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OF

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PREFATORY NOTE

The Health Section of the League of Nations Secretariat herewith submits the twelfth volume of a series of handbooks on the vital statistics of various countries.

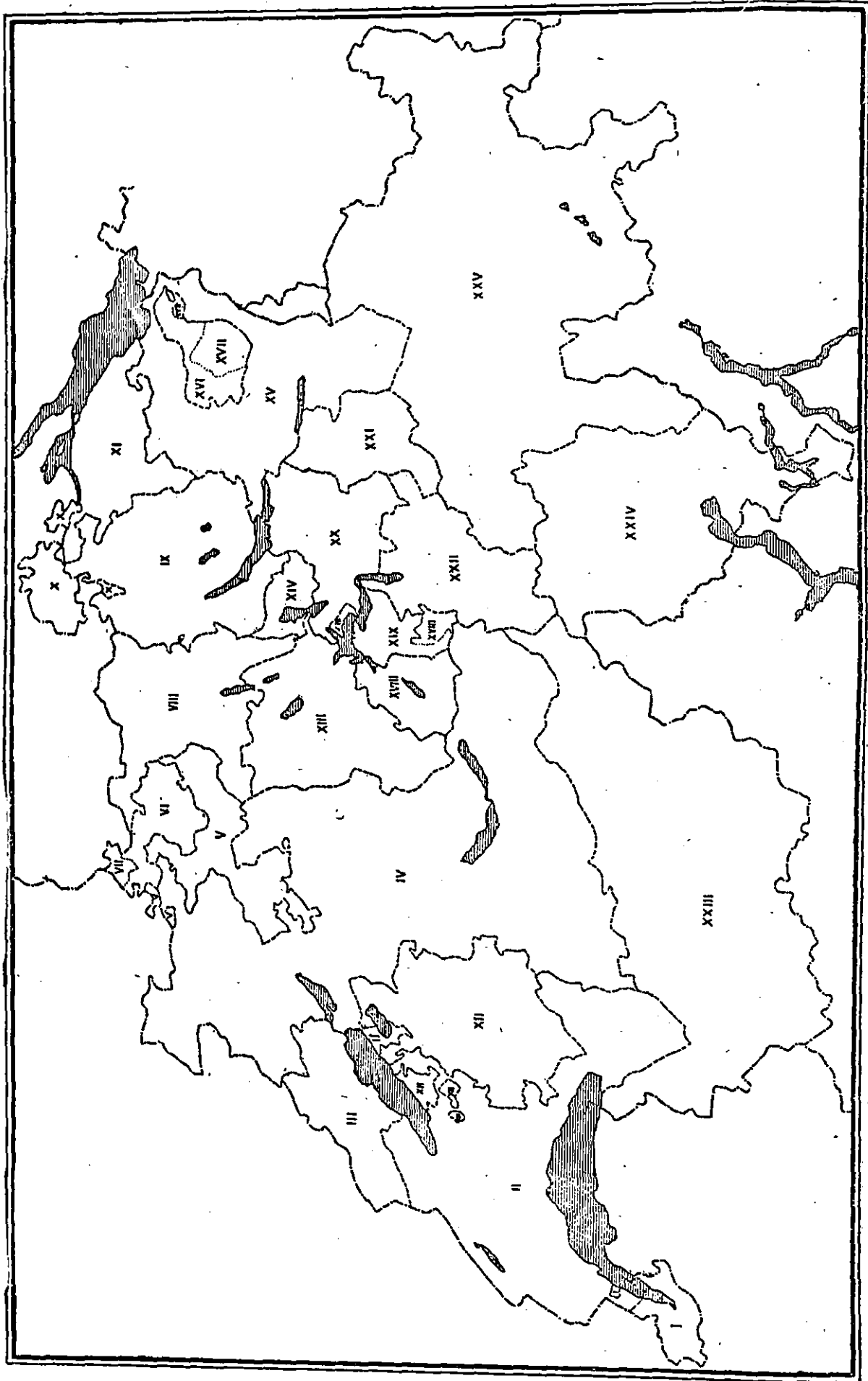
This handbook was prepared, on the invitation of the Health Section, by Dr. Marcel NEY, Director of the Federal Statistical Bureau at Berne, with the co-operation of Dr. H. CARRIÈRE, Director of the Federal Health Department, who has written the chapter on Public Health in Switzerland. The Health Section appreciates the interest and care with which the authors have performed their work, and wishes to express its gratitude and cordial thanks to them.

HEALTH SECTION
OF THE SECRETARIAT OF THE LEAGUE OF NATIONS.

Geneva, February 1928.

MAP OF SWITZERLAND

SHOWING CANTONS (see lists page 8 and pages 11 and 12).



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CANTONS OF SWITZERLAND

numbered according to Map on page 4.

- | | |
|--------------------|--------------------------------|
| I. Geneva. | XIV. Zug. |
| II. Vaud. | XV. St. Gall. |
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| V. Soleure. | XVIII. Unterwalden, Obwalden. |
| VI. Basle-Country. | XIX. Unterwalden, Nidwalden. |
| VII. Basle-Town. | XX. Schwyz. |
| VIII. Aargau. | XXI. Glarus. |
| IX. Zurich. | XXII. Uri. |
| X. Schaffhausen. | XXIII. Valais. |
| XI. Thurgau. | XXIV. Ticino. |
| XII. Fribourg. | XXV. Grisons. |
| XIII. Lucerne. | |

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OFFICIAL VITAL STATISTICS OF THE SWISS CONFEDERATION.

1. INTRODUCTION.

The need for a ready and reliable source of detailed and descriptive information on the official vital statistics of the various countries has long been keenly felt by statisticians and public health officers. The difficulties which are at once encountered when data from two or more countries are assembled for comparative purposes are familiar to all. When the Health Committee of the League of Nations decided to collect and publish currently data on the prevalence of the chief communicable diseases, important questions arose concerning the comparability of the data. Subsequently, in organising its programme of statistical work, it was planned as a special activity to prepare a series of handbooks describing the official vital statistics of the various countries.

Therefore it is the purpose of these volumes to present a review of the existing practice and procedure in the collection and publication of statistics on population, births, death and notifiable diseases, including not only methods of registration but also the current published reports. Effort has been made to include especially those facts the knowledge of which is important when comparisons are made of statistics from two or more countries. The statistics themselves are discussed chiefly with regard to the form and contents of the official reports on which they are presented.

It is realised that, even when meticulous care is exercised in preparing such handbooks as these, errors may not be entirely avoided, and the ultimate utility of the work can be judged best only by actual experience. Nevertheless, it is confidently hoped that they will prove useful and valuable as reference books on the details of method and procedure in the various national offices which collect and publish vital statistics.

1. THE SWISS CONFEDERATION.

I. GENERAL.

The democratic Swiss Republic is a Confederation of twenty-five States, consisting of nineteen cantons, and three cantons each divided into two half-cantons. Each canton has sovereign power, but is subject to a Federal Constitution and a Federal authority derived from the people and the cantons. In accordance with the Federal Constitution, "the cantons are sovereign in so far as their sovereignty is not limited by the Federal Constitution; and as such they exercise all rights which are not delegated to the Federal power". Moreover, each of the 3,003 Swiss communes has its own authorities.

AREA.

The total area of Switzerland is 41,294.93 square kilometers, including 9,311.77 square kilometers which are unproductive. This latter area consists principally of lakes, glaciers and uncultivated mountain districts.

POPULATION.

At the last Federal census, taken on December 1st, 1920, the total population resident in Switzerland was :

3,880,320 consisting of
1,871,123 males, and
2,009,197 females.

DENSITY OF THE POPULATION.

The total density of the population of Switzerland at the last census was 94 inhabitants per square kilometer, or 121 inhabitants per square kilometer of productive soil (forests, vineyards, agricultural and alpine land).

II. GOVERNMENT.

(a) FEDERAL AUTHORITIES.

In Switzerland, the sovereign power is vested in the people, inasmuch as the communal, cantonal and Federal authorities are appointed by it direct. The people is also entitled to use the referendum, by which it decides in the last resort whether the articles of the Constitution or the laws submitted to it shall be accepted or rejected. It likewise has a right of "initiative", and can propose a modification of the Constitution or laws or ask for the framing of a new law.

The Federal Legislature, whose seat is at Berne, consists of two Chambers : the *National Council*, whose 198 deputies are elected direct by the Swiss people, one deputy being appointed for every 20,000 inhabitants; and the *States Council*, consisting of 44 cantonal representatives, two for each canton. The two Chambers, meeting as the *Federal Assembly*, proceed every three years to elect the *Federal Council* of seven members, which acts as the executive authority of the Confederation and forms the Government. The Federal Councillors are responsible to the Federal Assembly. The latter appoints each year one of the Federal Councillors to act as President of the Confederation and to represent it for one year. Each Federal Councillor, including the President, is in charge of one of the following seven Federal Departments :

- Political Department (which deals with foreign affairs);
- Department of the Interior;
- Department of Justice and Police;
- Military Department;
- Department of Finance and Customs;
- Department of Public Economy (Agriculture and Industry);
- Department of Posts and Railways.

Each of these Departments includes a certain number of services or administrations, the organisation of which can be modified by the Chambers. For instance, the Federal Public Health Service is attached to the Department of the Interior. The Federal Statistical Bureau, which was formerly part of this same Department, has, since 1915, been attached to the Department of Finance and Customs.

(b) CANTONAL AUTHORITIES.

Each of the twenty-five States which make up the Confederation possesses its own constitution and authorities. The legislative power is exercised by a Grand Council or by a "Landsgemeinde", the executive power of the canton being in the hands of a State Council. The cantonal Governments are also divided into cantonal departments, varying from five to nine in number, according to the cantons. Each of the latter has its own health or sanitary service, attached to one or other of its departments. Some cantons also possess a cantonal statistical service or bureau.

The following table shows the area, population and density of each of the twenty-five Swiss States :

Canton. (See map p. 4.)	Total area sq. km.	Population on December 1st, 1920.	Density of the population per sq. km.
IX. Zurich	1,729.08	538,602	311
IV. Berne.	6,883.52	674,394	98
XIII. Lucerne.	1,492.24	177,073	119
XXII. Uri.	1,074.38	23,973	22
Carried forward. . . .	11,179.22	1,414,042	

Canton (See map. p. 4)	Total area sq. km.	Population on December 1st, 1920	Density of the population per sq. km.
Brought forward. . . .	11,179.22	1,414,042	
XX. Schwyz	907.99	59,731	66
XVIII. Obwalden	492.90	17,567	36
XIX. Nidwalden	274.76	13,956	51
XXI. Glarus	684.52	33,834	49
XIV. Zug	240.06	31,569	131
XII. Fribourg.	1,671.09	143,055	86
V. Soleure	791.40	130,617	165
VII. Basle-Town.	37.07	140,708	3 796
VI. Basle-Country	426.97	82,390	193
X. Schaffhausen.	298.06	50,428	169
XVI. Appenzell, Outer Rhodes	242.71	55,354	228
XVII. Appenzell, Inner Rhodes	172.58	14,614	85
XV. St. Gall	2,013.46	295,543	147
XXV Grisons	7,113.50	119,854	17
VIII. Aargau.	1,403.50	240,776	172
XI. Thurgau	1,005.84	135,933	135
XXIV. Ticino	2,813.43	152,256	54
II. Vaud.	3,208.96	317,498	99
XXIII. Valais	5,235.20	128,246	24
III. Neuchâtel	799.60	131,349	164
I. Geneva	282.11	171,000	606
Total.	41,294.93	3,880,320	94

(c) DISTRICT AUTHORITIES.

The majority of the cantons are subdivided for administrative purposes into districts, at the head of which is a prefect, who is the responsible representative of the cantonal government.

(d) COMMUNAL AUTHORITIES.

The political commune is the smallest local administrative unit. It has its own authorities and is governed by a syndic or Mayor, who is the executive head of the communal administration. He is the chairman of the municipal council in the large communes or of the general council in the small communes. The latter council controls all communal affairs, whereas the municipal council is simply the executive authority, the administrative authority being vested in the communal council.

The autonomy of the communes, which is as extensive as possible, is, of course, limited by the supreme authority of the canton to which they belong. The health or sanitary service is in the hands of the communal authorities, who may appoint for this purpose in the large communes a special health commission or a communal health officer to supervise and execute special communal regulations.

The largest communes have also a communal statistical service. In most communes, this is limited to statistics concerning the inhabitants.

(e) CIVIL STATUS.

The territory of Switzerland is divided into civil status districts; these at present number 2,120. At the head of each district, there is a Registrar appointed by the Cantonal authority. Every commune forms part of a civil status district; a district may include several small communes.

2. PUBLIC HEALTH IN SWITZERLAND

by Dr. H. CARRIÈRE, *Director of the Federal Public Health Service.*

The extreme decentralisation which characterises the political organisation of Switzerland also appears in its health organisation. Here, as elsewhere, we find two separate legislative authorities working side by side, one under the Federal Government, the other under the cantonal government.

Switzerland is a Confederation of States which, while delegating certain clearly defined functions to a central power, have nevertheless retained their autonomy. The union of the cantons into a Confederation could only be effected by an agreement which respects a large number of cantonal prerogatives. On becoming a Confederation, the cantons did not renounce all their sovereign rights. Far from it. When they created a federal authority, they clearly defined its prerogatives and jurisdiction, and kept their full independence with regard to matters not expressly included therein.

