
Dispensers, superintendents, and Asiatic and native subordinate staff.

Laboratory Division (Central and Local) :

Deputy-Director of Laboratory Services.
First assistant bacteriologist.
3 Assistant bacteriologists.
1 Government analyst.
1 Chemical officer.
2 Entomologists.
European and native laboratory assistants, and subordinate native staff.

The members of the Sanitation Division of the Department are posted to the various towns and to the settled districts of the colony as local medical officers of health and sanitary inspectors, and most of these towns and districts now come within the purview of whole-time qualified European medical officers of health, to whom whole-time qualified European sanitary inspectors are attached. The number of officers and inspectors available for urban work is fairly adequate, and though the number available for the rural areas is not yet sufficient to provide effective service throughout all the settled districts, a beginning has nevertheless been made and the principle of undertaking public health work in rural areas has been established.

In the large Native Reserves, public health work is carried out chiefly by officers of the Medical Division of the Department, though in the past year the services of an officer of the Sanitation Division and of a European sanitary inspector have also

been utilised. According to the policy of the Department, medical officers in Native Reserves are neither entirely nor chiefly concerned with the care of hospitals and the provision of medical relief. The functions of the medical officer in a Native Reserve are, in the view of the Department, those of a medical officer of health and of these functions the provision of medical relief is only one. For the moment, it is frequently the case in many areas that little more can be done than treat the sick, but more is gradually becoming possible, and it is intended, as educational and agricultural development proceeds, to increase the departmental staff in the Reserves until each Reserve has been supplied with two officers, a European sanitary inspector and a health sister engaged more particularly in the practice of preventive medicine, in addition to the staff engaged on hospital work and the provision of medical relief. A beginning has recently been made with the training of subordinate African sanitary staff.

2. SCHOOL MEDICAL WORK.

Little work in connection with school-children has hitherto been possible, but during the year sanction was given for the employment in 1928 of a whole-time school medical officer. It will be the duty of this officer in the first instance to inspect conditions in all schools—European, Asiatic and native—throughout the colony as a preliminary to determining what further arrangements may be necessary.

3. TOWN PLANNING.

During recent years, considerable attention has been given to town planning, town improvement and the regulation of urban and suburban development. Under the Town Planning Ordinance, an authority appointed for the port of Mombasa prepared a scheme to which sanction was given in 1926, and which during the past year has been carried into effect; this scheme is of a major order and, by means of the pooling and redistribution of plots on an extensive scale, has provided a road system for a large part of the island and secured the possibility of orderly development throughout much valuable land.

In the capital, Nairobi, a comprehensive memorandum was prepared during the year by an authority appointed under the Ordinance, in which the problems of the capital in their various aspects are considered at some length, and attention has been drawn to the necessity of dealing with conditions injurious to health and of making provision, both financial and otherwise, for the proper control of development in the future. Among other matters, the authority directed special attention to the permanent measures necessary to secure the eradication of malaria from the municipal area.

4. HOUSING AND SANITATION.

Housing, so far as the European inhabitants of the colony are concerned, does not for the moment present a social problem of importance, partly because that population is still small, partly because its economic situation is generally satisfactory.

With regard to the Asiatic and native African population, the position is less satisfactory and serious problems are presented. In the case of the Asiatic, however, there is some evidence of improvement and much new housing of a better type is being erected by private enterprise. Not all classes of the Asiatic population are affected by this enterprise, however, and there remains a section for whom provision will require to be made by local authorities. Since, however, the Asiatic

population is small, the schemes for slum clearance and re-housing which will require to be prepared and carried out are relatively small, and the problem, if approached in time, should not prove insoluble. Recognised methods of procedure can be applied and, in dealing with the problem, no new ground will require to be broken.

In the case of the native African population, the position is far otherwise, for though here, too, the position is not yet beyond control, the future is likely to constitute a problem of some magnitude. In the wake of development many African natives are required to live under urban conditions at a time when they are still without the culture necessary to allow them to regulate their lives accordingly. The change from rural to urban conditions is for the African native a revolutionary one and he is without either the experience or the means to cope unaided with the difficulties of his new situation, or to build up a communal discipline and establish satisfactory social standards. Much assistance will therefore be required and much thought must be given to the problem if that help is to be given with benefit both to the African and to the general community.

The problem of the town native in Africa is an outstanding one of the time. The basis of the problem is housing, but many other factors require to be taken into consideration, and the problem will only be solved if it is approached as a problem of town planning in the widest sense of that term, and if consideration is given to every social issue. Facilities for the establishment of family life must be provided and for the education of the family thereafter. Last, but not least important, the great question of amenity requires constantly to be kept in mind.

Beyond the towns, however, are the rural areas, the Native Reserves. Here, too, housing and the establishment of a sanitary environment are outstanding questions. Most of the great social diseases of Africa—malaria, helminthiasis, plague and dysentery—are not peculiar to the tropics. They are not so much tropical diseases as diseases of backward and uncivilised communities, and are essentially associated with insanitary domestic conditions; their control demands education and improved economic circumstances. The abolition of tribal warfare and the establishment of communications are rapidly producing a change for the better in the economic position of the native of rural Africa and are opening the way for the sanitarian and the teacher of hygiene. The field is a wide one, but in the last few years at least a beginning has been made, and there is some evidence of sanitary progress. The importance of the organisation of sanitary staff in the Reserves, the teaching of hygiene and the institution of propaganda are receiving increasing attention, and the necessity for such work is increasingly recognised.

IV. PUBLIC HEALTH LEGISLATION.

No public health legislation of importance was promulgated during the year.

Early in the year, however, there was published the report of the Local Government Commission which had been appointed in 1926. The report, reviewing as it does the whole field of public health and sanitation in the townships and settled areas of the colony at the present time, and making far-reaching recommendations as to local government and public health administration, is of the greatest importance and value. Recommendations are made with regard to the establishment of new local authorities and the reorganisation of existing administrative machinery. The establishment of a central co-ordinating authority is proposed and to this recommendation effect has already been given by Government. The creation of the necessary machinery

to enable local authorities to operate properly in the different areas should result in a marked improvement in public health administration throughout a large part of the colony. Some time will elapse before a complete and satisfactory system of local government can be built up, but it is a matter for satisfaction that much preliminary work has been accomplished.

To give complete effect to the recommendations of the Commission, a considerable amount of new legislation will be required. This legislation, which includes several Bills of some importance, is in course of preparation and will represent a marked advance on previous enactments.

V. BUDGET.

The total sanctioned estimates for the Medical Department for the year 1927 was £198,265, an increase of £19,301 over the previous year.

Of the total estimated expenditure of £2,570,064 for the colony and protectorate, £198,265 (or 7.7 per cent) represented expenditure on public health and medical relief.

In addition to the above sum, recurrent and capital expenditure in connection with scavenging and conservancy was incurred in all the towns in the colony and protectorate either by Government or by local authorities; furthermore, expenditure on the maintenance of a number of private hospitals and maternity and child welfare centres was met by voluntary effort, and in the Native Reserves considerable contributions towards the erection and maintenance of a number of dispensaries were made by the Local Native Councils.

Expenditure on town planning, on the provision of hospitals and on major anti-malaria works was also incurred and met from loan funds.

VI. CURATIVE MEDICINE.

1. HOSPITALS AND DISPENSARIES.

Hospitals and dispensaries are maintained by Government in all the larger towns and in most of the larger Native Reserves. No charges are made in respect of natives who are not in employment either in towns or in Native Reserves, but in the case of natives who are employed either by Europeans or Asiatics a charge of one shilling per day is recovered from the employer. In addition to the Government hospitals, there are two non-official European hospitals maintained by private subscription, several private European and one private Asiatic nursing home, a considerable number of mission hospitals for natives and two native maternity hospitals established and maintained by a maternity and child welfare association.

The Government European hospitals are three in number, with a total of 47 beds. The native hospitals number 27, with a total of 1,000 beds.

In connection with the hospitals situated in the Native Reserves there are 68 sub-dispensaries in charge of African dressers.

A mental hospital, with accommodation for Europeans, Asiatics and natives, is established at Nairobi.

A number of new Government hospitals are under construction in the Native Reserves; the erection of others, though sanctioned, has not yet commenced.

The number of in- and out-patients treated at Government native hospitals and dispensaries during 1927 was 20,904 and 173,304 respectively. In addition, many other cases were treated by medical officers while touring their districts.

2. MEDICAL PRACTITIONERS, DENTISTS, PHARMACISTS, MIDWIVES, NURSES, ETC.

Medical Practitioners.—The Ordinance governing registration of medical practitioners came into force in 1910. Since that date and up to the end of 1927, the following have been placed on the register :

Registered medical practitioners	..	..	..	..	210
Licensed medical practitioners	..	..	..	..	6
Dentists	..	..	..	..	19

For Government service 109 medical practitioners were registered, and 101 as private practitioners.

In 1927, 21 new entries were made in the register, viz., 1 dentist, 12 private medical practitioners, and 8 members of the Government Medical Service. Of the new private practitioners, three had gained their diplomas in India.

Only practitioners holding qualifications registrable by the General Medical Council in England may be registered as entitled to practise medicine in Kenya.

Pharmacists.—Since the introduction of the Ordinance up to the end of 1927, 52 names have been placed on the register.

Nurses and Midwives.—Registration of nurses and midwives is not yet compulsory.

Most European nursing sisters employed by Government or engaged in private nursing have been trained either in England or in one of the Dominions.

The training of native African nurses, dressers and midwives is carried out at all Government hospitals, at mission hospitals and at the Lady Grigg Maternity and Child Welfare Hospital at Nairobi. Up to the present, the standard of training which it has been possible to achieve has not been high, owing to the low general standard of education of the native races, and in the case of women this difficulty has been especially marked. Recently, however, owing partly to the improvement in the educational standard and partly as the result of improved hospital accommodation and the provision of a number of European matrons and trained nursing sisters in a number of native hospitals, a better class of African native has been coming forward and more women have been employed.

A training depot for male African dressers is being established, and a beginning has been made in the Native Reserves with the training of African sanitary assistants.

October 1928.

BRITISH SOMALILAND

BY

Dr. R. S. TAYLOR

Principal Medical Officer, Berbera.

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I. VITAL STATISTICS.

Area : 68,000 square miles.
Population (roughly) : 300,000.
No other statistics available.

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

A segregation camp is provided in which cases of infectious diseases are isolated.

B. CHRONIC DISEASES.

Tuberculosis both of lung and bone is fairly common. The source of the bovine type has been sought by the Chief Veterinary Officer, but success has not attended his efforts.

Malaria is treated with quinine, the rainfall being too variable to make success with draining, oiling, etc., possible.

Cancer is only rarely met with.

Venereal Disease has been tackled energetically with organic arsenical compounds and seems to be definitely decreasing.

Alcoholism is very rare, as the great majority of the population are Mohammedans.

III. PUBLIC HEALTH ACTIVITIES.

Public health education is confined to instructing hospital assistants.

Sanitation is only possible in the towns. Malaria sanitation is effected in the towns by insisting on one hour once a week during which all houses and compounds must be completely dry.

Housing is, on the whole, good for European and Asiatic officials. Native housing is very healthy in the country, consisting of villages of huts ; each house consisting of grass mats stretched over bent sticks, all capable of being packed on a camel and transported to a new district and clean ground.

The native huts in towns of a permanent nature are not very clean and tidy, but the natives and Asiatic owners of the houses are not rich and it is difficult to enforce rigid regulations.

The water supply to most towns is of good quantity, though the quality suffers from hardness of varying degree.

In some European quarters in large towns, sewage disposal is by water carriage to septic tanks ; in other quarters it is by pans and trench. Natives are given town boundaries within which committing a nuisance is an offence.

The milk supply varies with the season, is never good and is mostly goat or camel milk.

Health insurance does not exist. Medical attention is free to officials and natives.

IV. PUBLIC HEALTH LEGISLATION.

(a) Syphilis has been added to the list of diseases enumerated in Section 2 of the Infectious and Contagious Diseases Ordinance, *i.e.*, was made notifiable.

(b) Public land has been proclaimed in the townships of Erigavo, Burao, Hargeisa, Buramo, and rules governing such lands published.

(c) The import and sale of Kat has been regulated.

V. CURATIVE MEDICINE.

1. *Hospitals* are in working order in Berbera, Hargeisa, Burao, Zeilah, Erigavo and Buramo, and dispensaries at Sheikh and Bulhar.

2. *Sanatoria*.—There is a leper asylum at Berbera with accommodation for twelve people.

3. There are no *pharmacies*. Some of the general stores stock a few patent medicines.

4. Except for those employed by the Government, there are no doctors, medical students, dentists or pharmacists. Most of the child birth takes place in the presence of *Yibirs* (members of a tribe which has inherited the right of claiming backsheesh when a birth occurs).

September 1928.

TANGANYIKA TERRITORY

Report prepared by the Director of Medical and Sanitary Services

(Dar-es-Salaam).

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I. GENERAL INTRODUCTION.

1. AREA.

The area of the Territory is about 374,085 square miles, which includes some 20,000 square miles of water.

2. PHYSIOGRAPHY AND CLIMATE.

Along the coast lies a plain, varying in width from 10 to 40 miles, beyond and to westward of which the country rises gradually to a plateau constituting the greater part of the hinterland. This plateau falls sharply from a general level of 4,000 feet to the level of the great lakes : Victoria Nyanza, 3,800 feet ; Tanganyika, 2,509 feet ; Nyasa, 1,607 feet.

The highest points are in the north-east, where there are the extinct volcanoes of Kilimanjaro, which rises to 19,720 feet and is snow-capped, and Mount Meru, 14,960 feet. In the south-west are the Livingstone Mountains, where the highest peak is over 9,000 feet. The climate therefore varies and, roughly, four zones can be distinguished :

- (a) The warm and damp coastal region with its adjoining hinterland.
- (b) The hot and moderately dry zone between the coast and the central plateau (300 to 2,000 feet).
- (c) The hot and dry zone of the central plateau between 2,000 and 4,000 feet in height.
- (d) The semi-temperate regions around the slopes of Kilimanjaro and Meru, of the Usambara Highlands, the Ufipa Plateau and the mountain areas in the south-west (5,000 to 10,000 feet).

There are two well-defined rainy seasons. Roughly, the long rains begin in February or March and last for two or three months, while the short rainy season extends from October to November, but the rainfall is low for a tropical country and droughts are not infrequent.

3. POPULATION.

According to the latest estimate, the population of the Territory is as follows :

Europeans	..	..	5,300
Asiatics	..	..	18,483
Africans	..	..	4,319,000

In a few districts the registration of native births and deaths has been made compulsory, but no reliance can be placed on the accuracy of the statistics at present ; doubtless in the process of education and time, valuable data will be obtained.

4. BUDGET FOR THE YEAR 1927.

Personal emoluments	£108,633
Other charges (including expenditure on tuberculosis, leprosy, sleeping-sickness measures, venereal diseases and yaws, maternity and child welfare)	89,495
Special expenditure on Epidemiological Survey in the Kahama..	5,332
Total	£203,460

The actual expenditure of the Medical Department during 1926-27 was £183,811, i.e., 11.6 per cent of the total expenditure of £1,583,085 met from revenue.

II. PUBLIC HEALTH LEGISLATION.

The more important enactments affecting public health are the following: The Medical Practitioners and Dentists Proclamation, a Townships Ordinance, a Proclamation to regulate the Sale of Drugs and Poisons, an Opium Ordinance, a Registration of Births and Deaths Ordinance, an Ordinance to regulate Immigration into the Territory, a Master and Servants Ordinance, an Ordinance to prescribe the Powers and Duties of Native Authorities, an Ordinance to assist the Education of Africans.

Under the Townships Ordinance, each township must have a Town-Planning and Building Committee, consisting of the Administrative Officer of the District as President, Sanitation Officer or Medical Officer, Executive Engineer and the District Surveyor. All questions of building or town-planning in townships are dealt with primarily by the local Committee and are then referred to the Central Town-Planning and Building Committee consisting of the Director of Medical and Sanitary Services as President, the Deputy-Director of Sanitary Service as Secretary, the Director of Public Works, the Land Officer and the Director of Surveys, which Committee makes its recommendations to the Chief Secretary for the decision of the Governor.

The Ordinance to prescribe the Powers and Duties of Native Authorities is of importance and provides for the appointing and establishing of Native Authorities who are under obligation generally to maintain order and good government among the natives residing in the areas to which their authority extends; and it is incumbent on the natives to assist the Native Authorities in carrying out their duties. Subject to the provision of any current law, the Native Authority is empowered to issue orders to be obeyed by natives within his jurisdiction for, among other purposes, prohibition, restriction or regulating the manufacture, distillation, sale, transport, distribution, supply, possession and consumption of intoxicating liquors; preventing the pollution of the water in any stream, watercourse or water-hole, and preventing the obstruction of any stream or watercourse; preventing the spread of infectious or contagious disease, whether of human beings or animals; care of the sick; prohibiting, restricting or regulating the immigration of natives from or to the area under his authority; requiring the birth and death of any native within his jurisdiction to be reported to him or such other person as he may direct; for the purpose of exterminating or preventing the spread of tsetse-fly; requiring any native to cultivate

land to such extent and with such crops as will secure an adequate supply of food for the support of such native and of those dependent on him; for any other purpose which may, by notice published in the *Gazette*, be specially sanctioned by the Governor, either generally or for any particular area.

III. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.

	Cases recorded :	
	1926	1927
Anthrax	110	128
Chicken-pox	560	449
Dengue	71	21
Diphtheria	2	1
Dysentery :		
Amoebic	471	639
Bacillary	337	248
Unclassified	177	540
Encephalitis lethargica	14	8
Epidemic cerebro-spinal meningitis	8,198	3,069
Influenza	44	115
Mumps	6	13
Plague	227	273
Relapsing fever	22	84
Smallpox	209,478	286,289
(Vaccinations)	459	360
Trypanosomiasis	18	17
Typhoid fever	3	10
Paratyphoid	—	1
Typhus	—	—

A small settlement for in- and out-patients was opened on Mount Kilimanjaro, and a preliminary survey of the neighbouring area was undertaken by the special medical officer in charge with a view to further expansion. The increase in the returns of cases is evidence of his activities.

B. CHRONIC DISEASES.

1. Tuberculosis.

	Cases recorded :		
	1925	1926	1927
Pulmonary tuberculosis	350	354	590
All other forms	32	67	298

2. Malignant Tumours.

Although greater attention is being paid to the incidence of cancer, it does not appear to be an important problem at present. There were 69 cases recorded during the year.

3. Venereal Diseases and Yaws.

An extensive organisation exists for the treatment of syphilis and yaws. In special cases, the higher organic arsenical preparations are used; the bulk of patients, however, receive injections of bismuth sodium tartrate. Large numbers have been dealt with during the last few years. While it is not claimed that all are cured, confidence is felt that the majority have been rendered non-infective. The treatment is highly popular, but although there are now over 70 centres at which relief may be obtained, a decline in the figures is not yet apparent.

NUMBER OF CASES OF SYPHILIS AND YAWS FOR THE YEARS 1924-27.

	1924	1925	1926	1927
Syphilis	4,347	11,829	17,483	20,810
Yaws	20,751	75,638	97,807	120,374

It is estimated that another 500,000 cases of yaws still await attention in the remoter areas. The contemplated augmentation of field units should reduce the infections from the present pandemic to a sporadic state in a few years. During 1927, approximately 6 per cent of the cases were treated by medical missionaries with drugs and equipment supplied by the Government.

4. Malaria and Blackwater Fever.

Although a great deal of anti-malarial work has been done, the abnormally heavy rainfall during the last three years has militated against any noteworthy reduction. Nevertheless, it is satisfactory, in view of the above and of the increased European and Asiatic immigration, that the number of cases is lower than in the previous year:

	Cases recorded:	
	1926	1927
Malaria	29,856	29,673
Blackwater fever	85	72

Quinine, both in tabloid and powder form, may be purchased at all the post offices in the Territory.

5. Ankylostomiasis.

Since improvement of the sanitary environment of villages in the districts has been made possible by the establishment of African district sanitary inspectors, increased attention has been paid to treatment with drugs such as carbon tetrachloride and oil of chenopodium. Besides the quantities stocked in bulk, arrangements have been completed for a supply of 100,000 doses in capsules of suitable size for administration to adults and children.

IV. PREVENTIVE MEDICINE AND HYGIENE.

The spheres of medical activity have been extended in several directions, the outstanding feature of which has been the development of a subordinate African Medical and Sanitation Service. Apart entirely from the question of finance, it is evident that a service of this nature is inevitable if adequate aid is to be available to the population as a whole, for it would be wellnigh impossible for a European staff to live and work for any lengthy period under the adverse climatic conditions and isolation inseparable from the remoter areas, which to the African is his natural habitat.

Not including those under training, there is a complement of 45 African dispensers, 51 African urban sanitary inspectors and 183 African district sanitary inspectors.

AFRICAN DISPENSERS.

The curriculum consists of a full-time course of eighteen months, and is at present divided between the school and one of the largest hospitals. The course, besides elementary chemistry, physics, *malaria medica* and dispensing, elementary anatomy and physiology, the elements of medicine, surgery and first-aid, includes a brief period of tuition in welfare work, practical village sanitation and elementary dental practice. The object is to turn out annually sufficient numbers ultimately to maintain a complement of 250, approximately 1 per 20,000 of the population. The standard of efficiency naturally varies, but a useful type of practical worker is being evolved, who takes his duties seriously and is capable of administering intramuscular and intravenous injections, which are of importance in the treatment of syphilis, yaws, sleeping-sickness and schistosomiasis.

AFRICAN URBAN SANITARY INSPECTORS.

The course lasts from nine to twelve months, and embraces theoretical and practical training in the hygiene applicable to a modern town in the Tropics, and includes a knowledge of water-carriage sanitation. The curriculum consists of lectures by the sanitation officer and demonstrations of practical work in all branches of a sanitary inspector's duty by the European sanitary superintendents, who are all qualified sanitary inspectors.

AFRICAN DISTRICT SANITARY INSPECTORS.

The training of these men is not elaborate and is mainly practical. They are taught personal hygiene; minor tropical sanitation, relating to dwellings, latrines and building of incinerators, improving and protecting water supplies, disposal of refuse; entomology and arthropod-borne disease: recognition of arthropods and mode of spread; venereal diseases and yaws: dangers of and methods of spread; vaccination; child welfare: dangers of improper feeding; methods of submitting monthly reports.

The African district sanitary inspector acts in an advisory capacity to the Native Authorities, undertakes the sanitation of villages in the districts and vaccination, and has been found of particular value in bringing to light evidence of epidemics during their early stages in the remoter areas.

TRIBAL DRESSERS.

Another group of useful workers who are being evolved are the tribal dressers. The tribal dressers are selected by the chiefs from amongst the more intelligent members of their tribe and are trained by the regular medical staff in out-patient work, namely, the relief of simple medical and surgical conditions, in order that the village populations distant from medical centres may receive medical attention and first-aid for common ailments and injuries. The aim is ultimately to have a complement of 1 tribal dresser per 5,000 of the rural population. A tribal dresser treats approximately 2,000 cases per annum and during 1927 there were 90 tribal dispensaries.

Each tribal dresser is supplied with a small hand-book of "Instructions" in English and Kiswahili, which details the methods of treatment that he should adopt.

MATERNITY AND CHILD WELFARE.

There are 9 clinics, 7 of which are in the care of European health visitors.

WORK OF MATERNITY AND CHILD WELFARE INSTITUTIONS IN 1927.

Total number of confinements, still-births, premature births, miscarriages, abortions.. .. .	1,191
Total number of new cases, in and out:	
Patients seen at clinics:	
Mothers	10,736
Children	16,515
Total number of attendances at clinics:	
Mothers	27,745
Children	36,725
Special examinations, dentals, slides, etc.	10,071

Besides the ordinary routine duties of the health visitors in charge, the training of African maternity ayahs in the first principles and practice of asepsis, elementary midwifery and welfare work, in their practical application, is being undertaken.

Provision for routine examination and daily treatment of children exists at all the large Government central boarding-schools; at other stations, periodic inspections are made by the medical staff, the schools usually being near enough for sick scholars to attend at the hospital or dispensary.

V. CURATIVE MEDICINE.

There are 49 different permanent medical centres, at 9 of which there are also European hospitals fully equipped and staffed with European nursing sisters.

Number of beds in the European hospital, Dar-es-Salaam ..	59
Total number of beds in the European hospitals of the Territory ..	92
Total number of beds in the Native hospitals of the Territory ..	1,760
	<u>1,911</u>

TOTAL CASES AND DEATHS OF GROUPS OF DISEASES, IN- AND OUT-PATIENTS, RETURNED FROM GOVERNMENT HOSPITALS AND DISPENSARIES.

	Cases		Deaths	
	1926	1927	1926	1927
Epidemic, endemic and infectious diseases	134,712	159,091	298	256
General diseases	3,539	5,183	52	59
Diseases of the nervous system	4,035	3,298	22	34
Diseases of the organs of vision	12,155	15,936	3	1
Diseases of the ear and mastoid sinus	4,296	4,932	—	1
Diseases of the circulatory system	1,383	1,349	15	15
Acute and chronic bronchitis.. .. .	34,890	34,692	11	10
Lobar and broncho-pneumonia	741	855	126	125
Other diseases of the respiratory system	3,250	4,475	11	14
Caries and pyorrhœa	5,199	8,350	—	—
Diarrhœa and enteritis	5,664	8,407	29	79
Ankylostomiasis	4,632	5,078	157	121
Other diseases of the digestive system	38,267	44,640	34	50
Diseases of the genito-urinary system	3,423	4,150	30	34
Ulcers	21,652	16,303	21	25
Scabies	9,271	11,449	1	—
Other diseases of the skin and cellular tissue	14,769	20,133	27	30
Diseases of bones and organs of locomotion	6,890	7,739	4	5
Local injuries	17,450	23,704	34	65
Other external causes	2,169	13,074	22	31
Ill-defined and other diseases	5,868	3,473	32	37
Totals.. .. .	334,255	396,570	929	992

Total cases, in- and out-patients, treated at Government hospitals and dispensaries	396,570
Total cases treated at the maternity and child welfare clinics	27,251
Yaws and syphilis cases treated on tour in districts by Government staff	3,639
Other cases treated on tour in districts by Government staff	12,945
Yaws and syphilis cases treated by medical missionaries supplied with Government drugs and equipment	20,972
Other cases treated by medical missionaries supplied with Government drugs and equipment	6,452
Other cases treated by African dispensers in independent charge	5,541
	<u>473,370</u>

The tribal dresser dispensaries have only recently been established, yet the work performed by the tribal dressers of the Mwanza, Bukoba and Central Provinces during an average period of four months towards the end of the year showed an attendance of approximately 32,800 cases.

The Dar-es-Salaam European Hospital is fitted with an X-ray apparatus. There are two dental surgeries, one at Dar-es-Salaam, the other at Tanga; the Dar-es-Salaam Surgery possesses a special X-ray machine for dental work.

SUMMARY OF WORK CARRIED OUT BY THE TWO DENTAL SURGEONS.

	Dar-es-Salaam	Tanga
Attendance for fillings, extractions and other treatment	2,085	631
Dentures	96	21
Repairs to dentures	78	42
Radiograms taken	200	—

School-children are inspected and treated periodically.

October 1928.

UNION OF SOCIALIST SOVIET REPUBLICS
(U.S.S.R.)

BY

Professor Dr. A. SYSSINE (Moscow).

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INTRODUCTION.

In 1927, health work in the U.S.S.R. continued to develop along the lines followed in the preceding years ; health conditions continued to improve, as is shown by the further reduction in general and infant mortality, and by the decrease in epidemics. Moreover, the number of medical and public health institutions in the Union rose still higher, and a series of new and far-reaching health laws was promulgated.

I. VITAL STATISTICS.

1. AREA AND POPULATION.

The Central Statistical Department of the U.S.S.R. has continued to compile and publish material from the general census of the Union taken on December 17th, 1926. As the rigour of the season made it impossible to take a census of the outlying districts inhabited by nomads and of the Far Northern territories, the final figures of the 1926 census must once again be given in this report. The total population of the U.S.S.R. (in a total area of 22,342,872 square kilometers) according to the census was 146,989,460.

Further details resulting from this census are as follows :

Number of centres of population :

Urban	..	..	..	..	..	..	..	1,929
Rural	..	..	..	..	..	..	..	608,906
Number of inhabitants of urban localities								26,309,898
Number of inhabitants of rural localities	..	..	..	..	..	..	..	120,679,562
Average number of inhabitants per urban locality								240
Average number of inhabitants per rural locality								198
Number of inhabitants per square kilometer								6.9
Estimated population of U.S.S.R. at the end of 1927	..	..	..	..	..	..	..	150,536,400

Classification by sex showed that women predominated; at the 1926 census, the male population of the Union was 71,026,800 and the female 75,962,400. The comparative figures for the urban and rural population were as follows :

		Males	Females	Total
Urban population	.. ..	12,917,400	13,392,400	26,309,800
Rural population	.. ..	58,109,400	62,570,000	120,679,400

The census figures further established interesting relationships between age-groups which are highly important from the public health and economic points of

view. The general increase in the population of the Union since the last census in 1897, *i.e.*, between 1897 and 1926, was 39 per cent. At the present time, this increase is not divided evenly according to ages. The following age-groups show numerical increases:

- (1) 0 to 4 years, *i.e.*, children born between 1923 and 1926, after the termination of the civil war and the famine;
- (2) The age-groups 12 to 24, *i.e.*, persons born up to the beginning of the war, who were not able to take part in it.

All other groups, *viz.*:

- (3) 4 to 12 years, *i.e.*, those born between 1915 and 1922, during the period of the war and revolution;
- (4) 24 to 50 years;
- (5) Over 50 years,

show a marked numerical decline.

Other interesting data relate to the cultural level of the population. At the 1897 census, only 24.5 per cent of the people were literate; at the 1926 census, 39.6 per cent. This percentage rises to 57 in the European portion of the Union. Of the male population of the European portion of the Union, 74.6 per cent were literate, but only 41.3 per cent of the female population.

2. NATURAL MOVEMENT OF THE POPULATION.

These figures can only be given for the year 1926, for the vast territorial area of the Union makes it difficult to compile them with any rapidity. The figures for 1926 have not been finally checked.

NATURAL MOVEMENT OF THE POPULATION OF THE U.S.S.R., 1926.

Rate per 1,000 Inhabitants.

	Births	Deaths	Natural increase
U.S.S.R.	44.0	20.3	23.7
Urban population	34.1	17.0	17.1
Rural population	46.1	21.0	25.1

These summary statistics include all the varied peoples of the Union, even the most backward and remote races. If the European portion of the Union is taken alone, the figures for natural movement present a different and more satisfactory aspect.

NATURAL MOVEMENT OF THE POPULATION IN THE EUROPEAN PORTION OF THE U.S.S.R., 1926.

Rate per 1,000 Inhabitants.

	Births	Deaths	Natural increase
U.S.S.R. (in Europe)	43.5	19.9	23.6
Urban population	33.9	16.6	17.3
Rural population	45.6	20.7	24.9

In individual regions of the Union, these index figures vary very notably with the health conditions and cultural level of the population. The following table gives some idea of these differences:

NATURAL MOVEMENT OF POPULATION IN THE VARIOUS REPUBLICS AND REGIONS OF THE U.S.S.R. 1926.

	Births	Deaths	Natural increase
1. R.F.S.S.R. (in Europe) ..	44.1	20.9	23.6
2. Ukraine	42.1	18.1	24.0
3. White Russia	40.7	14.7	26.0
4. In R.F.S.S.R. :			
Leningrad region	37.8	18.6	19.2
Northern Caucasus	42.9	17.8	25.1
Central Industrial area ..	41.7	19.0	22.4
Middle Volga area	44.0	21.8	22.2
Central Black Earth area..	43.9	22.3	21.6
Ural region	55.6	27.3	28.3
Siberia	51.3	25.6	25.7
The Far East	39.1	18.3	20.8

Thus, the natural movement of population in the various parts of the Union is closely linked up with their general cultural conditions. The lowest mortality figures occur in the Central Industrial area, the Ukraine and the Northern Caucasus; the agricultural regions, especially the Ural region and Siberia, show less satisfactory figures.

The figures for 1911-26 for the R.F.S.S.R. throw some light on the general trend of the movement of population :

MOVEMENT OF POPULATION IN THE R.F.S.S.R., 1911-26.

Rate per 1,000 Inhabitants.

	Births	Deaths	Natural increase
1911-23	43.8	27.3	16.5
1923	42.6	23.1	12.5
1924	43.6	23.7	12.2
1925	46.9	25.8	21.1
1926	44.1	20.9	23.6

It will therefore be seen that there has been a large decrease in the death rate and a certain increase in the birth rate, whilst the development in the natural increase is quite remarkable.

The following data show the tendency with regard to marriages and divorces :

MARRIAGES AND DIVORCES IN THE U.S.S.R., 1926.

Rate per 1,000 Inhabitants.

	Marriages	Divorces
U.S.S.R.	10.8	1.6
Urban population	12.1	2.9
Rural population	10.5	1.3

BIRTHS, DEATHS, MARRIAGES AND DIVORCES IN LENINGRAD AND MOSCOW, 1926-27.
Rate per 1,000 Inhabitants.

			Births	Deaths	Marriages	Divorces
Leningrad :	1926	.. .. .	27.8	14.4	13.6	3.6
	1927	.. .. .	24.7	16.0	15.0	9.8
Moscow :	1926	.. .. .	29.8	13.7	12.7	6.1
	1927	.. .. .	25.6	13.5	—	—

3. INFANT MORTALITY.

The infant mortality rate has been still further reduced, the downward trend being most clearly marked in the case of the towns.

INFANT MORTALITY IN THE U.S.S.R. (IN EUROPE), 1926.
Rate per 1,000 Births.

Towns with a population of over 50,000	.. .. .	153.6
Other towns .. .. .	.. .. .	162.0
Rural localities .. .. .	.. .. .	175.0
Total, U.S.S.R. .. .. .	.. .. .	172.0

Taking the separate parts of the Union, we find wider variations.

INFANT MORTALITY IN THE VARIOUS REGIONS AND REPUBLICS OF THE UNION, 1926.
Rate per 1,000 Births.

R.F.S.S.R. (in Europe) .. .. .	.. .. .	187.0
Ukraine .. .. .	.. .. .	141.0
White Russia .. .. .	.. .. .	102.0
R.F.S.S.R. (in Asia) .. .. .	.. .. .	224.0
Northern Caucasus .. .. .	.. .. .	155.0

These figures include the following :

Leningrad region .. .. .	.. .. .	165.0
Central Industrial area .. .. .	.. .. .	175.0
Central Black Earth region .. .. .	.. .. .	200.0
Middle Volga area .. .. .	.. .. .	195.0
Ural region .. .. .	.. .. .	277.0

In Leningrad and Moscow, the corresponding rates were as follows for 1926 and 1927 :

INFANT MORTALITY.
Rate per 1,000 Births.

Leningrad :	1926	.. .. .	147.0
	1927	.. .. .	167.0
Moscow :	1926	.. .. .	134.0
	1927	.. .. .	139.0

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

1. General Survey.

On the whole, the number of cases of infectious diseases in the U.S.S.R. declined during 1927 compared with 1926; this fall varied for different diseases, while in some instances somewhat higher incidence was noted. *Typhus* and *relapsing fever*, *smallpox*, *malaria* and *influenza* decreased, whilst other infectious diseases such as *scarlet fever*, *measles* and *diphtheria*, and also, to some extent, *intestinal infections* (*typhoid fever* and *dysentery*), showed an increase.

INCIDENCE OF ACUTE INFECTIOUS DISEASES IN THE U.S.S.R., 1927.

	U.S.S.R. (in Europe)	Actual Figures		Total for U.S.S.R.]
		U.S.S.R. (in Asia)	Transport and prisons	
Typhus.. .. .	37,861	2,303	654	40,818
Relapsing fever	4,703	1,910	225	6,838
Smallpox	10,566	3,187	-270	14,023
Typhoid fever.. .. .	118,250	20,069	4,408	142,727
Dysentery	205,670	51,738	8,422	265,830
Scarlet fever	311,278	29,440	18,884	359,602
Diphtheria	71,629	7,252	2,928	81,809
Measles.. .. .	386,950	47,314	42,835	477,099
Malaria.. .. .	3,005,927	482,751	195,363	3,684,041
Influenza	3,880,599	525,379	426,387	4,902,365
Anthrax	14,402	2,921	180	17,573
Epidemic encephalitis	1,437	210	83	1,730
Tetanus.. .. .	1,700	94	30	1,824
Plague	19	99	—	118

There were also 440,017 cases of *whooping-cough* and 77,585 cases of *bites from rabid animals*.

In order to enable the student to form an opinion as to the general trend of epidemic disease in the U.S.S.R. in 1927, the corresponding rates for cases of acute infectious diseases per 10,000 inhabitants of the R.F.S.S.R. may be given for the years 1913-15, 1924, 1925 and 1926.

ACUTE INFECTIOUS DISEASES IN THE R.F.S.S.R.

Rate per 10,000 Inhabitants.

	1913-15	1924	1925	1926
Urban population	384.4	211.1	212.9	178.8
Rural population	165.2	123.9	134.7	109.7

For the year 1927 a further decrease is noted.

The following is an analysis of these figures for the whole Union in 1927 :

INCIDENCE OF INFECTIOUS DISEASES IN THE U.S.S.R., 1927.
Rate per 10,000 Inhabitants.

Typhus	2.71
Relapsing fever	0.44
Smallpox	0.93
Typhoid fever	9.48
Dysentery	17.66
Scarlet fever	23.89
Diphtheria	5.43
Whooping-cough	29.23
Measles	31.69
Malaria	244.73
Influenza	325.66
Anthrax	1.17
Epidemic encephalitis	0.11
Tetanus	—
Rabies	5.15

The degree to which each disease spread throughout the Union and its epidemiological characteristics were mainly determined by the usual geographical and seasonal factors.

2. Plague.

In 1927, only 118 cases of plague were reported in the U.S.S.R. Of these, 77 occurred during the winter (December, January, February) and the others during the warm season. There were 19 cases in the European portion of the Union (8 in the Astrakhan government and 11 in the Salski district of the Northern Caucasus); 29 cases occurred in Kazakstan (in the Asiatic portion of the Union) and in the Ural, Bukei, and other governments. A single case was notified in the Far East (in the village of Ust-Ozerno, Chitinsky district). The disease did not spread beyond its habitual endemic centres.

3. Cholera.

Not a single case occurred in 1927 throughout the whole territory of the Union.