Such is the nature of the Swiss Federal bond. This position has to some extent hampered progress in public health matters. It is naturally more difficult to make rapid progress within the limited area of the cantons, where the laws are framed by men of different ways of thinking and lack cohesion, than is the case when the powerful machinery of a centralised administration is available. This observation, however, applies more especially to the past. The establishment of the Federal authority, notwithstanding the limited constitutional functions assigned to it in health matters, has improved the position, and it may be said that the Confederation and the cantons, inspired by the general movement, have now made remarkable progress in regard to public health.

It is not our intention to give a complete survey of this organisation. We shall merely outline it briefly in such a way as to enable those who wish to study any particular branch to ascertain the special features which it presents.

We have said that the functions of the Confederation in regard to public health are fixed and defined by the Federal Constitution. This Constitution, which dates from May 29th, 1874, and has subsequently been modified on several occasions by popular vote (in Switzerland, any modifications in the Constitution must be ratified by the people), defines these functions as follows :

“Article 32 bis.— The Confederation has the right to enact legislation concerning the manufacture and sale of distilled liquors. It may not, however, tax products intended for export, or which have undergone treatment rendering them unfit for use as beverages. Federal decrees concerning manufacture and taxation do not apply to the distillation of wine, of fruit with stones or pips and waste thereof or of gentian roots, juniper berries and other similar products.

“After the abolition of import duties on the spirituous liquors mentioned in Article 32 of the Federal Constitution, the trade in non-distilled alcoholic beverages may no longer be subjected by the cantons to any special tax, or to any other

restrictions than those required to protect the consumer against adulterated beverages or those which are harmful to health. As regards the control of inns and the retail sale of quantities of less than two litres the cantons, however, retain the powers conferred on them by Article 31.

“The net revenue from the duties on the sale of distilled liquors falls to the cantons in which the duties are collected.

“The net revenue obtained by the Confederation from distillation in Switzerland, and the corresponding increase in the import duties on foreign distilled liquors, will be divided among the cantons in proportion to their actual population, as established by the most recent Federal census. The cantons must employ at least 10 per cent of the receipts to combat the causes and effects of alcoholism.

“*Article 33.* — The cantons may require proof of capacity from persons who desire to exercise a liberal profession.

“The Federal legislation provides that such persons may obtain for this purpose certificates testifying to their qualifications, which are valid throughout the Confederation.

“*Article 34.* — The Confederation has the right to issue uniform regulations regarding the work of children in factories, the length of the working day for adults in factories, and the protection of workers engaged in unhealthy and dangerous industries.

“*Article 53.* — The civil authorities are responsible for all matters relating to civil status and for keeping necessary registers. Subsequent regulations on this matter will be issued by the Federal Legislature.

“The control of burial grounds is in the hands of the civil authority, which must take steps to ensure that the dead are given decent burial.”

“*Article 69.* — The Confederation may enact legislation for the prevention of communicable diseases, diseases which are widely prevalent and diseases especially dangerous to human beings and animals.”

“*Article 69 b.* — The Confederation has the right to enact legislation :

(a) On the trade in foodstuffs;

(b) On the trade in other household articles and common objects which may prove a source of danger to health or to life.

“The laws relating to these matters are enforced by the cantons under the supervision and with the financial assistance of the Confederation.

“The control of importation at the national frontier rests with the Confederation.”

Broadly speaking, the functions of the Federal power embrace legislation in regard to certain groups of diseases, especially infectious diseases (Laws of July 2nd, 1886, and February 18th, 1921), the trade in foodstuffs (Law of December 8th, 1905), the control of epizootic diseases (Law of August 30th, 1920), the supervision of work in factories (Law of June 18th, 1914), social insurance (Law of July 13th, 1911) and vital statistics. The Federal Legislature also deals with the regulation of distilled liquors (Law of June

20th, 1900), the exercise of the medical and allied professions (doctors, chemists, dentists, veterinary surgeons, Law of December 19th, 1877). All other matters (municipal health matters, school hygiene, sanitation of dwellings, hospitals, etc.) are in the hands of the cantonal legislative authorities.

Accordingly, there are still as many different bodies of laws as there are cantons; some of these are complete, others more or less rudimentary. Whereas some are comparatively old, others are of recent date and based on the most modern ideas. The differences between them are consequently very considerable; they reflect the mentality of the various Swiss cantons, a mentality which is due to peculiarities of race and language and the historical development of the States which to-day form the Swiss Confederation. These distinctions are gradually becoming less marked, however, and not the least important task of the Federal services is to endeavour, by means of discreet intervention, to bring about that uniformity which is still lacking in the various cantonal laws.

It should be added—and this, again, is one of the characteristic aspects of our political organisation—that, while certain Federal laws are enforced directly by the organs of the Federal Government, others are applied by the cantonal authorities under the supervision of the Federal Council, whose executive organs they thus become. Accordingly, the laws dealing with social insurance, work in factories, the prevention of epizootic diseases, and alcohol are applied by the Federal services, whilst the cantonal authorities are responsible for the application within the country itself of the laws concerning epidemics, the traffic in narcotic drugs ⁽¹⁾, and the supervision of foodstuffs. The application of the provisions of those laws, so far as they deal with the supervision of the frontiers, is, however, undertaken by the Federal Council itself, through its various services.

At first sight, this system may appear somewhat complicated; in practice, however, it is very flexible, and works fairly smoothly. It enables the Confederation to save the expense of a whole army of officials; and while the necessary uniformity is ensured in legislation, the cantons are allowed to keep as many as possible of their prerogatives, of which they are extremely jealous. The co-operation of the cantons is sought by the Confederation in applying the laws promulgated by it, but at the same time grants are made to them in return for their services, which, in the case of the law concerning the trade in foodstuffs, to mention only one example, amounts to 50 per cent of the expenditure incurred by the cantonal authorities in respect of the application of that law.

To return to the Federal domain : the laws concerning epidemics and other diseases, the traffic in narcotics, the trade in foodstuffs, the exercise of the medical and allied

(1) It will be noted that none of the articles of the Federal Constitution mentioned above contain any provisions expressly authorising the Confederation to enact legislation in regard to the traffic in narcotics, the trade in pharmaceutical products being one of the matters still in the hands of the cantonal legislatures. In order to make it possible for the Confederation, which has signed the Hague Opium Convention, to carry it into effect and to issue regulations concerning the traffic in narcotics without having recourse to the complicated mechanism of a revision of the Constitution, the Federal Council and Parliament have taken their stand on Article 69 of the Federal Constitution, dealing with communicable, widely prevalent and particularly dangerous diseases. It was agreed that the drug habit, to which the abuse of narcotics gives rise, is, in fact, a particularly dangerous disease, and that its prevention is accordingly within the competence of the Federal authorities. They thus have the right to regulate the traffic in narcotics, which are the primary cause of the drug habit.

professions, are in the hands of the Department of the Interior (in Switzerland, the term "Department" is used in the same sense as "Ministry" in other countries). The laws concerning epizootic diseases, work in factories and social insurance are dealt with by the Department of Public Economy. Legislation with regard to alcohol is within the jurisdiction of the Finance Department.

In the following pages, we shall deal more particularly with the origin and organisation of the Federal Public Health Service, which is the principal health organ of the Federal Government, and is responsible for the application of the laws within the jurisdiction of the Department of the Interior.

The present organisation of the Federal Health Service really dates from the promulgation of the Federal Law on epidemics. The application of that law required a competent staff, and accordingly, in 1889, the post of Health "Rapporteur" was created, attached to the Federal Department of the Interior. This measure was, however, soon found to be inadequate. It was not within one man's power to perform the extensive and complicated duties entrusted to this official. The establishment of a special section for the public health service became imperative. This was realised by the Federal Council and on its proposal, the Federal Chambers, on June 28th, 1890, adopted a decree providing for the establishment of a Federal Health Bureau attached to the Federal Department of the Interior.

This section, which began with a very small staff, has gradually expanded, more especially since the Confederation took over the supervision of foodstuffs (in conformity with Article 69 *bis* of the Constitution) and since the question of this supervision was regulated by the Federal Law of December 8th, 1905. Under the name of the Federal Public Health Service, it now forms a complete organisation, with an administrative staff and the necessary chemical and bacteriological laboratories. The programme of its work is as follows :

1. A report, containing proposals, to the Federal Department of the Interior, on all current questions affecting the inter-cantonal and international health service.
2. Application of the Federal Law on epidemic and certain other diseases of July 2nd, 1886, and February 18th, 1921.
3. Application of the Federal Law on the trade in foodstuffs of December 8th, 1915.
4. Application of the Federal Law on narcotics of October 2nd, 1924.
5. Collection of Swiss and foreign laws and regulations on public health.
6. Collection of health reports of the Swiss cantons and towns.
7. Morbidity and mortality statistics for various infectious diseases.
8. Regular information service (particularly with regard to epidemics) between the various cantons and between Switzerland and other countries.
9. Collection of the necessary material for framing laws and regulations concerning public health. •
10. Information to the cantonal authorities on matters affecting public health.

11. Statistics of Swiss medical personnel, including, where possible, nurses and male attendants.

12. Regular publication of a health and statistical bulletin, with the co-operation of the Federal Statistical Bureau.

13. Publication of works on the chemical analysis of foodstuffs, and hygiene.

14. A systematic report on public health and the medical service, both Federal and cantonal.

15. Application of the Federal Law of December 19th, 1877, and December 21st, 1886, regarding the freedom of establishment of the medical staff, and regulations for the Federal examinations in medicine (doctors, chemists, dentists and veterinary surgeons).

16. Participation in the proceedings of the Governing Committee for Federal Examinations in Medicine (doctors, chemists, dentists and veterinary surgeons), and of the Federal Matriculation Examinations Committee.

17. Participation in the work of international public health organisations.

The question of Federal examinations in medicine is closely connected with that of the matriculation examinations at the end of the secondary school courses, which admit students to advanced studies. Consequently, the Federal Public Health Service, in co-operation with the Federal Matriculation Committee and the Governing Committee for Federal Examinations in Medicine, has been called upon to deal with a problem keenly discussed to-day, namely, whether the study of the humanities is necessary for medicine. It has thus been associated with the framing of the new regulations by which secondary studies in Switzerland will be governed for some time to come.

There is another province in which circumstances have compelled the Federal Health Service to play a part which was not foreseen at the time of its establishment—we refer to its activities in the international sphere. The execution of the International Sanitary Conventions, of which the last dates back to 1925 and to which Switzerland acceded, gradually brought home to the various countries the necessity for an advisory body; accordingly, l'Office international d'hygiène publique was set up by an agreement at Rome dated December 9th, 1907. Its chief duty is to carry out the work required by the application of the Sanitary Conventions and to propose to States such measures as it may deem advisable. This Office is governed by a permanent committee consisting of delegates from some forty States, upon which the Director of the Federal Public Health Service sits as the representative for Switzerland.

Similarly, the Federal Public Health Service has been called upon to co-operate in the work of the Health Committee established by the League of Nations. This Committee is co-operating with the Paris Office (its programme of work being of a more strictly practical nature than that of the latter) in a campaign against epidemic diseases and in solving the problems of international concern which are directly or indirectly connected with the matter.

If we briefly sum up the activities of the Federal Public Health Service, which is the organ of the Federal authorities in health matters, we see that its principal task is to prepare the Federal laws and the necessary regulations, and to supervise their appli-

cation. In certain cases—and this, as we have already seen, is one of the characteristic features of our political organisation—the application of the regulations in question is in the hands of the cantonal authorities, who thus act as the executive organs of the Federal power and play the predominant part in health matters.

The Federal Public Health Service also acts as a link between the various cantonal authorities in matters which are more especially within their jurisdiction. We have thus been able to attain, as stated above, a degree of unity of action in our public health policy, which, having regard to our decentralisation, would at first sight have appeared to be impossible. The Federal Public Health Service likewise represents the Federal power in its relations with international organisations dealing with problems of health and sanitation, and this is not the least important part of its work.

Such are, briefly, the functions of the Federal power in matters of public health and sanitation. As we have shown, they are as yet very limited whilst the powers of the cantons are still extensive.

We now give below a short summary of the principles upon which health administration is based in the cantons.

In the majority of the cantons, the organisation of public health services is founded on a basic law or decree, dealing with the matter as a whole, and to which a certain number of laws, ordinances and regulations concerning certain special matters have gradually been added. The list of these health laws is as follows :

Thurgau : December 4th, 1850, and July 13th, 1890; Fribourg : May 28th, 1850, and July 2nd, 1852; Zurich : October 2nd, 1854, and October 4th, 1876; Schaffhausen : May 20th, 1856; Basle-Town : January 18th, 1864; Basle-Country : February 20th, 1865; Berne : May 14th, 1865; Grisons : June 23rd, 1866, and November 13th, 1879; Neuchâtel : April 7th, 1875 (revised January 19th, 1893); Schwyz : June 14th, 1878; Geneva, October 27th, 1884; Appenzell, Outer Rhodes : March 23rd, 1887, and November 16th, 1891; Soleure : September 7th, 1888 (Soleure has also two older Laws of May 30th, 1857, and May 6th, 1882, which are still partly in force); Appenzell, Inner Rhodes : May 27th, 1893; St. Gall : November 24th, 1893, and January 1st, 1894 (replacing two Laws of 1855 and 1874); Valais : November 27th, 1896 (replacing Law of November 24th, 1849); Vaud : September 14th, 1897 (replacing Law of May 13th, 1886, abrogating Law of February 1st, 1850); Unterwalden, Obwalden : March 7th, 1899 (replacing Law of November 24th, 1849); Unterwalden, Nidwalden : October 5th, 1904 (replacing Law of April 24th, 1854); Uri : May 4th, 1919 (replacing Law of 1825); Aargau : November 28th, 1919 (replacing Law of December 15th, 1836); Lucerne : June 25th, 1923 (replacing Law of February 26th, 1876). Ticino : June 23rd, 1924 (replacing Law of 1888); Zug : November 25th, 1926 (replacing Law of 1879);

Under all these laws, a higher supervisory cantonal authority is set up (health office, sanitation office, department or office of the Interior), in addition to which we find in most cantons an advisory body (commission, council or health committee), varying in size and composition according to the canton, and whose duty it is to study questions affecting public health, to advise the government, to prepare laws and regulations on the matter and to supervise their proper execution.