4. Typhus and Relapsing Fever.

These showed in 1927 a further decrease compared with previous years. The figures for the whole Union are :

	1925	1926	1927
Typhus	72,500	55,817	40,818
Relapsing fever	19,800	11,915	6,838

Generally speaking, typhus is propagated in the rural districts of the Union, particularly in the north and east. The endemic foci continue, however, to hold

their own, even in certain other districts, as for instance White Russia (3,398 cases of typhus). In the Ukraine, typhus cases numbered only 4,630 and relapsing fever cases 530; in the Northern Caucasus, there were 387 cases of typhus and 362 of relapsing fever.

5. *Smallpox.*

This also showed a decline. The incidence of this disease in the Union during 1927 is shown by the following comparative figures for 1925-27 :

1925 ..	16,465	1926	16,143	1927 ..	14,023
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The geographical distribution of smallpox in the Union reflects fairly accurately any shortcomings in regard to the introduction of compulsory vaccination. In view of certain sudden epidemic attacks, especially in the north-eastern parts of the Union, there is unfortunately no doubt that such negligence continues.

GEOGRAPHICAL DISTRIBUTION OF SMALLPOX IN THE U.S.S.R., 1927.

Ural region	2,813
Kazakstan	1,112
Vyatka-Vetluga region	1,948
Tartar Republic	1,644
Bashkir Republic	748
Siberia	692
Uzbekistan	590

On the other hand, many other parts of the Union reported quite negligible smallpox figures compared with previous years : Ukraine 161, White Russia 102, Transcaucasian Federation 135, Northern Caucasus 59, City of Moscow 7, City of Leningrad 11.

6. *Typhoid Fever and Dysentery.*

These diseases maintained their former proportions owing to the fact that they are conditioned by various defects in the administration of densely populated centres. The number of cases for the past three years was as follows :

	1925	1926	1927
Typhoid fever	167,100	129,047	142,727
Dysentery	301,500	265,830	265,830

In the several Republics, the figures for typhoid fever were : 35,180 cases in the Ukraine, 3,188 in White Russia, 3,344 in the Transcaucasian Federation, etc.

7. *Malaria.*

During recent years malaria has shown a marked tendency to decline throughout the Union.

	1925	1926	1927
Cases	5,427,000	4,600,650	3,684,041

The geographical distribution of malaria in the Union remains the same, severe attacks being experienced in the Caucasus, Central Asia, and the Lower and Middle Volga regions.

GEOGRAPHICAL DISTRIBUTION OF MALARIA IN THE U.S.S.R., 1927.

Northern Caucasus	646,847
Transcaucasian Federation	519,819
Middle Volga region	488,473
Lower Volga region	369,130
Kazakstan	153,861
Ukraine	371,905
Uzbekistan	121,632
Turkmenistan	41,262

8. *Infectious Diseases of Childhood.*

These maintained their former level, with persistent and lingering epidemic outbreaks occurring in certain localities. The following table gives a general idea of the progress of these epidemics in the Union during the past three years :

ACUTE INFECTIOUS DISEASES OF CHILDHOOD IN THE U.S.S.R., 1925-27.

	1925	1926	1927
Scarlet fever	270,900	348,052	359,602
Diphtheria	75,700	76,221	81,809
Measles	653,500	418,822	477,099
Whooping-cough	350,700	438,772	440,017

9. *Influenza and Epidemic Encephalitis.*

Influenza increased during 1927 : 4,902,365 cases, compared with 4,617,752 cases in 1926. There were 1,824 cases of epidemic encephalitis compared with 2,357 in 1926.

10. *Anthrax.*

This continues to hold its own in the agricultural parts of the Union. Of the 17,573 cases notified during 1927, the heaviest incidence occurred in the following regions :

Northern Caucasus	3,470
Central Black Earth region	1,429
Samara government	721
Stalingrad government	549
Saratov government	302
Kalmuck region	295
Bashkir Republic	296
Siberia	376
Kazakstan	1,080
Ukraine	4,156
Transcaucasian Federation	875

11. Rabies.

The number of persons bitten by rabid animals (chiefly in the rural districts and forest belts of the Union) is still considerable. In 1927, 77,585 persons (as against 77,688 in 1926) were treated at Pasteur stations, to which persons bitten by suspected animals are also sent.

12. Measures against Infectious Diseases.

Attention must be drawn to the further increase of bacteriological laboratories and other establishments of this type. During 1927, the number of bacteriological institutes in the Union rose to 45. Besides working on the preparation of vaccines and sera and on diagnostic analyses, these institutes have been enlarged to enable them to undertake the functions of "epidemiological sections". It is the duty of these sections to study local epidemics from the scientific and practical points of view, to visit epidemic foci with that object, and to advise on questions concerning the campaign against epidemics. Other bacteriological laboratories in the Union number 347. Every year (in January and May) two conferences of all directors of bacteriological institutes are convened in Moscow, at which they discuss general questions relating to their work, draw up a general plan for the manufacture of bacteriological preparations and their distribution throughout the country, and study problems of bacteriological technique. At these conferences, such questions are considered as the organisation of vaccination against scarlet fever and diphtheria, BCG vaccination, pasteurisation, etc.

Plague.—From May 31st to June 3rd, 1927, the First Pan-Union Anti-Plague Conference was held at Saratov, 94 delegates from all the scientific institutions and health organisations of the Union taking part. The Conference heard reports on the important research work of the Saratov State Institute, which is the centre of all anti-plague efforts in the U.S.S.R. The proceedings of the Conference were published. The number of plague stations distributed throughout the U.S.S.R. in localities where there was a danger of plague was 14, and, in addition, there were 14 travelling squads and nine depots.

Rabies.—Owing to the large number of cases of bites by rabid animals, additional Pasteur stations have been established. Eight stations of this kind were recently opened, as well as a number of "anti-rabic centres" in outlying villages, to which the material for inoculation is sent in prepared form. The People's Commissariat for Public Health issued special "Regulations for the Opening of Anti-rabic Centres" on July 9th, 1927. Furthermore, it published a general "Statute concerning Pasteur Stations" on October 24th, 1927.

Smallpox.—The rapid decline of smallpox in the U.S.S.R., consequent on the energetic enforcement everywhere of the compulsory vaccination law, enabled the country to confront in 1927 the more fundamental problem of eradicating the disease. With this end in view, the People's Commissariat for Public Health of the R.F.S.S.R. opened the campaign with a special Note, dated July 18th, 1927, concerning measures for the eradication of smallpox, which set forth a detailed scheme for combating smallpox in those places where the disease still persisted. In the R.F.S.S.R. the campaign was facilitated by, *inter alia*, the Government Decree of February 19th, 1927, concerning sanitary organs, which fixed the obligatory strength of the staff working under the

public health authorities, and under the direction and supervision of doctors, required for smallpox vaccination in urban and rural centres at one vaccinator to every 20,000 to 25,000 inhabitants. Similar measures against smallpox were reinforced in the other Republics of the Union. At the end of 1927, the Statute for the Central Smallpox Institute at Moscow was sanctioned; this is now the largest institute of the kind in the U.S.S.R. (annual output: up to 10,000,000 doses; Director, Dr. M. Morozov).

Malaria.—The number of malaria stations in the Union has somewhat increased, and now stands at 187 (in 1926 it was 179). A Regional Malaria Congress took place at Stalingrad on the Volga in 1927, and an account of its proceedings is now in the press. Special mention must be made of the following tasks undertaken in connection with the anti-malaria campaign: the organisation of a new Institute for Tropical Diseases (especially malaria) in Daghestan in the town of Makhach-Kala (formerly Petrovsk) on the shore of the Caspian Sea; and the extension of the anti-malaria campaign to peat-workers, amongst whom malaria is very common. For this latter work, a fixed sum is deducted from the value of the finished product (per pood of peat) in every peat concern, and these funds are used to support the special medical organisation under the direction of the People's Commissariat for Public Health. In January 1928, a special conference was held in Moscow of doctors fighting malaria amongst peat-workers. Lastly, the People's Commissariat for Public Health confirmed its previous order that all quinine supplies in its chemists' shops and stores might only be distributed as directed by the public health authorities (People's Commissariat for Public Health Circular of April 30th, 1928).

Influenza.—As a consequence of the outbreak of influenza which occurred in Western Europe and some parts of the Union in 1927, instruction was given as to the various forms of this disease, and additional beds provided in some hospitals. Fortunately, the epidemic did not assume very serious dimensions.

Scarlet Fever.—In view of the increase of this disease, special regulations were made for the in-patient treatment of scarlet fever (March 23rd, 1927). These regulations lay down that scarlet fever patients may, by order of the public health authorities, be compulsorily removed to hospital. These rules can, of course, only be enforced in towns and industrial villages where there are adequate hospital facilities.

B. CHRONIC DISEASES.

1. Tuberculosis.

The tuberculosis statistics for 1927, together with the comparative figures for the preceding year, are as follows:

TUBERCULOSIS IN THE U.S.S.R., 1926-27.

	1926	1927
Pulmonary tuberculosis	998,672	1,326,104
Tuberculosis of other organs	333,712	458,410
Total	<u>1,332,384</u>	<u>1,784,514</u>

The distribution of tuberculosis in 1927 between the European and Asiatic parts of the Union was as follows :

	U.S.S.R. (Europe)	U.S.S.R. (Asia)	Transport and prisons
Pulmonary tuberculosis	1,104,728	150,703	70,673
Tuberculosis of other organs	369,079	74,502	14,879
Total	1,473,807	225,205	85,552

The rates in 1927 were : 88.10 per 10,000 inhabitants for pulmonary tuberculosis and 30.46 for tuberculosis of other organs. The corresponding figures for 1926 were 86.34 and 29.57. Since 1925 the Government has ordered the medical notification of deaths occurring in towns ; statistics are consequently now available for deaths from tuberculosis in a large number of towns. These figures were as follows for 1926 :

MORTALITY FROM TUBERCULOSIS IN CERTAIN TOWNS OF THE R.F.S.S.R., 1926.

Rate per 10,000 inhabitants.

Archangel	35.7	Stalingrad.. ..	20.8
Sverdlovsk	28.9	Yaroslavl	20.2
Vladivostok	29.8	Tver	16.4
Kazan.. ..	26.4	Smolensk	18.2
Novo-Sibirsk	26.9	Leningrad.. ..	21.6
Ufa	31.6	Grozny	17.8
Samara	32.0	Tula	15.9
Saratov	25.0	Moscow	14.9
Nijni-Novgorod	24.0	Rostov	13.2
Novorossiisk	20.8		

The variation in the standard of living in these towns is responsible for the differences in the death rates from tuberculosis.

The number of tuberculosis dispensaries has continued to increase, especially in the towns. In the Union there were altogether 487 dispensaries in 1927, of which 308 were in the R.F.S.S.R. and 155 in the Ukraine. There were in the U.S.S.R. 165 sanatoria, with 10,759 beds. There were also a further 7,637 beds in connection with the dispensaries (in the R.F.S.S.R.). The number of beds set aside for tuberculosis patients in the hospitals is most inadequate—2,757 in the R.F.S.S.R. These figures are not complete. Among the legislative ordinances of 1927 concerning the anti-tuberculosis campaign, mention must be made of the following. The People's Commissariat for Public Health in the R.F.S.S.R. ordered on August 2nd, 1927, the compulsory notification of all cases of open tuberculosis. Information on this matter, as also of deaths from tuberculosis, was to be sent to the anti-tuberculosis dispensaries. The Government Ordinance of October 31st, 1927, provided that tuberculosis patients might live in public squares, to be fitted up under the direction of a special committee on which doctors would be represented. An Ordinance issued by the People's Commissariat for Public Health and the People's Commissariat for Labour on March 17th, 1927, prohibited the employment in the provision trade or in foodstuffs factories of persons suffering from open tuberculosis.

Lastly, a Statute was published concerning tuberculosis dispensaries (October 22nd, 1927) and tuberculosis hospitals (same date), and another concerning the State Tuberculosis Institute at Moscow (November 24th, 1927). A special commission

has been set up in Moscow, in connection with the People's Commissariat for Public Health of the R.F.S.S.R., to investigate and introduce prophylactic vaccination against tuberculosis by the Calmette method (BCG). Such vaccinations are now being performed at Moscow, Leningrad, Kharkov, Kiev, Minsk, and a number of other towns.

2. Venereal Diseases.

The figures showing the distribution of venereal diseases in the U.S.S.R. in 1926 and 1927 are as follows :

VENEREAL DISEASES IN THE U.S.S.R., 1926-27.

	1926		1927	
	Cases	Proportion per 10,000 inhabitants	Cases	Proportion per 10,000 inhabitants
Syphilis, 1st and 2nd stages	453,172	30.8	451,363	29.98
Soft chancre	19,833	1.79	22,107	1.5
Gonorrhœa	394,356	34.15	475,837	31.6

So far as concerns geographical distribution, these figures throw into relief, as heretofore, the wide diffusion of syphilis among certain races and among the agricultural population.

GEOGRAPHICAL DISTRIBUTION OF SYPHILIS IN THE U.S.S.R., 1927.

Kazakstan	68,324
Buriat Republic	17,834
Central Black Earth region	62,452
Middle Volga region (including Samara)	32,427
Ural region	32,578

In order to obtain definite data concerning the dissemination of syphilis in the U.S.S.R., a large number of test investigations and inspections of the rural population were undertaken in several governments. In 1926 and 1927, 500,000 persons were examined. The results showed that the current opinion as to the very high incidence of syphilis amongst the rural population was exaggerated, and that the average rate amongst peasants was 4.2 per cent. The study of this problem is being carried on by special detachments of venereal specialists. The figures for the towns show the falling-off in the number of cases of syphilis which had already been observed. For a group of 13 government dispensaries compiling their own statistics for 1924-26, it appeared that the total number of syphilis cases was :

In 1924	11,257
In 1925	11,778
In 1926	9,109

Of these, new cases numbered :

In 1924	2,962
In 1925	2,282
In 1926	1,626

This fall expressed itself in the same unmistakable fashion in Moscow : in 1926, the figures were 30.4 per cent lower than in 1925.

The total number of venereal dispensaries in the Union in 1927 was 276 (in the R.F.S.S.R. 159) ; in addition, there were 269 venereal detachments and centres in rural districts.

In 1927, the Government of the U.S.S.R. issued a very important decree concerning measures against venereal disease, which provides for compulsory treatment. Powers to this effect are conferred on the public health authorities. The text of this Ordinance, published by the Soviet of People's Commissars on January 24th, 1927, is quoted below in full.

ORDINANCE OF THE PAN-RUSSIAN CENTRAL EXECUTIVE COMMITTEE AND OF THE SOVIET OF PEOPLE'S COMMISSARS OF THE R.F.S.S.R. (JANUARY 24TH, 1927) CONCERNING MEASURES AGAINST VENEREAL DISEASE.

For the purpose of preventing the spread of venereal disease, the Pan-Russian Central Executive Committee and the Soviet of People's Commissars of the R.F.S.S.R. hereby decree as follows :

1. Public health authorities may subject to compulsory examination on one or, if necessary, more occasions persons who are on good grounds believed to be suffering from any form of venereal disease in an infectious stage, should such persons refuse to submit themselves voluntarily for examination.

2. Public health authorities may give compulsory treatment to persons who are duly proved, in the manner set forth in Article 3 of the present Ordinance, to be suffering from venereal disease in an infectious stage, should such persons refuse to undergo treatment voluntarily.

Compulsory treatment shall be continued until the disease ceases to be infectious.

3. The right to subject persons to compulsory examination and compulsory treatment shall attach to public health authorities solely in respect of the subjection to such examination and treatment of persons :

- (a) Who were ascertained to be diseased by the medical authorities ;
- (b) Whose living conditions are such that they may infect their neighbours, where this fact is established by the sanitary inspectors of dwelling-houses ;
- (c) Whose working conditions are such that they may, in the judgment of the sanitary inspectors, infect domestic employees or fellow-workers ;
- (d) Who attend schools of the 1st or 2nd Grade, or schools of industrial apprenticeship, where this course is judged necessary by the school medical inspectors ;
- (e) Who are hired to work as wet-nurses or domestic workers, where this course is judged necessary by public health inspectors ;
- (f) Who, being pregnant, are suffering from syphilis (any stage), and are ascertained to be so by the medical authorities.

4. Where sick persons are subjected to compulsory treatment under Articles 2 and 3 of the present Ordinance, the public health authorities shall be given every facility for carrying out such treatment.

5. Persons who, notwithstanding the demands of the public health authorities, evade the examination or treatment referred to in the present Ordinance, or who deliberately break off treatment once started, shall be answerable under Articles 150 and 192 of the Penal Code.

The procedure for the enforcement of the present Ordinance shall be determined by means of instructions issued jointly by the People's Commissariat for Public Health, the People's Commissariat for Home Affairs and the People's Commissariat for Justice.

3. Trachoma.

During 1927, 1,089,208 cases of this disease were reported in the U.S.S.R. ; as heretofore, these occurred almost exclusively in the northern and eastern parts

of the Union, particularly in the smaller national units and amongst the peasant population. On November 28th, 1927, a special law concerning the campaign against trachoma and resultant blindness was passed by the Government. According to this law, the public health authorities are entitled to subject to compulsory examination and treatment certain classes of persons : (a) school-children and children in homes ; (b) persons living in communal houses ; (c) servants ; (d) other groups of persons where required by the public health inspectorate. From September 12th to 18th, a so-called " Help the Blind " Week was organised to draw public attention to trachoma and to obtain assistance from the public.

4. *Leprosy.*

In the Azerbaijan Republic (Transcaucasian Federation), funds have been allotted for the establishment of the first leper colony in Transcaucasia ; this will serve Georgia, Armenia and Azerbaijan.

5. *Alcoholism and the Drug Habit.*

So remarkable has been the growth of alcoholism during the past few years that great efforts have been made to counteract it. Early in 1927, the Soviet of People's Commissars of the R.F.S.S.R. published a decree prescribing a number of measures against alcoholism, and, accordingly, on February 21st, the People's Commissariat for Public Health issued instructions to the local public health authorities to study this problem and, in particular, the extent of alcoholism, activities of health propaganda services, prophylactic work and the treatment of dipsomaniacs. Simultaneously, the People's Commissariat for Public Health of the R.F.S.S.R. issued, jointly with the People's Commissariat for Justice, instructions and regulations concerning the compulsory treatment of dipsomaniacs who constitute a social danger (April 9th, 1927). This treatment is only to be carried out on the strength of a notification and resolution by the public health authorities. Under these regulations, the following are liable to compulsory treatment :

(a) Persons displaying symptoms of mental derangement due to alcoholism.

(b) Persons who, through the abuse of alcohol, systematically disturb peace and order and infringe the rules of communal houses, interfere with work and are a danger to their families and neighbours.

(c) Persons in a condition of complete intoxication or chronic drunkenness who squander or destroy property.

Special dispensaries are being opened in order to counteract the drug habit. So far, there are only eight special dispensaries of this kind, three of which are in Moscow. In other parts this work is carried on by the psychiatric dispensaries, of which there are seventeen in the Union.

A State Prophylactic Institute for Neuropsychiatry was organised in Moscow under the directorship of Dr. L. M. Rosenstein, and was opened in 1927 as a research centre for the Republic. The Institute published its first report in 1928.

III. PUBLIC HEALTH ACTIVITIES.

I. MATERNITY AND INFANT WELFARE.

The work of the public health authorities in this field continued in 1927 along the lines hitherto followed. Maternity and infant welfare institutions increased rapidly in numbers. In 1927, the total number in the Union was as follows :

Maternity and Infant Welfare Institutions in the U.S.S.R., 1927.

Permanent crèches	1,085
Children's clinics	1,464
Women's clinics	300
Homes for mothers and children.. .. .	540
Summer crèches (rural)	5,574

Among these institutions, development has been particularly marked in the case of summer crèches in the country, which are now established in a large number of rural centres during the season when mothers are working in the fields. With a view to providing crèches for women workers in industrial enterprises, the Soviet of People's Commissars of the R.F.S.S.R introduced on July 29th, 1927, an Ordinance providing for the allocation of 5 to 10 per cent of the cost of building crèches from the Fund for the Improvement of the Living Conditions of Workers and Employees. It is generally known that all industrial, commercial, etc., undertakings in the U.S.S.R. must make an annual contribution from their earnings to this Fund and that this money is employed for the building of dwelling-houses, for the satisfaction of the cultural needs of the workers and for the establishment of clubs, sports grounds, etc. Henceforth a definite proportion of this Fund is to be used for maternity and infant welfare work. For this purpose, the Soviet of People's Commissars, on January 20th, 1927, arranged for the public health authorities to acquire special funds by means of special taxes, voluntary collections, etc., to be used for the promotion of maternity and infant welfare schemes. All proceeds from the sale of playing-cards (a monopoly of the People's Commissariat for Public Health) will go to these institutions. In order to train the staff for crèches, special courses are given locally, some of them being for peasant women. The State Institutes for Maternity and Infant Welfare at Moscow, Leningrad, Kiev and Kharkov constitute research centres for this kind of work.

Some years ago, a system for preventing abortion was adopted, whereby all such operations could only be carried out in hospitals under the public health authorities, and this system is still in force. Special committees, consisting of doctors and representatives of women's organisations, investigate all applications for abortion and reach decisions on medical and social grounds. This measure, unusual in other countries, is gradually reducing the number of secret abortions, which inevitably involve a higher number of complications and deaths, as witness the smaller number of women entering hospitals with incipient hæmorrhage due to illegal operations.

A new measure is now being introduced in many women's clinics : one day a week is set aside for medical advice on birth control. The widespread dissemination of contraceptive methods in all parts of the world ought at the present day to be subjected to extensive medical supervision, in order to prevent the use of loudly advertised quack remedies which can benefit none but the firms and traders concerned.

2. WELFARE WORK FOR CHILDREN AND YOUNG PEOPLE.

The basic units for this work are still the *Travelling Clinics for Prophylactic Work amongst Children*, which aim at the systematic examination of all school-children and afford medical assistance of a preventive character (optical, dental, psychiatric, etc.). In 1927, there were about 170 such institutions in the Union, 124 being in the R.F.S.S.R. The various other needs of children are provided for by different auxiliary institutions, of which there are 63 (night sanatoria, play-centres, etc.). Special mention must be made of the *summer educational sanatoria* (48) and the psychiatric educational sanatoria for backward children (35); the total number of beds in institutions for children in the R.F.S.S.R. is 5,630. During the summer season, colonies and camps (of a simpler type) are now being opened for children. Young people starting work in factories and industrial concerns are still medically examined regularly every year. In 1926, 110,274 young persons were subjected to this type of medical examination (in 1925, 84,587; in 1924, 53,450). In 1927, there was opened in Moscow, under the direction of the People's Commissariat for Public Health, a new State *Institute for Welfare Work amongst Children and Young People*, in commemoration of the tenth anniversary of the October Revolution.

Since 1926-27, the public health authorities have given more systematic attention to the question of medical supervision in connection with physical culture and sport. The People's Commissariat for Public Health of the R.F.S.S.R. published on April 1st, 1927, special rules relating to the exercise and reinforcement of this supervision. Research work is being conducted along these lines by the two Institutes of Physical Culture at Moscow and Leningrad; two special periodicals are also issued.

The lack of children's specialists is responsible for shortcomings in child welfare work, particularly in the rural districts.

3. HEALTH SUPERVISION.

In 1927, the Government of the R.F.S.S.R. passed two important laws concerning the sanitary organs of the Republic. The first, dated February 19th, laid down rules to be followed by the various specialists in the public health service, both for urban and rural localities, and also rules for certain public health institutions; the second law, dated October 8th, defined the field of action of the sanitary organs, their rights and duties, and notably widened the scope of their work. In certain other Republics of the Union, this law was confirmed by local laws (Uzbekistan). In consideration of their importance, these laws must here be quoted in full:

I. ORDINANCE FOR THE SANITARY ORGANS SERVING THE POPULATION OF THE R.F.S.S.R. (LAW OF FEBRUARY 19TH, 1927.)

A. General Measures of Health Supervision.

The health personnel for the different regions is fixed as follows:

(a) In industrial districts: one medical officer of health and one medical assistant per 40,000 inhabitants, and in regions consisting of rural sectors these two officers for each sector.

(b) In mixed industrial and agricultural areas and in localities having highly developed systems of rural economy, home industries, or industries based on migratory labour: one medical officer of health and one medical assistant per 80,000 inhabitants; in districts, and in regions consisting of rural sectors, these two officers for every one or two sectors, according to local conditions.

(c) In agricultural areas : one medical officer of health and one medical assistant per 120,000 inhabitants in districts, and in regions consisting of rural sectors these two officers for every two or three sectors, according to local conditions.

(d) In sparsely populated localities : one medical officer of health and one medical assistant per district or "okrug" (smaller unit).

(e) In towns, workmen's villages, summer and health resorts : one medical officer of health per 25,000 inhabitants ; towns having smaller populations shall be served by the proper district or rural sector medical officers of health.

Note.—The status of localities as industrial, agricultural, etc., shall be determined by the Soviets of People's Commissars of the autonomous Republics and by the Executive Committees of provinces, regions and governments.

B. Special Measures of Health Supervision to be taken in all Towns having a Population of over 50,000, in addition to General Measures of Health Supervision.

Personnel :

(a) For the sanitary inspection of inhabited premises : one housing inspector per 25,000 inhabitants.

(b) For the inspection of foodstuffs : one medical inspector of foodstuffs per 50,000 inhabitants.

C. Public Health Institutions.

The following shall be regarded in the various localities as basic units for public health work and prophylaxis of epidemics :

(a) In the capital of each of the autonomous Republics, and in the chief town of each province, region and government : one bacteriological laboratory or one bacteriological institute ; in the chief town of each "okrug" or district : one bacteriological laboratory for the "okrug" or district.

(b) In all towns having over 50,000 inhabitants : one disinfection station for disinfecting rooms and dwelling-houses, together with the necessary transport and staff for disinfecting dwelling-houses on the scale of one disinfector per 25,000 inhabitants ; in towns with less than 50,000 inhabitants : one disinfection centre, with staff and transport according to local conditions.

(c) In towns, workers' villages, summer and health resorts : vaccinators on the scale of one per 25,000 inhabitants ; in rural localities : one per 20,000 inhabitants, according to local conditions.

Note.—In localities particularly infected by smallpox, more stringent rules for the protection of the public should be made by the vaccinators.

D. Health Supervision on Means of Communication

Personnel :

(a) One medical officer and one medical assistant per 300 kilometers of railway line ; one medical officer and one medical assistant per 300 kilometers of waterway. In seaports : one medical officer and one medical assistant shall be appointed to each port ; in first-class ports : one additional medical officer and one additional medical assistant shall be appointed.

(b) For the inspection of inhabited premises : one or two housing inspectors to each railway and each waterway zone, according to local conditions.

(c) For the inspection of foodstuffs : one or two medical inspectors of foodstuffs to each railway and each waterway zone, according to local conditions.

(d) One bacteriological laboratory to each railway and waterway zone, and one bacteriological laboratory to every three rural health sectors and to every three waterway health sectors.

(e) One disinfection station to each railway and each waterway zone ; one disinfection centre to each rural health sector and to each waterway health sector, and one disinfector to each medical sector.

(f) One vaccinator per 25,000 inhabitants on the lines of communication.

II. ORDINANCE CONCERNING THE SANITARY ORGANS OF THE REPUBLIC.

(Law of October 8th, 1927, with Amendment of 1928.)

1. With a view to the universal adoption of measures for the protection of the life and health of the workers, and for the prevention and elimination of defects in the public health system of inhabited localities, and likewise with a view to the inauguration of a campaign against infectious, social and occupational diseases, it is decreed that there shall be compulsory, permanent, preventive and continuous public health supervision.

2. The public health supervision referred to in Article 1 of the present Ordinance shall be carried out by the sanitary organs of the Republic under the direction of the People's Commissariat for Public Health of the R.F.S.S.R., the People's Commissariats for Public Health of the autonomous Republics, and the public health departments of the provinces, regions, governments and districts ("okrug"). . . .

3. The following matters shall be under the jurisdiction of the sanitary organs of the Republic :

- (a) Sanitary measures in respect of air, water and soil ;
- (b) Sanitation in inhabited localities ;
- (c) Sanitation of dwelling-houses, places of public resort and places for specific uses ;
- (d) Sanitary condition of foodstuffs and beverages, and questions of public diet ;
- (e) Prevention of infectious diseases and epidemics ;
- (f) Campaign against social diseases ;
- (g) Campaign against occupational diseases and mortality therefrom ;
- (h) Health work among children and young people ;
- (i) Co-operation in health work connected with the promotion of physical culture ;
- (j) Measures for the teaching of hygiene ;
- (k) Compilation of health statistics ;
- (l) Industrial hygiene ;
- (m) Promotion of prophylactic work in medical institutions and the organisation of important public health undertakings.

5. The following shall be considered as on the staff of the sanitary organs of the Republic :

- (a) District and rural sector medical officers of health : for rural localities ;
- (b) Municipal and police-district medical officers : for towns, workers' villages and health resorts ;
- (c) Medical officers on the railways and waterways ;
- (d) Medical officers engaged in special branches of health work : housing inspectors, communal doctors, medical inspectors of foodstuffs, epidemiologists, doctors working on occupational diseases, and other specialists for the various branches of health work, not only in the towns, workers' villages and health resorts, but also in rural localities and on the railways and waterways ;
- (e) Medical officers engaged in health work or a special branch thereof in the People's Commissariats for Public Health of the autonomous Republics, in the public health departments of the local Executive Committees, or in the public health departments of the railways and waterways.

6. The medical officers appointed to act as Government supervisors of public health shall, in the discharge of their duties, be entitled to enter the buildings, yards and farms of all State, public and private premises, establishments, works and edifices, for the purpose of examination and enquiry, at the following times :

- (i) Inhabited dwellings : between 8 a.m. and 8 p.m. ;
- (ii) Places of public resort, and places for specific purposes (night shelters, places of detention, etc.), State, public and private works and establishments, and other premises and edifices : at any time of day or night.

8. Persons responsible for the management of works, establishments, farms and the like shall be bound to furnish medical officers with all information and reports required by them in the execution of their medical inspections.

9. Medical officers shall be entitled to seize foodstuffs and other goods for chemical analysis in such quantities as may be required for this purpose, and a record of such seizure shall be duly drawn up.

10. For the purpose of supervising the execution of sanitary regulations and the observance of public health rules and those technical provisions connected therewith, medical officers of health may announce what action should be taken in order to obviate defects of sanitation, and may draw attention to any infringement of the time-limit fixed by the sanitary organs. Should the necessary action not be taken, or should any infringement of public health legislation be established, the medical officer may bring the persons concerned before the competent administrative or judicial authorities, acting as prosecutor in such legal proceedings under the regulations set forth in Article 50 of the Code of Criminal Procedure of the R.F.S.S.R.

11. Medical officers of health shall be empowered to conduct enquiries, in the manner set forth in Chapter VIII of the Code of Criminal Procedure of the R.F.S.S.R., into infringements of public health legislation.

12. Medical officers of health may prohibit the exploitation, utilisation or sale of objects, products and beverages which are unwholesome or dangerous to health, and, where it appears that public health is particularly endangered by their preservation, may order their destruction, in which case the matter must be specially recorded.

13. Medical officers of health may, as a preliminary measure, if they consider the utilisation of any edifice, premises or works involves manifest injury or danger to the health of the neighbouring population, close down or debar from use such edifice, works or premises pending the final decision of the competent judicial or administrative authorities.

14. Medical officers of health shall be responsible for the statutory periodical examination of workers and employees in establishments and buildings subject to sanitary inspection, under the circumstances and in the manner prescribed by the People's Commissariat for Public Health of the R.F.S.S.R., with the approval of the People's Commissariat for Labour of the R.F.S.S.R. and of the Pan-Union Central Soviet of Trade Unions.

15. Medical officers of health shall be empowered to isolate persons suffering from, or suspected of suffering from, infectious diseases in cases where their presence amongst healthy persons involves manifest danger to their neighbours and a risk of spreading the infection among the public.

18. The following shall be subject to regular prophylactic supervision by the sanitary organs specified in Article 5 of the present Ordinance:

(a) All sources of water supply and waterworks, together with their purifying apparatus (conduits, filters, wells, reservoirs, draining structures, etc.).

(b) Edifices, apparatus and measures for the collection, removal and treatment of dirt and refuse (irrigation, biological filters, incinerators, sanitary transport, crematoria, cemeteries, etc.).

(d) Inhabited dwellings, communal houses, lodging-houses and night shelters, places of public resort and for mass meetings (hotels, inns, theatres, cinemas, etc.), and places for the sanitary requirements of the public (baths, washhouses, barbers' shops, etc.).

(e) Places for the preparation, preservation, utilisation and sale of foodstuffs and beverages, markets, bazaars, storehouses, cold-storage depots, butchers' shops, restaurants, popular dining-rooms, shops, stalls, and other establishments and institutions connected with the feeding of the public and the manufacture of and trade in foodstuffs.

(f) Places for special purposes (prisons, barracks, etc.), by agreement with the authorities responsible for the said establishments, buildings or premises.

(g) Medical institutions, establishments at health resorts, sanatoria, rest-homes, health resorts, etc.

(h) Educational establishments (children's homes, schools, vocational schools, higher educational establishments, libraries, clubs, etc.).

(i) Factories, works and other productive undertakings, both from the point of view of the public welfare and the avoidance of undesirable effects on the surrounding

population, particularly as the result of the defilement of air, water, and soil by the factories, and also from the point of view of investigating occupational disease and the effects of labour and environment on the health of the workers, in order to ascertain the most satisfactory methods of combating occupational diseases.

19. In addition to the immovable properties mentioned in Article 18, the following shall be subject to regular prophylactic sanitary inspection by the sanitary organs of the transport services in respect of ports and places of call in their zones : buildings reserved for passengers, workers and officials on duty at stations and harbours, railway workshops and depots, rolling-stock, seagoing and river vessels, docks, wharves, ship repair-yards, railway lines and waterway channels with their sidings and approaches, together with all appurtenances. The sanitary inspection of the aforesaid properties may be carried out during operation or during construction.

20. The sanitary inspection of the buildings, premises, edifices and works specified in Articles 18 and 19 of the present Ordinance shall be carried out by the sanitary organs, either before operations are begun, when they are being planned, or when constructional work is in hand and when the said premises, buildings and edifices can be opened for work or exploitation and the proper measures applied ; and in this connection the sanitary organs shall be entitled to pass judgment on all plans and schemes for buildings and edifices and on all measures relating to the functions of the sanitary organs and the regular prophylactic work of sanitary inspection.

21. Local Executive Committees, and—in the case of the transport services—the railway and waterway administrations, shall be bound to allot to sanitary organs the premises required by them for their regular work of health supervision, both in places forming their permanent headquarters and in places of temporary sojourn in the course of tours of inspection round their districts.

22. In the execution of the regular work of health supervision, the sanitary organs shall be entitled to participate in health work undertaken by State organs in connection with the sanitation of dwelling-houses and public health.

24. General schemes for public health work and anti-epidemic campaigns, and for dealing with social and occupational diseases, shall be drawn up by the provincial, regional and governmental health departments, and, in the case of the transport services, by the health departments for the respective railways and waterway zones. The departments specified shall define the problems to be dealt with and issue the necessary instructions, and shall further co-ordinate and unify the work of the sanitary organs, not only by arranging for periodical consultations between public health doctors, but also by means of public health committees.

4. SANITATION IN INHABITED LOCALITIES.

(Sanitary measures in connection with water, air, soil and dwelling-houses.)

In 1927, the following measures were introduced in this field :

(a) The adoption and initiation of a system for inspecting all new workers' villages constructed during the past few years in a number of industrial centres with the idea of improving the housing conditions of the workers. This system has been and is still being carried out by means of special Government credits (Central Communal Bank), and by grants from the undertakings concerned. The local sanitary organs provided for the inspection of all settlements, and the People's Commissariat for Public Health of the R.F.S.S.R. submitted to the Soviet of People's Commissars in 1928 a number of concrete proposals for the general furtherance of housing schemes, having already made certain suggestions on August 2nd, 1927.

(i) Publication of the Statute of the People's Commissariat for Public Health concerning sanitary supervision of newly constructed and enlarged dwelling-houses (September 21st, 1927).

(ii) Publication of the Ordinance of the Government of the R.F.S.S.R. concerning town-planning and housing in rural settlements (August 31st, 1927). In virtue of this Ordinance, several important powers were conferred on the sanitary organs.

(iii) The Government published a similar Ordinance with regard to town-planning which established the powers and time-limits attaching to such schemes (October 4th, 1927).

(iv) Statute concerning compulsory sanitary inspection and laboratory tests in connection with water-conduits (May 13th, 1927).

(v) Statute concerning the work of the sanitary organs and of the organs of the People's Commissariat for Agriculture in regard to housing and water supplies in rural settlements (May 2nd, 1927).

(vi) Regulations concerning the collection, removal and treatment of dirt and refuse in towns and settlements of the municipal type (issued jointly by the People's Commissariat for Public Health and the People's Commissariat for Public Works [November 21st, 1927]).

(vii) Regulations relating to the collection and conservation of rags (April 6th, 1927).

5. INSPECTION OF FOODSTUFFS AND BEVERAGES.

The work of establishing standards for various foodstuffs was continued in concert with the trading and economic authorities. Standards of this type were notified in 1927 for butter; margarine and certain tinned goods. The special instructions issued with regard to the inspection of foodstuffs are as follows :

(1) Regulations concerning the sanitary inspection of dairy-farms and establishments selling milk and dairy produce (March 9th, 1927).

(2) Regulations concerning the working of factories producing milk, cheese and butter (April 8th, 1927).

(3) Regulations concerning the management and working of slaughter-houses (April 8th, 1927).

(4) Regulations concerning the preparation and preservation of grape and other wines (January 18th, 1927).

(5) Regulations governing the relations between the sanitary and veterinary organs in regard to the inspection of unprepared animal products.

(6) Regulations concerning measures for combating *secale cornutum* (rye smut) (July 19th, 1927).

(7) Regulations concerning the veterinary inspection of meat products (November 23rd, 1927).

(8) Regulations concerning medical requirements in regard to salt (December 16th, 1927).

(9) Regulations concerning the trade in spirituous liquors (December 5th, 1927).

In certain parts of the Union, the public health authorities undertook enquiries into various branches of the food industry (the fisheries in the neighbourhood of Astrakhan, dairy-farming in the northern governments and Siberia, etc.).

During the past few years, the Pan-Union People's Food Society ("Narpit") has considerably increased its field of action, and the public health authorities are co-operating more closely in its work. In March 1927, a Pan-Union Conference was

held on public nutrition. According to this Conference, the total number of common dining-rooms for workpeople established at factories was over 500. Special attention must be drawn to the largest of these so-called "factory-kitchens"—those at Ivanovo-Vozniesensk, preparing 15,000 dinners a day, at Nijni-Novgorod, and at the hydro-electrical plant at Dnieprostroe. Proposals have been made for the opening during the next few years of large "factory-kitchens" of this type in a number of towns.

6. INDUSTRIAL HYGIENE.

The aforementioned Ordinance of the Government of the R.F.S.S.R. concerning the sanitary organs of the Republic imposed new and far-reaching duties on the public health authorities in connection with the campaign against occupational diseases. Side by side with the system of labour inspection under the direction of the People's Commissariat for Labour, more and more establishments are now being opened, under the direction of the public health authorities, for the study and prevention of occupational diseases. There are now twenty such institutions in the industrial areas of the R.F.S.S.R. During 1927, these establishments (institutes and dispensaries dealing with occupational diseases) undertook a number of investigations into the incidence of disease and the injurious character of work in certain basic trades in the chemical, textile, coal and food industries.

The system of first-aid centres in factories was considerably extended during 1927; such centres must, in accordance with the new instructions of the People's Commissariat for Public Health, dated March 30th, 1927, be opened during the next few years in all factories and works. In 1927, the problem of reducing industrial accidents was one to which the public health authorities were requested to attach particular importance (Instructions issued by the People's Commissariat for Public Health on June 20th), and later they were entrusted with the new task of investigating the effects of the seven-hour working day on the health of workers. It is well known that the Government of the U.S.S.R. decreed, on the occasion of the tenth anniversary of the October Revolution (1917-27), that the working-day in factories and works should be gradually reduced to seven hours in place of the eight-hour day in force in all branches of industry in the Union. Scientists and medical men will investigate the effects of this important measure as soon as it comes into force. Information of this kind is already being collected by a number of research institutes under the People's Commissariat for Public Health.

7. PUBLIC HEALTH INSTRUCTION.

In 1927, 135 health instruction centres were at work in the Union, and these formed the centres of all such educational work. In addition, 3,000 small exhibitions, museums and other establishments providing instruction on health matters were opened in connection with workpeople's clubs, barracks, village reading-rooms, railway-stations, etc. The People's Commissariats for Public Health of the different Republics issued numerous posters and popular leaflets dealing with questions of medicine and hygiene. In this connection, booklets, published in the national languages of the many small races inhabiting the eastern and southern parts of the Union, have proved particularly valuable.

IV. HEALTH LEGISLATION.

In 1927, the supreme administrative authorities of the Republic (R.F.S.S.R.) passed the new Statute concerning the People's Commissariat for Public Health (March 28th, 1927). Although there is no necessity to reproduce here in full this important legislative act, which is the outcome of ten years of labour on the part of the health authorities, the "Programme of the People's Commissariat for Public Health", which is set forth in this law (Section II, Article 4), must nevertheless be quoted.

PROGRAMME OF THE PEOPLE'S COMMISSARIAT FOR PUBLIC HEALTH.

The People's Commissariat for Public Health shall be responsible for :

- (a) Enforcement of the regulations of the Pan-Russian Congress of Soviets, the Pan-Russian Central Executive Committee, its Presidency, and the Soviet of People's Commissars of the R.F.S.S.R. relating to questions of public health, and of the regulations issued by the supreme organs of the U.S.S.R., in virtue of Section T of Article 1 of the Constitution of the U.S.S.R. ;
- (b) The organisation and control of health work in the Republic and the introduction of general health measures for the prevention of disease amongst the population, and, in particular, the solution of the housing problem in towns and villages and the control of hydro-technical measures in so far as they affect public health ;
- (c) The general control of measures to prevent and combat epidemic disease ;
- (d) The organisation and enforcement of a campaign against social and occupational diseases ;
- (e) The organisation and control of maternity and infant welfare work ;
- (f) The organisation and control of health work in connection with children and young people, and the control of schemes to provide physical culture for the younger generation ;
- (g) The organisation of health instruction and the introduction of health propaganda ;
- (h) The organisation and control of medical aid to the public by general practitioners and specialists ;
- (i) The general control of health resorts in the R.F.S.S.R. ; the care, preservation and exploitation of the natural advantages in regard to health-giving properties enjoyed by spas ;
- (j) The organisation of medical services and the assurance of medical aid and medicaments to the population and, similarly, the organisation and regulation of pharmaceutical activities ;
- (k) The organisation of a medical referee service for cases of disablement, and also for forensic cases ;
- (l) The preparation and initiation of a scheme for determining the percentage of industrial disablement of ex-service men and the types of work that can be performed by men with artificial limbs ;
- (m) The provision of hospital and public health establishments allowed for under the State budget, and the provision of medicaments, instruments and other medical requirements ;
- (n) The organisation and control, under special legislation, of health work for the Workers' and Peasants' Red Army and specialist troops included therein (State Political Department and Transport Guards of the U.S.S.R.) ;
- (o) The organisation and control of medical work on railways in operation or under construction and on waterways in the territory of the R.F.S.S.R. ;
- (p) Measures for the protection of the land and sea frontiers against the importation of epidemics ;
- (q) The organisation of medical relief to insured persons under the relevant decrees and ordinances ;
- (r) The organisation and control of medical work in places of detention ;
- (s) Co-operation in the organisation of ordinary medical and pharmaceutical training as well as of advanced training of this type, the training of specialists in

the various branches of public health work, and the organisation of refresher courses for medical staff, and co-operation in the arrangements whereby persons attending medical and pharmaceutical educational establishments may acquire practical experience;

(*t*) The investigation of practical and theoretical public health problems, and the control of establishments appointed for such purposes;

(*u*) Investigations into public health conditions in the R.F.S.S.R., and publication of the results;

(*v*) The control and co-ordination of the activities of local health authorities in relation to establishments under the People's Commissariat for Public Health;

(*w*) The control of undertakings organised by the People's Commissariat for Public Health and by its institutions and supported on the budget, and the supervision of their activities.

This Statute for the People's Commissariat for Public Health also determined the main departments and structure of the Commissariat. It comprises at present the following departments:

- (1) Administrative and financial;
- (2) Prophylactic;
- (3) Therapeutic;
- (4) Medical organisation for the transport system (railways and waterways);
- (5) Medical organisation for the Red Army;
- (6) Health resorts.

Another very important law concerning the general organisation of health work in the Union was that passed by the Government of the R.F.S.S.R. on March 3rd, 1927, concerning the organisation of medical relief to insured persons. Under this law, the independent organisations, such as the so-called "Workers' Medical Societies", whose patients were exclusively insured persons, were dissolved. These bodies are now completely amalgamated with the other organs of the People's Commissariat for Public Health, which receives all funds derived from insurance contributions.

Another law, dated March 21st, 1927, deserves mention, the law concerning the organisation of public health sections in connection with rural soviets of peasant deputies (in rural communes).

V. BUDGET.

As in the previous year, public health expenditure was covered by receipts from the following sources: State budget, local budgets, insurance funds, special funds. In 1927, expenditure was 26.8 per cent higher than in 1926.

PUBLIC HEALTH EXPENDITURE IN THE U.S.S.R., 1927¹.

	Roubles					
State budget	57,600,000
Local budgets	199,700,000
Insurance funds	247,100,000
Special funds	16,400,000
Total..	520,800,000

¹ The budget year in the U.S.S.R. is reckoned from October to October, and the above-mentioned figures therefore cover the period October 1st, 1926, to October 1st, 1927.

In 1926 (October 1st, 1925, to October 1st, 1926), the corresponding figure was 410,500,000 roubles.

It may be of interest to reproduce here certain other figures which bear witness to the improvement in the standard of living of the peoples in the Union.

Housing schemes are now being carried out in most parts of the Union according to accepted plans, and are co-ordinated under the direction of the administrative authorities. The sums allotted for housing in 1927 were as follows :

	Roubles
Erection of dwelling-houses by industrial undertakings for industrial workers	106,070,000
Erection of dwelling-houses by industrial undertakings for transport workers	33,360,000
Erection of dwelling-houses by municipal authorities.. ..	94,040,000
Erection of dwelling-houses by co-operative societies.. ..	47,530,000
Erection of dwelling-houses by private persons	112,000,000
Total	393,000,000

This represents an increase of 81 million roubles over 1926. The figures given only include building work in towns and industrial settlements.

In 1927, advances totalling 15,332,000 roubles were made to communal undertakings by the Central Communal Bank.

VI. CURATIVE MEDICINE.

1. PUBLIC MEDICAL AID.

Mention must be made of the following legislative measures adopted in 1927 in connection with the organisation of public medical aid :

(1) Law concerning the formation of a fund at the Central Communal Bank for the construction of hospitals (December 26th, 1926) ;

(2) Law concerning an improved system of medical aid in rural districts (May 3rd, 1927) ;

(3) Law concerning travelling clinics (June 6th, 1927) ;

(4) Law concerning the trade in medicaments (promulgated by the People's Commissariat for Public Health jointly with the People's Commissariat for Trade) ;

(5) Law concerning the medical treatment of migrants (September 14th, 1927) ;

(6) Law concerning the home care and guardianship of weak-minded persons (November 10th, 1927) ;

(7) Law concerning the conduct of chemists' shops (November 22nd, 1927).

In 1927, the system of therapeutical establishments in the U.S.S.R. was as follows :

THERAPEUTICAL ESTABLISHMENTS IN THE U.S.S.R., 1927.

(1) Number of hospitals	5,170
Somatic	5,072
Psychiatrical	98
(2) Total number of beds	215,833
Somatic	188,895
Psychiatrical	26,938
(3) Total number of travelling clinics	8,990
(4) Total number of rural medical stations	6,785

These organisations for hospital treatment and general therapeutical aid are not spread uniformly over the Union. The towns and industrial areas are served best, and the country districts worst ; in the outlying parts of the Republic and in the northern and eastern regions of the Union (Asiatic portion of the U.S.S.R.), the system is still most inadequate. The extent of such medical provision may be seen from the following table :

GEOGRAPHICAL DISTRIBUTION OF HOSPITALS, ETC., IN THE U.S.S.R.

	Number of population to each bed in a somatic hospital	Number of population to each bed in a psychiatrical hospital
R.F.S.S.R.	669	4,762
Ukraine	1,255	7,406
White Russia	1,036	5,872
Uzbekistan	2,425	18,886
Turkmenistan	1,583	20,580
Georgia	1,102	9,418
Azerbaijan	535	13,535

Facilities for psychiatrical treatment are particularly inadequate.

In comparison with previous years, there has been a notable growth in the number of medical establishments. Specialised forms of medical assistance are becoming more easily obtainable in the towns. Thus in the R.F.S.S.R. the number of first-aid stations in the towns has risen from 45 to 68 ; the number of "home medical relief centres" (special organisations for the treatment of patients by doctors in their own homes) from 435 to 457 ; the number of dental chairs in the travelling clinics from 1,918 to 2,160 ; the number of physio-therapeutical establishments from 75 to 94 ; the number of Röntgen-ray cabinets from 328 to 467 ; and the number of first-aid stations in factories from 809 to 1,061. Medical facilities are not increasing so rapidly in the country districts, although even here definite progress has been made.

GEOGRAPHICAL DISTRIBUTION OF HOSPITALS, ETC., IN THE RURAL DISTRICTS OF THE UNION, 1927.

	Number of population per bed
R.F.S.S.R.	1,601
Ukraine	2,220
White Russia	2,060
Georgia	4,923
Turkmenistan	2,879
Uzbekistan	11,963

All hospitals in the U.S.S.R. remain, as heretofore, under the direct management of the public health authorities. There are only a few dozen private institutions, and these are confined to the large towns.

2. MEDICAL RELIEF OF INSURED PERSONS.

The total number of insurance societies in the U.S.S.R. in 1927 was 587, with a membership of 9,951,900. Under the U.S.S.R. law on social insurance, this figure embraces all persons engaged as workers, including employees in trading concerns, officials, domestic servants and, since 1926, agricultural workers and farm servants (as "partially insured persons"). All insured persons are entitled to free medical treatment (by travelling clinics and hospitals and in health resorts), and also receive a special allowance during their illness if unable to work. The Ordinance of the U.S.S.R. Government dated March 4th, 1927, established a new system of medical supervision in cases where leave of absence is granted to workers and employees when unfit for work owing to illness. Under these regulations, leave of absence may be granted for short periods of five to ten days by the doctors of therapeutic institutions (by the issue of "hospital cards"); longer periods of leave may be sanctioned on special medical examinations held at the hospitals in the presence of a representative (the panel doctor) of the insurance society. All disputes are referred to the Medical Supervisory Commission connected with the insurance societies. A new list of panel doctors has now been drawn up in accordance with this law; there are altogether 1,800 such doctors in the Union, representing one doctor to every 5,000 to 7,000 insured persons. As in the past, hospital treatment of insured persons is in all cases given exclusively through the hospitals of the public health authorities.

3. TREATMENT IN HEALTH RESORTS IN THE UNION.

According to the present system, some of the health resorts in the Union belong to the group of "State health resorts" and are under the direct management of the People's Commissariats for Public Health, whilst others (which are rather of local importance) are directed by the local health authorities. The first group includes places which have become widely known owing to their health-giving qualities, such as the southern shores of the Crimea, watering-places in the Caucasus (Kislovodsk, Esentuki, etc.), Black Sea coast resorts (Sochi, Matsesta), certain districts for "kumiss" treatment (i.e., with fermented mare's milk) in the Volga steppes, and the resort of Borovoye in the Altai mountains in Siberia, etc. In 1927, these State health resorts contained 194 sanatoria, with 22,733 beds; 87,350 patients passed through these sanatoria, and there was a far larger number attending the travelling clinics.

The insurance organisations, which reserve a number of beds and have certain institutions of their own, play an important part in providing the public with treatment at health resorts and in sanatoria. At the same time, the insurance organisations have given particular attention to the problem of establishing special "rest homes" at which insured workpeople can spend their annual fortnight's holiday. The number of persons sent by the insurance organisations to health resorts and rest homes is growing year by year:

1925	..	..	..	..	..	..	351,045 persons.
1926	..	..	..	..	..	..	513,219 persons.
1927	..	..	..	..	..	..	540,352 persons.

4. MEDICAL ASSISTANCE TO SMALL NATIONALITIES COMPRISED IN THE UNION.

The People's Commissariat for Public Health of the R.F.S.S.R. has allotted funds from the State budget for the maintenance of 5,545 beds in the therapeutic institutions serving the peoples of the Far North (on the shores of the Arctic Ocean) and certain other nationalities (the mountain races of the Northern Caucasus, the Kalmucks on the lower Volga steppes). In 1927, 20 medical detachments were organised under orders from headquarters to investigate health conditions among the natives of the Far North.

5. MEDICAL STAFF.

The following table shows the strength of the U.S.S.R. medical staff :

	Doctors	Dentists	Chemists	Surgeons' Assistants	Midwives
R.F.S.S.R. ..	30,730	3,896	12,137	26,213	6,962
Ukraine ..	10,717	1,800	4,447	2,176	2,287
White Russia..	1,083	561	733	784	473
Uzbekistan ..	987	106	—	716	319
Turkmenistan	157	—	—	135	40
Georgia ..	1,382	315	1,318	—	383
Azerbaijan ..	756	97	196	365	220
Total for the U.S.S.R. (excluding Armenia)	45,812	6,775	18,651	30,389	10,684

The majority of the doctors are found in the towns : in the R.F.S.S.R., as many as 79.3 per cent of the doctors were living in the towns ; in the Ukraine, 67.4 per cent ; and so on. Facilities for treatment by doctors varied from one Republic to another. In the towns of the R.F.S.S.R. there was one doctor to every 568 inhabitants, and in rural districts one to every 18,630 inhabitants ; in the Ukraine, the corresponding figures were 728 and 6,766.

October 1928:

UNITED STATES OF NORTH AMERICA

BY

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AND

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INTRODUCTION.

In considering the work of the United States Public Health Service, and especially in comparing it with that of the more highly centralised Governments of Europe, two important facts should be borne in mind :

1. The fields of activity of the Federal Health Service are restricted, many important health matters coming under the jurisdiction of the several States.

2. Many Federal laws having a bearing on public health are administered by other Federal bureaux, there being twenty or more agencies in the Federal Government doing some kind of public health work.

The United States Public Health Service is the federal agency principally and most directly concerned with matters relating to public health. In addition to its strictly public health functions, however, it operates hospitals and out-patient relief stations, where seamen of the American Merchant Marine and other federal beneficiaries receive hospital care and treatment. These hospitals are independent of the hospitals belonging to the Army, the Navy, the Marine Corps, and to the Veterans' Bureau. The Veterans' Bureau is charged with the administration of all ex-soldiers' relief activities, and its hospitals are for the care of ex-service men.

The Surgeon-General administers the affairs of the Public Health Service through seven administrative divisions, each in charge of an Assistant Surgeon-General :

- Division of Scientific Research ;
- Division of Domestic (Interstate) Quarantine ;
- Division of Foreign and Insular Quarantine and Immigration ;
- Division of Sanitary Reports and Statistics ;
- Division of Marine Hospitals and Relief ;
- Division of Venereal Diseases ;
- Division of Personnel and Accounts.

The personnel of the Public Health Service on June 30th, 1927, consisted of 1,131 medical officers and officers of other scientific ratings and 3,268 general and technical employees.

I. VITAL AND PUBLIC HEALTH STATISTICS.

The decennial census reports and data for immigration and emigration, marriages and divorces cover the entire continental United States, but vital statistics are not as yet secured from the entire country. Separate areas have been established for the collection of statistics of births and deaths. These areas change from year to year and are extending rapidly. Information later than 1925 given in this report covers only parts of these registration areas.

1. GENERAL DEMOGRAPHY.

Table No. 1.*

AREA AND POPULATION ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1910 AND 1920.

Original Source : Reports of Fourteenth Census.

Date of Census	Area in Square Kilometers (land only)	Resident Population		
		Males	Females	Total
January 1st, 1920	7,702,000	53,900,431	51,810,189	105,710,620
April 15th, 1910	—	47,332,277	44,639,989	91,972,266
Increase in 1920 over 1910 :				
(a) Actual	—	6,568,154	7,170,200	13,738,354
(b) Yearly average	—	676,549	738,561	1,415,110
(c) Yearly average per 1,000 inhabitants	—	13.4	15.3	14.3

Table No. 2.*

DENSITY OF POPULATION AND EXCESS OF ONE SEX OVER THE OTHER ACCORDING TO THE RESULTS OF THE LAST TWO CENSUSES, TAKEN IN 1910 AND 1920.

Original Source : Reports of Fourteenth Census.

	Inhabitants Per Square Kilometer	Excess of Males over Females Resident Population	
		Actual Figures	Per 1,000 Females
1920..	13.7	2,090,242	1,040
1910..	11.9	2,692,288	1,060
Increase (+) or decrease (—) in 1920 as compared with 1910	+ 1.8	— 602,046	— 20

Table No. 3.*

DISTRIBUTION OF THE POPULATION BY AGE AND SEX, ACCORDING TO THE RESULTS OF THE LAST CENSUS, 1920.

Original Source: Reports of the Fourteenth Census.

Ages and Age-Groups in Years	1920 Census — Actual population										
	A. Actual Figures				B. Proportional Figures					Married Women	
	Males	Females		Total	Per 1,000 of Total Population		Per 1,000 of Total Population (all ages)			Per 1,000 women of same age	Per 1,000 inhabit- ants (all ages)
		Total	Married		Male	Female	Males	Females	Total		
0	1,141,939	1,115,316	—	2,257,255	21.2	21.5	10.8	10.6	21.4	—	—
1	1,165,937	1,134,668	—	2,300,605	21.6	21.9	11.0	10.7	21.8	—	—
2	1,180,051	1,151,059	—	2,331,110	21.9	22.2	11.2	10.9	22.1	—	—
3	1,194,556	1,175,870	—	2,370,426	22.2	22.7	11.3	11.1	22.4	—	—
4	1,174,978	1,138,856	—	2,313,834	21.8	22.0	11.1	10.8	21.9	—	—
0-4	5,857,461	5,715,769	—	11,573,230	108.7	110.3	55.4	54.1	109.5	—	—
5-9	5,753,001	5,645,074	5,554	11,398,075	106.7	109.0	54.4	53.4	107.8	0.3	0.1
10-14	5,369,306	5,271,831	—	10,641,137	99.6	101.8	50.8	49.9	100.7	—	—
15-19	4,673,792	4,756,764	596,542	9,430,556	86.7	91.8	44.2	45.0	89.2	125.4	5.6
20-24	4,527,045	4,749,976	2,483,697	9,277,021	84.0	91.7	42.8	44.9	87.8	522.9	23.5
25-29	4,538,233	4,548,258	3,336,501	9,086,491	84.2	87.8	42.9	43.0	86.0	733.6	31.6
30-34	4,130,783	3,940,410	3,155,854	8,071,193	76.6	76.1	39.1	37.3	76.4	800.9	29.9
35-39	4,074,361	3,700,920	—	7,775,281	75.6	71.4	38.5	35.0	73.6	802.6	51.3
40-44	3,285,543	3,060,014	5,426,434	6,345,557	61.0	59.1	31.1	28.9	60.0	—	—
45-49	3,117,550	2,646,070	—	5,763,620	57.8	51.1	29.5	25.0	54.5	—	—
50-54	2,535,545	2,199,328	3,587,794	4,734,873	47.0	42.4	24.0	20.8	44.8	740.5	33.9
55-59	1,880,065	1,669,059	—	3,549,124	34.9	32.2	17.8	15.8	33.6	—	—
60-64	1,581,800	1,400,748	1,878,478	2,982,548	29.4	27.0	15.0	13.3	28.2	611.9	17.8
65-69	1,079,817	988,658	—	2,068,475	20.0	19.1	10.2	9.4	19.6	—	—
70-74	706,301	688,735	—	1,395,036	13.1	13.3	6.7	6.5	13.2	—	—
75-79	419,965	436,595	—	856,560	7.8	8.4	4.0	4.1	8.1	—	—
80-84	185,903	216,876	830,160	402,779	3.4	4.2	1.8	2.1	3.8	338.8	7.9
85-89	69,272	87,267	—	156,539	1.3	1.7	0.7	0.8	1.5	—	—
90 and over ..	21,813	32,013	—	53,826	0.4	0.6	0.2	0.3	0.5	—	—
Unknown ..	92,875	55,824	23,473	148,699	1.7	1.1	0.9	0.5	—	—	—
Total ..	53,900,431	51,810,189	21,324,487	105,710,620	1,000	1,000	509.9	490.1	1,000	420.5	0.2
										411.6	201.7

UNITED STATES OF NORTH AMERICA

Table No. 4.

SURVEY OF THE MOVEMENT OF THE POPULATION, 1922 TO 1927.

Original Sources : Reports of Bureau of the Census and Commissioner of Immigration.

Year	Actual Figures			Proportion per 1,000 of Average Population	
	Average Population in 1,000's	Marriages	Divorces	Marriages	Divorces
1922	109,893	1,134,151	148,815	10.3	1.35
1923	111,693	1,229,784	165,096	11.0	1.48
1924	113,727	1,184,574	170,952	10.4	1.50
1925	115,378	1,188,334	175,449	10.3	1.52
1926	117,136	1,202,574	180,853	10.3	1.54
Average, 1922-26	113,565	1,187,883	168,233	10.5	1.48

Year	Population in 1,000's	Actual Figures			Proportion per 1,000 Actual Population		
		Immigration	Emigration	Excess of Immigration over Emigration	Immigration	Emigration	Excess of Immigration over Emigration
1922	109,893	381,167	115,973	265,194	3.47	1.06	2.41
1923	111,693	751,050	70,610	680,440	6.72	0.63	6.09
1924	113,727	354,770	90,121	264,649	3.12	0.79	2.33
1925	115,378	290,725	81,689	209,036	2.52	0.71	1.81
1926	117,136	336,295	73,179	263,116	2.87	0.62	2.25
Average, 1922-26	113,565	422,801	86,314	336,487	3.72	0.76	2.96
1927	118,628	335,175	73,366	261,809	2.83	0.62	2.21

Includes the entire United States, exclusive of possessions.
Does not include arrivals or departures of aliens on visits without intention of changing residence.

Year	Average Population in 1,000's	Actual Figures				Proportion per 1,000 of Average Population			
		Live-born Children	Stillborn Children	Deaths, excluding Still-births	Excess of Births over Deaths	Live-born Children	Still-born Children	Deaths excluding Still-births	Excess of Births over Deaths
1922 ..	78,886	1,774,911	70,010	938,545	836,366	22.5	0.89	11.9	10.6
1923 ..	79,952	1,792,646	69,757	992,237	800,409	22.4	0.87	12.4	10.0
1924 ..	85,425	1,930,614	75,817	1,006,994	923,620	22.6	0.89	11.8	10.8
1925 ..	87,636	1,878,880	71,519	1,030,518	848,362	21.4	0.82	11.8	9.6
1926 ..	79,309	1,597,903	—	961,752	636,151	20.1	—	12.1	8.0
1927 ..	86,425	1,763,035	—	981,725	781,310	20.4	—	11.4	9.0

The data for marriages and divorces include all of the continental United States.
The area covered (number of States included) in the figures for births and deaths is not the same for the different years.

2. BIRTH RATES.

The birth rates, and also the death rates, vary considerably in the different States. They are affected by climate and by differences in the composition of the population, including colour, sex, age and race variations. Birth and death rates are generally high among the coloured population, and some States have a much larger percentage of negroes and mulattoes in their population than do other States. Some of the western States have a large percentage of young males in their population, with consequent low birth and death rates. Some parts of the south-west have a large Mexican population, while in the north and east there are very few Mexicans.

Table No. 5.*

GEOGRAPHICAL DISTRIBUTION OF BIRTHS IN 1926 AND 1927.

Original Source : Advance Releases of Bureau of the Census.

States	Average Population in 1,000's		Live Births			
			Actual Figures		Rate per 1,000 Inhabitants (Average Population)	
	1926	1927	1926	1927	1926	1927
Arizona	445	459	8,394	8,529	18.9	18.6
California	4,316	4,433	82,443	83,727	19.1	18.9
Connecticut	1,606	1,636	29,077	28,859	18.1	17.6
Delaware	240	243	4,199	4,255	17.5	17.5
Florida	1,317	1,363	34,798	34,126	26.4	25.0
Illinois	7,203	7,296	133,942	133,663	18.6	18.3
Indiana	3,124	3,150	62,788	62,298	20.1	19.8
Iowa	2,423	2,425	44,477	44,296	18.4	18.3
Kansas	1,821	1,828	35,137	34,645	19.3	19.0
Kentucky	1,821	1,828	35,137	34,645	19.3	19.0
Maine	2,524	2,538	59,986	61,517	23.8	24.2
Maryland	790	793	16,390	16,300	20.7	20.6
Massachusetts	1,580	1,597	32,839	32,418	20.8	20.3
Michigan	1,580	1,597	32,839	32,418	22.5	22.3
Minnesota	4,396	4,490	98,782	99,945	19.8	18.9
Missouri	4,396	4,490	98,782	99,945	19.8	18.9
Montana	2,651	2,686	52,451	50,813	14.2	13.6
Nebraska	695	714	9,845	9,730	20.1	20.0
Nevada	1,385	1,396	27,825	27,863	19.2	19.3
New Hampshire	454	455	8,721	8,776	19.2	19.4
New Jersey	3,680	3,749	72,402	72,814	19.7	19.9
New York	3,680	3,749	72,402	72,814	19.7	19.9
North Dakota	11,423	11,423	222,882	227,546	22.6	21.6
Ohio	11,304	11,423	222,882	227,546	22.6	21.6
Oklahoma	641	641	14,522	13,825	18.7	18.3
Oregon	641	641	14,522	13,825	18.7	18.3
Pennsylvania	6,600	6,710	123,688	122,911	16.8	16.4
Rhode Island	877	890	14,754	14,620	21.6	21.6
Tennessee	877	890	14,754	14,620	21.6	21.6
Texas	9,614	9,730	207,689	210,018	19.6	19.5
Vermont	9,614	9,730	207,689	210,018	19.6	19.5
Virginia	2,519	2,546	57,796	58,193	22.9	22.9
Washington	693	704	13,592	13,726	19.6	19.5
West Virginia	2,519	2,546	57,796	58,193	22.9	22.9
Wisconsin	1,669	1,696	43,936	44,857	26.3	26.4
Wyoming	1,669	1,696	43,936	44,857	26.3	26.4
Total	2,885	2,918	55,666	57,232	19.3	19.6
	236	241	4,388	4,472	18.6	18.6
	79,226	80,312	1,597,379	1,605,282	20.2	20.0

Table No. 6.*

NUMBER OF BIRTHS ACCORDING TO SEX AND VITALITY, 1922 TO 1925.

Original Source : Publications of the Bureau of the Census.

Year	Popu- lation in 1,000's	Live births			Stillbirths				Total births			
		Boys	Girls	Total	Boys	Girls	Sex un- known	Total	Boys	Girls	Sex un- known	Total
1922	78,886	911,831	863,080	1,774,911	39,672	29,173	1,165	70,010	951,503	892,253	1,165	1,844,921
1923	79,952	921,020	871,626	1,792,646	39,566	29,235	956	69,757	960,586	900,861	956	1,862,403
1924	85,425	992,431	938,183	1,930,614	43,139	31,377	1,301	75,817	1,035,570	969,560	1,301	2,006,431
1925	87,636	966,973	911,907	1,878,880	40,387	29,999	1,133	71,519	1,007,360	941,906	1,133	1,950,399

The area covered (number of States included) is not the same for the different years.

Year	Male births per 100 female births			Stillborn Children per 100 Births of the same sex (live-born and still-born children together)		
	Live-born	Stillborn	Live-born and still-born-together	Boys	Girls	Total
1922	105.6	136.0	106.6	4.2	3.3	3.8
1923	105.7	135.3	106.6	4.1	3.2	3.7
1924	105.8	137.5	106.8	4.2	3.2	3.8
1925	106.0	134.6	106.9	4.0	3.2	3.7

The accuracy of the figures given in Table No. 6 is affected somewhat by the fact that the definition of a stillbirth is not the same in the several States. The period of gestation which makes it necessary to report a stillbirth varies from 4 months to 8 months.

Table No. 8.*

LEGITIMACY AND ILLEGITIMACY OF BIRTHS FOR THE YEARS 1922-24.

Original Source : Publications of the Bureau of the Census.

A. Actual Figures

Year	Average Popu- lation in 1,000's	Legitimate Births			Illegitimate Births			Total Births		
		Live-born	Still-born	Total	Live-born	Still-born	Total	Live-born	Still-born	Total
1922	71,211	1,575,466	61,280	1,636,746	38,430	3,251	41,681	1,613,896	64,531	1,678,427
1923	72,120	1,585,413	60,898	1,646,311	37,823	3,090	40,913	1,623,236	63,988	1,687,224
1924	77,404	1,709,916	66,054	1,775,970	42,208	3,697	45,905	1,752,124	69,751	1,821,875

Table No. 8* (concluded).

B. Proportional Figures.

Year	Illegitimate Children per 1,000 Births			Stillborn Children per 100 Live-born and Stillborn			Live-born Children per 1,000 Average Population	
	Live-born	Stillborn	Total	Legitimate	Illegitimate	Total	Legitimate	Illegitimate
1922	23.8	50.4	24.8	3.7	7.8	3.8	22.1	0.54
1923	23.3	48.3	24.3	3.7	7.6	3.8	22.0	0.52
1924[.	24.1	53.0	25.2	3.7	8.1	3.8	22.1	0.55

Table No. 9*

MONTHLY NUMBER OF LIVE BIRTHS, 1923-25.

Original Source: Publications of the Bureau of the Census.

Month	Actual Figures			Rate per 1,000 of Average Population (annual basis)		
	In 1923	In 1924	In 1925	In 1923	In 1924	In 1925
January	151,649	163,833	161,145	22.4	22.6	21.7
February	143,243	158,858	151,173	23.3	24.2	22.5
March	156,173	168,821	168,416	23.0	23.3	22.6
April	149,963	156,213	157,320	22.9	22.3	21.8
May	154,124	164,310	160,415	22.7	22.7	21.6
June	146,699	161,362	156,565	22.4	23.0	21.7
July	155,898	167,357	163,638	23.0	23.1	22.0
August	158,769	169,762	162,957	23.4	23.4	21.9
September .. .	152,733	163,414	154,602	23.3	23.3	21.5
October	145,462	157,445	153,870	21.5	21.7	20.7
November .. .	136,981	149,185	143,676	20.9	21.3	19.9
December .. .	140,952	150,054	145,103	20.8	20.7	19.5
Total	1,792,646	1,930,614	1,878,880	22.4	22.6	21.4
Population (average)	79,952,000	85,425,000	87,636,000			

The area covered (number of States included) is not the same for the different years.

3. GENERAL DEATH RATES.

Table No. 10.*

GEOGRAPHICAL DISTRIBUTION OF GENERAL DEATH RATE IN 1926 AND 1927.

Original Source : Advance Sheets, Bureau of the Census.—Provisional Figures.

States	Population in 1,000's		Total Deaths, not including Stillbirths				Difference in Death Rates (+ or -)	
			Actual Figures		General Death Rate per 1,000 of Average Population		1926 com- pared with 1925	1927 com- pared with 1926
	1926	1927	1926	1927	1926	1927		
Alabama	2,526	2,549	29,692	27,061	11.8	10.6	+0.1	-1.2
Arizona	445	459	5,572	5,770	12.5	12.6		+0.1
California	4,316	4,433	58,914	61,351	13.7	13.8	+0.1	+0.1
Connecticut	1,606	1,636	18,318	16,755	11.4	10.2	+0.2	-1.2
Delaware	240	243	3,447	2,999	14.4	12.3	+1.3	-2.1
Florida	1,317	1,363	20,044	18,175	15.2	13.3	+1.9	-1.9
Idaho	522	534	3,871	3,785	7.4	7.1	+0.4	-0.3
Illinois	7,203	7,296	85,331	82,841	11.8	11.4	+0.3	-0.4
Indiana	3,124	3,150	40,016	37,678	12.8	12.0	+0.3	-0.8
Iowa	2,423	2,425	25,466	24,471	10.5	10.1	+0.5	-0.4
Kansas	1,821	1,828	19,100	18,561	10.5	10.2	+0.2	-0.3
Kentucky	2,524	2,538	29,952	26,918	11.9	10.6	+0.6	-1.3
Maine	790	793	11,355	10,879	14.4	13.7	+0.7	-0.7
Maryland	1,580	1,597	22,649	21,102	14.3	13.2	+0.4	-1.1
Michigan	4,396	4,490	54,084	50,606	12.3	11.3	+0.8	-1.0
Minnesota	2,651	2,686	25,803	24,700	9.7	9.2	0	-0.5
Mississippi	1,791	1,791	23,766	22,938	13.3	12.8	+0.9	-0.5
Missouri	3,498	3,510	42,752	40,699	12.2	11.6	+0.3	-0.6
Montana	695	714	5,395	5,314	7.8	7.4	+0.1	-0.4
Nebraska	1,385	1,396	12,648	12,243	9.1	8.8	0	-0.3
New Hampshire	454	455	6,703	6,295	14.8	13.8	+0.3	-1.0
New Jersey	3,680	3,749	44,876	42,131	12.2	11.2	+0.5	-1.0
New York	11,304	11,423	151,345	140,905	13.4	12.3	+0.6	-1.1
North Carolina	2,858	2,897	34,562	32,764	12.1	11.3	+0.5	-0.8
North Dakota	641	641	5,313	4,896	8.3	7.6	+0.4	-0.7
Ohio	6,600	6,710	78,695	73,471	11.9	10.9	+0.5	-1.0
Oregon	877	890	9,857	10,184	11.2	11.4	0	+0.2
Pennsylvania	9,614	9,730	120,537	111,257	12.5	11.4	+0.3	-1.1
Rhode Island	693	704	8,791	7,899	12.7	11.2	+0.6	-1.5
Tennessee	2,468	2,485	31,395	28,998	12.7	11.7	+1.3	-1.0
Vermont	352	352	5,215	4,883	14.8	13.9	+0.2	-0.9
Virginia	2,519	2,546	30,818	28,553	12.2	11.2	+0.4	-1.0
Washington	1,538	1,562	15,670	15,929	10.2	10.2	+0.1	0
West Virginia	1,669	1,696	18,143	16,990	10.9	10.0	+0.4	-0.9
Wisconsin	2,885	2,918	30,191	29,519	10.5	10.1	+0.2	-0.4
Wyoming	236	241	1,902	1,976	8.1	8.2	-0.2	+0.1
Total	93,241	94,430	1,132,188	1,071,496	12.1	11.3	+0.3	-0.8

Table No. 11.*

DEATH RATES ACCORDING TO SEX, 1922-25.

Original Source : Bureau of the Census.

Year	Average Population in 1,000's		Total Deaths		Rate per 1,000 of Average Population of Same Sex		Difference (+ or -) between Male and Female Death Rates
	Males	Females	Males	Females	Males	Females	
1922	44,847	43,477	556,762	490,640	12.4	11.3	— 1.1
1923	45,392	44,072	590,981	518,405	13.0	11.8	— 1.2
1924	46,077	44,804	582,993	498,812	12.7	11.1	— 1.6
1925	47,529	45,854	597,585	513,293	12.6	11.2	— 1.4
Average, 1922-25	45,961	44,552	582,080	505,287	12.7	11.3	— 1.4

Table No. 12.*

DEATH RATES ACCORDING TO AGE AND SEX, 1924 AND 1925.

Original Source : Bureau of the Census.

A. Actual Figures.

Age-groups	Total Deaths					
	In 1924			In 1925		
	Males	Females	Total	Males	Females	Total
Under 1 year	84,294	63,383	147,677	82,810	62,621	145,431
1-4 years	28,608	24,424	53,032	26,902	23,469	50,371
0-4 years	112,902	87,807	200,709	109,712	86,090	195,802
5-9 "	11,479	9,535	21,014	11,332	9,138	20,470
10-14 "	8,969	7,228	16,197	9,121	7,392	16,513
15-19 "	13,310	12,831	26,141	13,478	13,216	26,694
20-24 "	16,979	17,640	34,619	17,141	17,830	34,971
25-34 "	37,038	35,744	72,782	37,826	36,492	74,318
35-44 "	50,657	40,355	91,012	51,772	42,075	93,847
45-54 "	65,073	50,001	115,074	67,581	51,112	118,693
55-64 "	81,831	63,512	145,343	85,547	66,427	151,974
65-74 "	95,018	79,315	174,333	99,773	83,682	183,455
75 years and over	88,864	94,332	183,196	93,445	99,336	192,781
Age unknown	873	512	1,385	857	503	1,360
Total	582,993	498,812	1,081,805	597,585	513,293	1,110,878

Table No. 12* (concluded)

DEATH RATES ACCORDING TO AGE AND SEX, 1924 AND 1925.