In addition to these central health committees, the law also provides in most cantons for local health committees. These committees, at all events in theory, have supreme control over all matters relating to public health and sanitation in the communes, and if they were everywhere as efficient as they should be, they would constitute the most important organ of our health services.

An efficiently organised and well-managed health committee may be of the greatest service. In many cantons the results obtained are most encouraging. Unfortunately, there are too many communes in which these committees still exist only on paper or in which their activities are practically nil. This evil could easily be remedied, however, by the strict enforcement of a few definite regulations on the matter and by close supervision. The entry into force of the Federal Law on the Supervision of Foodstuffs, to which reference has already been made, has been of service by stimulating and developing the activities of local sanitary committees. This law gives extensive powers to the committees and has thus had the most beneficial effect upon the whole field of public health.

In certain cantons we also find medical officers appointed by the government (delegate medical officers, district medical officers), who in view of their functions act in a sense as public health prefects representing the government. They are generally in charge of vaccination in the district under their control. They supervise the work of the medical personnel in their district, more especially that of midwives. It is also their duty to see that laws and regulations concerning public health and, above all, measures for the campaign against infectious diseases are properly carried out, while they are often called upon to undertake expert examinations in matters connected with legal jurisprudence. This arrangement is of the greatest benefit wherever it exists and it would be a good thing if it were to become general.

Certain large towns, such as Zurich, Lausanne, Berne, etc., have their own communal health services, which are very well organised and are distinct from the cantonal service; in others (Basle, Geneva) the communal service and cantonal service are combined.

It may be added that the directors of cantonal health services meet each year at a conference attended by the Director of the Federal Public Health Service. The questions on the agenda are discussed by the conference and a new and useful link is thus formed between the Federal power and the cantonal authorities.

3. OFFICIAL STATISTICS FOR SWITZERLAND.

ESTABLISHMENT OF AND RESPONSIBILITY FOR STATISTICS.

The vital statistics for the whole of Switzerland date from the establishment of the Federal Statistical Bureau in 1860. Before that time, vital statistics were compiled in a very imperfect fashion by the cantons alone. The Federal Law of May 16th, 1849, made it incumbent upon the Federal Department of the Interior to compile statistics for the whole of Switzerland. M. Franscini, the head of the Department of the Interior at that time, was a firm believer in the utility of statistics and devoted himself with great zeal to the task of compiling statistical data for Switzerland. Despite the fact that the staff at the Federal Councillor's disposal was unfortunately very small, M. Franscini published the following five volumes between 1851 and 1858 : two volumes containing the results of the census of the population taken from March 18th to 23rd, 1850; one volume containing a survey of the land, according to cultivation and number of households, together with a return of live-stock and agricultural production; one volume concerning the trade of Switzerland with other countries, more especially with neighbouring countries before and after the centralisation of the Customs service; and, finally, a fifth volume, which appeared in 1857 and deals with the movement of the population from 1850 to 1852.

The death of M. Franscini, on July 18th, 1857, put an end to the energetic development of the statistical work with which he had identified himself. In 1860, the necessity for a new census of the Swiss population became evident. It was accordingly decided to establish a Federal Statistical Bureau whose first task was to take the census of the population in 1860. It was to the analysis of the returns that the Federal Statistical Bureau devoted the greater part of its activities for the first seven years, and it was not until 1868 that it was in a position to compile statistics concerning the movement of the population for the year 1867. Since that date, these statistics have been prepared each year.

FEDERAL STATISTICAL BUREAU.

This Bureau which was established in 1860, was constituted on February 5th of that year. It then consisted of a director, a statistical clerk and a copyist. This staff was soon found to be inadequate for the work connected with the census of the population on December 10th, 1860, and an increase of personnel became necessary.

Article 1 of the Federal Law of January 21st, 1860, concerning the establishment of a Federal Statistical Bureau describes the duties of the Federal Statistical Bureau as follows :

“Article 1. — A Statistical Bureau shall be established under the direction of the Department of the Interior. It shall be the duty of the Bureau to collect, co-ordinate and publish statistical data for the purposes of (a) obtaining complete statistics

for Switzerland; (b) publishing periodical returns of the statistical items which are most liable to fluctuate, and, if necessary, monographs on special subjects.

“The subjects to be dealt with and in regard to which publications are to be issued shall be fixed each year by the Federal Council.”

In the following years, a decentralisation of statistical work took place, which led to the establishment of special statistical services for the Customs and the railways, the compilation of social statistics by the Labour Office and the preparation of statistics of Federal taxation.

The Federal Statistical Bureau is under the authority of a director, who also has at his disposal a Federal Statistical Committee, which acts in an advisory capacity and is appointed by the Finance Department, to which the Federal Statistical Bureau is itself attached at the present time.

CANTONAL AND MUNICIPAL STATISTICAL BUREAUX.

Certain cantons possess statistical bureaux. These are :

1. The Canton of Berne, whose bureau was organised in 1857;
2. The Canton of Zurich, whose bureau was organised in 1868;
3. The Canton of Basle-Town, whose bureau was organised in 1902.

The towns of Berne and Zurich possess each a municipal statistical bureau, which publishes general information every month concerning the movement of the population. The five bureaux mentioned above also publish a summary of these vital statistics in the form of a year-book.

The Cantons of Geneva and Neuchâtel, as well as a considerable number of large and small towns, take annual censuses of the population, the results being given in the yearly reports on the administration of those cantons or towns.

4. POPULATION OF SWITZERLAND : SOURCES OF INFORMATION.

CENSUSES OF THE POPULATION.

Historical.

The first census of the population, which was taken by the Federal Statistical Bureau a few months after it was established, was decreed and organised in 1860. Three censuses of the Swiss population (which are mentioned here more on account of their historical interest than of the actual value of the results) had been taken prior to this date. The first census, taken from 1799 to 1800, was organised in 1798 by the Helvetic Government, and was dictated as stated in the instructions issued by the organiser, the Minister Rengger, by "a recognition of the value of a census from every point of view".

The manner in which this census (known as that of 1798) was taken was doubtless far from perfect. Moreover, the unfavourable circumstances prevailing at the time prevented its being brought to a successful conclusion. It was nevertheless to the credit of the Helvetic Government that it was the first to realise the full value of a general census of the population and to carry it into effect.

In 1836, the Diet decreed a new census in all the cantons. This was taken in 1837, and by certain cantons in 1838. This census, based for the first time upon personal data taken from the communal registers (name, sex and origin), merely represents, however, an attempt on the part of the Government to ascertain the approximate number of inhabitants in the country. Many mistakes were made by the cantons, and the supervision exercised by the Confederation was of the slightest. The results of this census, spread over nearly two years, are of no value for comparison with later statistical data. It was therefore a very creditable act on the part of the newly constituted authorities, under the Federal Constitution of 1848, to have followed the traditions of the Helvetic Government and to have aimed at something more ambitious as regards the 1850 census than the Diet had had in view for the 1837 census.

Notwithstanding its defective preparation and execution, the real merits of the 1850 census are beyond dispute. For the first time, a Federal census was taken on the basis of a standard form and identical regulations, for the same week (March 18th to 23rd, 1850), throughout the Confederation. On that occasion, the census officers themselves entered the information given them in the census lists. In addition to the enumeration of the population present (actual population), a distinction was made between Swiss and foreigners and also between the sexes. Particulars relating to residence, the civil condition, religion, age and occupation of the inhabitants of the country were also included. It was unfortunately impossible to publish all the information thus obtained, and a whole series of data, chiefly those concerning age and occupations, were either not used at all or only used to a very small extent.

The census of December 10th, 1860, is therefore the first one in which all the data

can be compared with those of subsequent censuses. This census, like the following decennial censuses, was instituted by the *Federal Law concerning a new Federal Census and its Periodical Renewal*, of February 3rd, 1860. The provisions of this law are as follows :

“The Federal Assembly of the Swiss Confederation, in view of the report and proposals of the Federal Council of January 28th, 1860, hereby decrees as follows :

“*Article 1.* — A general census of the Swiss population shall be taken during the current year and every ten years thereafter.

“*Article 2.* — The first census shall be taken in the month of December, the definite date and duration being fixed by the Federal Council.

“*Article 3.* — The Federal Council shall in each case draw up a plan for the taking of the census.

“*Article 4.* — The cost of the general arrangements shall be borne by the Confederation and that of the actual taking of the census by the cantons.

“*Article 5.* — This measure shall be executed by the Federal Council with the assistance of the cantons.”

As regards the method employed for the 1860 census, the object in view was to determine the population at a specified time and place. The data required in respect of each inhabitant were entered by the heads of households themselves on a *household form* distributed in advance. In addition to determining the *population present, or actual population*, this census also established the *domiciled, or legal population*, which served as a basis for the compilation of all the other data. Persons *temporarily absent* were accordingly also included, whilst *visitors* were deducted. Owing to various errors made by the communes in the interpretation of the terms in question, some doubt may be expressed as to the absolute reliability of the figures representing these two classes of the population. The various particulars supplied by the 1860 census, which have served as a basis for all subsequent censuses (the original questions being merely modified to a certain extent), are as follows :

Canton. — District. — Commune. — Part of commune. — Number of rooms occupied. — Surname and christian names. — Persons who are members of the household but are temporarily absent. — Sex. — Year of birth. — Civil condition. — Origin. — Place of birth. — Residence in the commune. — Religion. — Occupation or position of persons over 14 years of age.

The principle that the Federal Statistical Bureau should check all data collected after they had been previously checked by the district and cantonal authorities was admitted at the time of the 1860 census. This revision could not have been more carefully organised, but it was realised at the time that, in subsequent censuses, it would be better to spare the cantonal and district authorities the work of checking data which had of necessity to be dealt with by the Federal Statistical Bureau, and to ensure that the communal authorities themselves should devote their entire care to the conscientious examination of the tables compiled by their census officers. The statistics concerning

occupations given in the 1860 census contained many errors and omissions. The population was, however, divided into seven main occupational groups :

- I. Raw materials.
- II. Industry.
- III. Commerce.
- IV. Transport.
- V. Administration : letters, sciences and arts.
- VI. Domestic service.
- VII. Persons of no profession, or none indicated.

Unlike the 1860 census, the *Federal census of the population at December 1st, 1870*, was based on the *population present or actual population*. Household forms were employed for this census also. Certain additional information not included in the previous census was required, viz. : fuller particulars of the position of the house in the commune (village, quarter, street, hamlet, farm or isolated house); the number of the house; the number of habitable rooms (and not merely rooms "occupied"); persons living in furnished rooms were no longer included as separate households but as part of the households with which they lodged; mention of the position in the household; in addition to the date of birth, the day and month; in questions relating to civil condition, a distinction was made between divorced persons and "married couples living apart" for economic reasons; mention of the commune of origin. On the other hand, the place of birth was not asked for in 1870; the age at which the occupation had to be given was raised from 14 to 15, and particulars were required as to the number of persons "working in the service or on behalf of other persons". Finally, in the *household census list* of 1870, the number of persons in the household who were blind, deaf-and-dumb, or suffering from mental disease had to be given.

The *census of December 1st, 1880*, like the previous census, was still based on the *actual* population. The household form, which was very similar to that of 1870, was divided into two parts : Part A, intended for persons *present* in the home of the head of the household during the night of November 30th/December 1st, 1880; Part B intended for particulars concerning persons *temporarily absent* during that night. The question regarding infirmities was omitted from the 1880 questionnaire; on the other hand, the question of *mother-tongue* had to be answered in respect of each person and not, as hitherto, in respect of the whole family. In the place of a census of industries, which had been asked for by many persons concerned, the questions regarding occupation were reinstated in respect of persons over 14 years of age. In spite of this fact, however, the results of the statistics regarding occupation, as established by the census, were very uncertain, numerous errors having been discovered in all the cantons, notwithstanding a supplementary enquiry in the matter. On the other hand, there was a great improvement in the way in which most of the questions were answered.

For reasons of convenience—in view of the election of the National Council in 1890 on the basis of the population and of an enquiry into the introduction of compulsory

workmen's accident insurance—an exception was made and the next census was fixed by Federal Decree of July 31st, 1888, for *December 1st, 1888*, instead of 1890.

At the 1888 census *individual cards*, bound in a *household book* were used for the first time in Switzerland in the place of the household list which had been previously employed. Another important form was introduced, which proved to be of great utility: the *census list*, containing a return drawn up by the census officer of the principal data given in the individual forms for the entire census area. As on previous occasions, a distinction was made between the actual population or population present and the resident population, upon which all the data were again based, as had been the case in 1860. It was also decided to employ this basis for all subsequent censuses. A statement of the number of habitable rooms was no longer required. On the other hand, the question relating to place of birth, which had not been considered indispensable in 1870 and 1880, was reinstated. In 1888, the questions concerning occupation included details which proved of great value for the results of these statistics.

No important modifications to the 1888 questionnaire were introduced by the *census at December 1st, 1900*. In the place of the household book, the *household envelope* was employed and has been used ever since. It has the advantage of enabling the individual cards to be handled separately, instead of being bound in book form. The census list was retained and has been used at each subsequent census. In 1900, the question concerning secondary occupation was introduced, and in the case of persons over 14 years of age incapacitated for work a statement of the reason was required: senility, infirmity, incurable disease or other cause.