B. Proportional Figures

Age-groups	Mortality per 1,000 Persons of Same Age and Sex						Increase (+) or Decrease (—) in Mortality in 1925 compared with 1924		
	In 1924			In 1925			Males	Females	Total
	Males	Females	Total	Males	Females	Total			
Under 1 year	93.0	71.4	82.3	84.8	65.6	75.3	— 8.2	— 5.8	— 7.0
1-4 years	7.3	6.4	6.8	6.6	5.9	6.3	— 0.7	— 0.5	— 0.5
0-4 years	23.4	18.6	21.0	21.8	17.5	19.7	— 1.6	— 1.1	— 1.3
5-9 "	2.4	2.0	2.2	2.3	1.9	2.1	— 0.1	— 0.1	— 0.1
10-14 "	2.0	1.6	1.8	2.0	1.6	1.8	0	0	0
15-19 "	3.6	3.4	3.5	3.4	3.2	3.3	— .2	— 0.2	— 0.2
20-24 "	4.7	4.5	4.6	4.3	4.3	4.3	— .4	— 0.2	— 0.2
25-34 "	5.0	4.8	4.9	4.9	4.8	4.8	— 0.1	0	— 0.1
35-44 "	7.7	6.6	7.2	7.8	6.9	7.3	+ 0.1	+ 0.3	+ 0.1
45-54 "	12.7	11.1	12.0	13.2	11.4	12.4	+ 0.5	+ 0.3	+ 0.4
55-64 "	25.4	21.8	23.7	27.0	23.2	25.2	+ 1.6	+ 1.4	+ 1.5
65-74 "	58.7	51.0	55.0	61.5	53.5	57.6	+ 2.8	+ 2.5	+ 2.6
75 years and over ..	138.8	128.5	133.3	145.7	137.2	141.1	+ 6.9	+ 8.7	+ 7.8
Total	12.7	11.1	11.9	12.6	11.2	11.9	— 0.1	+ 0.1	0

Table No. 13.*

SEASONAL DISTRIBUTION OF DEATHS IN 1924 AND 1925.

(Death Registration Area.)

Original Source : Publications of the Bureau of the Census.

Month	Total Deaths (not including Stillbirths)				Increase (+) or Decrease (-) in Death Rate for 1925 com- pared with 1924
	Actual Figures		Monthly Death Rate calculated per 1,000 of Average Population and for the Year		
	1924	1925	1924	1925	
January.. .. .	109,220	110,508	13.0	12.6	- 0.4
February	105,092	102,604	13.3	13.0	- 0.3
March	114,574	118,572	13.6	13.5	- 0.1
April	106,539	109,735	13.1	12.9	- 0.2
May	101,325	104,095	12.1	11.9	- 0.2
June	92,496	95,953	11.4	11.3	- 0.1
July	88,345	92,523	10.5	10.6	+ 0.1
August	86,785	92,930	10.3	10.6	+ 0.3
September	83,793	90,458	10.3	10.7	+ 0.4
October.. . . .	90,139	97,857	10.7	11.2	+ 0.5
November	92,201	97,665	11.3	11.5	+ 0.2
December	103,481	106,119	12.3	12.1	- 0.2
Total	1,173,990	1,219,019	11.8	11.8	0
First quarter	328,886	331,684	13.3	13.0	- 0.3
Second quarter	300,360	309,783	12.2	12.1	- 0.1
Third quarter	258,923	275,911	10.4	10.6	+ 0.2
Fourth quarter	285,821	301,641	11.5	11.6	+ 0.1
Total	1,173,990	1,219,019	11.8	11.8	0

4. CAUSES OF DEATH.

Table No. 14.

MORTALITY, INCIDENCE AND CASE FATALITY OF CERTAIN INFECTIOUS DISEASES
IN 1926 AND 1927.

Original Source : United States Public Health Service.—Preliminary Reports.

Disease	Year	Cases reported	Cases per 10,000 Population	Deaths registered	Deaths per 10,000 Population	Fatalities per 100 Cases	Population included July 1st
1 Typhoid fever and paratyphoid	1926	38,986	3.59	7,738	0.71	19.85	108,465,000
	1927	31,939	2.91	6,343	0.58	19.86	109,884,000
2 Typhus fever	1926	110	0.01	9	0	8.18	101,098,000
	1927	140	0.01	7	0	5.00	102,545,000
3 Relapsing fever	1926	0	0	0	0	0	
	1927	0	0	0	0		
5 Malarial fever or cachexia	1926			2,596	0.25		102,959,000
	1927			2,813	0.27		104,285,000
6 Smallpox	1926	32,181	2.90	369	0.03	1.15	110,888,000
	1927	34,327	3.06	163	0.01	0.47	112,309,000
7 Measles	1926	662,686	60.14	7,664	0.70	1.16	110,193,000
	1927	419,586	37.60	3,956	0.35	0.94	111,595,000
8 Scarlet fever	1926	188,170	16.97	2,572	0.23	1.37	110,888,000
	1927	200,206	17.83	2,290	0.20	1.14	112,309,000
9 Whooping-cough	1926	189,206	17.06	8,884	0.80	4.70	110,888,000
	1927	175,445	15.62	7,098	0.63	4.05	112,309,000
10 Diphtheria	1926	90,117	8.13	7,952	0.72	8.82	110,888,000
	1927	102,853	9.16	8,508	0.76	8.27	112,309,000
11 Influenza	1926			41,928	3.78		110,888,000
	1927			23,573	2.10		112,309,000
14 Asiatic cholera	1926	0		0			
	1927	0		0			
17 Plague	1926	(a) 2		0			
	1927	(b) 1		(b) 1			
18 Yellow fever	1926	0		0			
	1927	0		0			
22 Acute poliomyelitis ..	1926	2,475	0.26	754	0.08	30.46	94,609,000
	1927	8,959	0.93	1,729	0.18	19.30	95,855,000
23 Encephalitis lethargica (c)	1926	813	0.22	545	0.15	67.04	36,355,000
	1927	704	0.19	471	0.13	66.90	36,838,000
24 Epidemic cerebro-spinal meningitis	1926	1,805	0.23	823	0.11	45.60	77,383,000
	1927	2,285	0.29	963	0.12	42.14	78,410,000
27 Malignant pustule and anthrax	1926	131	0.01	13	0	9.92	100,115,000
	1927	64	0.01	15	0	23.44	101,587,000
28 Rabies	1926			93	0.01		111,581,000
	1927			93	0.01		113,213,000
31-37 Tuberculosis (all forms)	1926			92,239	8.32		110,811,000
	1927			86,732	7.73		112,232,000
31 Tuberculosis (respiratory system)	1926			78,158	7.33		106,563,000
	1927			73,387	6.80		107,904,000
38 Syphilis	1926	179,098	18.15				98,665,000
	1927	169,299	17.13				98,819,000
40 Gonorrhoea	1926	140,517	14.24				98,665,000
	1927	141,718	14.34				98,819,000

(a) On vessel arriving at New Orleans, La.

(b) In California.

(c) Reports are poor on this disease.

Table No. 15.*

DEATH RATE FROM TUBERCULOSIS ACCORDING TO AGE AND SEX IN 1925.

Original Source : Bureau of the Census.

Age-groups	Number of Deaths from all Forms of Tuberculosis			Death Rates from all Forms of Tuberculosis per 10,000 Persons of Same Sex and Age		
	Males	Females	Total	Males	Females	Total
Under 1 year ..	747	633	1,380	7.65	6.64	7.15
1- 4 years ..	1,328	1,148	2,476	3.27	2.90	3.08
0- 4 " ..	2,075	1,781	3,856	4.12	3.62	3.87
5- 9 " ..	547	552	1,099	1.12	1.15	1.13
10-14 " ..	665	1,045	1,710	1.46	2.33	1.89
15-19 " ..	2,295	4,145	6,440	5.72	10.18	7.97
20-24 " ..	4,293	6,305	10,598	10.86	15.15	13.06
25-34 " ..	9,317	9,701	19,018	11.97	12.75	12.36
35-44 " ..	8,800	5,769	14,569	13.21	9.43	11.40
45-54 " ..	6,907	3,516	10,423	13.52	7.86	10.87
55-64 " ..	4,521	2,509	7,030	14.28	8.75	11.65
65-74 " ..	2,774	1,873	4,647	17.09	11.98	14.58
75 years and over	858	813	1,671	13.37	11.23	12.23
Age unknown ..	67	45	112			
Total.. ..	43,119	38,054	81,173	9.07	8.30	8.69

Table No. 16.*

DEATH RATES FROM TUMOURS, 1922-25.

(Death Registration Area.)

Original Source : Publications of Bureau of the Census.

Year	Population in 1,000's	Classification according to the International List of Causes of Death (3rd revision, 1920)				
		Cancer and other Malignant Tumours (43-49)	Non-malignant Tumours and not specified (50)	Non-malignant Tumours of Ovary (137)	Non-malignant Tumours of the Uterus (139)	Total (43-50, 137, 139)
<i>Actual Number of Deaths.</i>						
1922	93,242	80,938	823	694	1,859	84,314
1923	96,986	86,754	831	784	1,783	90,152
1924	99,200	91,138	757	755	1,971	94,621
1925	103,108	95,504	685	811	2,044	99,044
<i>Proportional Figures per 10,000 of Average Population.</i>						
1922		8.68	0.09	0.07	0.20	9.04
1923		8.94	0.09	0.08	0.18	9.30
1924		9.19	0.08	0.08	0.20	9.54
1925		9.26	0.07	0.08	0.20	9.61

The area covered (number of States included) is not the same for the different years.

Table No. 17.*

DEATH RATES FROM ORGANIC DISEASES, 1922-25.
(Death Registration Area.)

Original Source : Bureau of the Census.

Year	Population in 1,000's	I. Classes of Diseases.—Affections. (Classification according to the International List of Causes of Death, 3rd revision, 1920.)						
		Of the Nervous System (70-86)	Of the Circulatory System (87-96)	Of the Respiratory System (97-107)	Of the Digestive System (108-127)	Non-venereal Diseases of the Genito-urinary System (128-142)	Of the Skin and Cellular Tissue (151-155)	Of the Bones and Organs of Locomotion (156-158)
<i>Actual Number of Deaths.</i>								
1922	93,242	115,732	177,888	113,205	93,884	96,259	3,350	1,254
1923	96,986	125,007	194,857	124,045	98,050	101,759	3,599	1,279
1924	99,200	128,656	202,777	113,608	95,846	103,964	3,335	1,424
1925	103,108	123,847	217,567	111,977	104,297	115,231	3,343	1,358
<i>Proportional Figures per 10,000 of Average Population.</i>								
1922		12.41	19.08	12.14	10.07	10.32	0.36	0.13
1923		12.89	20.09	12.79	10.11	10.49	0.37	0.13
1924		12.97	20.44	11.45	9.66	10.48	0.34	0.14
1925		12.01	21.10	10.86	10.12	11.18	0.32	0.13

The area covered (number of States included) is not the same for the different years.

Year	Population in 1,000's	II. Various Important Diseases (Classification according to the International List of Causes of Death, 3rd revision, 1920).								
		Cerebral Hemorrhage, Apoplexy (74)	Diseases of the Heart (87-90)	Acute and Chronic Bronchitis (99)	Pneumonia (100-101)	Diarrhoea and Enteritis, all ages (113-114)	Cirrhosis of the Liver (122)	Acute and Chronic Nephritis (128-129)	Old Age (164)	Unknown or Ill-defined Diseases (204-205)
<i>Actual Figures.</i>										
1922 ..	93,242	79,362	154,495	8,740	95,164	36,873	6,977	82,518	12,353	16,510
1923 ..	96,986	86,854	170,033	8,815	105,680	38,703	7,027	87,378	13,346	16,638
1924 ..	99,200	91,145	176,671	7,207	97,403	34,482	7,344	88,863	12,598	17,536
1925 ..	103,108	86,319	191,226	6,670	96,432	40,512	7,549	99,320	12,326	17,905
<i>Proportional Figures per 10,000 of Average Population.</i>										
1922 ..		8.51	16.56	0.94	10.21	3.95	0.75	8.85	1.32	1.77
1923 ..		8.96	17.53	0.91	10.90	3.99	0.72	9.01	1.38	1.71
1924 ..		9.19	17.81	0.73	9.82	3.48	0.74	8.96	1.27	1.77
1925 ..		8.37	18.55	0.65	9.35	3.93	0.73	9.64	1.20	1.74

Table No. 18.*

DEATHS FROM PUERPERAL DISEASES, 1924 AND 1925

Original Source : Bureau of the Census.

Year	Number of Live-Births and Stillbirths	Total Deaths from			
		Puerperal Septicæmia	Other Puerperal Diseases	Puerperal Septicæmia	Other Puerperal Diseases
		Actual Figures		Rate per 10,000 Live Births and Stillbirths	
1924	1,956,012	4,580	7,581	23.4	38.8
1925	1,903,348	4,453	7,418	23.4	39.0

Thirty-two States and the District of Columbia are included in this table.

Table No. 19.*

DEATH RATE FROM EXTERNAL CAUSES AND GENERAL DEATH RATE FROM NATURAL CAUSES, 1924-26.

Original Source : Bureau of the Census.

Description	Actual Figures			Rate per 10,000 of Average Population		
	1924	1925	1926	1924	1925	1926
Deaths by suicide	12,061	12,495	13,410	1.22	1.21	1.28
Other external causes.. ..	84,165	89,667	91,925	8.48	8.70	8.74
Total deaths from external causes	96,226	102,162	105,335	9.70	9.91	10.02
Total deaths from all causes	1,173,990	1,219,019	1,285,927	118.35	118.23	122.27
Total deaths, excluding deaths due to external causes	1,077,764	1,116,857	1,180,592	108.65	108.32	112.26
Population in 1,000's	99,200	103,108	105,170			

The area covered (number of States included) is not the same for the different years.

5. INFANT MORTALITY.

Table No. 20.*

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE AND SEX,
NOT INCLUDING STILLBIRTHS, IN 1924 AND 1925.

(Birth Registration Area.)

Original Source : Publications of the Bureau of the Census.

Age	Actual Figures			Rate per 1,000 Live Births of same Category		
	Males	Females	Total	Males	Females	Total
	1924					
0 (1 day)	16,457	12,174	28,631	16.6	13.0	14.8
1 day	4,714	3,437	8,151	4.8	3.7	4.2
2 days	3,863	2,540	6,403	3.9	2.7	3.3
3 to 6 days	6,890	5,015	11,905	6.9	5.3	6.2
1 week.. .. .	5,083	3,831	8,914	5.1	4.1	4.6
2 weeks	3,171	2,513	5,684	3.2	2.7	2.9
3 weeks but under 1 month	2,800	2,039	4,839	2.8	2.2	2.5
Under 1 month	42,978	31,549	74,527	43.3	33.6	38.6
1 month	6,469	4,758	11,227	6.5	5.1	5.8
2 months	4,923	3,604	8,527	5.0	3.8	4.4
3 months	3,951	3,092	7,043	4.0	3.3	3.6
4 months	3,496	2,654	6,150	3.5	2.8	3.2
5 months	2,967	2,267	5,234	3.0	2.4	2.7
6 months	2,747	2,110	4,857	2.8	2.3	2.5
7 months	2,401	1,855	4,256	2.4	2.0	2.2
8 months	2,333	1,890	4,223	2.4	2.0	2.2
9 months	2,095	1,725	3,820	2.1	1.8	2.0
10 months	1,836	1,589	3,425	1.9	1.7	1.8
11 months	1,889	1,552	3,441	1.9	1.7	1.8
Under 1 year	78,085	58,645	136,730	78.7	62.5	70.8

Table No. 20* (concluded).

INFANT MORTALITY ACCORDING TO DAYS AND MONTHS OF AGE AND SEX,
NOT INCLUDING STILLBIRTHS, IN 1924 AND 1925.

(Birth Registration Area.)

Original Source : Publications of the Bureau of the Census.

Age	Actual Figures			Rate per 1,000 Live Births of same Category		
	Males	Females	Total	Males	Females	Total
	1925					
0 (1 day)	16,361	11,811	28,172	16.9	13.0	15.0
1 day	4,648	3,275	7,923	4.8	3.6	4.2
2 days	3,659	2,358	6,017	3.8	2.6	3.2
3 to 6 days	6,216	4,611	10,827	6.4	5.1	5.8
1 week	4,670	3,630	8,300	4.8	4.0	4.4
2 weeks	3,101	2,380	5,481	3.2	2.6	2.9
3 weeks but under 1 month	2,499	1,859	4,358	2.6	2.0	2.3
Under 1 month	41,154	29,924	71,078	42.6	32.8	37.8
1 month	6,206	4,671	10,877	6.4	5.1	5.8
2 months	4,899	3,676	8,575	5.1	4.0	4.6
3 months	4,247	3,231	7,478	4.4	3.5	4.0
4 months	3,545	2,807	6,352	3.7	3.1	3.4
5 months	3,097	2,373	5,470	3.2	2.6	2.9
6 months	2,844	2,244	5,088	2.9	2.5	2.7
7 months	2,541	2,064	4,605	2.6	2.3	2.5
8 months	2,399	1,859	4,258	2.5	2.0	2.3
9 months	2,244	1,778	4,022	2.3	2.0	2.1
10 months	1,897	1,583	3,480	2.0	1.7	1.9
11 months	1,829	1,540	3,369	1.9	1.7	1.8
Under 1 year	76,902	57,750	134,652	79.5	63.3	71.7

Table No. 22.*

INFANT MORTALITY ACCORDING TO CAUSES OF DEATH IN 1924 AND 1925.

(Birth Registration Area.)

Original Source : Publications of the Bureau of the Census.

No. in International List (3rd Revision)	Causes of Death	Deaths among Children under 1 Year (excluding Stillbirths)			
		Actual Figures		Death Rate per 1,000 Live Births of the same Year	
		1924	1925	1924	1925
159	Congenital malformations	11,707	11,666	6.1	6.2
160	Congenital debility	6,748	6,488	3.5	3.5
161	Premature birth; injury at birth ..	43,571	41,603	22.6	22.1
38	Congenital syphilis	1,320	1,355	0.7	0.7
7	Measles	1,545	626	0.8	0.3
8	Scarlet fever	122	107	0.1	0.1
9	Whooping-cough	4,018	3,298	2.1	1.8
10	Diphtheria	571	536	0.3	0.3
11	Influenza	2,219	3,332	1.1	1.8
21	Erysipelas	702	637	0.4	0.3
24	Epidemic cerebro-spinal meningitis ..	220	253	0.1	0.1
31	Tuberculosis of the respiratory system	414	403	0.2	0.2
32	Tuberculosis of the meninges or of the central nervous system	648	622	0.3	0.3
33-37	Tuberculosis of other organs	273	265	0.1	0.1
80	Convulsions of infants	1,412	1,290	0.7	0.7
99	Bronchitis	1,660	1,421	0.9	0.8
100-101	Pneumonia	18,856	17,791	9.8	9.5
113	Diarrhoea and enteritis	17,850	21,002	9.2	11.2
175-203	External causes	1,962	1,931	1.0	1.0
204-205	Diseases not specified or ill-defined ..	4,690	4,108	2.4	2.2

II. CAMPAIGN AGAINST ACUTE AND CHRONIC DISEASES.

A. ACUTE INFECTIOUS DISEASES.

The United States Public Health Service continued its researches in tularaemia, undulant fever, typhus fever, smallpox (post-vaccinal tetanus, titration of virus *in vitro*, attempts to culture smallpox virus, study of vaccine virus from case of alastrim), trachoma, pneumonia, epidemic encephalitis, Rocky Mountain spotted fever, and on various biological products.

Diphtheria Toxoid.

Diphtheria toxin, treated by formalin in such manner as to destroy its toxicity, but to permit its antigenic properties to remain, is replacing toxin-antitoxin mixture to a considerable extent in the prophylaxis of diphtheria.

Toxin-antitoxin Mixture.

Antitoxin, made by immunising goats, is being used to some extent in toxin-antitoxin mixture to obviate the possibility of sensitisation of persons to whom the material is administered. This practice seems to be increasing and should meet the objection sometimes made to toxin-antitoxin mixture, that a good many people were being sensitised to horse serum.

Standardisation of Scarlet-Fever Antitoxin.

There has been adopted a potency unit for scarlet fever antitoxin, which is defined in the following terms :

"The unit for measuring the strength of scarlet-fever streptococcus antitoxin is defined as the neutralising power possessed by a definite quantity of antistreptococci serum preserved at the Hygienic Laboratory of the United States Public Health Service under special conditions to prevent deterioration. This quantity is now equivalent to ten times the amount of scarlet-fever streptococcus antitoxin necessary to neutralise one test dose of scarlet-fever streptococcus toxin, each test dose containing five times the amount of scarlet-fever streptococcus toxin necessary to give in the majority of non-immune individuals in twenty-four hours following intracutaneous injection a skin reaction one centimeter or more in diameter."

This results in dosages which are comparable to the dosages of diphtheria antitoxin when the two preparations are thought of in terms of their respective units.

A control toxin and a control antitoxin were prepared for use in testing commercial products, and distribution was begun early in 1927.

In the study of undulant fever, the agglutination absorption tests generally show that, unless there has been opportunity for transmission from goats, the *abortus* variety is usually found to be the cause of the disease in man. An exception was found, however, in a case in Eastern United States, in which the patient contracted the disease from a cow which had recently aborted, and both the cow and the patient were found to be infected with the *melitensis* variety.

Studies on endemic typhus in South-Eastern United States suggest a possible reservoir of infection outside of man, and it was found that rats are susceptible to the virus of the American type of the disease. Of 1,700 wild Norway rats experimentally inoculated with the virus, 3 per cent showed a positive Weil-Félix reaction.

No experimental data were secured to warrant the licensing of the prophylactic or therapeutic (human) measles serum.

Smallpox Vaccine and Vaccination.

Perhaps the most important development in this connection has been the demonstration of the fact that post-vaccinal tetanus is the result of large insertions combined with the application of a shield or dressing. General recognition of this fact should lead to the complete disappearance of post-vaccinal tetanus in this country.

With regard to the method of vaccination, the United States Public Health Service issued a pamphlet during 1927 recommending the multiple pressure or prick method. Briefly, this method consists in a shallow, tangential pricking of the cleansed, but not irritated, skin, with a needle, through a drop of smallpox vaccine covering a small field not greater than three millimeters in diameter. This lessens the chance of accidental infection and gives a typical eruption. It is also believed that the duration of immunity is not proportional to the dosage of vaccine inoculated. The pamphlet issued by the United States Public Health Service gives answers to questions that are most frequently asked by physicians regarding vaccination, and illustrations showing the multiple pressure method.

Plague: Rat-proofing of Vessels.

After several years of experimentation and study, quarantine officers of the Public Health Service became convinced of the practicability of rat-proofing vessels, and this fact was actually demonstrated in New York in 1924. In that year, a large passenger vessel was chosen for demonstration purposes, and observation and trapping were carried on with the work of rat-proofing. As the work proceeded, the number of rats decreased, falling to nil.

The response to this practical demonstration has been prompt and extensive, as shown by the rapid increase in the demand for such work from the shipping interests. During the year ended June 30th, 1926, 74 vessels had been surveyed in the port of New York for rat-proofing and work had actually begun on 26 of them. During the year ended June 30th, 1927, 152 surveys of vessels had been completed, and satisfactory progress in rat-proofing was under way on 82 vessels. The War Department has initiated this work on vessels of the Transport Service, and the Navy Department has become interested in it. Representatives of several foreign countries have visited the New York Quarantine Station for conference or demonstration.

The rat-proofing of vessels, though essentially a public health measure, is important to owners from the standpoint of economy alone, both in the avoidance of a considerable loss to valuable cargo and to stores which are eaten and damaged by rats, and in quarantine exemptions. It is principally because of this economic appeal that the rat-proofing of vessels is meeting with such success.

B. CHRONIC DISEASES.

1. *Tuberculosis.*

In the absence of anything new in the familiar list of control measures, probably the most important development in State and municipal control of tuberculosis in the United States is the creation of a tentative standard in tuberculosis control work and of an appraisal form for such specific measures as bacteriological diagnosis of sputum, enforcement of pasteurisation of milk, enforcement of measures preventing spitting on public thoroughfares, the elimination of the common drinking cup, physical examinations of food handlers, etc. These standards serve to guide the public health administrator and assist the health officer in taking over the responsibility in tuberculosis control work formerly conducted and managed by non-official health agencies.

In public health education, information regarding the early signs and symptoms of tuberculosis has been made the common property of all physicians, nurses and social workers, in attempting to increase the proportion of early diagnoses. Still, the

proportion is unsatisfactory, and new measures will have to be evolved to handle the stubbornly resistant types and their families, and to discover a larger proportion of curable cases while they are curable. An important part in education is the protection of the people against the frauds of so-called "cures". Official and professional organisations have co-operated in this and have saved the tuberculous sick and their families an enormous amount of suffering and financial loss.

In regard to what might be termed medical and surgical treatment, there have been few changes within the past ten years. The cure remains the same; the only changes are that more members of the medical profession now know the proper treatment, and there is a more rigid control and management of the sick. Bed rest (relaxation), nutritious food, fresh air, proper mental attitude, and the various therapies all together still serve as the substitute for a specific cure.

Among the fundamental studies in scientific research in tuberculosis may be mentioned the researches in (a) the chemistry of the living bacteria, (b) the chemistry of living cells, (c) the chemistry of fibrils of connective tissue, and (d) the anatomy of tubercle. Specific substances have been isolated from the tubercle bacillus having the power of producing special responses in normal animals. A study of the biology of the tubercle bacillus is now being planned.

Among the researches having immediate practical value are the studies in X-ray standards of interpretation in diagnosis, and those on the international standardisation of tuberculin. It was arranged during the year to produce in large quantities a stable protein compound found to have a high value as a test for allergy, and to distribute it among the different sanatoria and animal-testing plants preliminary to adopting it in stated dilutions as a standard for commercial tuberculins.

Sanatoria and hospitals have been a big factor in reducing the death rate from tuberculosis since 1904 by half. The greatest development in this phase of prevention and control is probably the change in the patients' attitude toward entering a sanatorium. The unreasonable dread has been overcome, and patients are now even eager to enter.

2. Malaria.

The practical application of the screening of homes in malaria control was amply demonstrated in the post-flood anti-malaria campaign in the Mississippi Valley in 1927. Previous studies by the Public Health Service had proved the feasibility of quick, economic and effective screening of tenant houses. During the post-flood work, approximately 7,000 homes containing active cases of malaria or malaria-carriers were screened. As a result of the control of these foci of infection, malaria did not increase to any extent in the flooded section. In this screening work, approximately 17,200 kilograms of thin sheet steel were used in making small reinforcement plates for the joints in screen doors, about 80 kilometers of wire screening were used in the doors, and 11 kilometers of cotton mosquito netting were used on the windows.

Aeroplane distribution of Paris green was found successful in controlling the production of anopheles in densely wooded, uncleared, impounded waters. One dusting with Paris green—1.2 kilogram to the hectare—successfully stopped all breeding. Paris green, diluted with powdered soapstone and applied from an aeroplane, is able to filter through dense vegetation and reach the surface of the water in lethal doses.

Paris green mixed with moist sand (1:100) and broadcast over pools in the salt marshes killed the larvæ of the sub-surface breeder, *Aedes sollicitans*, and left enough Paris green on the surface to kill the anopheles.

Studies were made on the essential diet of anopheles larvæ.

Experimental studies have indicated that Plasmochin (a synthetic drug) may be very useful in malaria control through its effect in destroying the viability of gametocytes.

The discovery, along the Gulf Coast, of a heavy infestation of *Anopheles atropos*, long considered a relatively rare anopheline, makes this species an important problem in that section.

3. Cancer.

The crude death rate for cancer in the United States increased from 92.6 per 100,000 in 1925 to 94.9 in 1926, the fourth highest cause of death. This occasions some concern, especially in view of the increasing interest and education of the public and the efforts being made to secure earlier diagnosis and treatment.

No new methods of combating cancer were developed in the United States in 1927, and the delay in applying for treatment is still the greatest obstacle in the fight against the disease. In the absence of any specific treatment, the percentage of early diagnoses must be increased if substantial progress against cancer is to be effected.

Massachusetts is the pioneer State in taking official action on the cancer problem.¹

That State, in 1927, opened a special hospital for the care of inoperable cancer cases and established six diagnostic clinics throughout the State to assist in the early diagnosis of cancer. During 1927, these clinics were attended by over 1,300 patients. The State also conducts an extensive educational campaign.

In the study of the etiology of cancer, American investigators were generally unable to confirm Gye's work in England on the Rous fowl sarcoma with reference to (1) two elements (a living virus and a derivative of the tumour cells themselves) being concerned in the transmission of this tumour, and (2) the substitution for the living virus of the fowl sarcoma of a living virus obtained from certain mammalian tumours.

One American investigator,² however, concludes that there are two substances in tissue cells and their environment—a growth-promoting and a growth-inhibiting substance—and that a proper balance between them is necessary to normal cell life and functioning.

The United States Public Health Service continued its investigation of the effects upon tissue cells of very high-frequency electro-magnetic waves. It has been shown that by means of an electro-static field excited by very high-frequency oscillations produced by a high-frequency vacuum tube oscillator, it is possible to cause a variety of transplantable laboratory tumours to recede. The study is in a preliminary stage, however, and much further investigation will be necessary before therapeutic attempts will be justified.

4. Venereal Diseases.

The various States co-operate with the Federal Government in the control of venereal diseases. Most of the States provide for (1) notification of cases ; (2) notification of cases lapsing from treatment while infectious ; (3) quarantine of recalcitrant patients ; (4) free treatment and diagnostic facilities ; (5) repression of commercial prostitution ; (6) educational activities.

In 1927 the States reported 184,514 cases of syphilis and 151,659 cases of gonorrhœa, a 10.4 per cent reduction in syphilis and 5.2 per cent reduction in gonorrhœa

¹ See *International Health Year-Book*, 1927, p. 705.

² M. T. Burrows : *Archives of Pathology and Laboratory Medicine*. Vol. 4, pp. 128-192 and pp. 380-395.

from the preceding year. Reports of venereal diseases are incomplete, however, and an attempt was made to secure more accurate information. A census was conducted by the United States Public Health Service, in co-operation with the American Social Hygiene Association and the State and local health departments. Reports were secured of all cases under treatment by physicians, clinics, and other institutions in several communities having a total aggregate population of 10,000,000 persons.

The rates found varied from 0.55 to 21.29 per thousand for syphilis, and from 0.29 to 8.04 for gonorrhœa. The low rates were found in the rural districts. The average rate for syphilis and gonorrhœa combined was 11.6 per thousand—showing that approximately 1.2 per cent of the population is constantly under medical care on account of syphilis or gonorrhœa. The syphilis rate for males was 1.56 times the rate for females; the male gonorrhœa rate was 2.41 times the female rate.

During 1927, increased attention was given to the problem of venereal diseases among merchant seamen, and an epidemiological study of cases was undertaken in New York City.

An investigation showed that about 45 per cent of the high schools (secondary schools) are giving some sex instruction, most of them combining this instruction with other courses. One of the reasons that sex education has not been adopted more generally is the lack of qualified teachers for this subject.

In a number of States the State laboratories conducted researches as to the comparative value of the Wassermann and Kahn tests in the diagnosis of syphilis. As a result, Michigan, where the Kahn test originated, Illinois, Ohio, and West Virginia have adopted the Kahn test as the standard diagnostic method.

5. *Alcoholism.*

During 1927 there were 603 deaths from alcoholism among more than 18,000,000 persons insured in the industrial insurance department of the Metropolitan Life Insurance Company. There were 638 such deaths in 1926, giving a rate of 3.7 per 100,000 in 1926 as compared with 3.4 in 1927. The 1927 rate is higher than the rate for any year since 1917, excepting 1926, and is lower than that for any year between 1911 and 1917, inclusive. The rate rose steadily between 1920 and 1926.

In the group of 18,000,000 insured persons, the alcoholism death rate in 1927 was about nine times as high in the United States as it was in Canada.

During 1927, 1,186 deaths in this group were caused by cirrhosis of the liver, as compared with 1,148 in 1926, giving a decline in the death rate, however, from 6.7 per 100,000 in 1926 to 6.6 in 1927.

In all the marine and contract hospitals (150) of the United States Public Health Service, during the three-year period July 1st, 1924, to June 30th, 1927, out of 101,366 patients treated, there were 748 patients who were victims of acute or chronic alcoholism and seven deaths from alcoholism.

The Bureau of Internal Revenue was charged with the enforcement of the national Prohibition Act until March 31st, 1927. Beginning with April 1st, 1927, this work was taken over by the newly created Bureau of Prohibition, in charge of the Commissioner of Prohibition.

In the enforcement operations for the year ended June 30th, 1927, Federal prohibition agents made 64,986 arrests, and seized 7,137 automobiles valued at \$3,529,296.70, and 353 boats, valued at \$316,323. As the result of the work of Federal prohibition agents, 51,945 prohibition cases against individuals were handled in Federal courts, and 36,546 persons were convicted, 11,818 being given gaol sentences. The courts imposed fines amounting to \$5,775,225.48.

III. PUBLIC HEALTH ACTIVITIES.

1. PUBLIC HEALTH EDUCATION.

The following tables give data regarding enrolment and public health degrees (degrees leading to a professional public health career) granted during 1926 :

School	Degree	Number enrolled 1925-26	Number of Degrees conferred in 1926
University of California	Dr. P. H.	2	0
	M. A. in Hygiene	1	1
	A. B. in Hygiene	12	4
University of Georgia	D. P. H.	6	6
	M. S. in P. H.	1	1
	B. S. in P. H.	3	3
Harvard School of Public Health	Dr. P. H.	6	6
	M. P. H.	7	7
Johns Hopkins School of Hygiene and Public Health	Dr. P. H.	16	13
	Sc. D. in Hygiene	31	11
	C. P. H.	22	9
	Sc. B. in Hygiene	2	2
Massachusetts Institute of Technology .. .	Dr. P. H.	1	0
	C. P. H.	3	2
	Ph. D.	5	0
	S. B. in P. H.	22	6
University of Michigan	D. P. H.	7	5
University of Minnesota	M. A. in Hygiene	1	1
	B. A. in Hygiene	2	2
Ohio State University	M. S. in Hygiene	2	0
University of Pennsylvania, School of Hygiene and Public Health .. .	Dr. P. H.	1	1
	Ph. D. in Hygiene	2	2
	M. S. in Hygiene	5	3
Yale School of Medicine, Department of Hygiene and Bacteriology .. .	Dr. P. H.	2	2
	Ph. D. in Hygiene	16	9
	C. P. H.	4	1
	M. S. in Hygiene	1	1
Total		183	98

The tendency remains in the United States no longer to require of a public health administrator that he should have a doctor of medicine degree. Other Governments have gone further than the United States in placing clinical activities under government health authorities ; whereas there is a tendency in this country to leave clinical matters in the hands of private practitioners, hospitals, and relief agencies, and a growing recognition of the distinction between public health administration and the practice of clinical medicine.

The teaching of personal and public hygiene in the colleges and universities has not, so far, been given the consideration that it deserves in the curriculum, being in many instances merely a part of the student body health programme or of college athletics. There is increasing interest, however, in the employment of teachers adequately and specially trained in the sciences concerned, and a tendency to include in the course the important activities and subjects relating to health promotion and disease prevention and control. It is believed that college courses in hygiene can and should be taught in a manner to make them of far-reaching public health importance.

The education of the public in public health is being done principally by means of pamphlets, health items in newspapers, and wireless. Practically all the States and many large cities issue regular weekly or monthly bulletins designed either to instruct the public or to aid physicians and public health workers. The United States Public Health Service mails out two public health lectures a month to 49 wireless stations, which co-operate in the dissemination of public health information. These lectures are also broadcast from a Federal station in Washington. They are also published in newspapers and magazines.

2. PROTECTION OF MATERNITY, INFANCY AND THE CHILD OF PRE-SCHOOL AND SCHOOL AGE.

In 1927, in 44 States and the Territory of Hawaii, there were over 25,000 pre-natal and child health conferences held. Approximately 161,000 expectant mothers were reached through conferences, literature, home visits, etc., and approximately 1,034,000 infants and pre-school children were reached in the promotion of welfare and hygiene. Increased local interest resulted in the establishment during the year of 70 combined pre-natal and child-health centres, 235 child-health centres, and 14 pre-natal centres.

The birth registration area was increased to 40 States, five additional States fulfilling the requirements regarding completeness of reporting during the year.

The year 1927 showed a marked and widespread interest in crippled children, manifested especially through State legislation, surveys, and the establishment of hospitals for the care of patients.

New York State extended its law to grant aid to all physically handicapped persons under 21 years of age and increased the appropriation for the purpose.

Three States enacted legislation for the benefit of tuberculous children ; and other States passed laws in the interest of blind and deaf children and the mentally defective.

During the school year 1926-27 the New York Commission of Ventilation conducted a study of school ventilation, which consisted of an investigation of the effect of various methods of ventilation on the health of school children, using for the study three modern, steam-heated mechanically ventilated schools and three old furnace-heated, naturally ventilated schools. The incidence of colds and sore throats was taken as the criterion of the healthfulness of the systems. The indications were in favour of natural ventilation.

The New York Commission on Ventilation considers the following as essential requirements regarding heating and ventilation :

(1) Sufficient heating capacity to heat :

- (a) Corridors, gymnasiums, and shops to 65° F.
- (b) Swimming-pools and dressing-rooms to 75° F.
- (c) All other occupied rooms to 68° F.

(2) All class-rooms shall have at least 1.4 square meter of floor-space per pupil, and the system of ventilation must be capable of avoiding the production of unpleasant odours usually associated with the presence of CO₂ in the air in a proportion exceeding 15 : 100,000 and must function without producing chilling draughts. Ventilation shall be accomplished by either windows or mechanical means or by any other method that will attain the desired result. Ventilation of auditoria, chemical laboratories, shops, etc., shall be obtained preferably by mechanical means.

(3) Every school-room shall be provided with at least one thermometer.

(4) An approved system of ventilation shall be maintained in operation whenever the school is in session.

The American Child Health Association, an unofficial organisation, is making a three-year study of the effectiveness of school health progress, by studying the practices and procedures, and the results. The report has not yet been made.

Several States passed laws relating to school hygiene—requiring physical education and training in public schools, creating the position of State supervisor of physical and health education, authorising the employment of school dentists, providing free inspection and free treatment in necessitous cases, authorising the employment of school nurses, etc.

Ten States enacted legislation providing benefits for mothers and dependent children; one State, Pennsylvania, appropriated \$2,750,000 for this purpose.