The principal innovation introduced into the published results of the *census at December 1st, 1910*, was a distinction in all tables between Swiss citizens and foreigners, and between the sexes, but, apart from the wording of certain questions, the questionnaire employed for this census was very similar to that of the 1900 census. In the questions concerning occupation, the name of the commune in which the occupation was carried on (in the case of a person domiciled in another commune) was required for the first time in the 1910 census. This question was omitted at the following census. In addition to the question concerning secondary occupation, which was introduced in 1900, a question regarding the position in the secondary occupation and in respect of occupations carried on at home was asked for the first time in 1910. This questionnaire was drafted in such a way as to obtain details regarding the number of persons maintained in establishments carrying on various occupations and the number of persons (and members of their families) actively employed in the various administrations and public undertakings. In particular, this census instituted an enquiry, which was continued in 1920, into the composition of the social classes of the whole of the Swiss population.

The *Federal census of the population at December 1st, 1920*, was taken at the same time as the *census of dwellings* in communes of over 5,000 inhabitants and in communes bordering on large towns. This secondary enquiry, which was carried out in very great detail, though it did not adversely affect the census, delayed the work of sorting out the results. Nevertheless, on no previous occasion, prior to the 1920 census, had the full results of the census been completely sorted out and published in Switzerland in the

space of four years. This acceleration in the work of sorting out the results and the improvement in the accuracy of the details of the publications were due to the mechanical devices (perforating machines with slides, and automatic sorting and adding machines of the Powers system), which were utilised by the Federal Statistical Bureau for the first time. We reproduce, hereafter, specimens of the forms used for the census.

In addition to a still more precise wording of the series of questions concerning occupations—principal, secondary and home occupation—the 1920 census introduced in a new form the question concerning total or partial incapacity, and a question regarding all children under 16 years of age : father and mother still living, father dead, mother dead, both dead.

With a view to obtaining truthful and accurate replies to all the census questions, and to the enquiry concerning dwellings, it was expressly mentioned in all census questionnaires that the information furnished would be utilised solely for statistical purposes.

It will be seen from the list of publications relating to the census of December 1st, 1920 (see Bibliography), that a whole volume has been devoted to detailed statistics of households. These special statistics had been obtained more or less completely at previous censuses, but had never been published separately.

Procedure.

Before each census, the Federal Council issues an order concerning the manner in which the census is to be taken and approves the instructions given to the census officers. The order and instructions in question provide for the following procedure.

A form is drawn up by the communal authorities in each commune, defining the boundaries and composition of each census area allotted to an officer, this form being drawn up on the lines of the specimen given below :

area with the help of the form mentioned above. A household envelope, numbered in advance, will be left with each household, together with a number of forms sufficient for each individual (see Form 5, p. 30.)

Form 4.

Federal Census of the Population at December 1st, 1920.

Household Envelope.


Name of owner..... No. of house.....
 Census Area No..... Envelope No.....
 District..... Commune

(a) Locality, quarter, hamlet.....
 (b) Street, group of houses, etc.....
 (c) Isolated house, farm.....
 (d) Surname, christian names and occupation of head of household.....

(a) Return of persons shown on the..... forms contained in this envelope.

No. of Form.	Persons legally domiciled in the commune		Persons present in the commune on the day of the census		No. of Form.	Persons legally domiciled in the commune		Persons present in the commune on the day of the census	
	Yes (Q. 10a)	No (Q. 10b)	Yes (Q. 11a)	No (Q. 11b)		Yes (Q. 10a)	No (Q. 10b)	Yes (Q. 11a)	No (Q. 11b)
1					11				
2									
					20				
10					Total.				

Of the persons returned above..... are blind;.....are deaf-and-dumb.

 This return is not to be made until the head of the household has satisfied himself that the forms have been correctly filled up. A vertical stroke (|) must be made in the appropriate column for each person, and the number of strokes in each column must then be added up. The undersigned head of the household certifies that this return is correct.

(b) Members of the household absent from their residence, but not from the commune of census.

In addition to the persons mentioned on the face of the envelope, the following are also members of our household. In accordance with instruction No. 3, they have not been returned with our household owing to the fact that they spent the night of November 30th/December 1st in another household in the commune of census :

Surnames-Christian names-Position in household of persons absent	Address of place where they spent the night (private house, institution, hospital, asylum, etc.)

Front.

District No. of census area

Commune of } No. of household envelope

census } No. of form

Individual form : Form 5.

Federal Census of the Population at December 1st, 1920.

1. Surname :
 Christian names 2. Sex : Male* — Female*.

3. Condition : Unmarried*, Married*, Widow (er*), Divorced*.....

4. Position in household : (head, son or daughter, }
 servant, boarder, guest, etc.) }

5. Date of birth : day; month; year : 1.....

6. Place of birth : Commune.....; Canton or State.....

7. Religion : Protestant*, Roman Catholic*, Old Catholic*, Jew* or other?.....

8. Mother-tongue : German*, French*, Italian*, Romansch*, or other?.....

9. Place of origin : Commune.....; Canton or State.....

10. Ordinary residence : Domiciled in the commune of census? (a) Yes* — (b) No*. If not, state the usual place of residence : Commune :
 Hamlet, street, number of house..... Canton or State.....
 and time spent in the commune of census up to December 1st :days.

11. Present address : Was the night of November 30th/December 1st spent in the commune of census?
 (a) Yes* — (b) No*. If not, state as accurately as possible :
 present address :Canton or State :
 and length of absence from the commune of census up to December 1st : days.



12. Occupation : Any person following a paid occupation or in a position to do so should state :
 A. (a) Principal profession or occupation :
 (b) Position occupied in that profession, business, etc. }
 (owner, farmer, servant, employer, employee, workman, }
 apprentice, etc.). }
 (c) Name of employer, nature, kind or name of business, industry or State or municipal employment :

B. (a) Secondary profession or occupation :
 (b) Position occupied in that profession or occupation, }
 (owner, farmer, employer, working member of family, }
 etc.) }

C. Is the principal* or secondary* occupation carried on at home on another's account? Yes*. — No*. In the affirmative case, state whether as first hand* — Working member of the family, or other assistant*.

13. In the case of persons over 14 years of age who are incapacitated for work, state : whether the incapacity is total* or partial*.

14. In the case of persons under 16 years of age (born in 1905 or later) state : whether father and mother are still living* : whether father is dead* ; mother is dead* ; both are dead*.

 *Underline the words or phrases marked with an asterisk which apply in your case. 

Back.

Remarks.

1. The head of the household must reply *fully and truthfully* to the questions asked, giving particulars of *all* persons to be returned, in accordance with Note 2 below.

2. This form must be filled up :

(a) In respect of every person who *spent the night* of November 30th/December 1st in the home of the head of the household, or in his outbuildings, and every person present whether members of the household or persons staying there temporarily (guests, visitors, etc.).

(b) Also, in respect of any person ordinarily a member of the household who spent the night in question *outside the commune of census*, and who is therefore temporarily absent from the commune in which he habitually resides.

3. Any person who spent the night of November 30th/December 1st away from home, but in another household in the same commune of census, e. g., as a patient in a local hospital, or as a nurse, midwife, etc., must be returned with the latter household. No card is to be filled up for that person at his or her home but the name must be given on the back of the envelope, on the proper line, so that that person may later be included in his or her own household.

Ad Question 12. The *principal profession or occupation* is that from which the person derives his principal source of income and to which he devotes the greater part of his time. In the case of women, household duties will also be regarded as the principal occupation.

Any occupation from which a considerable part of the income is derived, or to which an appreciable amount of time is given during the year, must be regarded as a *secondary profession or occupation*.

As a help in answering the special questions (a), (b) and (c) correctly, the corresponding passages in the instructions and the examples given should be consulted.

Workers and employees who are out of work when the census is taken should merely answer Question A (c) (nature or kind of work) by stating : at present unemployed.

Work at home includes all work done for an employer (manufacturer, trading or industrial firm, middleman) which is not carried out on the latter's premises.

Please consult the instructions given for filling up the forms. If any difficulty is experienced, application should be made to the census officer.

The information is required solely for statistical purposes.

Special Instructions for Institutions.

Residents in institutions (hospitals, asylums, prisons) must also answer the following questions :

1. Ordinary residence before entering the institution :

Commune..... Canton or State

If the commune of census is the same, give street and number of house.....

2. Date of entry (or of last entry) into the institution :

Collection of Forms.

On the morning of the census day, the census officer begins to collect from each household the forms previously distributed, taking care to see that all the forms are returned to him properly filled up. He must also ascertain whether the supply of forms has been sufficient in each household for the return of all its members. If not, he must supply any additional forms required.

The census officer there and then checks the individual forms handed to him by each household. In particular, he has to make sure that all the data regarding the population refer to the hour of midnight of the night of November 30th/December 1st and that all the questions asked in the individual form have been answered fully and accurately. If necessary, he will insert any omissions and correct any errors in the forms.

If, when he arrives at a house, the envelopes or forms have not yet been filled up, he will see that this is done forthwith or will fill them up himself in accordance with the information given him by the household.

Should the census officer find no one at home and the papers have not been left with neighbours, he will fill up a provisional envelope and the corresponding forms himself. These must be clearly stated to be provisional and must be sent to the communal authority for completion.

Verification and Delivery of Census Papers to the Communal Authorities.

After carefully checking all the data contained in the individual forms and household envelopes, the census officer transcribes the contents of these documents on a census list (see form below).

The same procedure is followed in regard to these entries as in the case of the household envelopes. The census officer satisfies himself that no household is missing and that the census list tallies perfectly with the total number of persons and of households, both for the census area as a whole and for each of its subdivisions. The census officer then certifies the accuracy of the entries given on each page of the list by placing his signature at the foot of the census list.

The census officer shall deliver all the census papers to the competent communal authority not more than eight days after the date of the census.

Detailed instructions for census officers are given in the first volume of the census results.

District.....Commune.....Census area No.....

Statement of all Persons in this Area returned on the Household Envelopes and Forms contained therein.

Information relating to sex, religion, origin, and ordinary and temporary residence are to be indicated by a vertical stroke in the respective columns. Owing to the high price of paper, both sides of the form are to be used; in the case of small households it is not necessary to make entries on two different pages.

Before adding together the figures at the foot of the page, all entries represented by a vertical stroke in column 21 must be crossed out in red pencil or ink in columns 7 to 17. Strokes thus cancelled will not be included in the additions. Consequently, the totals of columns 7 to 17 will only include persons present at the time of the census (actual population). The totals of one page are not to be carried forward to the next. The pages of this form must be numbered from 1 upwards, for each census area.

Locality, quarter, hamlet, street, lane, square, etc. (See household envelope.)	Number of house	Number of household envelope	Number of individual form	Question 1 of form		Quest. 2 Sex		Question 4 Position in household	Quest. 5 Year of birth	Question 7 Religion					Quest. 9 Origin		Quest. 10 Ordinary residence		Quest. 11 Temporary residence		Question 12 A Principal profession or occupation. Position in this profession, nature, name of business, State or municipal employment, etc.
				Surname	Christian names	Male	Female			Protestant	Roman Catholic	* Old Catholic	Jewish	Other or none	Swiss	Foreign	Resident		Present		
																	Yes	No	Yes	No	
				In the commune on day of census																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Total..																					
Total number (equal to total of column 20).																					

Number of households entered (column 3) (or of which the entry is begun) on this page.....
Total number of members (of these households) entered under letter (b) on the back of the household envelope.....

The undersigned certifies that the above entries are correct.

December 1920.

Census Officer :

OFFICIAL PUBLICATIONS CONTAINING INFORMATION REGARDING THE POPULATION.

Federal Censuses of the Population.

We will complete this brief historical summary of Federal censuses and the details given regarding the procedure followed for the 1920 census by outlining the contents of the principal publications dealing with the Federal censuses since that of 1860, with special reference to the census of December 1st, 1920. We may mention that the results for the communes and districts of each of the twenty-five cantons of the Confederation were published in detail, in the case of the 1920 census, for the first time by cantons or groups of cantons separately, and that the results for the whole of Switzerland were published later. A list of these "Cantonal Publications" and of the principal publications concerning the results of the Federal censuses from 1860 to 1920 will be found in the Bibliography.

The published results of all the Federal censuses of the population, *from that of December 10th, 1860*, contain a GENERAL TABLE indicating by communes, towns, districts and cantons :

(1) The number of *houses inhabited*; (2) the number of *households*; (3) the figures of the *population present* or the *actual population* (which served as a basis for all the other data at the 1870 and 1880 censuses); (4) the figure of the *domiciled* or *legal population* (which has served as a basis for the data of all the other censuses); (5) the number of *natives* in the commune of residence and of other communes in the canton of residence; (6) the number of Swiss who are *natives of other cantons*; (7) the total number of resident *Swiss* and *foreigners*; (8) the number of *males* and *females*; (9) the number of *Protestants, Catholics, Jews* and persons of *no religion* or of *unknown religion* (in 1860 and 1870 these two last headings were grouped under the title : Jews and other non-Christians); (10) finally, since 1880, the number of persons giving as their *mother-tongue* one of the four national languages, German, French, Italian, Romansch, or "another language", whereas, previously, in 1860 and 1870, the statistics concerning the "spoken language" were only given for the whole household and for the four national languages alone.

This general table of census results also contained, in 1860 and since 1888, details as to *place of birth* : persons born in the commune of residence; in other communes of the canton of residence; in other cantons; abroad.