3. SANITATION.

Modern principles of sanitation met a most severe test in the Mississippi valley flood during the spring and summer of 1927. The flooded area has been estimated at over 51,000 square kilometers, sustaining a population of approximately 1,000,000. The public health programme adopted was along standard lines, and the activities provided for safeguarding the health were as comprehensive as those employed elsewhere, beginning with pre-natal hygiene. Soil pollution was prevented by having sewer connections made where possible and by constructing sanitary w.c.'s. Food inspection was made, vaccination against smallpox and inoculation against typhoid fever were carried out, and standard preventive measures were successfully adopted against malaria. As a result of this sanitary work, carried on by local, State, Federal, and unofficial agencies, outbreaks of communicable diseases were prevented. The measures taken to combat pellagra, which is more or less prevalent in some of the flooded areas, included the distribution of dried brewers' yeast and, in a few instances, tomato juice.

Studies were continued by the Public Health Service during the year on the pollution and natural purification of streams, and experimental studies were made of natural purification. The reduction in the number of sewage bacteria and in the rate of biological oxidation of organic matter has now been fairly well established for the Potomac, Ohio, Illinois, and Mississippi rivers.

An increase was shown during the year in the number of full-time county health units. This increase was principally in the Mississippi flood area, where the value of such local health units was so clearly demonstrated.

4. WATER SUPPLY.

With increases in population and in industrial development, increasing vigilance becomes necessary to safeguard water supplies. The necessity for controlling the pollution of streams has prompted several States to establish water-boards or commissions to administer regulatory measures.

The questions of stream pollution and water purification have become so closely allied that many workers wonder which is of the greater importance. Authoritative opinion in this country holds to the treatment of water.

Among the important matters of research in water purification are the method of expressing results and the allowable pollution of raw water, in terms of *B. coli*, delivered to the plant. The expression of the results in terms of the "most probable numbers" of *B. coli* per 100 c.c. is gaining favour. Observations indicate that the maximum limit of bacterial pollution of river supplies is about 630 per 100 c.c. The limit fixed by the International Joint Committee for raw waters taken from international boundary waters is 500 *B. coli* (index) per 100 c.c.

Improvements are noted in mechanical devices for feeding and mixing chemicals and in underdrain systems. Methods of operation and treatment have been improved to reduce the ever-increasing bacterial loading of filters.

5. SEWAGE DISPOSAL.

Special study has been given to industrial wastes, various wastes having been studied in an attempt to determine their biological oxygen demand, so that there may be assigned quantitative coefficients in terms of pounds of material manufactured that may be applied for rapid calculation in field observations and surveys.

The disappearance of chlorine as free chlorine in water and sewage, methods for determining amounts of excess chlorine, the effect of chlorine on reducing the bacterial content and on stability, and the biological oxygen demand of sewage were extensively studied during the year.

Further studies were made in methods of bringing about the rapid digestion of sewage sludge in primary settling tanks, the utilisation of sewage bases, methods to be used in the operation of activated sludge plants with the use of coagulants and catalytic agents, and the digestion of activated sludge with changing hydrogen ion concentration.

Improvements in plant design and mechanical equipment include the detritus tank for intercepting grease and grit, separate digestion of sludge, and digestion of large quantities of sludge as in the activated sludge type of disposal.

6. MILK SUPPLY.

In 1923 the United States Public Health Service prepared a standard plan of milk control for cities, including a standard municipal ordinance. By January 1927, 115 cities had adopted this plan, and during 1927, 71 additional cities adopted it, making 186 at the close of the year.

The Public Health Service programme for the improvement and unification of milk-control practice was submitted during the year to 14 national public health and dairy organisations, for study and recommendations.

Increased emphasis is being placed on the importance of undulant fever as a milk-control problem, and it is believed that, while the consumption of raw milk from infected cows may not be the only cause, it is an important cause of undulant fever in man in the United States (see also page 23) In some part of the country it is believed that undulant fever presents a health risk comparable to that of typhoid fever to-day, and some authorities recommend that an examination for undulant fever be made as a matter of routine on all blood specimens sent to State and municipal laboratories for Widal tests.

Improvement in the design of pasteurisation machinery was quite general throughout the milk industry during 1927, largely as a result of studies conducted by the Public Health Service showing faults in machinery and processes, as well as a result of the increasing number of cities which are adopting the uniform milk-control plan.

During 1927 there were 35 outbreaks of milk-borne disease in the United States, as follows :

Disease	Number of Outbreaks	Number of Cases	Number of Deaths
Typhoid fever	23	421	35
Paratyphoid fever	2	53	0
Scarlet fever.	5	398	5
Diphtheria	2	15	0
Undulant fever.. .. .	2	14	1
Gastro-enteritis	1	50	0
Total.. .. .	35	951	41

These outbreaks of milk-borne disease emphasise the dangers which constantly threaten cities which do not adequately safeguard their milk supplies.

A Federal Milk-Importation Act, designed to prevent the importation into the United States of milk and cream of doubtful quality and purity, came into effect during 1927, and Congress extended for two years federal aid to States in maternity and infant welfare.

7. HEALTH INSURANCE.

There is no Federal or State health insurance in the United States. There are, however, approximately 500 sick-benefit clubs connected with large industrial establishments. The funds of these clubs are contributed by the employees, and sometimes also by the employers ; the membership naturally varies with economic conditions. Most of these clubs, or sick-benefit associations, pay sick benefits only for illness and non-industrial accidents which incapacitate for more than seven consecutive days.

Although the United States have no health insurance legislation, practically all the States now have workmen's compensation laws, which furnish relief in the case of industrial accidents. In many of the States these laws provide occupational disease compensation, about half of which cover only a limited list of diseases while others compensate for all disabilities clearly the result of the employment.

IV. PUBLIC HEALTH LEGISLATION.

Many State legislatures held sessions during 1927, and laws or regulations pertaining to public health were adopted in most of the 48 States. A large number of these laws and regulations were amendments or additions to provisions already in force. Some of the subjects treated were :

- The reorganisation of State and county health departments.
- Establishment and maintenance of laboratories.
- Water and sewer districts, especially outside cities.
- Pollution of streams by sewage and wastes.
- Disposal of garbage.
- The establishment and regulation of hospitals.
- Public health nursing.
- Registration of births, deaths, marriages, and divorces.
- Sale of habit-forming drugs.
- The care, handling and sale of foodstuffs.
- The production, handling and sale of milk and milk products.
- Tuberculin testing of cattle.
- Control of mosquitoes.

Importation of Milk and Cream.

The Federal Congress enacted a law regulating the importation of milk and cream into the United States. It requires that all persons importing milk or cream must secure a permit, which may be granted after examination of the dairies where the milk is produced and of the plants where it is handled. All the cows must have been tuberculin-tested and they must be given physical examinations at least once each year. The sanitary condition of the dairy farms and milk plants must be such as to score at least fifty out of a possible hundred points. Raw milk, unless imported for pasteurisation or to be condensed or evaporated, must not exceed 300,000 bacteria per cubic centimeter ; pasteurised milk must not exceed 100,000 bacteria. For raw cream the limit is 750,000 bacteria, and for pasteurised cream 500,000. The temperature of milk to be sold without pasteurisation or processing must not exceed 50° F. at time of importation. Permits may be revoked if the law or regulations authorised by the law are not complied with.

Sexual Sterilisation.

The States of Indiana and North Dakota adopted laws permitting the sexual sterilisation of inmates of State institutions who are feeble-minded, insane, or epileptic. Before the operation can be performed notice must be given to the inmate and to his or her guardian or next-of-kin and a hearing must be conducted before a board. Provision is made for appeals from the decision of the board to the courts. The operation is not to be performed as a punishment, but only when it is shown that it will probably be beneficial to the patient and to society.

Barbers and Cosmetologists.

At least thirteen States passed laws regulating barbers' shops and an equal number of States adopted laws regulating beauty parlours. These laws provide for sanitary regulations, which are intended for the protection of public health. They generally require examination and licensing of persons operating shops or employed therein.

Tetraethyl Lead.

The Department of Health of the State of Connecticut adopted regulations governing the manufacture and handling of tetraethyl lead [Pb (C₂H₅)₄] and ethyl gasolene, the latter being a mixture of tetraethyl lead with gasolene and being used for a motor fuel. The regulations provide for thorough physical examinations of all workers engaged in the manufacture of the ethyl fluid. Examinations of the blood must be made once a week for the first three weeks and bi-monthly thereafter. Ventilation systems are required in the plant with daily inspections, and reports must be made monthly to the State Department of Health. A dye must be added to the luid to identify it and to prevent its use for cleaning purposes.

Clinical Thermometers.

A law passed by the State of Michigan makes it unlawful to sell in the State any clinical thermometer which has a variance of more than two-tenths of a degree, and all thermometers sold (if correction is needed) must be accompanied by a correction slip showing the variance.

V. BUDGET.

Appropriations for the United States Public Health Service for the year ended June 30th, 1927, aggregated more than \$9,600,000. About \$5,500,000 was appropriated for the care of seamen and other beneficiaries of the Service.

The principal appropriations for public health work were as follows :

Salaries of officers and employees	\$2,576,000
Maritime and border quarantine	460,000
Preventing the spread of epidemic diseases	430,000
Field investigations of public health.. .. .	280,000
Interstate quarantine service	69,000
Rural sanitation work	75,000
Survey of salt marsh areas.. .. .	25,000
Maintenance of Hygienic Laboratory	43,000
Control of biologic products.. .. .	45,000
Expenses Division of Venereal Diseases	75,000
Miscellaneous, including transportation	25,000
Total	\$4,103,000

Much of the work of protecting public health in the United States comes under the jurisdiction of the State governments. The aggregate expenditure of the 48 States for certain phases of health work for the year 1926 was as follows :

Supervising departments	\$2,430,000
Vital statistics.. .. .	755,000
Prevention and treatment of communicable diseases :	
Tuberculosis :	
In State institutions	\$8,740,000
Outside State institutions	2,062,000
All other diseases	3,005,000
	<hr/>
	13,807,000
Conservation of child life	2,465,000
Food regulation and inspection	2,468,000
Regulation of professional occupations	1,200,000
Other health and sanitation	2,424,000
	<hr/>
Total	\$25,549,000

A typical budget of one of the States, with an efficient health department and a somewhat larger appropriation than the average, is that of Massachusetts for the year 1927. The principal items are as follows :

Administration.. .. .	\$37,400
Maternal and infant hygiene	73,000
Control of communicable diseases :	
General	71,200
Antitoxin and vaccine laboratory	84,900
Venereal diseases :	
General	28,800
Manufacture and distribution of arsphenamine.. .. .	14,500
Wassermann laboratory.. .. .	17,900
Inspection of food and drugs.. .. .	55,400
Water supply and disposal of sewage :	
Engineering division	76,700
Water and sewage laboratories.. .. .	43,700
Tuberculosis division :	
General	95,600
Subsidies to local hospitals, etc.	222,000
Permanent improvements at sanatoria	1,034,700
Miscellaneous	19,500
Cancer clinics	45,000
Cancer hospitals	165,000
	<hr/>
Total	\$2,085,300

The above tables do not include expenditure by cities or counties for public health work. Some of the larger cities make large appropriations for this purpose

VI. CURATIVE MEDICINE.

I. HOSPITALS.

There were 6,799 hospitals with more than 10 beds in continental United States in 1927.¹ These hospitals had a total bed capacity of 849,500 patients' beds—a ratio of one active hospital bed for every 255 inhabitants (excluding hospitals for nervous cases and those for the care of invalids and convalescents). The estimated need for average communities in the United States is one bed to 150-200 population, though this ratio varies with the community. On the staffs of these hospitals were 79,621 physicians, 5,945 resident physicians, 2,648 medical superintendents, and 5,910 interns—a total of 94,124 physicians.

As regards distribution of hospitals, 48.8 per cent are in semi-rural towns of 10,000 population or less. Closely related to the hospital service are more than 4,000 general and special clinics serving as out-patient departments.

An important and interesting recent development is the building of large hospitals and medical centres, or units, in buildings of "sky-scraper" design, 18 to 20 stories, and having full departments for the diagnosis and treatment of disease, for the education of physicians and nurses, and for research work. There is also evidence of a tendency for hospitals to add any special departments rather than to continue the policy of separate special institutions.

A survey made by the American Medical Association² in 1927 shows 6,807 hospitals of all types and sizes in the United States that are admitted to the Association's hospital register, with 853,318 beds and an average of 671,832 patients for the year. This figure is exclusive of 462 institutions, with 11,379 beds, not admitted to the register. The classification of hospitals admitted to the register is as follows:

	Number of Hospitals		Number of Beds		Average number of Patients	
	1923	1927	1923	1927	1923	1927
Federal ³	220	301	53,869	60,444	34,937	42,137
State, City, and County	1,516	1,508	418,079	484,725	339,817	428,020
Non-Government .	5,094	4,998	283,774	308,149	178,381	201,675
Total	6,830	6,807	755,722	853,318	553,135	671,832

There is a tendency to stimulate a greater interest among practising physicians and hospital authorities in necropsies as the accepted procedure. The holding of post-mortem examinations has lagged behind hospital development in the United States, although it is believed that no other procedure could increase the hospitals' usefulness as much or result in greater benefits to future patients.

¹ *The Modern Hospital Year-Book*, 8th Edition, 1928.

² *Journal of the American Medical Association*, Vol. 90, No. 12, March 24, 1928, p. 911.

³ Includes Army, Navy, Public Health Service, Veterans' Bureau, and Indian Service hospitals.

2. CLINICS AND DISPENSARIES.

Probably the most important development as regards clinics and dispensaries in the United States is the great increase in the use of the "free clinic". In the United States free clinics may be grouped as follows: (a) the original type, or out-patient department of a medical school or hospital; (b) the clinic established by an official board of health for the control of infectious diseases; and (c) the free clinics of various lay public-welfare organisations. The increase in the use of clinics is causing some alarm and complaint among private practitioners, and there is evidence that the problem will become even more serious with the development of lay, medical and educational centres and the increasing number of clinics. Some States are passing laws to prevent imposition on free State or county hospitals by persons having sufficient means to pay for medical service. One county in California collected \$50,000 in 1927 from patients claiming to be indigent.

The Committee on Dispensary Development of the United Hospital Fund of New York City states:

"The average number of persons, for the usual working day, attending clinics in New York City is nearly 20,000 persons; which means about six million visits to clinics in a year by approximately 1,250,000 persons. A development so rapid and so far-reaching is certain to give rise to serious problems of quality and standardisation of service, and to cause confused or disturbed relations among the professional, social, and financial interests involved."

3. PHARMACIES.

There are approximately 80,000 pharmacies and retail drug-stores in the United States, practically all of which deal in articles other than drugs.

The increase in trade activities in the drug-store in the United States presents the most troublesome problem of pharmacy to-day. There are several "chain store" or "association store" companies, the activities of which are mostly commercial, and the number of stores of these companies has increased very rapidly.

4. PHYSICIANS, MEDICAL STUDENTS, DENTISTS, PHARMACISTS, NURSES, MIDWIVES, AND OTHER HEALTH PERSONNEL.

The licensing of physicians, dentists, pharmacists, nurses, and midwives is under the jurisdiction of the various States, excepting in the District of Columbia, where it is under Federal jurisdiction.

No census of physicians was taken in the United States in 1927. The American Medical Association compiles a directory of physicians biennially, while the Federal occupational census is taken only every ten years. In 1926 there were 149,521 physicians in continental United States (approximately one physician to every 780 persons). During 1927 there were 7,038 registrations in the different States and the District of Columbia, 4,899 of which followed a State Board examination, and 2,139 of which were through reciprocal agreement.

The number of foreign physicians seeking licensure in the United States showed a steady increase following the world war up to 1925, in which year, as well as in 1926 and 1927, there was a decrease, the figures for recent years being as follows: 1924, 591; 1925, 533; 1926, 330; 1927, 281.

The following table presents the data regarding medical schools and medical students in the United States in 1927 compared with prior years :

	1924	1925	1926	1927
Medical schools in the United States	80	80	79	80
Medical students in the United States	17,728	18,200	18,840	19,662
Number of medical students graduating	3,562	3,974	3,962	4,035
Medical students per 100,000 population	16	16	16	16.5

There were 882 more medical students in 1927 than there were in 1926, and 73 more graduates. In 1927 there were 964 women enrolled in medicine as compared with 935 in 1926. There were 189 women graduates in medicine in 1927 as compared with 212 in 1926.

In 1927, 95.4 per cent of the medical students were enrolled in colleges rated Class A, compared with 65.4 per cent in 1913; and 94 per cent of the graduates were from Class A colleges, compared with 64 per cent in 1913.

In 1927, holders of certificates from the National Board of Medical Examiners¹ were eligible to be registered without further examination in 39 States, the Canal Zone, Porto Rico, and Hawaii, compared with 35 States in 1926 and 33 States in 1925.

Dentistry in the United States has reached the status of an independent scientific profession. The dental schools, dental journals, and dental research institutions bear evidence of the tremendous recent progress. It is now being recommended² that the student of dentistry have at least two pre-professional years of college study, three years of undergraduate curriculum instead of four, and an optional full year of graduate study for systematic training in oral specialisation. As was the case with medical schools, dental schools are tending more and more to become integral parts of universities, fitting in with the general educational scheme.

The importance of dentistry in relation to bodily health is now widely recognised; and the search for the causes of dental decay and other diseases of the teeth and surrounding tissues becomes a medical question as well as one of mechanics; and it is believed that, gradually, dental practice in the United States will assume its proper prominent place in the healing art and in the field of public health. Regular dental examination and indicated treatment, now the practice at the Public Health Service Marine Hospitals, have resulted in a marked reduction in the average duration of the medical treatment of patients. Many chronic forms of arthritis have been found curable through the elimination of focal infections in the mouth, and the causes of obscure illness are often determined and removed. A correction of oral septic conditions has frequently turned the scale in instances of critical illness.

No exact census was made of dentists in the United States in 1926, but there are approximately 64,500 dentists and 2,000 oral hygienists in continental United States.

As in the case of medicine and dentistry, the standards of pharmacy have also greatly advanced in the United States. Colleges of pharmacy were first organised in this country between 1820 and 1830. At that time and for many years later pharmacy was generally learned by the apprenticeship method. Prior to 1875, when the various States began to enact laws regulating the practice of pharmacy, anyone

¹ For brief statement of purpose of this Board, see the *International Health Year-Book* for 1925, p. 537.

² GEIS, W. J.: *Dental Education in the United States and Canada*—A Report of the Carnegie Foundation for the Advancement of Teaching. Bull. 19.

could establish and conduct a drug store. The number of colleges of pharmacy has gradually increased to more than 60, and the standards have advanced until graduation from high school and completion of not less than a three-year approved course in pharmacy are required by most States as pre-requisite to examination for licence.

The American Pharmaceutical Association, an organisation based upon high professional ideals, has aided in raising the standards of the profession. This association, now seventy-six years old, has also contributed to the improvement of the Pharmacopœia of the United States, the official standard for drugs and medicines, and it compiles and issues the National Formulary, which standardises the non-official drugs and preparations in use by physicians, with respect to latin titles and to formulæ.

In 1927 there were 401 pharmacists engaged in pharmaceutical research, distributed as follows :

Hospital pharmacists	5	Practising chemists	8
Retail pharmacists	12	Non-pharmaceutical teachers	
Wholesale druggists.. . . .	5	and their students (chemists	
Pharmacists engaged in medical		and pharmacologists) ..	31
school work	4	Manufacturing pharmacists..	138
Governmental scientists doing		Pharmaceutical teachers and	
pharmaceutical research work	17	their students `	181

There were approximately 335,000 registered nurses in the United States in 1927. The number of nurses' training schools in hospitals increased from 2,155 in 1926 to 2,286 in 1927. A gradual development is noted in the educational requirements, the length of the training course, and in the scope of the training curriculum. A recent development in the training of nurses is the university nurses' school especially to prepare teachers and supervisors for nurses' training schools. Twenty-five universities, in affiliation with 44 hospitals, have established such courses and in 1927 had an enrolment of 368. The courses are usually five years, inclusive of academic study.

The number of persons practising midwifery in the United States is unknown. Midwives are employed principally by mothers of foreign birth and by native families living in isolated communities. In States in which the profession is recognised by law the tendency is to raise the standard and improve the service of midwifery. Wherever possible, hospitalisation and the services of public health nurses are supplanting midwives. The figures for recent years for New York City illustrate this tendency :

Year	Midwives registered	Births reported by Midwives	Per cent of total Births
1909	3,131	49,616	40.3
1914	1,448	52,997	37.6
1919	1,695	41,876	32.1
1924	1,309	25,833	19.8
1927	1,262	20,959	16.2

5. THE COST OF MEDICAL CARE.

The greatest problem in the practice of medicine in the United States at the present time is probably the provision of adequate medical care to all the people, especially

the middle and poor classes, at a cost which can reasonably be met by them. The principal important factors in this problem are the unequal distribution of physicians and hospital facilities, the increasingly difficult position of the general practitioner of medicine, due to the prestige of the specialist, and the inadequate incomes of the middle and poor classes. The middle class suffers most ; the rich can secure the best medical service and hospital care, as can most of the poor in the cities who will accept free medical services at the clinics, often given by the same practitioners or specialists who attend the rich ; but families belonging to the class of moderate means, constituting 75 per cent or more of the population, who are reluctant to accept charity, are frequently kept hopelessly in debt for medical services.

For the purpose of analysing this present confused condition, and to outline and execute studies designed to lead the way to more efficient medical service to the great mass of people of the middle class, a committee consisting of 52 persons, representing private medicine, public health authorities, medical institutions, and the general public, was created in 1927. The expenses of this committee are borne by several foundations interested in the advancement of knowledge and public health, and in part by the medical profession. It is believed that a careful systematic study of the situation, with an analysis of all the factors involved, will result in a more adequate organisation of medical services, both curative and preventive.

August 1928.

INDUSTRIAL HYGIENE

IN

GERMANY, BELGIUM and GREAT BRITAIN.

I. Industrial Hygiene in Germany

By Dr. LEYMANN,

Former Ministerial Counsellor (Berlin).

I. LAWS AND DECREES.

The Law of July 16th, 1927, on employment before and after confinement regulates anew the protection of women during pregnancy and confinement. Prior to this enactment, the employment of female workers was prohibited by the industrial regulations ("Gewerbeordnung") for a total period—before and after confinement—of eight weeks. Of this period, at least six weeks had to follow the confinement. The new law goes further, and even beyond the Washington Convention. Pregnant women may, without thereby breaking their employment contract, simply refuse to continue work, if they produce a medical certificate showing that confinement is expected to occur within six weeks. In addition to this, the law completely prohibits their employment during the six weeks immediately following confinement. Women who have been confined can even refuse to work for a further six weeks, on production of a medical certificate in justification thereof. During the whole period of protection, pregnant and confined women may not be dismissed or given notice of termination of their contract. Finally, during the six months following confinement, the law entitles nursing mothers to claim time off—up to two half-hours or one hour—during working hours, in order to feed their children. But the law has not only provided an increased measure of protection, it has also extended the scope of the protective provisions. Maternity protection applies also to female workers in small industries, including home industries, and to female workers in business firms, banks, Government Departments, etc. Up to the present, the only women excluded are those in domestic service, in agriculture and in agricultural auxiliary establishments in which not more than three persons are ordinarily employed. The necessary assistance to pregnant and confined women is provided by the sick funds, to which all employed persons whose income does not exceed M.3,600 per year, must belong.

Female workers in agriculture and in domestic service already receive a certain amount of protection and help from the so-called "Wochenhilfe" (Assistance to Women during Confinement). An extension of the protection of these persons is contemplated.

.....
Under the decree on hours of work—*cf.* report for 1926—every kind of overtime, *i.e.*, work for more than eight hours, has been prohibited in a series of industries.

.....
Persons engaged in the repair of ships carrying mineral oil tanks are particularly exposed to the risk of disease and accidents when climbing into, and working in, the tanks. The Reich Ministry of Labour has therefore laid down special principles to meet these cases in a Decree dated November 26th, 1926.

In Prussia, special courses concerning the introduction of industrial hygiene have been organised at vocational training schools for teachers of both sexes.

The provisions governing the extension of accident insurance to occupational diseases have come more and more into current use. In 1926, 3,943 cases of occupational disease were notified, and in 292 of such cases compensation was granted. In 1927, 4,261 cases of occupational disease were reported, in 268 of which compensation was given. The attached table gives a general view of the number of notifications and their distribution by occupational diseases during the year 1926.

II. INVESTIGATIONS.

As in the previous year, the Reich Ministry of Labour again promoted, and financially assisted, a number of investigations into the conditions of health and work among workers. The investigations concerning dust in metal-grinding shops, and the collection of particulars regarding the damage done by porcelain dust are now practically concluded and will be published shortly.

As regards the *campaign against anthrax* in industrial establishments, extensive work is now being done by the Reich Health Department with the assistance of the Reich Ministry of Labour. It covers the whole of the ground; disinfection of the hair in horse-hair spinning mills, disinfection of wool in wool washing and carding establishments, experiments in the disinfection, in tanneries, of hides and skins suspected of harbouring anthrax, development of a disinfection process for bristle and animal hair which is liable to be damaged by steam disinfection and boiling.

The investigations into the damage done to the auditory system in noisy factories have been carried further. The results will be published shortly. The same applies to investigations regarding the origin and detection of glass-workers' cataract. In conjunction with this the question of cataract caused by glare is also being studied. Further investigation has been made concerning varnishes, and into the atmospheric conditions of mining, as well as the collection of data concerning hygienic conditions in factory workers' rest-, washing-, and dressing-rooms, and regarding injuries sustained in varnish- and metal-spraying.

III. FACTORY INSPECTION.

The number of officials has again been increased, but figures are not yet available. In 1927 factory inspectors gave special attention to the following questions:

- (a) The employment of German inland migrants ("Binnenwanderer") and of foreign workers in industry and trade,
- (b) Labour protection in rationalised factories,
- (c) The employment of married, widowed and divorced female workers,
- (d) Health and accident risks in spraying processes.

IV. ASSOCIATIONS.

At the general annual meeting of the German Society for Industrial Hygiene, which was held at Hamburg in September 1927, the questions specially discussed were the importance of lighting for health and efficiency, and hygiene and health risks among wharf and harbour workers and among firemen on board ship. The results of the discussion have been set forth in two papers, but these did not appear until 1928.

In 1927, the Society organised two courses of lectures on industrial hygiene at Stuttgart and Hamburg, and a course on trades and occupations for State and Communal medical officers in Berlin. In addition to this, it published a whole series of papers dealing, *inter alia*, with dust in industry and pulmonary tuberculosis, also with diseases due to dust contracted by sandstone workers and with the removal of vapours given off during varnishing by the dipping or spraying process.

Annex

CASES OF OCCUPATIONAL DISEASES AND THEIR CONSEQUENCES
NOTIFIED AND COMPENSATED DURING THE YEAR 1926.

No.	Disease	No. of cases reported	Compensated Cases			Total
			Followed by death	Followed by total incapacitation for work	Followed by partial incapacitation for work	
	Disease caused by :					
1	Lead and lead compounds	3,129	7	13	221	241
2	Phosphorus	3	1	—	—	1
3	Mercury and mercury compounds ..	23	—	1	4	5
4	Arsenic and arsenic compounds .. .	23	—	—	—	—
5	Benzene and its homologues and its nitro and amido compounds	113	2	—	1	3
6	Bisulphide of carbon	57	—	1	4	5
7	Cancer of the skin	34	—	—	1	1
8	Glass-workers' Cataract	85	—	—	7	7
9	Disease or injury caused by Röntgen rays	16	—	1	4	5
10	Anchylostomiasis	2	—	—	—	—
11	Schneeberger's lung disease	—	—	—	—	—
12	Incorrect reports	454	—	—	—	—

September 1928.

II. Industrial Hygiene in Belgium.

By DR. D. GLIBERT,

Inspector-general of the Industrial Medical Service (Brussels).

LAW CONCERNING COMPENSATION FOR INJURIES DUE TO OCCUPATIONAL DISEASES.

During 1927, the Industrial Medical Service in Belgium was chiefly occupied in drafting in its final form the *Law concerning Compensation for Injuries due to Occupational Diseases*. This law, to which attention was drawn in the *International Health Year-Book*¹, was passed by the Belgian Legislative Chambers, and its final text was approved by the King on July 24th, 1927.

A short account of the main principles followed by the Belgian legislators and of the main differences between this law and the Belgian law concerning compensation for injuries arising from industrial accidents may not be out of place.

Occupational disease may be differentiated from industrial accidents in that its inception is very rarely sudden and does not usually appear during the actual term of the contract of service. Certain chronic toxic conditions may remain latent for a long time, and it is a matter of common knowledge that sometimes their most serious consequences only become apparent months, or even years, after the unhealthy work has been abandoned. Moreover, the pathological symptoms of a disease which is occupational in origin are not always clearly distinguishable from those of some similar ailments having another cause. In addition, the ætiology of a morbid condition may be mixed—both occupational and general. It frequently happens that the occupational cause of a disease cannot be clearly proved, so that it does not seem feasible that all cases of illness actually due to occupational disease should be allowed special compensation. The law merely covers cases in which the medical diagnosis can be established with certainty, and in which the ætiological diagnosis presents little difficulty.

Another difference between occupational disease and industrial accidents is that the latter occur at a definite time and at a definite place. On the other hand, great uncertainty may exist on both these points in the case of an occupational disease. It is often difficult and in some cases impossible to determine exactly where the illness was contracted if the workman in question has worked for several employers successively. It follows that an individual employer should not be held directly responsible in such cases, but that the responsibility should be borne by all the employers of a given class collectively.

These considerations account for the differences existing between the new law and the law concerning compensation for injuries due to industrial accidents. The following are the main differences :

1. In the case of industrial accidents, *insurance* is not compulsory ; the law merely requires payment of *compensation*. But in the case of occupational diseases,

¹ International Health Year-Book. Vol. III, p. 729.

insurance is compulsory, inasmuch as it involves the payment of contributions by all industrial concerns covered by the scheme.

2. No place could be given to private insurance companies since it was decided that employers were not individually responsible for compensating sufferers. A single Insurance Fund has therefore been created. Payment will be made out of this Fund in all cases of occupational disease for which compensation is compulsory.

3. In the case of industrial accidents, the injured person cannot choose his doctor if the employer (or the insurance company acting for him) has instituted a medical service entirely at his own cost. In cases of occupational disease, the patient is entirely free to choose his doctor; the law merely provides special allowances for the costs of treatment.

4. In the case of disease, compensation is not payable for partial incapacity if this is temporary. It is, moreover, only payable for total incapacity if its duration is not less than fifteen days.

5. The period during which a medical examination may be demanded are longer than in the case of industrial accidents, because deferred morbid symptoms are much more frequent in the case of disease than in the case of accident.

The law is based on a double list showing, first, the various branches of industry covered by the law, and secondly, the diseases for which compensation is payable in each of these branches.

It provides for the establishment of an Insurance Fund, supervised and guaranteed by the Government, from which compensation is paid to persons suffering from occupational disease. All industrial concerns coming within the scope of the law make compulsory annual payments to the Fund. These payments, in principle, relieve employers of their civil responsibility. The general regulations concerning civil responsibility would only be applicable to them on the somewhat far-fetched hypothesis of their having deliberately caused the disease. The Governing Body of this Fund is assisted by a *Technical Medical Committee*, on which employers and workpeople are represented. This Committee is responsible for making proposals that certain industries should be brought within the law, and suggestions in connection with the nomenclature of diseases. It also has certain powers as regards fixing the amount of contributions.

In other respects, the Government and the Legislative Chambers have endeavoured to follow as closely as possible the existing legislation concerning industrial accidents.

In actual practice, a worker who considers that he has contracted an occupational disease in a concern covered by the law addresses an application to the Insurance Fund. After duly investigating whether the application is in order and whether it is well-founded, the insurance authorities notify their decision to the person concerned. Where compensation is refused, the worker may appeal to the competent Courts.

* * *

When passing the law concerning compensation in respect of injuries due to occupational diseases, the Belgian Legislative Chambers also accepted another law (July 3rd, 1927), approving the Convention drawn up at Geneva by the International Labour Conference concerning : (1) compensation for injuries due to occupational diseases ; (2) compensation for industrial accidents ; (3) equality of treatment for national and foreign workers as regards workmen's compensation for accidents.

* * *

In pursuance of these legal decisions, a *Royal Decree dated November 15th, 1927*, set up the Insurance Fund, the Governing Body of the Fund and the Technical Medical Committee.

A *Ministerial Decree dated November 19th, 1927*,¹ defined the relations between the *Technical Committee of the Insurance Fund* and the *Industrial Medical Service*.

WORK OF THE INDUSTRIAL MEDICAL SERVICE.

GENERAL SUPERVISION.

The statistics available at the present date and relating to the work of actual supervision by the Industrial Medical Service cover the year 1926.

In the matter of general supervision, 3,171 industrial concerns were inspected; these concerns employ 428,264 adults (330,466 males and 97,798 females) and 45,387 young persons (24,996 males and 20,391 females).

Special sanitary supervision was exercised in connection with industries in which the workers are exposed to the risk of lead or mercury poisoning or to infection with ankylostomiasis.

In whitelead workshops, these sanitary measures provide for the medical inspection of all workpeople every month. The following is brought out by the monthly medical inspections throughout 1926:

There took place 1,592 medical inspections.

In 1,420 cases the workman was declared to be in good health; in 126 cases there were obvious symptoms of poisoning; there were 12 cases of suspected poisoning; lastly, it was stated in 34 cases that, though the workman examined was not suffering from poisoning, his general health seemed to be poor.

In industrial concerns which hold a special authorisation to use whitelead in the form of powder, and in which medical inspections are only required once a quarter, the following figures were obtained:

There took place 399 medical inspections (86 males and 313 females).

In 363 cases the result was: "healthy" (70 males and 293 females); in 8 cases: "obvious symptoms of poisoning" (no males and 8 females); in 19 cases: "poisoning suspected" (12 males and 7 females); in 9 cases: "no poisoning, but general health poor" (4 males and 5 females).

In workshops where animal hair is cut up and where the workers are liable to mercury poisoning, medical inspection is compulsory every three months.

Under this regulation, 3,043 inspections were carried out (485 males and 2,558 females).

In 2,785 cases the result was: "healthy" (412 males and 2,373 females); in 112 cases: "obvious symptoms of poisoning" (26 males and 86 females); in 147 cases: "poisoning suspected" (48 males and 99 females).

The following particulars show the results of protective measures against ankylostomiasis in coalmines:

¹ The text of the law concerning compensation in respect of injuries due to occupational diseases and that of the executive Decrees may be found in the *Bulletin du service médical du travail*, 8th Year, 1927, No. 1.

	Examined	Found infected
Examinations of workers on engagement..	27,125	66
Second examination (between 3rd and 40th day after engagement)	15,073	8
Subsequent examination	2,557	23

HEALTH MEASURES FOR THE PROTECTION OF YOUNG PERSONS IN INDUSTRY.

Another duty of great importance which is entrusted to the industrial medical inspectors is the supervising of the execution of the *Royal Decree of June 1st, 1920*, laying down *health measures for the protection of young persons in industry*. We give a few particulars :

In 1926, 2,592 employers had the young persons working for them medically examined. The doctors were chosen by the employers, who paid for the costs of the examination. These figures apply to the whole of Belgium.

The doctors in question carried out 41,541 medical examinations. The industrial physicians personally examined 14,480 workers. The total number of young persons to whom these protective health measures were accorded in 1926 was therefore 56,021, of whom 4,239 were re-examined on one or more occasions during the year.

The doctors accordingly examined 51,782 young persons whose general health and normal development did not render any further inspection necessary during the year under survey. Of these young persons, 27,481 were boys and 24,301 girls.

The group of 4,239 young persons who were examined more than once consisted of 2,395 boys and 1,844 girls. There were 1,439 boys and 818 girls examined half-yearly, 837 boys and 963 girls quarterly, and 119 boys and 63 girls monthly.

The most common morbid conditions observed are shown in the following table:

	Boys	Girls
Diseases of the buccal cavity	788 cases, including 733 of dental caries and 51 of enlarged tonsils.	590 cases, including 511 of dental caries and 41 of enlarged tonsils.
Diseases of the visual organs	124 cases.	98 cases.
Defective sight :		
Both eyes	75 cases.	101 cases.
One eye	52 cases.	28 cases.
Hernia	63 cases.	On the grounds of propriety, this examination was not made in the case of girls.
Varicocele.. .. .	52 cases.	—
Morbid condition of the skin and scalp	42 cases.	30 cases.
Diseases of the bones	41 cases, including 4 of scoliosis and 8 of tuberculosis of the bones.	29 cases, including 5 of scoliosis and 9 of tuberculosis of the bones.

	Boys	Girls
Morbid condition of the auditory organs	37 cases, including 11 of <i>otitis media</i> .	36 cases, including 8 of <i>otitis media</i> .
Defective hearing :		
Both ears	21 cases.	9 cases.
One ear	4 cases.	1 case.
Diseases of the respiratory system	32 cases, including 5 of pulmonary tuberculosis.	36 cases, including 5 of pulmonary tuberculosis.
Morbid condition of the naso-pharynx	18 cases, including 9 of adenoid growths.	26 cases, including 24 of adenoid growths.
Morbid condition of the heart and of the circulatory system	15 cases, including 5 of cardiac disease.	21 cases, including 3 of cardiac murmurs.
Morbid condition of the digestive system	12 cases, including 2 of appendicitis.	24 cases, including 3 of appendicitis and 2 of atrophy of the liver.
General health :		
Fair.. .. .	41 cases.	97 cases.
Bad.. .. .	1 case.	1 case.
Pre-tubercular	13 cases.	32 cases.
Anæmic.. .. .	2 cases.	35 cases.
Diseases of the nervous system	9 cases, including 3 <i>minus habens</i> .	15 cases, including 2 <i>minus habens</i> .
Goitre.. .. .	3 cases.	12 cases.
Lead poisoning.. .. .	1 case.	2 cases.

The doctors also noted 6 cases of crypto-orchidism and 2 of blennorrhagia in boys.

It need hardly be said that advice was given and that the young persons referred to were sent to the anti-tuberculosis dispensaries or admitted to a sanatorium; similarly, special steps were taken to enlighten the parents and advise them to provide the necessary medical or surgical treatment. Recommendations were also made to employers, indicating desirable changes in the organisation of the work, etc.

FIRST AID IN INDUSTRIAL AND COMMERCIAL ESTABLISHMENTS.

The *Royal Decree of January 1st, 1921*, required all employers to have a "first-aid chest", with contents varying according to the size and character of the concern. It also required all large establishments to provide a room furnished and equipped for use as a dressing station and rest-room. The Decree provided, however, for exemption from this latter condition under Ministerial Decree where the concern had made a previous arrangement with a medical and surgical institution approved for this purpose by the Minister and subject to supervision by the Industrial Medical Service.