Since the 1910 census, all previous data concerning the whole of the population have also been given by districts and cantons, *distinction being made in regard to sex and nationality*, Swiss or foreign.

The general table of the results of the census of December 1st, 1920, contained in the first volume, gives a *comparative recapitulation* of all the data in this table at the various censuses.

As regards the PLACE OF BIRTH, the census results published from 1888 to 1920 include a table of the *canton of birth* of the inhabitants of each canton and of the *country of birth* of Swiss and foreigners domiciled in Switzerland. The general results of the

1920 census also give a comparative return of the totals of this table at the various censuses. Sex distinction was not made until the 1910 census.

The PLACE OF ORIGIN—by *cantons* and *country* of origin—of resident Swiss and foreign inhabitants has been tabulated more or less fully since the 1860 census. The general return for 1920 gives, among other things, a comparative survey of the total number of *foreigners domiciled* in the various cantons, with distinction of sex, at the different censuses since that of 1880.

STATISTICS RELATING TO MARRIED COUPLES from the point of view of their *ages* and *religion* are given in the published results of all censuses since that of 1870. The corresponding tables for 1920 also show the total comparative figures of the 1910 census as regards the age of married couples, and those of the 1888, 1900 and 1910 censuses as regards their religion. The 1910 and 1920 censuses also distinguish between Swiss and foreigners.

The distribution of the population of Switzerland and of each of the cantons and districts, as well as of the principal towns, by YEARS OF BIRTH, age and five-year age-groups, ACCORDING TO THE CIVIL STATE OF THE INDIVIDUALS, was effected more or less fully at all censuses from that of 1860 onwards. The published results of the 1910 census contained comparative tables, from 1860 to 1910, of the population of Switzerland and of the towns, according to age, 0-1 year, 1-2, 2-4 years, and then in five-year age-groups, with distinction of sex and origin (Swiss and foreigners). The general results published in respect of the 1920 census include a detailed table, with all the comparative figures for 1910 and 1920, of the distribution of the total population, the Swiss population and the foreign population, according to age-groups, sex and civil state.

Mention may also be made of the *Swiss Survival Table* for the years 1901 to 1910, included in the introduction to the second census volume for 1910, and of the *List of Swiss Nonagenarians at December 1st, 1900*, to be found in the second census volume for 1900.

The published results of the vital statistics derived from the 1920 census also contain for the first time, under the heading of "DISABILITY", various tables of the adult population of Switzerland and of all towns of over 50,000 inhabitants, divided into five-year age-groups, with distinction of sex and nationality, Swiss or foreign, and a statement of the *degree of disability*, total or partial. These statistics are completed by a comparative table of the total numbers for each of the twenty-five cantons and each of the six principal Swiss towns.

Under the heading : "CHILDREN, INCLUDING ORPHANS", the 1920 report contains various tables classifying children in Switzerland and the principal towns according to age, with distinction of sex and nationality (Swiss or foreign), and a statement of the number of *orphans on one and both sides*. A comparison of the total figures of these various data is made possible by means of recapitulatory tables by cantons and large towns.

The publication of the general results of the Federal census of 1920 for the whole of Switzerland—first volume for 1920—is completed by a full list of ALL DISTRICTS AND COMMUNES in Switzerland, with the following particulars : altitude, area, resident population at the last three censuses for 1900, 1910 and 1920; number of persons actively engaged

in agriculture (total and per square kilometer of productive soil); number and distribution of all the natives of every commune domiciled in Switzerland.

General Results.

We give below detailed particulars of all the vital-statistical tables published in the first part of the *Publication générale des résultats pour l'ensemble de la Suisse*, entitled *General Results of the Federal Census of the Population at December 1st, 1920*; these tables¹ are preceded by a text giving detailed comparisons with previous censuses.

Table 1. *Total population by cantons :*

Number of houses and households; population present and resident population; origin, place of birth, sex, religion, language and occupation.

- 1 a. *Male population, by cantons : (ditto).*
- 1 b. *Female population, by cantons : (ditto).*
- 1 c. *Swiss (total), by cantons : (ditto).*
- 1 d. *Swiss, male, by cantons : (ditto).*
- 1 e. *Swiss, female, by cantons : (ditto).*
- 1 f. *Foreigners (total), by cantons : (ditto).*
- 1 g. *Foreigners, male, by cantons : (ditto).*
- 1 h. *Foreigners, female, by cantons : (ditto).*
- 1 i. *Total population, by districts : (ditto).*
- 1 k. *Total population of towns : (ditto).*
- 1 l. *Towns of over 50,000 inhabitants : (ditto).*

Table 2. *Cantons of birth.*

Table 3. *Cantons of origin.*

Table 4. *Nationality : country of origin of foreigners resident in Switzerland.*

Table 5. *Country of birth of persons born abroad.*

Table 6. *Number of married couples living together or apart, by cantons.*

- 6 a. *Years of birth of married couples.*
- 6 b. *Religion of married couples.*
- 6 c. *Combined ages of married couples (Swiss and foreigners).*
- 6 d. *Combined ages of married couples (Swiss).*
- 6 e. *Combined ages of married couples (foreigners).*
- 6 f. *Difference of ages between married couples (Swiss and foreigners).*

Table 7. *Years of birth and age (sex and condition) of the total population.*

- 7 a. *Years of birth and age of the total population, by cantons.*
- 7 b. *Ages of the total male population, by cantons.*
- 7 c. *Ages of the total female population, by cantons.*
- 7 d. *Years of birth and age of the Swiss population (male and female), by cantons.*

¹ Details of these tables for each of the twenty-five cantons of the Confederation, classified by communes or districts, will be found in the "Cantonal Publications" of the 1920 census.

- Table 7 e. Ages of the *Swiss male* population, by cantons.
7 f. Ages of the *Swiss female* population, by cantons.
7 g. Years of birth and age of the *foreign population* (male and female), by cantons.
7 h. Age of the *foreign male* population, by cantons.
7 i. Age of the *foreign female* population, by cantons.
7 k. Years of birth and age of the population of *towns* of over 50,000 inhabitants.
7 l. Years of birth and age of the total population of *each town* of over 50,000 inhabitants.
7 m. Ages of *male population* of each town of over 50,000 inhabitants.
7 n. Ages of *female population* of each town of over 50,000 inhabitants.
7 o. Male and female population on *December 31st, 1910, and December 31st, 1920*, according to year of birth.

- Table 8. *Age-groups* of the total population, according to sex and condition.
8. Distribution of the total population *by cantons*, according to sex and condition.
8. Distribution of the *population of towns* of over 10,000 inhabitants, according to age-group, sex and condition.
8 a. Total number of *incapacitated* Swiss and foreigners, population of *Switzerland* and population of *towns* of over 50,000 inhabitants.
8 a. *Incapacity foreign* population in *Switzerland* and in *towns* of over 50,000 inhabitants.
8 a. Total number of *incapacitated* Swiss and foreigners, *by cantons and towns*.
8 a. Total *incapacitated foreign* population, by cantons and towns.
8 b. *Children, including orphans* on one or both sides, according to year of birth, *in Switzerland*.
8 b. *Children, including orphans* in *towns* of over 50,000 inhabitants.
8 c. *Children, including orphans* on one or both sides, by *cantons*.
8 c. *Children, including orphans, in each town* of over 50,000 inhabitants.

Alphabetical List of Districts in each Canton, with area and number of inhabitants in 1900, 1910 and 1920, and number of natives of the canton resident in Switzerland.

Alphabetical List of Swiss Communes, with altitude and area, number of inhabitants in 1900, 1910 and 1920, and number of natives of those communes resident in Switzerland,

It has been seen that *Swiss vital statistics derived from Federal censuses* date back to 1860 and in part to 1850, and that since that time only slight modifications, improvements and additions have been made from one census to the next.

Occupational Statistics.

This is not the case, however, with OCCUPATIONAL STATISTICS in Switzerland obtained from the censuses. Although, since the 1860 census, a distinction has been made in the published results between the various *occupational branches*, it is only since the 1888 census

that full and precise data have been included in respect of the various occupations and the number of independent persons and workmen. In 1888, the census included 146 occupational groups; in 1900, the number was 225; and in 1910, 236. At the last census (1920), the number of *occupational branches* was increased to 268, including all subdivisions, and that of *personal occupations* to 250. In the published results of this last census, a distinction was made for the first time between *occupational branches and personal occupations*, and the latter were *combined in a table, with the occupational groups* with which they are connected¹. Greater importance was also given in 1920 to the *social classification* of persons engaged in remunerative work and their dependants, with distinction of sex and nationality. The *personal occupations* were also considered and tabulated from the point of view of the *conditions under which they are carried on*. An endeavour was also made in the 1920 census to specify the *form of the undertakings* (private or public) combined with the character of the duties (owners or employees) of persons engaged therein, with a statement of the number of their dependants. A special table was devoted in 1920 to the work undertaken by the *staff and employees of establishments whose workers live in*.

These various tables of OCCUPATIONAL STATISTICS, which appear in the *second part* of the *Publication générale des résultats pour l'ensemble de la Suisse* of the 1920 census, and a list of which is given below, are preceded by a full explanatory and comparative statement². Among other things, this statement mentions the fact that, by compiling occupational statistics from the points of view both of the "personal occupation" and the "occupational branch" at the last Federal census, the Federal Statistical Bureau has acceded to the request made by the International Labour Office at Geneva in its *Report on the Systems of Classification of Industries and Occupations*, published in October 1923.

Table 9 *Persons following an occupation*, according to five-year age-groups,
(General Table). by cantons.

Table 9 *Personal occupation* combined with the age of the persons so employed, in five-year age-groups.

Table 10 *Persons engaged in remunerative work*, and members of their household, according to social class, by cantons.
(General Table).

Table 10 *Occupational group and social class*, by classes and occupational groups.
(General Table).

Table 10 *Occupational branch and social classification*, by occupational sub-groups.

Table 10 a. *Occupational branch and nationality*, by class and occupational groups.
(General Table).

Table 10 a. *Occupational branch and nationality*, by occupational sub-groups.

¹ Only one such combined table has been published, "Personal Handicrafts and Industrial Occupations". The other occupational branches have also been combined with personal occupations for each canton, but have not been published.

² Details of several of these tables, by cantons or groups of cantons, and for the principal towns, will be found in the "Cantonal Publications" of the 1920 census.

- Table 10 *b.* *Apprentices and working members of the family of the owner of the enterprise, by cantons.*
- 10 *b.* Ditto, according to occupational branch.
- Table 10 *c.* *Independent persons (proprietors and farmers) engaged in agriculture and wine-growing, and members of their household, by cantons.*
- Table 10 *d.* *Position of persons engaged in occupational branches, with special reference to workshops and factories, in 1920, 1910, and 1900.*
- Table 11 *Persons engaged in remunerative work according to occupational sub-groups and by cantons; household activities of members of their household.*
- Table 11 *a.* *Distribution of the total population (persons engaged in remunerative work and members of their household) according to occupational class, by cantons.*
- 11 *a.* Ditto, *by districts.*
- Table 11 *b.* *Distribution of persons engaged in remunerative work (not including members of their household), according to occupational class, by cantons.*
- 11 *b.* Ditto, *by districts.*
- Table 12 *Nature of enterprise, by cantons.*
(General Table).
- Table 12 *Nature of enterprise, according to classes and occupational groups.*
(General Table).
- Table 12 *Nature of enterprise, by occupational sub-groups.*
- Table 13 *Individual occupation of the staff and inmates of establishments whose workers live in.*
- Table 14 *Personal handicraft and industrial occupations (combination of the "occupational branch" with the principal "personal occupations" connected therewith.*

Statistics of Households.

The official publications of the results of the Federal censuses include for the first time in 1920 detailed STATISTICS OF HOUSEHOLDS, which are dealt with in the *third part* of the *Publication générale des résultats pour l'ensemble de la Suisse*. We also give below a list of these household statistical tables, which are likewise preceded by an explanatory text. Certain comparative results are given but full comparison was impossible as the detailed statistics of households were not worked out at previous censuses.

Text :

- I. General.
- II. Households in general and number of members.
- III. Households of one person only.

IV. Families :

- (a) Families according to number of members and head.
- (b) Composition of families.
- (c) Families according to number of children.
- (d) Children in families, classified according to year of birth.

V. Households according to occupation and social position of head.

VI. Households of 21 persons and over.

Tables :

- Table 1. Distribution of households in cantons, according to the number of persons.
- 2. Distribution of households in districts.
 - 3. Households of one person only.
 - 4. Distribution of households according to head.
 - 5. Number of persons in the various classes of household.
 - 6, *a, b, c, d, e, f, g.* Family households and their composition.
 - 7, *a, b, c, d, e, f.* Composition of family households.
 - 8. Size and composition of family households with father and mother.
 - 9, *a, b, c, d, e, f.* Family households, according to number of children.
 - 10, *a, b, c.* Number of children in families with father and mother, classified according to their religion.
 - 11, *a, b, c, d, e.* Number of children, according to origin of head.
 - 12, *a, b, c, d, e.* Family households with children born in 1906 or after.
 - 13. Distribution of children in family households in three age-groups.
 - 14, *a, b.* Distribution of all households, according to the occupation of the head.
 - 15, *a, b, c, d, e, f.* Distribution of households with husband and wife, according to the husband's occupation.
 - 16, *a, b.* Distribution of households, according to husband's occupation and number of children.
 - 17, *a, b.* Family households presided over by a woman without any profession, distributed according to the profession of the breadwinner and the number of children.

A list of other publications giving the results of the various censuses, particularly that of December 1st, 1920, will be found in the Bibliography.