During 1926, 169 medical and surgical institutions in Belgium were approved for this purpose.

The following facts show the effects of the Decree :

Industrial physicians visited 2,932 mining, industrial and commercial concerns for purposes of supervision.

Of these, 2,606 had proper first-aid chests ; 326 did not comply with the regulation ; either they had no first-aid chest or, more often, its contents were inadequate or in bad condition.

There were 118 concerns with first-aid rooms ; nearly all of these are large undertakings which provide medical facilities considerably in excess of official requirements.

There were 1,280 concerns which had made arrangements with approved institutions to furnish medical and surgical aid and therefore did not need to provide a first-aid room.

In the case of underground work, 82 first-aid stations were in order and 23 were unsatisfactory when visited by the medical inspector.

ENFORCEMENT OF THE LAW OF MARCH 30TH, 1926, CONCERNING THE USE OF WHITELEAD.

The *Law of March 30th, 1926*, prohibits the use of whitelead and other whitelead compounds in the interior painting of buildings, and lays down rules for their use for outside work. By this law, the purchase and use of whitelead colours for painting and of whitelead compounds of all kinds for other industrial purposes are only authorised in the case of persons who show that they require these products in their business. They must procure for this purpose a permit issued by the Ministry of Industry, Labour and Social Welfare. The law came into force on October 22nd, 1926. The figures given below relate to the year 1926-27.

The following table shows the total number of permits of one year's duration issued to painters, colour merchants and manufacturers.

	Permits issued			Quantity : kilograms		Difference in kgs.
	New, applications	Renewals	Total	Applied for	Granted	
1. <i>Whitelead in the form of powder :</i>						
Dealers and manufacturers	22	6	28	811,710	811,310	— 400
2. <i>Whitelead, ground :</i>						
(a) Dealers	249	26	275	2,485,387.5	1,920,812.5	— 564,575
(b) Master painters	547	37	584	494,137.5	280,925	— 213,212.5
(c) Painters	1,421	77	1,498	1,207,917.5	743,737.5	— 464,180
(d) Miscellaneous:						
Contractors	609	115	724	492,595	348,687.5	— 143,907.5
Carpenters						
"Serristes"						
Other occupations						
	2,848	261	3,109	5,491,747.5	4,105,472.5	— 1,386,275

It should be noted that whitelead for painting may only be supplied in the form of a paste ground in oil, and that persons in other occupations, who are authorised to possess whitelead in the form of powder, are subject to special regulations which vary according to the character of their trade. This applies particularly to factories making crockery, oil-cloth, chrome leather, printing inks, etc.

In conclusion, a *Royal Decree dated November 15th, 1927*, exempts from the regulations prescribed by the Law of March 30th, 1926, certain chemically pure whitelead salts intended for laboratory use, and lead ores or residue imported into Belgium by metallurgical works and intended solely for the preparation of metallic lead.

ROYAL DECREE (MARCH 22ND, 1927) CONCERNING THE USE, WITH A VIEW TO THE DESTRUCTION OF RODENTS AND INSECTS, OF HYDROCYANIC ACID AND OF ALL SUBSTANCES CAPABLE OF PRODUCING OR GIVING OFF THAT ACID.

This Decree not only prescribes many detailed precautions in connection with the storing, handling and use of highly dangerous poisons, but it also prohibits all persons who are not specially trained and qualified, and who do not also hold personal authorisations from the Ministry of Industry, Labour and Social Welfare, from carrying out this kind of fumigation. Moreover, for any such fumigation which is not effected either in a ship or in premises exclusively intended for this purpose, a permit must first be obtained from the Ministry.

At the present time there are three authorised firms in Belgium: Messrs. Des Murs & Co. (Belgian method), Messrs. Saded S.A. (German method) and the E.G.D. (American method).

Between January 1st, 1924, and April 4th, 1927, these three firms, with a view to the destruction of rats and insects, fumigated, in the port of Antwerp, a space of 3,123,524 cubic meters, this figure including only the larger vessels.

In 1927, between April 4th and December 31st, the Industrial Medical Service received notice of 58 fumigations carried out in ships for the destruction of rats and insects. During this same year the fumigation (for the destruction of insects) of two mills was authorised by two special Ministerial Decrees.

MISCELLANEOUS.

TEMPORARY COMMISSION TO ENQUIRE INTO THE PROPHYLAXIS AND TREATMENT OF ASPHYXIATION ACCIDENTS IN WORK ON GAS-MAINS.

By a *Royal Decree dated March 28th, 1927*, a temporary Commission was set up to investigate the best prophylactic measures and the most effective therapeutic methods of dealing with asphyxiation or poisoning by lighting-gas occasioned by work on gas-mains. This Commission consists of technical experts from gas-works, employers and workmen, and also doctors specialising in industrial hygiene. It has not yet completed its enquiry, but the conclusions reached in the report submitted to the Minister of Industry, Labour and Social Welfare will be published in due course.

GENERAL REGULATIONS CONCERNING ELECTRIC INSTALLATIONS.

General regulations, with which all works producing, transforming, conveying, distributing and using high-tension current must comply, have been draw up and put into force by a *Royal Decree dated February 10th, 1927*.

These regulations do not apply to installations furnishing power for railway and tramway haulage.

GENERAL CONDITIONS GOVERNING THE USE OF INTERNAL-COMBUSTION ENGINES.

A *Royal Decree dated January 20th, 1927*, defines the general conditions governing the use of internal-combustion engines. This Decree specifically requires that the products of combustion shall be discharged into the open air and under conditions which do not inconvenience neighbours or occupiers of the premises.

PROHIBITION OF THE EMPLOYMENT OF CHILDREN UNDER 16 YEARS OF AGE IN THEATRES, MUSIC-HALLS, ETC.

The *Royal Decree of April 27th, 1927*, prohibits the employment of children under 16 years of age in theatres, music-halls, public dancing-halls and night bars.

SCHEDULED BUSINESS ESTABLISHMENTS.

A *Royal Decree of December 14th, 1926*, includes, under scheduled business establishments, workshops containing more than one mechanical device for polishing, cutting, sawing or piercing diamonds.

In virtue of a *Royal Decree dated September 20th, 1927*, hairdressers' saloons and premises connected therewith in which inflammable substances containing petrol or ethyl ether are handled or stored are classed as dangerous, unhealthy or undesirable business establishments.

Factories producing aluminium foil for packing chocolate and certain other confectioners' wares are included among the scheduled establishments in virtue of a *Royal Decree dated December 5th, 1927*.

January 1929.

III. Industrial Hygiene in Great Britain.

By Professor Edgar L. COLLIS, M.A., M.D., M.R.C.P.

Further appreciation of the economic value of health to the industrial worker continued to be an incentive to the progress which, during the year 1927, took place both in official administrative action to enforce existing legislation, in relation to extension of workmen's compensation, and in voluntary schemes for betterment adopted in separate concerns, often at the instigation of voluntary agencies.

FACTORY ACTS.

Some industrial development occurred, while other trades were depressed ; electrical apparatus, shipping, artificial silk and beet sugar were active, but iron, steel and textiles were slack. The small saddler, blacksmith and village tailor are disappearing. New factories are arising in and around London and South-East England. Factories increased from 145,411 in 1926 to 147,501 ; and workshops decreased from 121,861 to 117,066. The Lead Paint (Protection against Poisoning) Act came into force, and cases notified appear for the first time in the table of occupational diseases. Welfare orders were made for bakehouses, herring curing, cleaning and repairing sacks, and biscuit-works. A standard was prescribed for materials used in first-aid boxes.

The Chief Inspector of Factories, in his annual report, points to accident prevention as the distinguishing activity of his department. An industrial museum exhibiting many safety devices and machine-guards was opened in London ; it contains also modern methods of ventilation, lighting and welfare accommodation. Great efforts are being made to extend safety organisation with works committees and safety supervisors. Where adopted, excellent results have followed ; but progress, although distinct, is unaccountably slow, having regard to the economic benefit accruing from lessened compensation payments.

Compensation granted for silicosis in the grinding of metals gave further impulse to the substitution of abrasive wheels for sandstones, especially in Sheffield.

Hours worked remained at a basic week of forty-eight hours, but in a few instances the legal limit of fifty-five and a-half hours in textile and sixty in non-textile works obtained. The five-day week, with Saturday a holiday, enjoys increasing popularity. The two-shift system continues to prove useful both to employers and workers, particularly in the artificial-silk trade.

The general health of workers is thought to have benefited by "summer time".

The problem of dust inhalation continued to receive attention. Here Hay's dust-trapping device is expected to catch dust originated by pneumatic tools, so as to protect the worker entirely.

Notifications received of occupational diseases which occurred during the year are shown in the following table :

Disease and Industries	Reported Cases*													
	1927	1926	1925	1924	Average						1902	1901	1900	
					1921-1923	1918-1920	1915-1917	1912-1914	1909-1911	1906-1908				1903-1905
<i>Lead poisoning</i>	249 ¹	242 ²	326 ¹	486 ²	271 ²	198 ²	349 ¹	522 ²	576 ²	619 ²	601 ²	629 ¹	863 ²	1058 ²
Factories :														
1. Smelting of metals ..	21 ¹	26 ¹	22	38 ¹	18 ²	28 ²	44 ²	89 ²	49 ²	45 ²	31 ¹	28	54 ²	34 ¹
2. Plumbing and soldering ..	11 ¹	7 ¹	7	6	8	11 ¹	21 ¹	31 ¹	30 ¹	21 ¹	24 ²	23 ¹	23	9
3. Shipbreaking ..	82	8	31	131 ¹	21	2	—	1	—	—	—	—	—	—
4. Printing ..	10	8	8	6 ¹	10 ¹	9 ¹	15 ²	27 ¹	29 ²	24 ¹	16 ²	19	23 ¹	18 ²
5. Tinning ..	3	2	4	3	2	2	3	11	17	18	13	11	10	5
6. Other contact with molten lead ..	17	16 ¹	17 ¹	23 ¹	11 ¹	10 ¹	24	23 ¹	24 ²	24	22	24	25	30 ¹
7. White and red lead ..	21 ¹	13 ¹	19 ¹	20 ¹	24 ¹	18	37	32 ¹	47 ²	94 ²	114 ²	156 ¹	203 ¹	377 ²
8. Pottery ..	14 ¹	41 ¹	47 ¹	47 ²	40 ¹	19 ¹	21 ¹	57 ¹	77 ¹	115 ²	99 ²	89 ²	113 ²	210 ²
9. Vitreous enamelling ..	12	8	9 ²	9	5	1	4	8	14	6	3	3	9	11
10. Electric accumulators	58	52	73 ¹	101	54 ¹	37 ¹	45 ¹	41	27 ¹	24	29	16 ¹	49 ¹	33
11. Paints and colours ..	6	10	8	15	13 ¹	8	15	21	26 ¹	32	43 ¹	46	56	56 ¹
12. Indiarubber ..	2	2	2	3	4	6	8	5	5	2	2	2	1	1
13. Coachbuilding ..	14 ¹	14 ²	23 ¹	30 ¹	16 ¹	12 ²	31 ²	71 ¹	90 ²	75 ¹	60 ²	63 ¹	65 ²	70 ²
14. Shipbuilding ..	10 ¹	8	13	8 ¹	8 ¹	9 ¹	21 ²	32 ²	28 ²	21 ¹	35 ¹	15 ¹	28 ¹	32 ²
15. Paints used in other industries ..	7	16 ¹	14 ¹	24 ²	19 ¹	11 ¹	19 ¹	45 ²	50 ¹	44 ²	41 ²	44 ¹	61	50 ²
16. Other industries ..	98 ²	—	—	—	—	—	—	—	—	—	—	—	—	—
Painting of buildings ..	11 ¹	11	29 ¹	22 ²	18 ¹	15 ¹	42 ¹	77 ²	63 ²	74 ²	70 ²	90 ²	143 ²	122 ¹
<i>Phosphorus poisoning</i>	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Arsenical poisoning</i> ..	3 ¹	5 ¹	6	6 ¹	—	—	3	11 ²	4	7	12 ¹	4	4	22 ¹
<i>Mercurial poisoning</i> ..	3 ²	4 ¹	5	5	3	—	7	14	14	10	7	6	18	9
<i>Carbon bisulphide poisoning</i>	—	1	3	—	—	—	—	—	—	—	—	—	—	—
<i>Aniline poisoning</i> ..	38 ¹	33 ¹	31 ¹	—	—	—	—	—	—	—	—	—	—	—
<i>Chronic benzene poisoning</i> ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Toxic jaundice</i> ..	3	2	2 ¹	3	4 ¹	14 ²	132 ²	—	—	—	—	—	—	—
<i>Epitheliomatous ulceration</i> ..	174 ¹	187 ²	160 ²	123 ²	41 ²	45 ¹	—	—	—	—	—	—	—	—
<i>Chrome ulceration</i> ..	65	55	54	45	43	126	—	—	—	—	—	—	—	—
<i>Anthrax</i> ..	31 ²	38 ¹	45 ¹	43 ²	39 ²	59 ²	83 ¹	57 ¹	57 ¹	57 ¹	53 ¹	38 ²	39 ¹	37 ¹
1. Wool ..	18 ¹	15 ¹	25 ¹	19 ¹	15 ²	37 ²	54 ²	33 ²	30 ²	22 ²	22 ²	12 ²	6 ²	9 ²
2. Horsehair ..	3 ¹	8 ¹	3 ¹	4 ¹	7 ¹	4 ¹	4 ¹	6	7 ¹	12 ²	9 ¹	10 ²	9 ¹	12 ²
3. Handling of hides and skins ..	9	12	16 ²	16 ²	15 ¹	16 ²	22 ²	14 ¹	17 ¹	15 ²	16 ²	11 ²	20 ²	9 ¹
4. Other industries ..	1	3	1	4	1 ¹	2 ¹	3 ¹	4	2 ¹	9 ²	6 ²	5	4	7 ¹

* The principal figures relate to cases, the superior figures to deaths. Fatal cases not reported in previous years are included as both cases and deaths.

Lead Poisoning.—The reduction of cases in making pottery is notable and is ascribed to the use of low-solubility glazes. In a medical examination of 554 workers in contact with such glazes, not one was found exhibiting indications of lead poisoning.

The breaking up of several large ships caused an increase in cases ; the paint burnt off the plates contained a large quantity of lead salts. Respirators efficient to filter the lead fumes have been devised, but as yet are uncomfortable for regular wear.

The use of the spray-gun in vitreous enamelling has greatly increased the risk of inhaling lead dust. Lead poisoning in painting buildings became for the first time compulsorily notifiable ; the mortality and percentage of severe cases are higher than in other trades, which is ascribed to painters, even though affected, not changing their occupation.

Aniline.—Ten of the cases occurred together from handling dinitrobenzol in a particular process. A special vacuum installed to eliminate hydro-extractors and unnecessary handling removed the risk.

Anthrax.—In 14 out of 18 cases due to wool, the workers were in contact with East Indian wool, the disinfection of which before use is not yet legally required.

Chrome Ulceration.—A series of cases was due to the recently developed electrical process for plating articles with chrome, and caused by minute drops of acid carried off in the gases evolved.

Epitheliomatous Ulceration.—Again no fatalities occurred in making pitch-fuel ; this is attributed to early detection and treatment thanks to periodic medical examination. Such action is now voluntary at certain gas-works, tar-distilling and coke-oven plants. Only one out of a set of 56 early cases during three and a-half years resisted radium and required surgical treatment. The majority of cases continue to be due to mineral oil used in mule-spinning ; and it is here that the bulk of the fatalities occurred.

REPORTED CASES OF EPITHELIOMATOUS ULCERATION *

Industry	1924	1925	1926	1927
Manufacture of fuel (pitch)	11	25 ³	27	20
Tar distilleries (pitch and tar)	15 ²	23 ⁴	18 ³	14 ¹
Gas-works (pitch and tar)	1 ²	9 ²	15 ⁹	14 ⁵
Shale-oil works (paraffin)	2 ¹	4	2	6
Mule-spinning (mineral oil)	79 ¹⁷	78 ²⁵	88 ²⁰	101 ³¹
Other (mineral oil)	11 ¹	15 ¹	21 ¹⁵	9 ⁹
Other (pitch, tar, creosote, anthracene)	4 ¹	6	16 ²	10 ³

Dermatitis.—Although dermatitis is not notifiable, it is a compensation disease of increasing importance. Information was analysed concerning 525 cases occurring in 1927 ; the results are compared with previous years in the following tables :

CAUSATIVE AGENTS.

	1927	1926	1925	1924
Alkalies	13.7	12.1	6.7	13.2
Oils	11.2	7.6	6.3	8.9
Dyes	6.5	7.1	10.1	17.7
Acids	6.5	4.1	5.4	4.3
Sugar	6.1	8.7	5.4	6.0
French polish	5.5	9.4	5.1	1.7
Paraffin	5.2	3.2	3.9	—
Turpentine and substitutes	6.2	7.1	9.5	5.0
Dough	4.0	11.4	6.2	5.0
Accelerators	3.6	1.6	1.8	0.3
Petrol and naphtha	2.8	2.0	0.9	3.0
Lime	1.6	0.9	3.0	—
Wood dusts	1.6	0.7	1.5	1.7
Methylated spirit	1.3	0.9	0.3	—
Nickel compounds	1.3	3.0	—	4.6
Other agents	22.9	20.2	33.9	28.6
All agents	100.0	100.0	100.0	100.0

* The superior figures refer to deaths.

INDUSTRIES.

	1927	1926	1925
Engineers	15.4	11.5	11.9
Chemical workers	9.9	5.5	5.0
Dyers and calico-printers	8.8	7.1	12.5
French-polishers	7.2	10.2	5.8
Rubber workers	5.9	3.0	2.6
Labourers	4.2	6.7	9.6
Platers	4.0	6.9	4.4
Metal-workers	3.6	2.5	3.5
Bakers and confectioners	6.2	11.4	6.1
Painters	3.4	6.4	—
Cotton operatives	3.4	2.1	1.7
Sugar confectioners	2.1	3.0	2.0
Wood-workers	2.1	0.7	2.4
Biscuit-makers	0.4	2.8	0.9
Other workers	23.4	20.2	31.6
All workers	100.0	100.0	100.0

FUMES AND GASES *

The reported cases of gassing occurring in factories are shown in the table below and compared with the figures for previous years :

	1913	1914	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927
Carbon monoxide	59 ⁷	62 ⁸	99 ¹²	54 ¹³	85 ¹²	56 ⁸	77 ¹⁴	111 ¹⁴	134 ⁷	107 ¹⁰	118 ¹⁰	101 ⁶	88 ⁴
(a) Blastfurnace	20 ³	20 ⁴	22 ⁴	17 ³	33 ⁴	20 ⁴	18 ³	28 ⁴	31 ⁴	24 ³	25 ⁴	9	13
(b) Power	21	21	32 ³	21 ³	19 ¹	16	27 ³	37 ⁷	43 ³	25 ⁴	34 ¹	32 ³	19 ¹
(c) Coal	9 ⁴	7 ¹	20	10 ⁴	10 ⁴	9 ³	18 ⁴	32 ¹	35	36 ³	26 ³	26 ¹	38 ³
(d) Other	9	14 ³	25 ⁴	6 ³	23 ¹	11 ¹	14 ³	14 ³	25 ¹	22 ³	33 ¹	34 ³	18 ¹
Carbon dioxide	12 ¹	3 ¹	1	5 ³	3 ¹	—	5 ⁴	1	10 ³	5 ²	10 ³	4	3
Sulphuretted hydrogen	8 ¹	22 ³	11 ⁴	7 ¹	3	18 ⁴	3	12 ³	8	11 ⁴	4	3	9
Sulphur dioxide	1	1	2	1	7	2	5	7	10 ³	10	3 ¹	2	5 ¹
Chlorine	1	2	3	4	9	8	3	11	16	20	12	13	14
Nitrous fumes	—	9 ²	62 ³	27 ⁷	5 ³	9 ³	—	8	7	10 ¹	10 ³	5 ¹	7
Ammonia	3	4 ¹	4 ¹	6 ¹	8	—	9 ¹	8	5 ¹	1	5	5 ¹	5
Benzol, naphtha	6 ³	4 ³	4 ³	7 ⁴	9 ³	12 ¹	10	25 ¹	55 ³	26	3 ¹	4 ¹	7 ³
Arseniuretted hydrogen	2	1 ¹	12 ³	2	3	5 ³	1 ¹	1	4 ³	3	2 ¹	1	3
Tetrachlorethane	—	25 ⁴	—	—	—	—	—	—	—	—	—	—	—
Other (ether, acetone, nickel, carbonyl, etc.)	—	—	4	1	3	9	3	10 ¹	35 ³	28 ⁴	35 ³	17 ¹	23 ³

As usual, carbon monoxide is responsible for the majority of cases ; and the largest number originated from coal gas escaping from leaky pipes. The total number of fatalities from gassing remained low.

Danger from fumes of carbon bisulphide exists in making artificial silk, but it has been so controlled that no cases have occurred. In this industry, skin troubles may occur from contact with acid and alkalies in the bath through which the viscose passes ;

* The superior figures refer to deaths.

fissures at base of the nails and acid holes have been noted. Conjunctivitis is a further and important hazard, probably due to finely atomised spray given off in the spinning process.

WEIGHT-LIFTING.

An important investigation established the optimum load for continuous carriage at about 35 per cent of the body weight ; and the maximum practicable load at 40 per cent for continuous carrying, and at 50 per cent for incidental loads.

MINES ACTS.

Coal-getting stands an easy first in British mining activities ; but the serious stoppage in the previous year left this industry during 1927 in a profoundly depressed condition. The accident risk is the greatest health hazard for miners ; but British mines continue to hold a comparatively good record for mortality so caused. Recent returns for different countries are as follows :

Mean Annual Death Rates from Accidents per 1,000 Persons employed in Coal-mines.

Country	1903-12	1913-22	1923-26
United States :			
Bituminous	5.2	4.4	4.9
Anthracite	5.2	4.0	3.6
Union of South Africa	3.5	2.4	3.6
Dominion of Canada	3.4	4.4	2.6
Germany :			
Prussian pit coal	2.2	2.9	2.2
Prussian brown coal	1.8	2.2	1.5
Italy	(?)	1.1	2.1
Spain	(?)	1.9	1.7
British India	1.1	1.2	1.3
Netherlands	1.8	1.7	1.2
Great Britain	1.3	1.2	1.0
Belgium	1.0	1.2	1.0
France	1.7	1.0	0.9
Saar	1.5	1.4	0.9

Many accidents, both underground and on the surface, are ascribed to avoidable lack of thought and care. Inculcation of "safety first" among miners is much needed.

The result of an excellent and systematic investigation by A. J. Cronin into first-aid organisation at coal-mines was published. This document set forth how equipment devised for use in factories should be modified for mining practice, and how dressing-stations at the pit-head and emergency dressings for use below ground can best be organised ; it established the need for a higher and better standard of appliances and their use. Largely as a consequence, a Medical Inspector of Mines has been appointed.

The Miners' Welfare Fund, which amounts normally to about one million pounds a year, only received, owing to the coal stoppage in 1926, half the usual contributions. The year 1927 was the first year of the second period of five years granted by Parliament to the fund. The administering committee report continuance and extension of many activities relating to recreation, health and education, under which playing-fields have been laid out and institutes built, convalescent homes have been established and hospitals assisted, and schemes of higher education have been financed. Two new enterprises are reported. One concerns a national scholarship scheme, founded out of the fund, under which the first eleven scholars were chosen out of a large field of 579 selected applications. The expenses of these students will be entirely met during their stay at a university. The other has to do with the erection of pit-head baths throughout the coal-fields, which has been entrusted to the committee together with an additional levy to meet the expenses incurred. Progress so far has been tentative and experimental. In addition to the baths, "pit welfare" has been given more attention; experimental pit-head canteens are planned, cycle-sheds provided, and drinking-water for consumption below ground. During the year, £349,640 was allocated for recreation, £556,937 for health, including convalescent homes, and £41,750 for research into safety and health.

The existence of silicosis, caused by dust of sandstone and quartz, has been established among the limited group of coal-miners driving hard headings and sinking shafts. A scheme for awarding compensation is under preparation.

The causation and prevention of miners' nystagmus continues to be a subject of research.

WORKMEN'S COMPENSATION ACTS.

Information is published annually concerning the working of these Acts, but, owing to inevitable delay in gathering together the records, the current report refers to two years ago. Hence figures for 1927 will not be available till next year. The number of cases, including accidents and diseases, and the amounts paid for compensation in recent years were as follows :

Year	Number of Cases		Payments for Compensation	
	Fatal	Non-fatal	Fatal Cases	Non-fatal Cases
			£	£
1921	2,385	283,361	518,064	4,991,331
1922	2,489	390,423	546,889	5,948,839
1923	2,657	477,378	591,164	6,542,932
1924	2,878	487,442	786,444	5,888,594
1925	3,030	473,055	864,726	5,778,204
1926	2,345	368,563	674,611	5,332,310

The coal industry, owing to a trade dispute, was at a standstill for six months during 1926 ; hence the reduction in the figures.

During the year 1926, for industrial diseases alone, as apart from accidents, £5,943 (compared with £8,390 in 1925) was paid for 27 (compared with 41) fatal cases and £599,393 for 14,751 (compared with £656,027 for 17,256) disablement cases. The cases of disease for which compensation was paid are exhibited in the following table, wherein A indicates cases continued from previous years, and B cases in which first payment was made during the year.

Diseases		1923	1924	1925	1926
Anthrax..	A	5	2	2	4
	B	19	23	25	26
Mercury poisoning	A	—	2	2	1
	B	1	3	4	5
Phosphorus poisoning.. . . .	A	—	—	—	—
	B	1	1	1	—
Arsenic poisoning	A	—	6	3	2
	B	1	6	4	2
Lead poisoning	A	145	164	177	169
	B	236	285	234	177
Poisoning by benzene.. . . .	A	1	—	—	—
	B	—	1	2	—
Poisoning by nitro- and amido-derivatives.. . . .	A	3	10	6	7
	B	46	23	18	17
Poisoning by dinitrophenol	A	—	—	—	—
	B	1	—	1	—
Poisoning by nitrous fumes	A	—	2	2	1
	B	7	4	4	3
Poisoning by carbon bisulphide	A	—	—	—	1
	B	—	2	—	—
Poisoning by nickel carbonyl	A	—	1	—	—
	B	—	2	16	—
Poisoning by Gonioma Kamassi	A	1	—	—	—
	B	—	2	—	—
Dermatitis	A	45	72	94	125
	B	345	492	597	712
Ulceration of the skin	A	11	6	18	14
	B	70	58	63	58
Ulceration of the nose or mouth	A	—	—	1	1
	B	—	—	1	1
Epitheliomatous cancer	A	7	7	17	24
	B	15	12	49	85
Ulceration of the cornea	A	1	1	1	3
	B	1	—	4	2
Chrome ulceration	A	11	10	9	5
	B	27	23	17	30
(Chimney-sweep's) Scrotal cancer	A	1	—	2	2
	B	—	28	2	2
Compressed-air illness.. . . .	A	—	1	1	—
	B	2	3	16	9
Glass-workers' cataract	A	1	1	1	—
	B	6	3	2	2

Diseases		1923	1924	1925	1926
Cataract due to rays from molten metal.. . . .	A	3	1	3	2
	B	7	9	8	8
Miners' nystagmus	A	7,273	7,635	7,890	8,270
	B	3,883	3,271	3,445	1,771
Miners' cellulitis of hand	A	110	103	81	109
	B	1,244	1,137	1,197	1,151
Miners' cellulitis of knee	A	147	169	140	161
	B	2,640	2,743	2,603	1,392
Miners' bursitis of elbow	A	26	19	15	31
	B	302	309	302	203
Synovitis of wrist	A	18	10	9	8
	B	192	190	204	174
Ankylostomiasis	A	—	—	—	1
	B	—	—	1	—
Telegraphist's cramp	A	—	—	—	—
	B	1	—	—	1
Twister's cramp	A	—	—	—	—
	B	1	—	2	1
Writer's cramp	A	—	—	—	—
	B	1	—	1	1
Manganese poisoning	A	—	—	—	—
	B	—	—	—	4

The figures here given refer to compensation claims arising in all classes of occupation and not merely to cases of sickness among factory operatives; hence they are not comparable with the data of the table on page 1096.

The mining industry was responsible for 8,577 continued or old cases out of a total for all industries of 8,941, and for 4,615 new cases out of a total of 5,837.

The number of cases of dermatitis continues to increase steadily.

Compensation for silicosis was only in force for the refractories industries, in which there were 194 continued or old cases and 55 new cases. Five terminated fatally. Compensation for this disease is being widely extended to other industries.

INDUSTRIAL FATIGUE RESEARCH BOARD.

This Board is a Government institution, under the control of the Medical Research Council, formed in 1918 to carry out research on "the relation of hours of labour and of other conditions of employment, including methods of work, to functions of the human body, having regard both to the preservation of health among the workers and to industrial efficiency". The actual work is conducted by a staff of investigators and research workers, and is supervised by a number of expert committees, on whose recommendation the reports issued by the Board (now over fifty in number) are published.

The Board's activities are mainly devoted to the study of problems of wide industrial importance, such as the effects of variations in hours of work, the physiology

of ventilation, vision and lighting, the personal factors in accident causation, the causes of variations in sickness incidence, the different factors in repetitive work, etc. The Board also deals with specific problems submitted by Government departments and industrial associations.

The more recent progress made can perhaps best be indicated by the titles of the reports published during the year reviewed, viz : *The Relation of Atmospheric Conditions to the Working Capacity and Accident Rate of Miners*; *The Effect of Eye-strain amongst Linkers in the Hosiery Industry*, indicating the benefit to be derived from the use of special spectacles for fine work ; *Rest Pauses in Heavy and Moderately Heavy Industrial Work*; *Rest Pauses in Industry*, a review of the literature; *A Study of Telegraphists' Cramp*, an attempt to find whether there is a specific individual liability amongst persons engaged in telegraphy ; *The Physique of Women in Industry*, an anthropometric investigation designed as a contribution to the determination of the optimum load ; *Artificial Humidification in Cotton-Weaving*, a statistical study showing the effect of humidification upon the sickness rates of operatives ; *Two Contributions to the Experimental Study of the Menstrual Cycle*, the one psychological, the other physiological in technique ; *A Physiological Investigation of Radiant Heating in Various Buildings*, relating chiefly to panel heating ; *Two Studies on Hours of Work*, on the effects of five-hour spells and the "double-shift" system for women respectively ; *The Physiological Cost of the Muscular Movements involved in Barrow Work*, a study of the optimum conditions in conveying bricks by barrow.

NATIONAL INSTITUTE OF INDUSTRIAL PSYCHOLOGY.

The headquarters of the Institute are now at Aldwych House, Aldwych, London, W.C. 2, where new offices equipped with laboratories, research-rooms, a library and a small lecture-room have been leased.

During 1927, the Institute has continued its work with marked success ; the number of investigations undertaken for private firms increased by 28 per cent ; investigations are being carried out (on behalf of the Industrial Fatigue Research Board) for the War Office and the Post Office. The private firms for whom investigations were carried out included, among others, a spinning-mill, a gas-works, a chemical-works, departmental stores, a screw factory, a motor-car body factory, an oil-refining depot, a telephone factory, a railway, a printing-works, a restaurant and a laundry.

A striking feature during 1927 has been the growing demand for the application of the Institute's methods to the general organisation and lay-out of factories. Another feature of interest has been the enquiries received from firms concerning the appointment of industrial psychologists to their permanent staff.

The number of vocational guidance cases (excluding those undertaken in the Carnegie experiment) doubled during 1927, and the members and the associates of the Institute increased by 15.7 per cent, and now (August 1928) number 1,237.

The experiment in vocational guidance financed by the Carnegie United Kingdom Trust was continued and is being extended to Scotland.

The Institute is about to start an investigation into the psychology and conditions of the home worker.

The good relations which the Institute has established with both the employers and the workers have been continued, and many letters have been received from employers expressing their satisfaction with the Institute's work ; the goodwill of the workers is evident at all investigations. The liberal donations which have been

received from all classes of firms and from trade unions to the Institute's Appeal Fund are a further proof of the value of the work that is being done.

"BULLETIN OF HYGIENE."

This important publication, which first appeared in 1926, has now become firmly established. Its scope has been enlarged so that abstracts of current literature dealing with public health in all languages, instead of, as at first, only in English, are now given. Abstracts dealing with the subject of industrial hygiene continue to occupy a prominent position in the matter presented.

THE FEDERATION OF MEDICAL AND ALLIED SERVICES.

The Council of Industrial Medicine, formed within this Federation in 1926, settled down to useful work. Its meetings for discussion of occupational subjects of medical interest have been well attended. A new movement was the admission of employers to the discussions; this is proving a great success.

The Council acts as the British Committee in relation to international congresses concerned with industrial hygiene. Its headquarters are at 12, Stratford Place, London, W.1.

INDUSTRIAL HEALTH EDUCATION SOCIETY.

This Society, which has its headquarters at 84, Kingsway, London, W.C.2., began operations in 1925. Its object is to arrange health talks to workers in various industries on the sicknesses and diseases which afflict them, the idea being to help in mitigating and, if possible, preventing these ailments. The progress of the Society has been remarkable; in 1925, there were 118 engagements; in 1926, 191; and in the past year, 285; while, for the first part of 1928, over 300 engagements have been booked, dealing with a great variety of subjects, trade risks and industrial diseases. The speakers are all medical men, except when dental talks are requested; in such cases the Dental Board of the United Kingdom kindly supplies the speakers.

The success of the Society is due to its establishing a clear-cut line of approach to the workers, who have not been slow to appreciate the benefits of the information placed before them. Most striking evidence of the keenness of the workers to receive information lies in the many questions which are asked at the close of each health talk.

The Society is the only one which has received support and recognition from the Trades Union Council in arranging the meetings. This fact is in no small measure responsible for the ready way with which the workers' organisations have accepted the services of the Society.

The programmes have to a large extent been for miners' lodges, and this has been made possible by generous grants from miners' welfare committees. Both the general council of the Society and local area councils are composed almost entirely of doctors. The number of requests for meetings among women workers has made it necessary to form a women's committee in London and district, and it is hoped to have others in other areas.

The Society has hitherto been kept up by voluntary contributions, but it appears that the demand for lectures is greater than can be supplied from the Society's funds.

INDUSTRIAL WELFARE SOCIETY.

The Industrial Welfare Society is a voluntary organisation, supported by firms interested in industrial health. Its activities are of particular value to welfare workers, for whom it arranges an important conference every autumn at Oxford. It publishes from its offices at 51, Palace Street, Westminster, an excellent journal, *Industrial Welfare*.

Appreciating the importance of dental service in relation to industrial hygiene, in the course of the year the Industrial Welfare Society made an extensive survey of the extent and methods of dental service in industrial firms, and published a brochure on this subject. Special attention has also been devoted to the elimination of industrial accidents, and conferences, as well as a special appeal urging the adoption of safety campaigns, have stimulated interest in this field of activity. In addition to the Society's annual lecture conference at Balliol College, Oxford, an important Conference on Works Committees was held in London and attended by a representative gathering of employers.

While the industrial troubles of the past year and their aftermath have slowed down the normal growth of welfare work, there are welcome signs that this setback will be more than overtaken in the near future.

INSTITUTE OF INDUSTRIAL WELFARE WORKERS.

This professional association of welfare workers has its headquarters at 29, Gordon Square, London, W.C.1. Its membership in 1927 numbered 423, with 55 branch associates. An annual conference was held in Edinburgh. The magazine of the institute, *Welfare Work*, records its activities and promotes and publishes research; it undertook a survey of the works committee movement during the year. This survey, like earlier series of articles, is to be republished separately.

A training committee has been giving close attention to the needs of students studying to become welfare workers, and has facilitated their introduction to the daily practice of different works. The number of visitors from abroad coming to investigate British welfare work steadily increases.

THE CENTRAL COMMITTEE OF INDUSTRIAL WELFARE SUPERVISORS' ASSOCIATIONS.

The Central Committee was formed in February 1925 for the purpose of creating a link between the existing local associations of welfare supervisors. Its object is to encourage the development of the technique of industrial welfare work both locally and nationally. It considers questions which are of common interest, and issues bulletins to its constituent bodies.

The headquarters of the Committee are at 51, Palace Street, Westminster, S.W.1.

LONDON ASSOCIATION OF WELFARE SUPERVISORS.

The London Association of Welfare Supervisors was formed to promote the exchange of ideas on all aspects of industrial welfare work by arranging meetings, conferences, etc. The association also does all in its power to foster co-operation between those engaged in welfare work and the Industrial Welfare Society.

Meetings are held throughout the winter on the first Wednesday in each month, when, following a short discussion on the business of the Association, an address

is given by an authoritative speaker on some subject connected with industrial welfare work. The interchange of experiences which takes place over coffee at the close of the meetings affords an opportunity for those present to discuss problems with which they are immediately concerned with others engaged in similar occupations. Visits to factories are periodically arranged, and these prove very helpful by providing material for fresh ideas.

The Association is represented on the Central Committee of Industrial Welfare Supervisors' Associations, a body which was formed some years ago to link together those engaged in welfare work in different parts of the country.

The headquarters of the Association are at 51, Palace Street, Westminster, S.W. 1.

August 1928.

LEAGUE OF RED CROSS SOCIETIES

Activities from July 1st, 1927, to June 30th, 1928.

(Report prepared by the League Secretariat.)

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I. GENERAL ACTIVITIES¹.

1. *Special Conferences held under the Auspices of or in Collaboration with the League.*

(a) *International Junior Red Cross Week at Brussels.*—Sixty-six delegates, representing twenty-nine national societies, attended the International Junior Red Cross Week held at Brussels from July 25th-30th, 1927, under the auspices of the League, in collaboration with the Belgian Red Cross. In view of the keen interest which this meeting aroused, it is proposed to organise a Conference at Geneva in 1929, to study more particularly the question of inter-school correspondence.

(b) *Two Informal Red Cross Conferences* were held at the League Secretariat during the International Social Work Fortnight. The first meeting, which was attended by prominent members of the nursing profession, representing the British, Czechoslovak, French, German, Italian, Latvian, Polish, Roumanian, and United States Red Cross Societies, and the International Red Cross Committee, was devoted to a general discussion of nursing problems; at the second, at which the British, Czechoslovak, French, German, Hungarian, Italian, Japanese, Netherlands and United States Red Cross Societies were represented, there was an exchange of views concerning methods of propaganda and of recruiting new members.