5. MOVEMENT OF THE POPULATION.

From the year 1867 onwards, an annual publication has been regularly issued, containing general indications of the movement of the population for the whole of Switzerland and the various cantons, districts and towns of over 10,000 inhabitants. This information includes general data concerning births, marriages, deaths and divorces, together with special statistics relating to certain groups of causes of death or to particular causes (tuberculosis, cancer, etc.). Details of this publication will be found in the following chapters dealing with the registration of births, marriages and deaths.

STATISTICAL YEAR-BOOK.

Since 1891, the Federal Statistical Bureau has also issued a publication entitled *The Statistical Year-Book for Switzerland*, containing a summary in tabular form of the principal results given in more detailed publications concerning population and the movement of the population in Switzerland.

REGISTRATION OF VITAL STATISTICS.

Historical.

The registration of births, marriages and deaths in Switzerland was undertaken by each canton until 1874, when the civil state registers for all cantons were standardised. Prior to that date, the parish registers of baptisms, marriages and deaths were kept by the pastors and priests, who made the necessary entries.

Present Organisation.

The Federal Law of 1874 provides that the civil state organisation and the keeping of the registers are subject to the supervision of the Federal authority. Each civil registration official must keep three registers in the standard form laid down by the Federal Law, viz. : (1) register of births; (2) register of deaths; (3) register of marriages. The civil registration officials, who are laymen, are appointed by the cantons themselves, which also fix their salaries and the boundaries of the district under their supervision.

Civil registration officials are required to furnish statistical abstracts in respect of the entries in the registers, and must supply information to the Federal authorities in accordance with forms drawn up by the latter, a fee fixed by the Federal Council being paid them for this service. The forms employed for these communications are as follows :

FORMS USED
DEATH CARDS

[White paper]

Front

Name of deceased _____

Instructions for Civil Registration Officials are given overleaf.

Medical practitioners are requested : (1) to reply as soon as possible to Questions 8 to 10, account being taken of the instructions on the back of the form, but only after the post-mortem examination (if any); (2) to check the replies given to Questions 1 to 7 by the civil registration official and, if necessary, to complete them; (3) after detaching this counterfoil, to place the form in the attached envelope, close it and post it without delay.

oooooooooooooooooooo [Perforation] oooooooooooooooooooooo

Male.

Civil State Area _____
Death Register A 192... District _____
No. _____

1. Died on _____ at _____ o'clock { morning*
evening* }

2. Place of death (Commune) : _____
(Quarter, etc.
hosp., inst., etc.)

In the case of non-residents, length of stay : _____

3. Occupation of deceased : _____
Position occupied in undertaking : _____

Nature of undertaking : _____
If the deceased was under 15,
occupation of father* or mother* {

4. Civil state: single* — married* — widower* —
divorced*.

In the case of children under 5 years of age: legi-
timate* — illegitimate* — children placed in
another's care*.

5. Commune of origin _____ (Canton,
State.)

6. Commune of residence: _____

7. Born on _____

8. Medical Declaration of Cause of Death.

a. Original disease or primary cause } _____
(In the case of violent death,
state nature and cause.) }

b. Secondary disease and immediate cause of death } _____

c. Concomitant diseases or circum- } _____
stances worthy of mention }

9. Post-mortem : Yes* — No*

10. Hygienic condition of dwelling _____
(See overleaf)

Attending physician* — Called in after death*
(Sig.) _____ at _____

* Underline the words which apply.

Back

Instructions for the Civil Registration Official.

Upon notification of death, i. e., receipt of a certificate of death, the civil registration official will fill up the death card, up to and including Question 7. This card must then be sent immediately in a double envelope to the doctor who was in charge of the case, or, if no medical treatment was given, to the doctor called in after death. According to regulations, the card should be returned to the civil registration official within 48 hours; the latter will then forward it to the Federal Statistical Bureau.

If the cause of death cannot be certified by a registered doctor owing to the fact that no medical treatment was given and that there is no medical death certificate, the civil registration official shall mention this in reply to Question 8, stating the reason for the absence of the medical certificate.

oooooooooooooooooooo [Perforation] oooooooooooooooooooooo

Instructions for Medical Practitioners.

Question 8. Careful distinction must be made between the primary disease or cause (8 a) and the subsidiary or secondary disease (8 b).

Question 8 a is of importance from the point of view of health and sanitation, but it is often difficult to answer. Sometimes the reply is doubtful or even impossible to give. In the latter case, a dash should be inserted for Question 8 a, or, if the reply is doubtful, a question mark added.

In the case of violent death, it is important to state the exact nature, cause and date, and to specify whether suicide (reason: mental disease, alcoholism, etc.), homicide or accident.

The answer to Question 8 b is usually easier to give, as it generally refers to cases which the doctor has had under observation during life or after death (post-mortem? Question 9). Death resulting from accidents, e. g., nature and location of lesions, fractures, dislocations, cerebral affections, secondary inflammations, etc., must be given here.

Question 8 c. Give the pathological conditions accompanying the principal disease and influencing its course and issue, as, for instance, spinal curvature in lung and heart affections, alcoholism in acute diseases, mental diseases, etc.

Question 10. Indicate the social and the hygienic conditions of the dwelling. The latter are particularly important in all cases in which death is due to an epidemic or to infectious disease or tuberculosis.

The points to be considered are :

I. Rooms occupied : (1) size; (2) amount of sunlight; (3) ventilation; (4) heating; (5) dampness due to defective construction; (6) dampness due to improper use (bedrooms used for cooking food, washing clothes); (7) cleanliness, etc.

II. Bedrooms : the same seven points.

III. Sanitary arrangements : (1) latrines; (2) removal of waste water.

IV. Supply of drinking-water.

If a dwelling is defective under any one of these headings, this should be stated, using the roman and arabic figures which apply to the case, at the same time bearing in mind any special circumstances, such as whether the house is situated in the town or the country, as, for instance :

Defects : I. (1), (3), (6), (7); II. (2), (3), (4), (7); III. (1); or Defects : I. (2), (4); IV. (well), etc.

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Front

Back

Name of deceased _____

Instructions for Civil Registration Officials are given overleaf.

Medical practitioners are requested : (1) to reply as soon as possible to Questions 8 to 10, taking into account the instructions on the back of the form, but only after the post-mortem examination (if any); (2) to check the replies given to Questions 1 to 7 by the civil registration official and, if necessary, to complete them; (3) after detaching this counterfoil, to place the form in the attached envelope, close it and post it without delay.

oooooooooooooooooooo [Perforation] oooooooooooooooooooooo

Female.

Civil State Area _____
Death Register A. 492...
No. _____ District _____

1. Died on _____ at _____ o'clock { morning*
evening* }
2. Place of death (Commune) : _____

(Quarter, etc., hosp. inst., etc.) _____

In the case of non-residents, length of stay : _____

3. Occupation of deceased : _____

Position occupied in the undertaking : _____

Nature of undertaking : _____

If the deceased was under 15, occupation of father* or mother* } _____

4. Civil state : single* — married* — widow* — divorced*

In the case of children under 5 years of age; legitimate* — illegitimate* — children placed in another's care*.

5. Commune of origin : _____ (Canton, State.) _____

6. Commune of residence _____

7. Born on _____ 1 _____

8. Medical Declaration of Cause of Death.

a. Original disease or primary cause } _____
(In the case of violent death state nature and cause) } _____

b. Secondary disease and immediate cause of death } _____

c. Concomitant disease or circumstances worthy of mention } _____

9. Post-mortem : Yes* — No*.

10. Hygienic condition of dwelling _____
(See overleaf.)

Doctor treating the case*. — Called in after death*.

(Sig.) _____ at _____

* Underline the words which apply.

Instructions for the Civil Registration Official.

Upon notification of death, i. e., receipt of a certificate of death, the civil registration official will fill up the death card, up to and including Question 7. This card must then be sent immediately in a double envelope to the doctor who was in charge of the case, or, if no medical treatment was given, to the doctor called in after death. According to regulations, the card should be returned to the civil registration official within 48 hours; the latter will then forward it to the Federal Statistical Bureau.

If the cause of death cannot be certified by a registered doctor owing to the fact that no medical treatment was given and that there is no medical death certificate, the civil registration official shall mention this in reply to Question 8, stating the reason for the absence of the medical certificate.

oooooooooooooooooooo [Perforation] oooooooooooooooooooooo

Instructions for Medical Practitioners.

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In the case of violent death, it is important to state the exact nature, cause and date, and to specify whether suicide (reason : mental disease, alcoholism, etc.), homicide or accident.

The answer to Question 8 b is usually easier to give, as it generally refers to cases which the doctor has had under observation during life or after death (post-mortem. Question 9). Death resulting from accidents, e. g., nature and location of lesions, fractures, dislocations, cerebral affections, secondary inflammations, etc., must be given here.

Question 8 c. Give the pathological conditions accompanying the principal disease and influencing its course and issue, as, for instance, spinal curvature in lung and heart affections, alcoholism in acute diseases, mental diseases, etc.

Question 10. Indicate the social and the hygienic conditions of the dwelling. The latter are particularly important in all cases in which death is due to an epidemic or to infectious disease or tuberculosis.

The points to be considered are :

I. Rooms occupied : (1) size; (2) amount of sunlight; (3) ventilation; (4) heating; (5) dampness due to defective construction; (6) dampness due to improper use (bedrooms used for cooking food, washing clothes); (7) cleanliness, etc.

II. Bedrooms : the same seven points.

III. Sanitary arrangements : (1) latrines; (2) removal of waste water.

IV. Supply of drinking-water.

If a dwelling is defective under any one of these headings, this should be stated, using the roman and arabic figures which apply to the case, at the same time bearing in mind any special circumstances, such as whether the house is situated in the town or the country, as, for instance :

Defects : I. (1), (3), (6), (7); II. (2), (3), (4), (7); III. (1); or Defects : I. (2), (4); IV. (well), etc.

[Red paper]

Front

Name of mother of the still-born child

Instructions for Civil Registration Officials are given overleaf.

The doctor or, failing him, the midwife is requested: (1) to reply as soon as possible to Questions 8 and 9, taking into account the instructions on the back of the form; (2) to check the replies given to Questions 1 to 7 by the civil registration official and, if necessary, to complete them; after detaching this counterfoil, to place the form in the attached envelope, close it and post it without delay.

oooooooooooooooooooo [Perforation] ooooooooooooooooooooo

Still-born Child { Male* Female* }

Civil State Area... Register of Births A. 192... No. District

- 1. Still-born on ... at ... o'clock { morning* evening* }
2. Place of birth (Commune) :
3. Legitimate* — Illegitimate*
4. Occupation
5. Commune of origin
6. Commune of residence
7. If the child is illegitimate, give :
Civil state of the mother : single* — widow* — divorced*
If the mother is single, her year of birth

8. Medical Declaration of the Cause of Still-birth.

- a. Original or primary cause
b. Secondary disease and immediate cause of death
c. Circumstances worthy of mention
9. Remarks :

Doctor* — Midwife* — Called in to the confinement : (Signed) at

* Underline the words which apply.

Back

Instructions for the Civil Registration Official.

As soon as notification of a still-birth is received, the civil registration official will fill up the birth and death card up to and including Question 7. This card must then be sent immediately in a double envelope to the doctor or midwife attending the confinement. If the cause of death cannot be certified by a registered doctor or midwife, the civil registration official, in reply to Question 8, will state the reason for the absence of the medical certificate, and give the name of the person making the declaration. In either case, he must forward to the Federal Statistical Bureau the birth and death card of the still-born child (both bearing the same birth register number) with the other cards, if any.

oooooooooooooooooooo [Perforation] ooooooooooooooooooooo

Instructions for the Doctor and Midwife.

According to the decree of the Federal Council, stillbirths are no longer included in the register of deaths, but only in the register of births. A birth card must, however, be sent to the Federal Statistical Bureau together with the present death card filled up by the doctor or midwife.

As hitherto, the object of this card is to collect information regarding the various causes of stillbirths: diseases of parents, especially of the mother, before and during pregnancy (acute or chronic diseases, accidents, trouble, heavy work, over-exertion, etc.); — anomalies of the placenta; — anomalies of the pelvis; — diseases of the foetus (deformities, premature birth); — malpresentation; — accidents during accouchement; — mention of obstetrical operations, etc.

Question 9. It is particularly important to obtain information as to the living conditions of the family, and the sanitary and hygienic conditions of the dwelling, diet, etc., of the mother any factor, in short, in regard to which prophylactic measures can be suggested for the improvement of the health of mothers of families and the normal development of the foetus.

The points to be considered are : social conditions : poverty, comfortable circumstances, wealth : Hygienic conditions of the dwelling.

- I. Rooms occupied : (1) size; (2) amount of sunlight; (3) ventilation; (4) heating; (5) dampness due to defective construction; (6) dampness due to improper use (bedrooms used for cooking food, washing clothes, etc.); (7) cleanliness.
II. Bedrooms : the same seven points.
III. Sanitary arrangements : (1) latrines; (2) removal of waste water.
IV. Supply of drinking-water.

If a dwelling is defective under any one of these headings, this should be stated, using the roman and arabic figures which apply to the case, at the same time bearing in mind any special circumstances, such as whether the house is situated in the town or the country, as for instance;

Defects : I. (1), (3), (6), (7); II. (2), (3), (4), (7); III. (1); or Defects : I. (2), (4); IV (well), etc..

[White paper]

Front

BIRTH CARDS

Back


Male.