(c) *Permanent Committee for Furthering the Health of Merchant Seamen.*—The Permanent Committee, which was appointed in 1926, in pursuance of a resolution adopted by the Oslo Conference on the Health of Merchant Seamen, and which was instructed to prepare a universal medical handbook, a medicine chest for use on board vessels not carrying a ship's surgeon and an international wireless code for those vessels, met for the first time at the League Secretariat on February 18th, 1927. A second meeting took place on November 8th, 1927. The League of Red Cross Societies was requested by the Oslo Conference to undertake in liaison with the International Labour Office and the Office international d'Hygiène publique the investigations necessary for the accomplishment of the work mentioned above.

The League Secretariat also assisted in organising the following congresses :

(d) *International Conference of Social Work.*—Dr. Sand, technical adviser to the League, who acted as Secretary to this Conference, which was held in Paris from July 9th to 13th, 1927, during the International Social Work Fortnight, also helped to organise the Conference, which was attended by more than 3,000 delegates, representing 44 countries.

(e) *International Child Welfare Congress.*—The League was one of the four international institutions which helped to organise this Congress. The Congress was part of the programme of the International Social Work Fortnight.

(f) *International Hospital Congress.*—At the invitation of the American Hospital Association, a preliminary meeting to discuss the organisation of an International Hospital Congress, to be held in the United States in June 1929, took place at the League Secretariat in Paris on September 19th, 1927.

¹ The organisation and activities of the League of Red Cross Societies for the period from January 1st, 1926, to June 30th, 1927, were described in a report published in the previous issue of the *Year-Book*. The present report therefore covers only the activities of the League from July 1st, 1927, to June 30th, 1928.

2. *International Relations.*

(a) *International Red Cross Committee.*—During the period covered by this report, the co-operation previously established between the League and the International Red Cross Committee made it possible for a certain number of important questions to be discussed. In addition to the regular exchange of publications and documents, there have been discussions between members of the League staff and delegates of the International Committee, mainly with reference to the study of relief problems. In connection with the disasters in Bulgaria and Lichtenstein, joint appeals were issued by the Committee and the League on behalf of the sufferers, and the situation arising out of other disasters had also been studied by both organisations, more particularly the position of Armenian refugees, the famine in Albania and the possibilities of Red Cross intervention in China.

Delegates of the Committee attended the informal meetings held in Paris in July 1928, for the discussion of nursing problems and propaganda. The League Secretariat has also collaborated with the members of the Committee in preparing an article on the Red Cross for publication in the next edition of the *Encyclopædia Britannica*.

(b) *League of Nations : Ciralo Scheme.*—A Diplomatic Conference, convened by the League of Nations, met at Geneva on July 4th, 1927, to found an International Relief Union on the lines proposed by Senator Ciralo. At this Conference, a final Draft of an International Convention was drawn up for signature by Governments desirous of joining the Union and, up to April 30th, 1928, the date fixed by the League of Nations for the closing of the list of signatures, the Convention had been ratified by thirty countries representing 560 shares of 700 Swiss francs each. It was stipulated, however, by the Diplomatic Conference that a minimum of 600 shares would be necessary before the Union could be brought into operation; efforts were accordingly made to obtain further signatures. In conformity with the statute, the International Organisations of the Red Cross (I.C.R.C. and L.R.C.S.) will be invited to provide the permanent and central services of the Union. At a meeting held at Geneva on February 24th, 1928, the Preparatory Committee of the Union appointed a Sub-Committee of three members to represent the Preparatory Committee permanently and to take or recommend measures to facilitate the coming into operation of the Union. The first meeting of this Sub-Committee was held at Cologne on June 11th, 1928, and was mainly devoted to the study of the measures to be adopted in order to obtain the ratifications or accessions necessary for the entry into force of the Convention.

Refugees' Relief Committee.—The League of Red Cross Societies has continued its co-operation with the League of Nations in connection with relief work on behalf of the Bulgarian refugees and, at its session of March 1927, the Council of the League paid a warm tribute to the work done in Bulgaria under the auspices of the League of Red Cross Societies.

Child Welfare.—At the request of the League of Nations Child Welfare Committee, the League of Red Cross Societies' representative on that body drew up reports on the following subjects: (a) The moral effect of the cinematograph on children; (b) The protection of blind children; (c) The physical and moral effect of recreation on children; (d) Alcohol and the child.

International Labour Office.—The closest co-operation has been maintained between the International Labour Office and the League of Red Cross Societies with a view to carrying out the resolutions of the Oslo Conference in connection with the

health of merchant seamen, and the solution of various problems connected with emigration and assistance to refugees ; the League's delegates also attended the meetings of the Refugees' Advisory Committee of the International Labour Office. Early in 1928, the Labour Office wrote to the League, asking to what extent the Red Cross Societies might be prepared to assist in evacuating the Russian refugees from Constantinople, and suggesting that the national societies interested in this work might undertake to assist the refugees at the ports of embarkation and disembarkation, by providing each batch sent by the International Labour Office with food, lodging, clothes, medical assistance and all necessary information. The League passed these suggestions on to the Red Cross Societies concerned.

Office internationale d'hygiène publique.—In accordance with the decision taken by the Board of Governors at its last meeting, the co-operation existing between the Office and the League since 1919 has been strengthened, especially as regards the prophylaxis of tuberculosis. At the request of the Office and in pursuance of an agreement between the two institutions, the League undertook an enquiry into the organisation in various countries of the campaign against tuberculosis in industry, with special reference to women.

The Office is also represented on the Standing Committee on the Welfare of Seamen.

International Institute of Intellectual Co-operation.—Members of the secretariat of the League of Red Cross Societies have considered, jointly with the Institute, the creation of the International Educational Cinematographic Office. The League has contributed 3,000 Swiss francs towards the establishment of this office.

(c) *International Union against Tuberculosis.*—The Executive Committee and the Council of the Union met at the League Secretariat in March and September 1927, and on January 26th, 1928. At this last meeting, the provisional agenda for the sixth Conference of the Union was drawn up. The League was represented at this Conference by the Director of the Health Division, who is also assistant general secretary of the Union, and by Professor Santoliquido.

At the present time, 38 countries are members of the Union.

The League has invited the union to co-operate in the enquiries undertaken with regard to the participation of the Red Cross in the organisation of the campaign against tuberculosis among the working classes.

(d) *International Union for combating Venereal Diseases.*—At its general meeting held at Nancy in 1928, this organisation ratified the agreement between the Union and the League with a view to their future collaboration. This agreement provides that, in all matters concerning the action of National Red Cross Societies which are members of the Union, the League shall act as the immediate agent of the International Union for combating Venereal Diseases.

Dr. Cavaillon, general secretary of the Union, has agreed to act as technical adviser to the League in its anti-venereal work. Dr. Humbert, Director of the League's Health Division, will also act as technical adviser at the general meetings of the Union. The first results of this co-operation have been the attendance of a delegate of the League at the general meeting of the Union, held on May 28th, 1928, and the publication in June 1928 of a special number of *The World's Health* devoted entirely to the question of venereal diseases.

(e) *World Federation of Education Associations.*—The co-operation between the Federation and the League has been strengthened by the appointment of the Head of

the League's Inter-School Correspondence Bureau as a member of the Herman Jordan Peace Scheme Committee. The League was represented at the second biennial session of the Federation held at Toronto (Canada) in August 1927 and its delegate was invited to take charge of the section dealing with inter-school correspondence, a subject now included in the Federation's programme.

(f) *International Co-ordination of Work for the Prevention of Blindness.*—Early in 1928, the American Society for the Prevention of Blindness got into touch with the League, with a view to preparing a scheme for the establishment of an International Union for the Prevention of Blindness. The Director of this Society accordingly spent several weeks at the League Secretariat for the purpose of drawing up, in collaboration with the Health Division, a report on this question, and a preliminary meeting of experts was held at the League Secretariat on March 16th, 1928, to study this scheme. As the result of this meeting, the League was invited to appoint a Committee of Enquiry to determine the possibilities of the international co-ordination of voluntary efforts for the prophylaxis of blindness.

II. ACTIVITIES OF DIVISIONS.

1. *Relief.*

During the period covered by this report, the Relief Division was on three occasions a party to international appeals issued on behalf of victims of disasters ; in four cases in which similar action was suggested, an enquiry was undertaken ; where necessary, the Division has co-operated with other national and international organisations, and has endeavoured to improve its methods of collecting and co-ordinating information for its future work. As hitherto, it has also prepared special articles and undertaken enquiries, etc.

In addition to co-operating in the creation of the International Relief Union, the Division has played an active part in relief work on behalf of Bulgarian refugees, the necessary funds having been supplied by the League.

The Division has collaborated with the International Labour Office in organising health measures in Bulgaria, and in furnishing assistance to Russian refugees evacuated from Turkey or other countries.

An appeal to all the national societies was issued by the League on the occasion of the floods which devastated a large part of the cultivated area of the Principality of Lichtenstein in September 1927, and after the earthquakes in April 1928, which wrought such havoc in Turkey, Bulgaria and Greece.

The Division has considered the measures to be taken to deal with the famines which have occurred in various parts of the world, more especially in China, Albania and in the Kingdom of the Serbs, Croats and Slovenes.

In pursuance of the resolutions adopted by the Board of Governors, the Division has worked out a scheme of synoptic tables of disasters occurring throughout the world, and will shortly be in a position to publish statistics on the matter.

2. *Health.*

During the past year, this Division has continued to act in its threefold capacity as :

- (a) A health intelligence and propaganda service ;
- (b) An information and investigation centre for all questions of individual or public hygiene which fall within the province of the Red Cross, and

(c) A service of liaison with the important international organisations, such as the League of Nations Health Committee and Child Welfare Committee, the Office international d'hygiène publique, the International Union against Tuberculosis, the International Union for Combating Venereal Diseases, the Standing Committee on the Welfare of Seamen, and a number of other international organisations.

Reports have been prepared on the following subjects :

The physical and moral effect of recreation on children ; alcohol and the child, and the possibilities of the international co-ordination of efforts to prevent blindness. The last-named report was drawn up in co-operation with the general secretary of the American Society for the Prevention of Blindness.

The Division has continued to act as the secretariat of the International Union against Tuberculosis, and took an active part in preparing for the Union's Sixth International Tuberculosis Conference, held at Rome in September 1928. It also helped to organise the Child Welfare Congress held in July 1928.

The Division has, moreover, undertaken a series of enquiries into various matters, including a general enquiry into the anti-tuberculosis work accomplished by the various national Red Cross Societies. The results of this enquiry are set forth in a report to be published shortly.

3. *Nursing.*

The Nursing Division's activities include the following tasks :

1. Supervision of the International Courses in London and management of the Nurses' Home ;
2. Assistance to the Albanian and Roumanian Red Cross Societies in improving their Nurses' Training Schools ;
3. Visits to the national societies and the organisation of periods of practical training for the delegates of the nursing services of the national societies ;
4. The preparation of publications, exhibitions, correspondence, etc. ;
5. The organisation of a summer course for students having previously attended the International Courses ;
6. Organisation of the Conference of Delegates of the Red Cross Nursing Services.

In July 1928, 19 students coming from 14 different countries completed their studies at Bedford College, and obtained a diploma. During the year 1927-28, 21 students enrolled for the international courses. The supervision of these courses has been entrusted to a sub-committee appointed by Bedford College and including delegates of the League and of the College of Nursing. With the approval of the authorities of Bedford College, the value of the courses has been enhanced by the addition of new lecturers and the appointment of an experienced visiting nurse to the teaching staff of Bedford College who is responsible for the organisation of the practical work. The greater part of this work will be carried out under the auspices of the social work section of St. Thomas's Hospital.

The Division has also taken steps during the current year to enable six students, sent by their national societies, to take a full course of training in France or England ; it has organised a finishing course for four certificated nurses and courses of study for 49 nurses, social workers, doctors and Red Cross officials.

The Nurses' Training School of the Albanian Red Cross has entered upon its second year ; it now has six students who have completed their first year's training,

and it will take four new candidates into training on January 1st next. A French nurse is at the head of this establishment ; she has two assistants.

The "Princess Helena" Training School for Nurses at Bucharest has also entered upon its second year, and has twenty-two students. An English nurse is at the head of this school ; she has three assistants. Her salary is paid by the League, which also contributes towards the salary of her assistants.

Replies have been sent to an ever-increasing number of applications for information on a variety of questions affecting the nursing profession. During the period covered by this report, the circulating library, which at present consists of 62 volumes containing technical literature, has lent out 90 documents. A collection of lantern slides illustrating the history of nursing and the work done in a large number of countries has been prepared by the Division. The latter has also continued to publish three times a year the *News Letter*, which is intended for students who have taken the international courses and contains a large number of technical articles.

To enable former students to be kept informed of the latest developments in the nursing profession, a summer school was organised by the Division and was attended by 80 nurses of 27 different nationalities. The syllabus was drawn up in collaboration with the authorities of Bedford College, where the students stayed during the course.

4. *Junior Red Cross.*

As mentioned above, a special Junior Red Cross Conference, attended by members of the Junior Division and delegates from various national Red Cross Societies, was held at Brussels in July 1927. The presence of most of the delegates in Paris a few days before the Conference made it possible to discuss the problems affecting each particular society.

In accordance with the recommendations of this Conference a further meeting will be held later to discuss the question of inter-school correspondence. In order to prepare the ground for the discussions, Mr. Sackett, of Columbia University in New York, has already been requested to make a special enquiry into the practical operation of the Junior Red Cross system of inter-school correspondence.

The Division has undertaken the preparation of a Junior Red Cross Manual, for which many requests have been made by the junior sections of the national societies. Articles intended for the editors and translations of extracts from Junior Red Cross Reviews have been forwarded as usual to the national societies. Lastly, special attention has been given during the past year to national publications intended for secondary schools.

5. *Pan-American Bureau and Bureau of General Affairs.*

The Pan-American Bureau has kept in close touch with the societies in Latin America and has been engaged on the preparation of definite plans to enable several of these societies to obtain the co-operation of the Technical Divisions in developing some of their activities. Preliminary measures have been taken in preparation for the third Pan-American Conference, to be held at Rio de Janeiro.

The Bureau of General Affairs has devoted its attention to the examination of general problems affecting the Red Cross institutions, such as recruiting campaigns, methods of propaganda, etc. ; it was assisted in this work by the Head of the Propaganda Division. This Bureau has also drawn up a report containing a summary of the League's history and of the work accomplished by this institution since its foundation in 1919.

6. Propaganda.

Numerous tracts, posters and badges have been distributed to Red Cross societies during the period covered by the present report. Sixteen films have been added to the League's stock ; numerous films in the catalogue have been lent to the national societies.

7. Publications.

The World's Health, the League's monthly review, has been published regularly in its three editions (English, French and Spanish) and the number of subscribers has again increased.

Special issues have been devoted to relief work, health propaganda and the campaign against venereal diseases ; this last issue was also published in German.

The number of requests for permission to reproduce articles which have appeared in *The World's Health* has more than doubled since the last report appeared in the previous volume of the *International Health Year-Book*. Health articles written in non-technical language, published by the League and intended for reproduction by the national societies, are reaching an ever-growing public.

Since January 1st, 1928, the *Information Bulletin*, published in three editions (English, French and Spanish), has appeared monthly instead of every two months.

Among other publications which have appeared during the period under review, we may mention the report on "l'Infirmière de puériculture (Child Welfare Nursing) and a report on health in the mercantile marine ; the revision and bringing up to date of old pamphlets and, lastly, reports of all the conferences held during that period.

October, 1928.

**PUBLIC HEALTH WORK
OF THE
ROCKEFELLER FOUNDATION**

PUBLIC HEALTH WORK OF THE ROCKEFELLER FOUNDATION IN 1927

It is through the International Health Division that the Rockefeller Foundation operates in the field of public health for the purpose of promoting "the well-being of mankind throughout the world". Convinced that greater and more lasting benefits will come through permanent governmental health organisation than through independent private agencies, the Division is primarily occupied in helping Governments to develop and strengthen their own health work. In rendering such assistance, emphasis is placed on certain important problems presenting outstanding needs and exceptional opportunities, such as the combating of hookworm disease, malaria and yellow fever, and the establishment of better rural health services.

The activities in which the Foundation co-operates depend for their effectiveness on adequate knowledge of the underlying scientific facts. The body of information on which the plans of operation are based requires constant enlargement and revision, and to meet this need the Foundation carries on research and provides for certain preliminary surveys in the areas in which work is to be undertaken. For example, it was found advisable to postpone consideration of the control of yellow fever in West Africa until field studies of epidemics could be made and the transmission of the disease by native mosquitoes could be definitely confirmed with the local virus. The flexibility of the organisation permits a type of pioneer work often difficult, under present conditions, for governmental agencies to undertake.

There is another prerequisite to the successful development of public health work : the men who are to direct it must understand the underlying scientific principles and the methods of their application for the public good. The Foundation has assisted governmental health agencies to secure technical training for members of their staffs in preparation for specific future assignments by rendering possible study in schools of public health and inspection trips and conferences. A striking development during the year in the field of public health education has been the provision made by certain Governments for the special training of their own health officials.

A casting-up of accounts for 1927 shows that during the year the Rockefeller Foundation, through its International Health Division : (1) helped to further public health teaching by contributions to eight schools or institutes of hygiene and public health, to departments of public health in three other institutions, to ten field training stations for public health workers, and to various conferences and training courses for health workers ; (2) gave aid to nurse-training institutions in Brazil and France ; (3) aided nineteen Governments to bring hookworm disease under control ; (4) gave funds toward the support of 268 county health units in twenty-three States of the American Commonwealth, contributed to budgets for health work among the flood sufferers in eighty-five counties of six States in the Mississippi flood area, and aided local health programmes in fourteen foreign countries ; (5) helped to organise or maintain certain essential departments in the national health services of nineteen foreign countries and in the State health services of sixteen States in the United States ; (6) assisted eight States of Brazil to maintain safe *Aedes Aegypti indices* ; (7) continued yellow-fever studies in West Africa on the Gold Coast and in Nigeria ; (8) participated in malaria control demonstrations in eight southern States in the United States and in eleven foreign countries ; (9) provided directly, or through some other agency,

fellowships for 242 men and women from thirty-one countries ; (10) paid the travelling expenses of ninety officials or professors making study visits to the United States or foreign countries, either individually or as members of commissions ; (11) gave assistance to the following items in the programme of the Health Section of the League of Nations : international interchanges of public health personnel, epidemiological and public health intelligence service, training of government officials in vital statistics, the epidemiological intelligence bureau in the Far East, and the centre of public health documentation in the Health Section ; (12) lent staff members as consultants and made small gifts to many Governments and institutions ; (13) made surveys of health conditions in several countries.

PUBLIC HEALTH EDUCATION.

With a view to improving facilities for the training of public health workers, contributions for building, equipment, maintenance or endowment were made during 1927 to eight institutes of hygiene or public health, namely : the School of Hygiene of the University of Toronto, for endowment ; the Institute of Hygiene, São Paulo, towards the construction and equipment of a new building ; the State Institute of Public Health, Prague, Czechoslovakia, towards building and equipment ; the London School of Hygiene and Tropical Medicine, towards land, building, endowment and maintenance ; the State Hygiene Institute, Budapest, Hungary, towards building and equipment ; the State Institute of Hygiene, Oslo, Norway, for building ; the School of Hygiene, Warsaw, Poland, for salary and travelling expenses of a bio-chemist appointed to organise and direct the department of bio-chemistry ; the School of Public Health, Zagreb, Kingdom of the Serbs, Croats and Slovenes, towards the completion of its new building. Aid was also given towards the improvement of public health teaching in the Medical School of Harvard University, the Imperial College of Tropical Agriculture, Trinidad, and the Peking Union Medical College.

Support was given to ten field stations for the training of personnel for public health work. Stations for general training were located in Sunflower County, Mississippi ; in Darke County, Ohio ; in Elmore County and the city of Montgomery, Alabama ; and in the Mokotow district of Warsaw and Skierniewice district, Poland. Training stations for malariologists were aided in Edenton, North Carolina ; Corsica ; Italy ; and the province of Caceres, Spain.

In accordance with an agreement to co-operate with the Western Pacific High Commission of the British Government in a programme to increase training facilities for native medical assistants in the South Pacific Islands and thus promote the development of an efficient island health service, the Foundation contributed during the year approximately \$10,000 towards the cost of enlarging the buildings of the School for Native Medical Assistants in Fiji.¹ Funds were also given towards the equipment and maintenance of a School for Sanitary Inspectors opened during the year at Kingston, Jamaica.

AID TO GOVERNMENT PUBLIC HEALTH WORK.

During 1927, the Foundation gave aid to the public health programmes of central or local governments in thirty-nine countries. In Central America it gave financial assistance to hookworm control work in Guatemala and Panama and to public health

¹ The island groups under the Western Pacific High Commission are Fiji, Gilbert and Ellice Islands Colony, British Solomon Islands, Tokelau, New Hebrides, and scattered smaller island groups.

laboratory service in Costa Rica, Guatemala and Nicaragua. It provided a sanitary engineer with headquarters in Panama to organise a division of sanitary engineering in the National Department of Health of that country and to act as consultant on sanitary engineering projects and malaria control problems to the health authorities of Costa Rica, Salvador, Honduras and Nicaragua. It maintained a representative in Nicaragua to supervise the hookworm control measures which the Government is now conducting at its own expense, lent the services of this representative to the Governments of Salvador and Honduras as adviser on hookworm problems, and the services of its representative in Panama as consultant on hookworm work to the Government of Costa Rica. In Mexico, participation was continued in the five-year co-operative hookworm control programme begun in 1924 and work was conducted in three States.

The Government of Jamaica was assisted in carrying out anti-hookworm measures and in developing a school hygiene programme. The representative of the International Health Division also served as director of the Bureau of Health Education. In Porto Rico, the services of a malariologist and a drainage engineer were provided to assist the Government and to operate two municipal health units, one newly organised in 1927.

In South America, co-operation was given in the Argentine, Brazil, Colombia, Paraguay and Venezuela. In the Argentine, two provinces were aided in conducting malaria demonstrations. In Brazil, the States of Alagoas, Bahia, Ceara, Maranhão, Parahyba, Pernambuco, Piauhy and Rio Grande do Norte received aid in controlling *des Aegypti* breeding; nine counties in the State of Minas Geraes were assisted in supporting country health posts, four of which were opened in 1927; aid was given to fourteen county health units in the State of São Paulo, of which four were newly established during the year; and co-operation in malaria demonstrations was continued in the State of Rio de Janeiro. Funds were given to the Service of Nursing of the National Department of Health for the erection and equipment of a teaching pavilion for the Anna Nery School of Nursing in Rio de Janeiro, and also to supplement salaries and travel expenses of personnel. The Government of Colombia was assisted in its hookworm control programme and in developing a department of vital statistics in its National Health Service and a national public health laboratory service. In Paraguay, participation in an anti-hookworm programme was continued. In Venezuela, funds and personnel were provided for hookworm and malaria surveys and for a field study of the local anopheles.

In Canada, the provincial governments of Quebec and British Columbia were aided in developing rural health programmes. In Quebec, four county health units were in operation at the end of the year, two of them joint units serving two counties each, and three additional units have been authorised. In British Columbia, authorisation had been given for the establishment, near Victoria, of a local health unit similar in character to a county health unit.

In the United States, the Foundation co-operated in demonstrations of malaria control in Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Virginia. Aid was given to county health programmes in Alabama, Arkansas, California, Colorado, Georgia, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, New Mexico, North Carolina, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming, and to special flood relief budgets in six States in the Mississippi flood area, namely, Arkansas, Kentucky, Louisiana, Mississippi, Missouri and Tennessee. Assistance was given to public health laboratory service in Alabama, Maine, Missouri, Tennessee, Texas and Utah; to departments of epidemiology in Alabama, Iowa, Kansas, Mississippi, Rhode

Island, South Carolina, South Dakota and Tennessee ; to sanitary engineering services in Alabama, Idaho, Iowa, Maine, Oregon and Tennessee ; and to divisions of vital statistics in Alabama, Iowa, Mississippi, Montana, Oklahoma, South Carolina and Tennessee.

In Europe, the Foundation gave aid to public health programme in Austria, Bulgaria, Czechoslovakia, Denmark, Finland, France, Hungary, Italy, Poland, the Kingdom of the Serbs, Croats and Slovenes and Spain. In Austria, contributions were made towards the operating expenses of a public health demonstration which is being conducted in the district of Hartberg. In Bulgaria, funds were given toward equipping and maintaining a statistical bureau in the Public Health Service, and the Government's malaria control programme was aided through a contribution to the Institute of Malaria at Bourgas for laboratory and library equipment and motor transport. In Czechoslovakia, aid was continued to the Division for Study and Reform of Health Activities created in the Ministry of Health in 1921, and appropriations were made towards the expenses of rural health demonstrations in the district of Holesov in the province of Moravia and the district of Vršovice in Greater Prague. In Denmark, aid was provided for the development of a statistical bureau and an epidemiological service in the Central Health Administration. In Finland, a member of the International Health Division field staff made a survey of public health conditions at the request of the Government. In France, contributions were made towards the maintenance of the National Office of Social Hygiene and towards the development of the Central Bureau of Nurses connected with that Office. Aid was also given towards the development of local health services in the departments of Hérault, Saône-et-Loire, Seine-et-Marne, Aisne and Tarn-et-Garonne. In Hungary, funds were contributed towards the maintenance of the Sanitary Reform Bureau of the Ministry of Public Welfare and towards the expenses of a demonstration of local health work in the district of Gödöllő, in the county of Pest-Pilis-Solt-Kiskun.

In Italy, the Foundation continued its co-operation with the National Department of Health and the Government of Rome in field studies of malaria and demonstrations of malaria control. The control work included six regional demonstrations, with headquarters at the following places : Bianconovo, in the province of Calabria, Porto Torres, in Sardinia ; Catania, in Sicily ; Fiumicino and Sermoneta, in the province of Rome ; and Monfalcone, in the province of Trieste. In addition, eight extension control posts were maintained, four in the province of Calabria, three in Sardinia and one in a suburb of Rome. The provincial medical officers of six provinces — Catanzaro, Trieste, Grosseto, Caserta, Forli and Pola — were assisted in organising antilarva campaigns and in training personnel.

In Poland, the Foundation continued to aid the Advisory Board of the Public Health Service and to co-operate with the Government in local public health demonstrations in the Mokotow district of the city of Warsaw, and in the Skierniewice, Warsaw and Bendzin districts. It also provided travel funds for a supervisor of district health work, whose duties include : (1) oversight of co-operative demonstrations and of district health work supported entirely by Polish funds, and (2) stimulating the development of local health work along modern lines in other parts of Poland.

In Spain, the Government was assisted in anti-hookworm work in the mines of Jaen and Cordoba provinces and in a demonstration of malaria control in the province of Caceres. The Government of the Kingdom of the Serbs, Croats and Slovenes was aided in organising a demonstration in rural health work in Macedonia (Southern Serb-Croat-Slovene Kingdom), and at the invitation of the Government a member of the field staff of the International Health Division made a survey of public health conditions in Bosnia and Herzegovina.

The programme in the East and the Far East included co-operation with the Governments of Ceylon, China, Madras Presidency and the State of Mysore in India, the Netherlands East Indies, Palestine, the Philippine Islands, Sarawak, Siam, the South Pacific Islands and the Straits Settlements. In Ceylon, aid was given for hookworm control and for the development of local health work in Kalutara and Kurungala districts, and the services of an engineer were lent to help the Government establish a division of sanitary engineering in the Department of Medical and Sanitary Services. In China, the representative of the International Health Division continued to render advisory aid to the Health Department of the Metropolitan Area of Peking and to the Peking Health Centre, which is operated in one ward of Peking by the Peking Union Medical College and the National Epidemic Prevention Bureau, under the auspices of the Metropolitan Police Department. The Division's representative also assisted the authorities of Shanghai, Canton, Hankow and Hangchow in developing municipal health administrations and advised the Government of the province of Shansi regarding the establishment of a provincial health department.

In India, the Government of Madras Presidency was assisted in a programme of hookworm control and in conducting a demonstration in rural sanitation in the Madura district. At the request of the Government of Mysore, a representative of the International Health Division made a public health survey of that State. In the Netherlands East Indies, co-operation was given in a programme of hookworm control and rural sanitation. The International Health Division's representative served as director of the Division of Health Education of the Government Health Service, which exercises advisory supervision over rural sanitary campaigns and carries on an intensive educational programme.

In Palestine, the Foundation made a small contribution toward drainage projects and provided the services of a sanitary engineer, who assisted the Government in malaria control measures. The Philippine Islands health authorities were aided in malaria studies, and representatives of the International Health Division served as advisers on the malaria control programme and on the development of a public health diagnostic laboratory service for the Islands. At the request of the authorities of Sarawak, Borneo, a representative was detailed to make a public health survey of this protectorate, with special reference to hookworm and malaria, and to assist in the development of an adequate health programme.

The Government of Siam was assisted in hookworm control and in the development of a local health centre at Lopburi and a mobile public health diagnostic laboratory. In the South Pacific Islands, a representative of the International Health Division served as adviser on hookworm and other public health problems. In the Straits Settlements, aid was given in hookworm control and in the development of local health units in Malacca and Penang.

In West Africa, the Foundation's Yellow Fever Commission continued its studies on the Gold Coast and in Nigeria. The character of the yellow-fever problem in this region changed at the close of 1926 because of the failure of the staff to isolate the *Leplospira icteroides* or to determine the means whereby the West African disease was spread. The problem, instead of being primarily one of control, became one of determining the identity of the disease. The 1927 programme comprised therefore : (1) a careful study of all reported cases, to determine their epidemiology and clinical manifestations ; (2) further studies of the gross and microscopic pathology of the disease ; (3) laboratory investigations, including primarily a search for a susceptible animal, so that the disease might be transmitted and studied experimentally and its method of transmission in nature determined.

Yellow fever was widespread on the West Coast during the year. Late in 1926 there had been an outbreak in Senegal ; a recrudescence occurred in May 1927, and developed into a considerable epidemic. A series of outbreaks occurred in native towns on the Gold Coast north-east of Accra ; the French territories of Dahomey and Togoland were infected ; and cases were reported from Monrovia in Liberia. The Commission devoted most of its attention to laboratory investigation of the nature of the disease through animal inoculations with yellow-fever virus, both by direct inoculation and by means of mosquitoes.

August 1928.

THE HEALTH ORGANISATION

OF THE

LEAGUE OF NATIONS.

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I. THE HEALTH COMMITTEE AND ITS COMMISSIONS.

The Health Committee was reconstituted for a period of three years as from January 1927, as follows :

President :

Dr. Th. MADSEN, Director of the State Serum Institute, Copenhagen.

Vice-Presidents :

(*Ex officio*) M. O. VELGHE, Secretary-General of the Ministry of the Interior and of Health, Brussels ; President of the Comité permanent de l'Office international d'hygiène publique.

(Elected for 1929) Dr. Witold CHODZKO, former Polish Minister of Health ; Director of the State School of Hygiene, Warsaw.

(Elected for 1929) Professor Ricardo JORGE, Technical President of the Board of Public Health, Lisbon.

Members :

Dr. Aráoz ALFARO, former President of the National Health Department, Buenos Aires.

Professor Léon BERNARD, Professor of Clinical Tuberculosis at the Faculty of Medicine of Paris ; President of the Supreme Board of Health at the Ministry of Health.

Sir George BUCHANAN, Senior Medical Officer, Ministry of Health, London.

Professor J. CANTACUZÈNE, Professor of Bacteriology and Director of the Institute of Experimental Medicine, Bucharest.

Dr. H. CARRIÈRE, Director of the Swiss Federal Public Health Service, Berne.

Dr. Carlos CHAGAS, Director of the Oswaldo Cruz Institute, Rio de Janeiro.

Surgeon-General H. S. CUMMING, Chief of the United States Public Health Service, Washington.

Colonel J. D. GRAHAM, Public Health Commissioner with the Government of India, Delhi.

Dr. C. HAMEL, President of the Reichsgesundheitsamt, Berlin.

Dr. N. M. J. JITTA, President of the Public Health Council of the Netherlands, The Hague.

Dr. A. LUTRARIO, former Director-General of Public Health, Ministry of the Interior, Rome.

Professor B. NOCHT, Rector of the University and Director of the Institute of Tropical Diseases, Hamburg.

Professor Donato OTTOLENGHI, Professor of Hygiene at the Royal University of Bologna.

Professor Gustavo PITTALUGA, Professor of Parasitology in the Faculty of Medicine at Madrid.

Dr. L. RAYNAUD, Inspector-General of the Public Health Service of Algeria, Algiers.

Dr. M. TSURUMI, Representative of the Public Health Service of Japan, Paris.

Expert Assessors appointed in an Advisory Capacity.

Dr. J. H. L. CUMPSTON, Director-General of the Commonwealth Department of Health, Melbourne.

Dr. Alice HAMILTON, Professor of Industrial Hygiene at Harvard University, Cambridge (Mass.).

Professor NAGAYO, Director, Government Institute for Infectious Diseases, Tokio.

Dr. C.-E. A. WINSLOW, Professor of Public Health, Yale School of Medicine ; Member of Public Health Council, State of Connecticut.

The following are the special Sub-Committees of the Health Committee :

1. Cancer Commission.
Sub-Commission for the Study of Occupational Cancer.
Sub-Commission of Experts charged with the Study of the Radiotherapy of Cancer.
2. Joint Commission on Anthrax.
3. Commission on Education in Public Health and Preventive Medicine.
4. Commission of Expert Statisticians.
5. Far East Commission.
6. Commission on the Fumigation of Ships.
7. Commission for the Study of Leprosy.
8. Opium Commission.
9. Malaria Commission.
10. Expert Commission on Plague.
11. Committee of Health Experts on Infant Welfare.
12. Joint Commission of Experts for the Study of the Relationship between Public Health Services and Health Insurance Organisations.
Sub-Committee on Preventive Medicine.
13. Joint Commission for the Revision of the " International List of Causes of Death ".
14. Commission on the Standardisation of Sera, Serological Reactions and Biological Products.
15. Commission of Experts for the Study of Sleeping-Sickness and Tuberculosis in Equatorial Africa.
16. Commission on Smallpox and Vaccination.
17. Commission of Experts on Syphilis and Cognate Subjects.

II. WORK OF CERTAIN COMMISSIONS.

1. COMMISSION ON EDUCATION IN PUBLIC HEALTH AND PREVENTIVE MEDICINE.

This Commission met in October 1928 during the last session of the Health Committee.

The Health Committee agreed as to the desirability of co-operation between this Commission and the International Institute of the Educational Cinematograph, and appointed a small Drafting Committee to draw up the general lines of a programme for the education of public health personnel in schools of public health, on the basis of the ample material now at the Commission's disposal.

2. MALARIA COMMISSION.

A general meeting of the members and corresponding members of the Commission together with a number of other experts, was held at Geneva in June 1928. The

primary object of the meeting was the discussion of the principles of anti-malaria measures as laid down in the Second General Report of the Malaria Commission (document CH/Malaria/73), as well as the possibilities of applying anti-malaria methods used in the United States in combating the disease in Europe. Three Sub-Commissions were formed for the study of the following subjects :

- (1) Anti-malaria measures.
- (2) Certain aspects of the epidemiology of malaria.
- (3) The use of quinine in malaria.

As a result of a very full discussion, a report (document CH/Malaria/121) was issued summarising the views held by the participants. It was further decided to outline a scheme of future research work, which was eventually adopted and entrusted to certain individuals. This programme, together with the list of workers, is given in detail in the report.

Secondary Alkaloids.

Work has continued on the value of the different alkaloids of cinchona in the treatment of malaria and it is proposed to publish early in 1929 a report on the available knowledge regarding the use of these drugs. Experimental work is at present being carried on, especially in Roumania and Spain, in respect of samples of quinetum received from the Indian Government plantations. In addition, samples of cinchona barks have been received from the Belgian Congo for similar experiments.

Malaria Courses.

The malaria courses organised under the auspices of the Health Organisation were again arranged in 1928. The Scuola Superiore di Malariologia in Rome has for the first time participated in these courses and has, in addition, offered a special section for engineers, agriculturists, etc. Sixteen scholarships were given by the Health Organisation (of which two were Lothian Scholarships), five by the Rockefeller Foundation, whilst three students attended at the cost of their respective Governments. Twenty-two countries were represented.

Similar courses are being arranged for 1929.

Indian Tour of the Malaria Commission.

Arrangements are being made for certain members of the Malaria Commission to visit India in August 1929 at the invitation of the Indian Government. The tour will last some four or five months, during which time the members of the Commission will have an opportunity of studying the malaria problems in certain representative districts selected by the Sanitary Commissioner for India.

Anti-malaria Work in Bulgaria.

The anti-malaria work amongst the Bulgarian refugees continues along the lines recommended by the Malaria Commission. Two members of the Commission recently visited Bulgaria, and the very satisfactory results which are being obtained are described in the report CH/Malaria/122.

3. CANCER COMMISSION.

By decision of the Health Committee in April 1928 the Cancer Commission was entrusted with new enquiries regarding : (a) Occupational Cancer, and (b) the Radiotherapy of Cancer. Two Sub-Commissions were appointed.

I. *Sub-Commission for the Study of Occupational Cancer.*

This Sub-Commission, at its first session, held in London in July 1928, decided :

(a) To enquire into the possibility of making an analytical study of technical literature on industrial processes with the object of proving or disproving the statement that the primary exciting cause of certain forms of cancer special to certain industries is a particular chemical product.

(b) To collect and analyse the statistical data on cancer according to various occupations in the German Sickness Insurance Funds.

(c) To study the methods by which : (1) a medical enquiry should be undertaken in France into occupational cancer ; (2) an enquiry should be conducted in various countries into the cases of skin cancer under observation in private and hospital practice or under a voluntary notification system through a study of the life histories of patients.

(d) To obtain detailed information respecting the incidence of cancer of the lung among the miners of the Schneeberg district (Saxony), and to verify the statement that no such excessive incidence affects workers in other mining districts, where the same or similar minerals (cobalt, arsenic, bismuth) are worked.

II. *Sub-Commission of Experts charged with the Study of the Radiotherapy of Cancer.*

This Sub-Commission met at Geneva in June 1928 for the purpose of establishing a plan for the international study of practical methods and results of radiotherapy, as used in various clinics and institutes, in order to promote a better understanding of the subject. For this investigation, cancer of the *cervix uteri* has been chosen, as it is for this form of cancer that radiotherapy has become of most urgent practical importance and as a large number of important clinics in various countries should be in a position to furnish useful data for this study.

The Sub-Commission invited three experts, possessing the necessary experience and resources : Dr. Lacassagne, of the Curie Foundation in Paris ; Dr. Heyman, of Radiumhemmet, Stockholm ; and Professor Voltz, of the Universitäts-Frauenklinik, Munich, jointly to visit and study the methods and results of radiological treatment of cancer of the uterus in the three institutes named. As a result of the visits and studies undertaken in Paris, Stockholm and Munich, a report was submitted to the Sub-Commission of Radiotherapy in March 1929.