Civil State Area of

Register of Births A. 19

No. District of

1. { Single birth*
Twins* — Triplets* (boy..... girl.....).
2. Born on..... at o'clock { morning*
evening*
3. Born living* — still-born* — **Boy.**
4. Place of birth
5. Legitimate* — Illegitimate* — **Boy.**
6. Occupation)
7. Commune of origin) of the father
if the child is legitimate;
8. Commune of residence) of the mother
if the child is illegitimate.
9. If the boy is illegitimate, give the civil state of the mother :
Single* — widow* — divorced* — If the mother is single, her year of birth :

 * Underline the word which applies.

Question 1. In case of multiple birth, a separate card must be filled up for each child.

Question 3. Any child which fails to breathe after delivery must be regarded as still-born.

A separate death card on red paper as well as a birth card must be filled up for each still-born child.

Question 4. Not only the commune but also the place of birth (in towns, the street or house), or the name of the public institution, maternity home or hospital, etc., must be given.

Question 6. State exact occupation.

Questions 7 and 8. State the commune and not any particular subdivision.

[Yellow paper]

Front

Back


Female.

Civil State Area of

Register of Births A. 19

No. District of

1. { Single birth*
Twins* — Triplets* (boy..... girl.....).
2. Born on..... at o'clock { morning*
evening*
3. Born living* — still-born* — **Girl.**
4. Place of birth
5. Legitimate* — illegitimate* — **Girl.**
6. Occupation)
7. Commune of origin) of the father
if the child is legitimate;
8. Commune of residence) of the mother
if the child is illegitimate.
9. If the girl is illegitimate, give the civil state of the mother :
Single* — widow* — divorced* — If the mother is single, her year of birth :

 * Underline the word which applies.

Question 1. In case of multiple birth, a separate card must be filled up for each child.

Question 3. Any child which fails to breathe after delivery must be regarded as still-born.

A separate death card on red paper as well as a birth card must be filled up for each still-born child.

Question 4. Not only the commune but also the place of birth (in towns, the street or house), or the name of the public institution, maternity home or hospital, etc., must be given.

Question 6. State exact occupation.

Questions 7 and 8. State the commune and not any particular subdivision.

[Buff envelope]

To the Federal Statistical Bureau

Official
Civil State Area of

BERNE

contents {
 Birth cards
 Death cards
 Marriage cards

MARRIAGE CERTIFICATE

[White paper]

Register of marriages 192..... Civil State Area.....
 No District of

1. Marriage celebrated on

Husband.

2. Occupation

3. Civil state {
 Single*
 Widower* since 1
 Divorced* since 1

4. Commune of origin Canton

5. Commune of residence Canton

6. Birth. Born on 1

Wife.


Occupation

Civil state {
 Single*
 Widow* since 1
 Divorced* since 1

Commune of origia Canton

Commune of residence Canton

Birth. Born on 1

 * Underline the words which apply.

[Grey-blue envelope]

To be sent to the
Federal Statistical Bureau
unopened.

Supervision.

No _____ of Register of Deaths.

To the Civil Registration Official

of

Official.

Statistics of Deaths.

Certified :

Doctor's } _____
signature }

TRANSMISSION OF DATA.

It is the duty of the civil registration officials to send the Federal Statistical Bureau at Berne particulars of every birth, marriage, or death occurring in their district and entered in their registers, this being done on one of the preceding forms. The procedure is as follows : (a) Every Sunday, the civil registration officials in towns of over 10,000 inhabitants must send forms in respect of entries made during the past week. (b) In other localities, forms in respect of entries made during the previous month must be sent by the registration officials during the first ten days of the following month.

The envelope containing the forms for the Federal Statistical Bureau must specify in the space left for this indication the number of forms included. If no entry has been made during the previous month, the civil registration official will send an empty envelope on which will be written, instead of the number of forms, the word "None".

Any form incorrectly filled up is returned to the registration official to be completed without delay.

6. REGISTRATION OF LIVE BIRTHS

The Federal law concerning civil state provides that any live birth must be declared *within three days* to the civil registration official, who shall proceed to register it in two duplicates.

RESPONSIBILITY FOR DECLARATION.

Under the law, the person authorised to make the compulsory notification of a birth, is, in the first place, the legitimate father, and thereafter, in order, the midwife, doctor, any other person present at the confinement, the head of the house or owner of the dwelling or house in which the confinement has taken place, and, finally, the mother, as soon as she is well enough to do so.

If the birth has taken place in a public institution (hospital, prison, etc.), the declaration must be made by the director of the institution.

FORM OF DECLARATION.

The declaration must be made verbally to the civil registration official by the responsible person. The legitimate father or the mother may cause the declaration to be made by a third person, furnished with written authority to do so. Only directors of public institutions, police authorities and registered doctors are allowed to make written declarations.

The declarant must sign both copies of the declaration in the register after it has been read over to him.

BIRTH CERTIFICATE.

This certificate, which is made out by the civil registration official at the place in which the birth occurs, from the verbal or written declarations made to him, must specify : (a) the place, year, month, day and hour of birth; in the case of twins, each child is entered separately, the time of each birth being indicated as accurately as possible; (b) surname, christian names and sex of the child; (c) surname, christian names, occupation, place of origin and residence of the father, and of the mother (and her parents), with statement of the year of birth of the mother if the child is born out of wedlock; (d) the surname and christian names, occupation and residence of the declarant, and the capacity in which the declaration has been made by him.

The birth certificate is made out as shown below (see next page).

Should the birth take place in a commune other than the commune of residence of the parents, the civil registration official of the place of birth shall communicate the birth certificate to the civil registration official at the place of residence, who will enter it in the special register of births occurring outside the commune. He will also send a copy of the birth certificate to the civil registration officials in the communes of origin of the child's parents.

Birth Certificate.

Civil Registration Area.....

Register of Births A.

Form. 1

No.
.....
.....

<p>On one thousand nine hundred at o'clock in the..... there was born at..... son (or daughter)..... legitimate (or illegitimate)..... child of..... occupation..... native of..... resident at..... and of</p> <p>Entered in the present register on..... one thousand nine hundred..... on the declaration of..... by whom the declaration was confirmed, after it had been read over to him : Civil Registration Official : Communicated</p>
--

FOUNDLINGS.

Any person finding a child of unknown origin is required to report the matter immediately to the police authorities of the place where the child was discovered. These authorities must then make a written declaration to the civil registration official stating : (a) the place, time and circumstances in which the child was found; (b) the sex of the child and its apparent age, any physical marks and peculiarities by which it may be recognised; (c) the clothes and other objects found with the child; (d) the name given to it by decision of the competent authority; (e) the person in whose care the child has been placed.

These particulars are entered briefly in the register of births. If the child's parentage is established later, by judicial decision or otherwise, this must be mentioned in the margin of the birth certificate and communicated to the civil registration office of the place of residence and of origin. If, on the other hand, the birth has already been registered elsewhere, the second entry is cancelled by order of the supervisory authority, with an explanatory note in the margin.

ILLEGITIMATE CHILDREN.

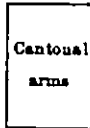
(a) *Legitimation.* — According to the Swiss Civil Code, a child born out of wedlock becomes legitimate by the marriage of its father and mother, who must accordingly, either at the time of their marriage or within three days thereafter, declare to the civil registration official any children born to them before marriage. The official shall take note of their declaration and shall make out a legitimation certificate in conformity with the specimen given (page 51).

Such legitimation of children as a result of the marriage of the parents must be communicated by the civil registration official to the officials of the district in which the births were registered, in order that a note to this effect may be made in the margin of the birth certificates.

(b) *Recognition of a Natural Child.* — A natural child may be officially recognised by its father, the certificate of recognition being drawn up direct before the civil registration official in most cantons, although a few require the production of a notarial deed, which is then communicated to the civil registration official who made out the birth certificate. The form of certificate for the recognition of a natural child drawn up by the civil registration official is given on page 52.

Swiss Confederation

Civil Registration Area



Canton of

Legitimation

By the Subsequent Marriage of the Parents.

(Legitimation Certificate.)

This day one thousand nine hundred
..... there appeared before the undersigned registration official the following
persons (husband and wife) :

Surname }
Christian name }
Occupation }

native of
resident at

Surname }
Christian name }
Occupation }

before marriage native of
and declared that they recognised as having been born to them.....

born at.....

on one thousand hundred

at o'clock in the.....

and that th child..... become..... legitimate by their marriage celebrated at.....

on one thousand hundred

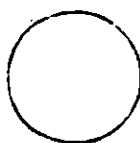
They request that this legitimation be entered in the civil state registers.

Confirmed after it had been read over to them.

The parents

Civil Registration Official

.....
.....

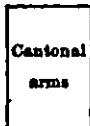


.....
.....

Communicated to

Swiss Confederation

Civil Registration Area of _____



Canton of _____

Certificate of Recognition of a Natural Child.

This day one thousand nine hundred

..... there appeared before the undersigned civil registration official :

a native of

....., resident at

who declared that he recognised as his child

born on at to

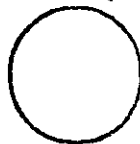
..... a native of

..... and requests that this recognition be entered in the civil state registers.

Confirmed after it had been read over to him .

The declarant :

Civil Registration Official :



Communicated to

PENALTIES FOR OMISSION TO REGISTER OR LATE REGISTRATION.

Any person who fails to comply with the obligation to declare a birth or makes a late declaration, whether in the case of registration of a live birth or of the legitimation of a child by subsequent marriage, is liable to a fine not exceeding 100 francs. The fine is imposed by the supervisory cantonal authority.

OFFICIAL PUBLICATIONS CONTAINING PARTICULARS OF LIVE BIRTHS.

Statistics for Switzerland.

The publications issued by the Federal Statistical Bureau containing information regarding live births are as follows :

A. *Annual Publications.* — These publications, entitled *Movement of the Population in Switzerland*, have appeared regularly since 1867 and give the number of live births for the whole of Switzerland, and for the cantons, districts and towns of over 10,000 inhabitants. Births are divided into legitimate and illegitimate for each of the sexes, and distinction of origin is also made, viz., children belonging to the commune of residence, or belonging to other communes in the canton of residence, or belonging to other cantons, and children of foreign nationality.

Since 1867, live births have been tabulated for each month of the year.

Since 1913, legitimations have also been tabulated for each year.

Information regarding the age of the mothers of illegitimate children has likewise been given in these publications since 1912.

B. *Periodical Publications.* — Publications covering a period of several years have been issued by the Federal Statistical Bureau, under the title of *Marriages, Births and Deaths*, with a special volume regarding births, for the following periods : 1867-70, 1871-90, 1891-1900. A periodical publication covering the years 1901-20 is now in the press.

These publications are compiled from the annual publications mentioned above and also contain particulars of multiple births.

C. *The Statistical Year-Book for Switzerland* likewise contains information concerning the number of live births, with distinction of sex, since 1871.

D. Since January 1927, the Federal Statistical Bureau has published monthly statistics of the movement of the population in the *Bulletin of the Federal Public Health Service*.

Municipal Statistics.

Information regarding the number of births, with distinction of sex, legitimacy and origin (see list of municipal bibliography on this subject), has been published by the towns of Zurich, Basle and Berne in volumes covering yearly, quarterly or monthly periods.

7. REGISTRATION OF STILL-BIRTHS.

Any birth, either at the proper time or, if premature, occurring after the sixth month of pregnancy, where the child shows no sign of breathing after separation from the body of the mother, is regarded as a still-birth.

REGULATIONS FOR REGISTRATION AND DECLARATION.

The regulations for the registration and declaration of a still-birth are the same as for the registration and declaration of a live birth except that in the case of a still-birth no christian names are given in the register of births.

Until 1910, still-births had to be entered by the civil registration official both in the register of births and in the register of deaths. The entry of still-births in the deaths register was abolished by the Federal Council by Decree of February 25th, 1910, and it is now made only in the register of births. For statistical purposes, however, the registration official makes out a death card (red in colour), which is only used for still-births (see page 44) at the same time as the birth card.

OFFICIAL PUBLICATIONS CONTAINING PARTICULARS OF STILL-BIRTHS.

All official publications concerning live births contain data relating to still-births. These data refer to the total annual still-births, their sex and legitimacy. Since 1906, the annual publication on the movement of the population has also given the causes of still-births.

8. REGISTRATION OF DEATHS.

GENERAL.

The uniform registration of deaths in Switzerland was decreed by the Federal Law of December 24th, 1874, organising questions of civil state in Switzerland, and in particular the keeping of the registers. The registration of deaths was previously governed by cantonal laws, which varied from canton to canton. In most cases, it was the duty of the clergy to enter baptisms and deaths occurring in their parish. When the Federal Statistical Bureau was created in 1860, it undertook the compilation of vital statistics, which the cantons had to supply from 1853 onwards. Great difficulty was experienced by the Federal Statistical Bureau owing to the incomplete data furnished by the cantons, and especially by the lack of uniformity of the cantonal results. It was not until 1867 that the Federal Statistical Bureau published for the first time a table of the total number of deaths for Switzerland. Uniform regulations were introduced for the registration of deaths in all cantons by the Federal Law of December 24th, 1874. The provisions of this law are given below.

PERIOD ALLOWED FOR DECLARATION.

The Federal Decree concerning the keeping of civil state registers provides that every death or discovery of a body must be declared within two days at the latest to the civil registration official of the place where the death occurred or in which the body was found.

RESPONSIBILITY FOR DECLARATION.

The declaration of a death or the discovery of a body of some known person must be made in the first place by the head of the family, and thereafter, in the following order, by the husband or wife, the nearest relatives of the deceased present in the locality, the head of the household or person in whose dwelling or house the death took place, or the body was discovered, any person present at the time of death, and, lastly, the local police.

If the death occurred in a public institution (hospital, prison, etc.), the director of the institution is required to make the declaration.