4. TUBERCULOSIS COMMISSION.

Report of the Technical Conference for the Study of Vaccination against Tuberculosis by Means of BCG

The Health Committee, at its twelfth session, considered a proposal from Professor Calmette that it should examine the results of vaccination against tuberculosis by BCG. It authorised its President to convene a small number of experts to draw up and submit to the Committee a programme of international studies on the subject. The experts met at the Pasteur Institute in Paris from October 15th to October 18th, 1928.

The purpose of this Conference was to determine the best methods of demonstrating the results, both immediate and remote, of vaccination with BCG in laboratory animals, cattle and man. These various questions were studied by three Commissions, composed of bacteriologists, clinical practitioners and veterinary surgeons respectively.

The conclusions adopted by the Commission of the Conference were as follows :

Conclusions of the Bacteriological Commission.

The bacteriologists attending the meetings of the Commission agreed unanimously that experimental results justified the conclusion that BCG was a harmless vaccine (Ascoli, Berger, Bordet, Cantacuzène, Frenkel, Gerlach, Kraus, Neufeld, Nowak, Remlinger, Tsekhnovitzer, Vallée, Zeller).

Professor Nobel, however, maintained that in exceptional conditions BCG was capable of producing fatal tuberculosis in laboratory animals.

The Commission considered that the data already published regarding experimental work on laboratory animals clearly justified the conclusion that BCG does not give rise to progressive tuberculosis (*tuberculose évolutive, progrediente Tuberkulose*).

Conclusions of the Clinical Commission.

The following conclusions were drawn from the documents studied by the Commission :

1. That BCG administered by mouth to infants within the first ten days of life, and by subcutaneous inoculation in other children and in adults, is incapable of producing virulent tuberculous lesions.
2. That vaccination by BCG produces a certain degree of immunity against tuberculosis.

Conclusions of the Veterinary Commission concerning the Prophylaxis of Bovine Tuberculosis.

The experimental facts published and the unanimous opinion of practitioners who have used BCG in cattle justify the conclusions that vaccination carried out according to the technique of Calmette and Guérin among bovines is a perfectly harmless procedure.

Similar experimental data and published observations with regard to the use of BCG among bovines demonstrate that this strain of bacteria confers definite immunity against both experimental and natural tuberculosis infection. These recognised "pre-immunising" (*prémunisantes*) qualities justify and encourage the extension of the experimental use of BCG in the prevention of bovine tuberculosis.

The conference drew up a programme for international research into certain bacteriological aspects of vaccination by means of BCG. It framed two standard forms for the vaccination of cattle, one in strict conformity with the experimental rules and the second with a view to meeting the practical requirements of stockbreeding.

Lastly, the conference adopted clinical observation sheets and standard forms for post-mortem examinations, and urged that a number of selected clinics should be asked to carry out vaccination by the Calmette method, and that a strict comparative study should be made of vaccinated and non-vaccinated children in tuberculous surroundings, subject to the same medical and public health supervision.

The results of these observations will be collected and analysed by the Health Section, and should furnish accurate information as to the innocuity and prophylactic efficacy of BCG.

5. OPIUM COMMISSION.

Application of the International Opium Convention of February 19th, 1925.

(a) *Article 8.*

Having obtained a preliminary opinion from the Permanent Committee of the Office international d'hygiène publique on certain preparations containing narcotic drugs covered by the Convention, but which various Governments had proposed should be exempted from the effects of the Convention in virtue of Article 8 of the said Convention,¹ the Health Committee decided, at its thirteenth session (Geneva, October 1928), to submit to the Council of the League of Nations a detailed list of the preparations whose exemption it recommends, and to refer certain other preparations for further enquiry to the Permanent Committee of the Office international d'hygiène publique.

The Council noted this decision at its fifty-third session, held at Lugano in December 1928.

(b) *Article 10.*

Having obtained a preliminary opinion from the Permanent Committee of the Office international d'hygiène publique as to the harmful effects of dilaudid and benzoylmorphine, on the one hand, and the morphine esters generally, the Health Committee decided, at its thirteenth session, to inform the Council that these substances are narcotics capable of producing harmful effects similar to those produced by products envisaged by the Convention and that they should, in consequence, be brought within the scope of the Convention.

The Council also noted this decision at its session in December 1928.

Lastly, continuing its work on eucodal, dicodid, dilaudid, benzoylmorphine and the morphine esters, the Health Committee decided, at its session in October 1928, to ask the Permanent Committee of the Office international d'hygiène publique to examine the question of whether preparations containing these substances should come within the scope of the Convention and, if so, whether preparations containing less than a certain percentage of these substances should be exempted from the effects of the Convention.

6. COMMISSION ON THE STANDARDISATION OF SERA, SEROLOGICAL REACTIONS AND BIOLOGICAL PRODUCTS.

At its meeting at Frankfort-on-Main (April 1928), the Commission concluded a number of researches extending over the last few years on the standardisation of sera, serological reactions and biological products.

¹ See *International Health Year-Book*, Vol. III, page 774.

As regards serological standardisation, the following standards have now been definitely established : anti-diphtheria, anti-tetanus and anti-dysentery.

Researches are still in progress concerning anti-scarlatina serum, anti-gangrene serum, tuberculin, and standard sera employed for the verification of blood groups.

As regards biological standardisation, international standards are now available for : arsenobenzenes, digitalis, ouabain, insulin and pituitary extract.

Laboratory Conference on the Serodiagnosis of Syphilis (Copenhagen).

Since the first Laboratory Conference (Copenhagen, November 1923), several of the methods employed for the serodiagnosis of syphilis have been considerably improved, and a number of new ones have recently been evolved, more particularly of the type depending on changes which are directly visible in mixtures of syphilitic sera and extracts (flocculation tests).

The second Conference was organised at the Copenhagen Government Serological Institute in May 1928, for the purpose of comparing the different methods based on the Bordet-Wassermann reaction with the various flocculation tests recently perfected or discovered.

Forty representatives from seventeen countries were present, and experiments were carried out, in each case by the author, with fifteen methods, the samples of sera and cerebro-spinal fluid being the same for all ; 944 sera and 122 samples of cerebro-spinal fluid were examined. In view of the limited number of samples of the latter, supplementary researches were carried out in London, after the Conference, by Dr. Kahn and Dr. Wyler, each using his own method.

A comparison of the results showed that flocculation tests have now been much improved, the best of them being equal in value to the best of the methods based on the Bordet-Wassermann reaction.

The report of the Conference contains a statement of the results obtained and the resolutions adopted, and also a detailed description of the methods employed in the comparative experiments.

7. COMMISSION ON SMALLPOX AND VACCINATION.

The Commission on Smallpox and Vaccination met at Geneva in August 1928. After examining the data collected on post-vaccinal encephalitis, it formed that cases of this kind were so rare that there was no reason to consider restricting the practice of vaccination, which still remains the most powerful weapon in existence against smallpox.

From the Commission's researches, it would appear that post-vaccinal encephalitis is not due to the use of any particular method of vaccination or of specific vaccines.

The Commission directed attention to the expediency of primary vaccination during early infancy rather than at later ages of childhood and framed a number of recommendations concerning the preparation and preservation of lymph for purposes of vaccination.

8. COMMITTEE OF HEALTH EXPERTS ON INFANT WELFARE.

The work of this Commission, already referred to in Volumes II and III of the *Health Year-Book*, was continued in 1928.

Enquiry into Infant Mortality.(a) *In Europe.*

The enquiry into infant mortality in Europe was carried out in twenty-nine urban and rural districts selected in seven different countries, and was completed early in the year. The experts met in London in July 1928 to examine the preliminary results and come to a decision as regards the framing of their final report, which will probably be published in 1929.

(b) *In South America.*

This enquiry will be completed shortly. At the beginning of 1928, a member of the Health Section went to the Argentine, Brazil, Chile and Uruguay to help the authorities to organise this enquiry. Twenty-four districts, urban and rural, were selected in these four countries, and the enquiry covers approximately 6,000 deaths (still-births and children under 1 year). The enquiry was conducted on lines very similar to those of the European enquiry, and the value of the latter will be considerably increased by the material collected in South America, which will give an opportunity for studying the climatic, ethnological and social factors and their influence on infant births and deaths.

Enquiry concerning Preventive Immunisation against Diphtheria, Scarlet Fever, Measles and Whooping-cough, and concerning Rickets.

The experts, after further discussions, have submitted proposals for the institution of exhaustive researches on these subjects.

III. EPIDEMIOLOGICAL INTELLIGENCE SERVICE.

1. GENEVA OFFICE.

*Publications.**"The Monthly Epidemiological Report."*

The *Monthly Epidemiological Report* has appeared since July 1923. It contains official statistics received from the Health Services of the various countries regarding :

- (a) Cases of infectious diseases notified ;
- (b) Deaths from notifiable diseases ;
- (c) General death rates of large towns ;
- (d) Infant mortality rates of large towns ;
- (e) Birth rate in large towns ;
- (f) Causes of deaths in large towns ;
- (g) Meteorological statistics.

These data are now received weekly or monthly from all countries in the world where such information is collected. The statistics are arranged according to disease, and space is gained by giving information on the diseases which are not prevalent at that time of year in alternate months only. The diseases are grouped in three classes:

(a) Plague, cholera, yellow fever, smallpox and typhus, tables for which appear in every number ;

(b) Enteric fever, influenza, acute poliomyelitis, diphtheria and scarlet fever, tables for which appear every month when it is prevalent and in alternate months at other times ;

(c) Relapsing fever, epidemic cerebro-spinal meningitis, encephalitis lethargica, miliary fever, malaria, undulant fever, dysentery, measles, whooping-cough, chicken-pox, venereal diseases, puerperal fever, anthrax and trachoma, which are given with a few months' interval according to their prevalence.

The *Monthly Epidemiological Report* contains a general review of the incidence of the principal epidemic diseases throughout the world. The contents of the reports vary from month to month according to the seasonal prevalence of the various diseases. Special studies have been published during the year concerning the incidence of and mortality from various diseases, among which may be mentioned yellow fever, syphilis, typhoid fever, undulant fever (*B. abortus*), cerebro-spinal meningitis, the plague epidemic at Aden, encephalitis lethargica, natality and general mortality in Europe in 1927, the dengue epidemic in Greece, yellow fever at Rio de Janeiro, public health in the mandated territory of Western Samoa, diphtheria mortality.

"Weekly Epidemiological Record."

The *Weekly Epidemiological Record* has been issued since April 26th, 1928. It appears on Thursday evening in order to enable the health services of most European countries to receive it not later than Saturday morning.

Since October 18th, 1928, a weekly official *communiqué* prepared by the Office international d'hygiène publique has been published in the *Weekly Record* in accordance with the provisions of the International Sanitary Convention of 1926. Since November 15th, 1928, this *communiqué* has contained all the information regarding quarantine diseases received by the Office international during the week, including the information from the Singapore and Alexandria Bureaux. The information is classified according to the paragraph of the International Sanitary Convention concerned. This *communiqué* is published in the first page of the *Weekly Record*, and is brought up to date by the inclusion in the proofs of information received on the morning of the day of publication.

The *Weekly Record* further contains a summary of the information received by the Health Section during the week: (a) concerning plague, cholera, yellow fever, smallpox and typhus; and (b) any other epidemic disease which may for the time being constitute an international danger. During the epidemic of dengue in Greece, very complete telegraphic reports were received from the Greek Government, as well as from the neighbouring countries infected or threatened by the epidemic. This information, extracts of which were circulated by telegram to the Health Services interested, has appeared *in extenso* in the *Weekly Record*. Telegraphic and other information on influenza is included whenever this disease is epidemic.

The weekly telegraphic *communiqué* of the Singapore Bureau is reproduced *in extenso* in the *Weekly Record*. From the beginning of 1929, the weekly telegraphic

communiqué of the Alexandria Bureau has also been given. Since January 1st, 1929, the *Weekly Record* has been considerably enlarged and now contains not merely statistics but a current analysis of the epidemic situation throughout the world in regard to quarantine diseases and other diseases which are at the moment unusually prevalent.

Latest Epidemiological Intelligence.

The increasing amount of telegraphic information received has warranted the publication of multigraphed bulletins several times a week in order to supply still more recent information to the sanitary administrations. Between June 1st and the end of the year, 118 such reports were published. The information relates to the same diseases as the *Weekly Record* and, besides reports on the usual quarantine diseases, it contains a large amount of information on the situation of the dengue epidemic up to the end of the year and on the spread of influenza in the United States, telegraphic reports of which were regularly received from the Surgeon-General of the United States Public Health Service.

2. THE EASTERN EPIDEMIOLOGICAL BUREAU AT SINGAPORE.

The Branch Office of the Epidemiological Intelligence Service at Singapore began work on March 1st, 1925. In 1927, it received weekly information by telegraph from practically all the important ports of the Indian and Pacific Oceans; it was not, therefore, to be expected that many new ports would send information in 1928, but reports are now received from a number of Chinese ports. In addition to Shanghai and Canton, which had already been sending information, returns are now received from Tientsin, Amoy and Swatow. In other countries, the ports of Pnom-Penh (Indo-China), Henjam and Jask (Persia) have begun to send reports. The information regularly received by cable relates to the prevalence of and death from plague, cholera and smallpox. Telegraphic information on the number of plague-infected rats found during the week was received from twelve Eastern ports. Since July 1928, this information has also been received from Indian ports. Information on infected ships and quarantine measures is received by cable.

The weekly telegraphic *communiqué* of the Bureau is being distributed largely by wireless broadcast. In 1928, twenty-nine health administrations were receiving their information by wireless, as compared with twenty-five in 1927. The messages are broadcast, through the courtesy of the Governments concerned, from the powerful stations at Saigon (French Indo-China), Malabar (Java), and Antananarivo (Madagascar). These broadcasts are supplemented for local purposes by broadcasts from the stations at Tokio, Shanghai, Sandakan (North Borneo), Madras and Karachi. The information supplemented by data received in Geneva is, moreover, re-broadcast from the powerful station at Nauen, in Germany.

A summary of the weekly message is broadcast by the Malabar, Madras, Karachi and Tokio stations for the benefit of shipping. At the request of several shipping companies, such information is now also broadcast from the Sandakan and Shanghai stations.

All wireless messages destined for ships at sea is broadcast in clear, while the weekly *communiqués* to the health administrations, whether sent by cable or by wireless, have ever since the beginning of the Bureau's existence been sent in the special AA Code prepared by the Bureau for its own use. This code has given full

satisfaction and made possible a large economy in telegraphic expenditure. It is now being much enlarged in order to make it serviceable for all telegraphic exchange of information between health administrations throughout the world.

The practice of informing the next port of call through the Eastern Bureau of the arrival of ships having or having had on board cases of infectious diseases is becoming more general. In 1928, telegraphic reports of about 160 ships having on board patients suffering from dangerous epidemic diseases were received.

The information on cases of and deaths from infectious diseases received by the Bureau, as well as quarantine notifications and information on pilgrimages, rat examination and meteorological data, are published in the *Weekly Fasciculus* of the Bureau. In 1928, the *Weekly Fasciculus* also contained special reports on the plague epidemic at Aden, plague in Inner Mongolia, the dengue epidemic in Greece, and information received from the Australian Health Service relating to the Austral-Pacific zone.

Since April 15th, 1928, the clauses of the agreement reached between the Health Committee and the Permanent Committee of the Office international d'hygiène publique in regard to the use of the Eastern Bureau as a regional bureau for the purpose of the International Sanitary Convention have been enforced. In accordance with this agreement, all notifications under the Convention of the occurrence of infectious diseases in the area served by the Singapore Bureau are made to that Bureau and distributed by it on behalf of the Office international d'hygiène publique. As soon as the information is received, it is recabled to Geneva, whence it is immediately forwarded by telegram to Paris and to the regional bureau at Alexandria (Conseil sanitaire maritime et quarantenaire d'Egypte). The Sanitary Council of Egypt also receives from the Eastern Bureau information on precautionary measures taken before the departure of pilgrims, as well as a weekly statement on health conditions in pilgrim ships returning to the Far East. In return, the Sanitary Council of Egypt cables to the Eastern Bureau all information received from Hedjaz during the pilgrimage.

The Eastern Bureau also acts as a centre of co-ordination of medical research work in the Far East, such as the investigations of oral vaccination against cholera and dysentery. A programme of research on plague has been drawn up by the Plague Commission of the Advisory Council of the Singapore Bureau and communicated to the various administrations. Replies have been received from Siam, Hong-Kong, Indo-China, the Union of South Africa, Egypt, Australia, Ceylon and the Dutch East Indies indicating that these administrations had begun work along the lines laid down in the programme and that information on the progress of these studies would be communicated to the Bureau. In compliance with the resolution of the Advisory Council, an enquiry has been undertaken on the value of quarantine stations. The Eastern Bureau is also endeavouring to act as a link between laboratories in its area and has arranged for the exchange and comparison of dried vaccinal lymph, cultures of *B. pestis*, *B. anthracis* and anti-cholera bacteriophage between various laboratories.

IV. INTERCHANGES AND INDIVIDUAL MISSIONS IN 1928.

During 1928, three interchanges were held—the first in India, the second in six European countries and the third in Italy.

1. INTERCHANGE IN INDIA.

The interchange in India from January 1st to February 18th, 1928, was attended by sixteen public health officers from the public health administrations of twelve Far-Eastern countries.¹

The interchange followed immediately after the annual Congress of the Far-Eastern Association of Tropical Medicine. The work began with the inspection of the Central Public Health Services at New Delhi and visits to local institutions. The group visited Lahore, points in the Punjab, the United Provinces, Bihar and Orissa, Bengal, Madras, Mysore and Bombay.

The programme had been arranged by the Public Health Commissioner with the Government of India, in co-operation with the public health services of the Provincial Governments and Indian States, so as to enable the participants to study the life and habits of the people, the most highly developed and the worst sanitary conditions, as well as variations in the health problems due to economic, climatic and racial conditions. Special attention was paid to rural hygiene, in view of the importance of this subject in India and the necessity of raising economic conditions and the standard of living in order to bring about an improvement in public health. The participants were shown the effect of irrigation on desert areas and studied public health campaigns in districts with widely different characteristics, visiting areas in which the chief industries were tea, rubber, coal, the manufacture of cotton, and agriculture.

A number of opportunities were afforded for studying the campaign against malaria (probably the most serious health problem in India), and against other tropical diseases, such as cholera, kala-azar, leprosy, ankylostomiasis, plague and smallpox.

The participants examined model housing schemes—in colliery districts, for example—and also visited the worst quarters of cities and villages, in order to gain a genuine idea of the conditions in which the people live.

The precautions taken to prevent disease on the occasion of pilgrimages were observed, for example, at Hardwar.

Attention was paid to municipal sanitation and to methods of purifying public water supplies, especially by the use of chlorine.

Visits were made to hospitals of all types as well as to medical colleges, public health laboratories and institutes, sewage disposal works and the provincial and local public health services.

Before starting on the tour, each participant was supplied with a volume on Health Organisation in British India (document C.H.691), prepared under the direction of Colonel J. D. Graham, C.I.E., I.M.S., Public Health Commissioner with the Government of India, and containing chapters by the competent authorities on the public health services and problems in India in the various provinces and States.

¹ Australia, Ceylon, China, Egypt, Federated Malay States, French Indo-China, Japan, Netherlands East Indies, New Zealand, Philippine Islands (United States Public Health Service and Philippine Health Service), Siam, Straits Settlements.

The participants were made to feel by the welcome they received that their study of public health and hygiene in India was welcomed, not only by the authorities, but by the people themselves.

One of the participants translated into French for the use of his Government the volume on Health Organisation in British India.

2. INTERCHANGE ON RURAL HYGIENE.

The Interchange for the Study of Rural Hygiene began on May 27th at Ljubljana and ended with a final conference at Geneva on July 23rd. There were twenty participants from eighteen countries, ¹ fourteen being public health or medical officers and six sanitary engineers.

Visits were made to rural areas in the Kingdom of the Serbs, Croats and Slovenes, Hungary, Germany, the Netherlands, Belgium and France. The programme had been arranged by the sanitary authorities of the several countries in co-operation with the Health Organisation with the object of giving as complete a picture as possible of rural hygiene under different conditions. Special attention was given to the methods for providing pure drinking-water, housing, the safe disposal of sewage and the protection of milk supplies. The administrative work of Government authorities and of private organisations connected with the health of rural populations was studied. Pamphlets prepared by the sanitary authorities were distributed to the participants as far as possible in advance of the visits. A number of officials from the local public health services joined the interchange group, not only to act as guides, but also to make use of the opportunity afforded to study administrative work on rural hygiene.

Almost every country has made a special development in some branch of health work of particular importance, owing to local conditions, and particular attention was devoted to these characteristic developments, such, for instance, as the work of the Farmers' League in Belgium, and the system of common water supplies for villages in the Netherlands.

During the final conference in Geneva, each participant gave an account of the work which he hoped to incorporate in the health practice of his own service. A general report (document C.H./E.P.S./146(1)) was prepared, embodying the views of the participants on the most important aspects of rural hygiene, difficulties of administration and the expenses involved. It suggests that health officials should make use of agencies devoting their attention to the rural population, to co-ordinate their work and concentrate their efforts on particular problems. It also recommended the use of subsidies in poor districts. The participants were struck by the great need for public education in hygiene in rural districts and considered that a number of agencies should be utilised for this purpose, particularly State schools, the public health nurse and the medical profession. Health demonstrations as a means of spreading knowledge were commended in particular cases. The participants pointed out the frequent reduction of typhoid fever observed when the water supply is improved. The use of precise methods of treating water supplies with chlorine was suggested. The participants recommended that the protection of milk supplies might well be the subject of study by a special interchange group organised for the purpose, including representatives of all types of officials having to do with milk supplies. In view of

¹ Austria, Belgium, Bulgaria, Czechoslovakia, Denmark, Estonia, Germany, Guatemala, Hungary, Irish Free State, Italy, Japan, Lithuania, Poland, Portugal, Roumania, Kingdom of the Serbs, Croats and Slovenes, Union of Socialist Soviet Republics.

its many technical aspects, a similar suggestion was made in regard to the study of rural housing.

An interesting form of sewage disposal found in Hungarian villages was recommended for further experiment.

The participants were unanimous in their agreement with the principle of full-time service for health officials and personnel in charge of rural health districts.

The necessity for co-operation between medical officers of health and sanitary engineers in solving rural sanitary problems was emphasised.

The participants also pointed out the need for modern methods of transport as a means of bringing the public health personnel into close contact with the public.

The programme in a rural district should include adequate measures for the protection of the expectant mother, the infant, the pre-school child, the child of school age, the adolescent and the adult, in addition to the provision of sanitary facilities, such as water supply, sewage disposal, pure milk and food supplies and healthy housing conditions.

The final report comments on the value of a number of institutions studied during the interchange, such as milk kitchens, open-air schools, special classes for retarded or defective children, preventoria and sanatoria for those predisposed to or having tuberculosis, child welfare centres, etc. The participants recommended further studies of rural hygiene along the same lines as the present interchange.

3. INTERCHANGE IN ITALY.

The interchange in Italy began in Turin on September 16th and terminated at Geneva, with a final conference on November 8th, 1928. Twenty-one public health officials from sixteen countries¹ participated. Representatives of the Central Health Administration of Italy accompanied the group throughout the tour. The interchange visited successively Turin, Genoa, Parma, Salsomaggiore and Massa, Rome, Sardinia, Naples, Palermo, Calabria, Sila and Cosenza, Florence, Montecatini, Castiglione dei Pepoli, Bologna, Ferrara, Venice, Brescia and Milan. This comprehensive journey, with visits to places in the neighbourhood of all these centres, permitted the participants to obtain a clear picture of the varying social and economic conditions in Italy, as well as a good general idea of the public health problems and the measures taken to solve them by the sanitary authorities.

A booklet was prepared by the Italian authorities containing information on central, provincial and municipal health organisation and administration, as well as on other agencies concerned with hygiene and social welfare. The booklets contained the text of forty-eight lectures which were delivered to the participants during the interchange.

The national organisation known as the L.U.C.E. had prepared a series of films illustrating the progress of hygiene in Italy, and by means of these the participants were able to understand many organisations of which the limited time at their disposal only permitted them to make a brief and incomplete study.

An attempt was made by the Italian sanitary authorities to give as broad a view as possible of Italian life and customs, so that the participants might understand the reasons for the adoption of certain health programmes. Particular attention was paid to measures for the conservation of infant life, housing, water supplies, industrial

¹ Belgium, Brazil, Denmark, Egypt, France, Germany, Great Britain, Japan, the Netherlands, Poland, Kingdom of the Serbs, Croats and Slovenes, Spain, Sweden, Switzerland, United States of America and Uruguay.

hygiene, protection of milk and food supplies, the control of malaria by drainage measures, and the anti-tuberculosis insurance law. Municipal hygiene under varying conditions was studied in detail, and the participants were given every opportunity to examine the provision made for treatment in hospitals, sanatoria, preventoria and other institutions.

During the final conference at Geneva, which was attended by representatives of the Italian Public Health Services, reports were presented by the participants on :

- (a) Health Organisation in Italy ;
- (b) Maternity and Infant Welfare, including the anti-tuberculosis campaign and school hygiene ;
- (c) Infectious Diseases and the Campaign against Venereal Diseases, Cholera and Plague ;
- (d) Water Supply and Sewage Disposal.

4. INDIVIDUAL MISSIONS.

A number of individual missions were awarded in 1928 with the object of continuing the co-operation already established with a number of health administrations. Two Japanese public health officers studied in Europe during the year, one devoting himself to physical education in a number of European countries ; the second helped in the work of the Permanent Standards Commission and lectured in Europe on his work in Japan.

The Inspector of School Hygiene in the Ministry of Public Health in the Kingdom of the Serbs, Croats and Slovenes studied new methods of school hygiene as applied in Austria, France and Switzerland.

The newly appointed Professor of Public Health Administration in the London School of Hygiene and Tropical Medicine studied the work and organisation of schools of hygiene in Germany and Poland, as well as new aspects of public health administration in those countries.

In addition to these individual missions, for which grants were made by the Health Organisation, programmes of study were arranged for a number of public health officers who were travelling at the expense of their administrations. For example, the medical superintendent of the hospital at the Peking Union Medical College accompanied the Interchange on Rural Hygiene during the first stage of its visit to the Kingdom of the Serbs, Croats and Slovenes, and his studies in other countries were facilitated by arrangements made with the competent sanitary authorities by the Health Organisation.

Owing to the information which has been collected at Geneva, public health officers who wish to study in foreign countries are applying in increasing numbers to the Health Organisation for advice and assistance in preparing their itinerary and programme.

V. SPECIAL ENQUIRIES.

1. HEALTH INSURANCE.

The Health Committee was asked by the Council and the Assembly to study the organisation of public health services, including medical services in connection with health insurance. Health insurance as a whole comes within the competence of the International Labour Organisation, under the terms of Part XIII of the Treaty of Versailles, and it was decided accordingly—by agreement between the Health Committee and the Governing Body of the International Labour Office—to set up a Joint Commission composed of health insurance experts selected by the International Labour Office and experts belonging to public health services appointed by the Health Organisation. The programme of this mixed Commission on which both organisations are equally represented, includes the study of organisation for the prevention of disease by means of a proper distribution of duties between the public health services and insurance organisations. The Commission split up into five Sub-Committees to study the following special problems : (a) education of the insured in hygiene ; (b) protection of maternity, infancy and the child of pre-school age ; (c) protection of the child of school age ; (d) prevention of tuberculosis ; (e) prevention of venereal diseases (document C.H.590).

The Joint Commission realised the necessity of setting up a new Sub-Committee to study problems of social medicine, not from an objective standpoint, but in relation to the methods employed for their solution. This Sub-Committee, which was also a joint paritative body, consisting exclusively of medical practitioners, met at Geneva from December 17th to 19th, 1928 (document C.H./SH.AM./ 8 (1)).

After agreeing on the importance of giving medicine a social bias and the necessity of co-operation between welfare, public health and social insurance organisations, the Sub-Committee adopted conclusions on the need for :

1. Morbidity statistics, which would imply a change in the attitude of the medical practitioner towards professional secrecy.
2. The medico-social training of medical personnel and assistants. (Training to be followed by an examination for students. Post-graduate advanced courses for medical practitioners.)
3. Technical equipment for social medicine, more particularly for diagnosis (dispensaries).

These conclusions are to be submitted to the Joint Commission at its next meeting. The investigations undertaken by the Sub-Committee on tuberculosis are now concluded.

A uniform questionnaire was drawn up for the conduct of such investigations. The duties of preventive bodies were analysed and classified under six main heads :

1. Anti-tuberculosis education of the public and training of public health personnel.
2. Detection and reporting of cases of tuberculosis.
3. Measures concerning non-infectious cases of tuberculosis.
4. Measures concerning curable cases of tuberculosis : (a) fit for training ; (b) not fit for training.

5. Measures concerning incurable cases of tuberculosis : (a) fit for training ; (b) not fit for training.
6. Protection of non-tuberculous persons.

The Sub-Committee ascertained how these various preventive duties were carried out by the public services, health insurance organisations and private institutions in the districts covered by the enquiry. They endeavoured further to show what measure of co-ordination exists between :

1. Public authorities and social insurance organisations
2. Public authorities and private institutions.
3. Social insurance organisations and private institutions.

The enquiries now concluded have been embodied in a series of reports concerning Germany, Austria and Belgium. They were conducted simultaneously by representatives of the public health administrations and representatives of health insurance organisations.

The following reports were submitted :

Germany.

- General report by President HAMEL and Dr. GRIESER.
- Report on Bavaria by Dr. SEIFERT.
- Report on Cologne by Dr. COERPER.
- Report on Saxony by Dr. THIELE.
- Report on Silesia by M. LEGAT and Dr. WILHELM.

Austria.

- Report on Vienna and Lower Austria by Dr. FORAMITTI.

Belgium.

- Report on the districts of Charleroi and Antwerp by M. JAUNIAUX and Dr. TIMBAL.
- (Documents C.H./SH—AM./1 to 6.)

2. ENQUIRY INTO THE TREATMENT OF SYPHILIS.

Special attention was devoted by the Health Committee to the treatment of syphilis, particularly from the prophylactic point of view, and a meeting of experts was held in October 1928. The experts were struck by the fact that the results obtained in the anti-syphilis campaign were by no means commensurate with the worldwide progress made in the therapeutics of this disease ; they proposed accordingly that an enquiry should be instituted in five European and North American countries concerning the treatment of syphilis, to cover approximately 60,000 cases which have been under observation in specific anti-venereal clinics. The methods of treatment employed and the results obtained will be studied by means of detailed clinical case records, special attention being devoted to syphilis during pregnancy.

December 1928.

PUBLIC HEALTH ADMINISTRATION LIST.

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Countries :	Addresses :
<i>Albania</i>	Professor Rifat FRECHERI Bey, Director-General of Public Health, TIRANA.
<i>Argentine</i>	Señor Dr. Tiburcio PADILLA, Presidente del Departamento Nacional de Higiene, BUENOS AIRES.
<i>Australia</i>	Dr. J. H. L. CUMPSTON, Director-General of Public Health for the Commonwealth of Australia, CANBERRA.
<i>Austria</i>	Herrn Dr. Thomas SCHERRER, Leiter des Volksgesundheitsamtes im Ministerium für Soziale Verwaltung, 3, Hanuschgasse, VIENNA.
<i>Belgium</i>	M. O. VELGHE, Secrétaire général du Ministère de l'Intérieur et de l'Hygiène, BRUSSELS.
<i>Bolivia</i>	Dr. Adolfo FLORES, Director General de Sanidad Publica, LA PAZ.
<i>Brazil</i>	Dr. Clementino FRAGA, Director Geral de Saude Publica, RIO DE JANEIRO.
<i>Bulgaria</i>	Dr. KESSIAKOFF, Director of the Health Administration of Bulgaria, SOFIA.
<i>Canada</i>	The Hon. James H. KING, M.D., Minister of Health, Department of Public Health, OTTAWA.
<i>Chile</i>	Dr. Carlos Illanes BEITIA, Director General de Sanidad, SANTIAGO DE CHILE.
<i>China</i>	Dr. HSUEH TU-PI, Minister of Public Health, NANKING.
<i>Colombia</i>	Señor Dr. Pablo Garcia MEDINA, Director General de Higiene, BOGOTÁ.
<i>Costa Rica</i>	Dr. Solón NÚÑEZ, Secretario de Estado en el Despacho de Salubridad Publica, SAN JOSE.
<i>Cuba</i>	Dr. Francisco M. FERNÁNDEZ, Secretario de Sanidad y Beneficencia, HAVANA.
<i>Czechoslovakia</i>	His Excellency Professor Josef TISO, Minister of Public Health and Physical Education, PRAGUE.
<i>Denmark</i>	Dr. J. FRANDSEN, Direktor, Sundhedsstyrelsen, COPENHAGEN.

Countries :	Addresses :
<i>Dominican Republic</i> .	Dr. P. A. RICART, Secretario de Estado de Sanidad y Beneficencia, SAN DOMINGO.
<i>Ecuador</i>	Dr. Alfonso MOSQUERA, Director General de Sanidad, GUAYAQUIL.
<i>Egypt</i>	The Under-Secretary of State, Public Health Administration, Ministry of the Interior, CAIRO.
<i>Estonia</i>	Dr. H. MÄNNIK, Director of the Public Health Department, TALLINN.
<i>Finland</i>	Dr. Hannes RYÖMÄ, Director of the Public Health Department, HELSINKI.
<i>France</i>	M. NÉPOTY, Directeur de l'Assistance et de l'Hygiène publique, Ministère du Travail, de l'Hygiène, de l'Assistance et de la Prévoyance sociale, 7, rue Cambacérés, PARIS.
<i>Germany</i>	Herrn Geheimrat Dr. HAMEL, Präsident des Reichsgesundheitsamtes, Klopstockstrasse 18, BERLIN, N.W. 23.
<i>Great Britain</i>	<i>England and Wales</i> : The Secretary, Ministry of Health, Whitehall, S.W. 1 ; Chief Medical Officer : Sir G. NEWMAN, K.C.B., M.D. <i>Scotland</i> : The Secretary, Department of Health for Scotland, Edinburgh ; Chief Medical Officer : J. P. KINLOCH, M.B. <i>Northern Ireland</i> : The Secretary, Ministry of Home Affairs, Donegall Street, Belfast ; Chief Medical Officer : W. R. DAWSON, O.B.E., M.D.
<i>Greece</i>	M. Ph. COPANARIS, Director of Public Health, Ministry of Health and Social Welfare, ATHENS.
<i>Guatemala</i>	Dr. Manuel ARROYO, Director General de Salubridad Publica, GUATEMALA.
<i>Haiti</i>	Dr. Kent C. MELHORN, Director-General of the National Health Department, PORT-AU-PRINCE.
<i>Honduras</i>	Dr. José Ramon DURÓN, Director General de Sanidad, TEGUCIGALPA.
<i>Hungary</i>	Dr. Kornel SCHOLTZ, Secretary of State, Ministry of Social Welfare and Labour, Eskü Ter 1, BUDAPEST, IV.
<i>India</i>	Lieut.-Colonel J. D. GRAHAM, C.I.E., I.M.S., Public Health Commissioner with the Government of India, DELHI.
<i>Irish Free State</i>	The Director, Department of Public Health, Ministry of Local Government, DUBLIN.
<i>Italy</i>	Dr. A. MESSEA, Director-General of the Public Health Service, Ministry of the Interior, ROME.

Countries :	Addresses :
<i>Japan</i>	The Director, Health Department, Ministry of the Interior, TOKYO.
<i>Latvia</i>	Dr. Aug. PETERSON, Director of the Public Health Service, RIGA.
<i>Liberia</i>	The Director of Public Health, MONROVIA.
<i>Lithuania</i>	Dr. DRAUGELIS, Director of the Public Health Service, KAUNAS.
<i>Luxemburg</i>	Dr. Norbert DUMONT, Director-General of the Public Health Service, LUXEMBURG.
<i>Mexico</i>	Dr. Aquilino VILLANUEVA, Jefe del Departamento de Salubridad Publica, MEXICO CITY.
<i>Netherlands</i>	Dr. N. M. Josephus JITTA, President of the Netherlands Health Council, Dr. Kuyperstraat 8, THE HAGUE.
<i>New Zealand</i>	Dr. T. H. A. VALANTINE, Director-General of Health of the New Zealand Government, WELLINGTON.
<i>Nicaragua</i>	Dr. Emilio PALLAIS, Director General de Sanidad, MANAGUA
<i>Norway</i>	Dr. K. WEFRING, Medicinaldirektoren, Victoria Terrasse 13b OSLO.
<i>Panama</i>	Dr. Guillermo G. DE PAREDES, Director General del Departamento Nacional de Higiene y Salubridad Publica, PANAMA.
<i>Paraguay</i>	Dr. Andrés GUBETICH, Director General del Departamento Nacional de Higiene y Asistencia Publica, ASUNCIÓN.
<i>Persia</i>	His Excellency the Minister of Health and Education, TEHERAN.
<i>Peru</i>	Dr. Sebastian LORENTE, Director de Salubridad, LIMA.
<i>Poland</i>	Dr. PIESTRZYNSKI, Director-General of the Public Health Service, Ministry of the Interior, WARSAW.
<i>Portugal</i>	Dr. José Alberto DE FARIA, Director-General of Public Health, LISBON.
<i>Roumania</i>	Dr. KAMINSKY, Director of the Health and Preventive Medicine Service, Ministry of Public Health, BUCHAREST.
<i>El Salvador</i>	Dr. Carlos R. LARDÉ, Director General de Sanidad, SAN SALVADOR.
<i>Kingdom of the Serbs, Croats and Slovenes</i>	Dr. A. STAMPAR, Vice-Minister of Social Welfare and Public Health, BELGRADE.
<i>Siam</i>	H.S.H. Prince SAKOL, Director-General, Department of Public Health, Ministry of the Interior, BANGKOK.

Countries :	Addresses :
<i>Spain</i>	Dr. A. HORCADA MATEO, Director General de Sanidad, Ministerio de la Gobernación, MADRID.
<i>Sweden</i>	Dr. Nils HELLSTEN, Director-General of the Royal Administration for Medical Affairs, STOCKHOLM.
<i>Switzerland</i>	Dr. H. CARRIÈRE, Director of the Federal Health Service, BERNE.
<i>Turkey</i>	His Excellency the Minister of Public Health and Social Welfare of the Turkish Republic, ANGORA.
<i>Union of South Africa</i>	Dr. Alexander J. MITCHELL, Chief Health Officer, Department of Public Health, Union Buildings, PRETORIA.
<i>United States of America</i>	Surgeon-General H. S. CUMMING, United States Public Health Service, WASHINGTON, D.C.
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