Declarations must be made verbally by the person responsible therefor, only police authorities and the directors of public institutions being allowed to make written declarations. The death certificate is drawn up in two duplicates by the civil registration official in accordance with the verbal declaration and must be signed by the declarant after it has been read over to him.

PROCEDURE.

From the information supplied by the declarant, the civil registration official proceeds to draw up in two duplicates the death certificate, which must specify the place, year, month, day and hour of death; surname, christian names and additional name, if any, of the deceased and his parents, his place of origin and residence (in towns, the street and number of the house), his occupation and civil state, the year, month and day of birth, surname, christian name and occupation of the surviving, deceased or divorced spouse, the cause of death if possible, certified by the doctor; the surname, christian name, occupation and residence of the declarant, and, if the latter is a relative of the deceased, the nature of the relationship.

The death certificate is as follows :

DEATH CERTIFICATE

Page.....

Civil State Area of

Register of Deaths A.

Form 2.

No.

.....
.....

On one thousand nine hundred and.....
at o'clock
in the there died at
..... of
according to the medical certificate,.....
.....
occupation :, a native of.....
resident at..... born on.....
one thousand hundred and
son
daughter of.....
and of
civil state :

Entered in the present register on
one thousand nine hundred and
on the declaration of

By whom it was confirmed after
it had been read over to him :
.....

Communicated
.....

Civil Registration
Official :

TRANSFERABLE DEATHS.

When a person dies in a commune other than that where he is habitually resident, the registration official who draws up the death certificate must, within eight days, send a copy to the registration official of the place of habitual residence of the deceased, to be transcribed in the special register of deaths kept for this purpose. A copy of the death certificate must also be sent to the registration officials of the commune of origin of the deceased.

PERSONS FOUND DEAD.

When an unknown person is found dead, the fact must be reported immediately to the local police authorities, who are required to declare it to the civil registration official. The declaration and entry must specify the place, time and circumstances in which the body was found; sex and apparent age of the deceased; any marks on the body and peculiarities by which it may be recognised; a description of the clothing and of articles found with the corpse; the probable cause and time of death.

If the deceased is identified, the entry may be completed by order of the supervisory authorities. If identity was established by a judgment, of the Court, this fact should be mentioned in the margin.

MEDICAL CERTIFICATE OF CAUSE OF DEATH.

The entry of a death in the register of deaths by the registration official must mention the cause of death according to the medical certificate produced. Consequently, the regulations require that, when a declaration is made verbally to the registration official, a medical certificate made out by the attending physician must be produced, or, where no medical treatment was given, a certificate from the doctor called in to verify the death. The principal object of the medical certificate submitted to the registration official is to certify that death was due to natural causes and that there is no occasion for a judicial enquiry. Prior to 1890, this medical certificate was also used for compiling statistics of the causes of death. The introduction in 1891 of the confidential death card for the large towns and its adoption for the whole of Switzerland after 1900 showed that the medical certificates given in connection with declarations made to the civil registration official were very laconic and merely served to certify that the deceased persons had died a normal and natural death. At present, the registration officials, after drawing up a death certificate, make out a special card intended for the statistical service, which is sent to the attending physician or the medical man verifying the death, or, in cases of death from crime or violence (see Form, pages 42 and 43), to the medical jurist.

OFFICIAL PUBLICATIONS CONTAINING PARTICULARS OF THE MORTALITY.

A. *Statistics regarding the Movement of the Population.* — Since 1867, the annual publications have contained particulars of the general mortality of the population.

This information includes the total deaths for the whole of Switzerland, the cantons, districts and principal towns, classified according to the sex and origin of the deceased. Since 1876, deaths have been tabulated according to the principal causes, and distinction by age-groups has been made since 1867, infantile mortality being tabulated from the age of 1 month to 12 months.

B. *Statistics of Marriages, Births and Deaths in Years and Groups of Years.* — These publications, particulars of which are given on page 34, include in every case special volumes dealing with deaths in general and the causes of death in particular. Each of these publications gives the total annual mortality during the period for each of the causes of death included in the list. These tables indicate sex and age. The age-groups are particularly detailed in regard to infant mortality. The other age-groups appear in each of the publications for the periods 1867-70, 1871-90, 1891-1900. A periodical publication covering the years 1901-20 is now in the press. The age-groups mentioned above are as follows : under 1 year, 1 year, 2 to 4 years, 5 to 9 years and so on in quinquennial groups up to 80 years and over. These periodical publications also indicate the age, year by year.

Infant mortality is also divided into months of age for the first year of life, as well as according to legitimacy.

C. *The Statistical Year-Book for Switzerland* likewise contains information regarding general mortality since 1871 and distribution according to causes of death since 1892.

D. Finally, the *Bulletin of the Federal Public Health Service* gives information concerning mortality in the principal towns and data regarding the diseases of patients admitted to hospital. Since January 1927, this *Bulletin* has also given the monthly mortality for Switzerland, the cantons and principal cities, with distinction of sex, principal causes of death and general mortality age-groups.

MUNICIPAL STATISTICS.

The towns of Zurich, Basle and Berne also publish monthly information regarding mortality in these towns, by sex, origin and groups of causes of death.

9. INFECTIOUS DISEASES.

FEDERAL LAWS.

The Federal laws now in force are :

1. The Federal Law of July 2nd, 1886, concerning measures for the prevention of epidemics dangerous to the population as a whole.

2. The Federal Law of February 18th, 1921, amending that of July 2nd, 1886.

Various decrees have been issued by the Federal Council in regard to these two laws. The most recent decree, dated August 23rd, 1921, provides for the compulsory notification of certain communicable diseases. According to these laws and decrees, the principal measures in force are as follows :

COMPULSORILY NOTIFIABLE DISEASES.

These diseases are defined in Article 1 of the Federal Decree of August 23rd, 1921, and the following are compulsorily notifiable :

Smallpox.	Epidemic cerebro-spinal meningitis.
Cholera.	Acute infantile spinal paralysis (acute anterior poliomyelitis).
Typhus.	Encephalitis lethargica.
Plague.	Influenza.
Epidemic dysentery.	Malaria.
Scarlet fever.	Leprosy.
Diphtheria.	Trachoma.
Typhoid fever.	
Paratyphus.	

Any case of these diseases, whether established or merely suspected, must therefore be notified to the Federal and cantonal authority. When it has not been possible to establish the diagnosis until after the death of the patient, the death must also be notified to the authorities.

RESPONSIBILITY FOR DECLARATION.

Under Article 2 of the Decree of August 23rd, 1921, the declaration of the communicable diseases which are compulsorily notifiable must be made by the physician in charge of the case. He has to declare each individual case immediately to the local health authority and to the district or cantonal health authority. Where no doctor has been called in, the competent authority must be notified by the head of the patient's family, any other member who is of age or any person intimately acquainted with him. Similarly, if the patient lives in an hotel, pension or boarding school, the declaration must be made by the keeper or director of the establishment. Whenever a doctor has not been called in, the

local health authority shall arrange for the patient to be examined by a doctor as soon as possible in order to diagnose the case.

Cases occurring in hospitals, hospices, prisons or other similar institutions must be notified to the local health authority by the director. Any case admitted to a hospital suffering from a compulsorily notifiable disease must also be reported to the local health authority.

PROCEDURE.

The cantonal health authorities, after receiving direct declarations confirmed by the declarations of the local or district authorities, shall send, at the end of each week, to the Federal Public Health Service, a return of cases notified during that week. This return must also mention any infectious diseases not included in the Federal decree but which have been made compulsorily notifiable by the cantons. Cases of smallpox, cholera, typhus, plague and epidemic dysentery must, however, be notified immediately by the quickest possible means to the Federal Public Health Service by the cantonal health authority. Similarly, the Federal Public Health Service must be notified immediately when, in the opinion of the cantonal health authority, the gravity or frequency of any other compulsorily notifiable disease is such as to create a dangerous situation. This is particularly necessary on an outbreak of influenza, and the first cases should, wherever possible, be reported to the Federal authorities. There is no official form for the declaration.

CONTENTS OF DECLARATION.

Any immediate individual notification must mention the name, sex, and age of the patient, his social position or occupation, domicile or origin, the date on which he fell ill, the provisional measures taken, if possible the source of infection, and any other useful information.

PERIOD ALLOWED FOR DECLARATION.

As stated above, the declaration must be made to the local health authority and to the district or cantonal health authority as soon as the disease has been diagnosed. The latter shall without delay notify the competent Federal authority of any cases of smallpox, cholera, typhus, plague, epidemic dysentery or any other disease the seriousness of which constitutes a danger to the population. Other cases of infectious diseases must be notified by the cantonal authority to the Federal authority at the end of each week.

PENALTIES FOR FAILURE TO NOTIFY.

Any person who evades or fails to comply with the provisions of the present Law (of July 2nd, 1886) or the special orders of the competent authorities is liable to a fine of from 10 to 500 francs.

In serious cases, especially when the health regulations have been deliberately infringed, the fine may be increased to 1,000 francs, except where the cantonal penal laws apply.

VACCINATION.

The measures relating to vaccination are enacted and enforced by the cantons. Vaccination against smallpox is compulsory in certain cantons. In other cantons where it is not compulsory, efforts have been made to popularise it by the institution of free vaccination.

TUBERCULOSIS.

A very active campaign against tuberculosis in Switzerland has hitherto been conducted by private institutions and, in certain cantons, by official institutions. Preventive measures will shortly, however, be taken over by the Federal authorities, a draft law on this subject being now under discussion by the Federal Chambers.

10. PRINCIPAL RESULTS RELATING TO THE OFFICIAL VITAL STATISTICS FOR SWITZERLAND.

I. MARRIAGES.

Marriage statistics are prepared from the form (see page 46), which is filled up by the civil registration officials for every marriage celebrated before them, as well as for marriages abroad when the husband has his legal domicile in Switzerland.

Divorces and annulled marriages are recorded and counted on the basis of the forms which all the competent divorce courts are required to forward to the Federal Statistical Bureau.

A summary of the movement of marriage and divorce statistics from 1900 to 1925 will be found in Table 2 (page 70).

During the period from 1871 to 1920, the marriage rate has varied slightly, but very irregularly. The highest figure—9 per thousand of the population—was reached in 1875 and 1920, and the lowest (5 per thousand) in 1915. The average rate is 7.3 per thousand.

By decennial periods, the statistics of marriages per thousand inhabitants are :

1871-80	7.7
1881-90	7.0
1891-1900	7.5
1901-10	7.5
1911-20	6.8

The number of divorces per thousand existing marriages was :

1876-80	2.20
1881-90	1.94
1891-1900	1.91
1901-10	2.27
1911-20	2.57

II. BIRTHS.

Birth statistics are compiled from cards containing data taken from the registers of births (see pages 53 and 54), in accordance with the general and special provisions in the instructions issued to civil registration officials which we have already mentioned. They enable a distinction to be made between live births and still-births, legitimate and illegitimate births. A summary of these data for the years 1900 to 1925 is given in Table 1 (page 69).

The birth rate, which is expressed by the number of live births in proportion to the

total population, has diminished considerably of recent years. For the period from 1871 to 1920, the birth rate per thousand inhabitants was as follows :

1871-80	30.0
1881-90	28.3
1891-1900.	28.2
1901-10	26.9
1911-20	20.9

The highest rate was that of 1876, with 32.8 births per thousand inhabitants, the lowest being 18.5 per thousand in 1917. This constant decrease in the birth rate is not due to any differences in the composition of the age-groups of the population, as it is also found in the rate of legitimate fertility, which was 249 per thousand married women from 15 to 49 years of age during the period from 1871 to 1880 and only 159 from 1911 to 1920.

The proportion of the sexes oscillates round about 105.6 male births to 100 female births. This proportion is fairly constant.

III. STILL-BIRTHS.

Still-births—the token is that the child has not breathed after separation from the body of the mother—are indicated on the birth card (see page 44) made out from the entry in the register of births in respect of the child, and on the special death card (see page 44), which is also based on the register of births and is completed by the declaration of the doctor, or, in the absence of a doctor, by the midwife present at the confinement. Statistics of the movement of the still-birth rate from 1900 to 1925 will be found in Table 1 of the Annex, and the causes of death of still-born children for the period from 1921 to 1925 in Table 4 *a* (page 83).

Like the ratio of live births, the ratio of still-births to the population has fallen from year to year. The decrease is slightly more pronounced in the latter case, showing that the proportion of still-births to the total number of births is also declining. The proportion per hundred births was for the following periods :

1871-80	4.3
1881-90	3.8
1891-1900	3.6
1901-10	3.4
1911-20	3.0

This decline in the number of still-births per hundred births is rather more pronounced in respect of illegitimate than of legitimate births.

From 1876 to 1880, the percentage of legitimate still-births per hundred legitimate births was 3.8 and of illegitimate still-births per hundred illegitimate births 6.4; from 1916 to 1920, these proportions were 2.8 per cent legitimate and 4.7 illegitimate.

IV. DEATHS

Statistics of deaths are compiled partly from the death cards and partly from the causes of death given according to groups.

(a) *The Death Card.*

When statistics of death were first compiled, the cards used by the registration officials merely contained an extract from the register of deaths kept by them. In reply to Question 3: "Cause of death", the registration official entered the cause of death as given by the doctor for entry in the register. This open declaration furnished by the practitioner in charge of the case or the medical man verifying the death gave only a brief and summary statement of the cause. The defects of this method were discovered when the statistics regarding causes of death came to be sorted out. The chief drawbacks were as follows: through ignorance of all the circumstances of the case or, frequently, through carelessness, many doctors gave as the cause of death not the original disease but a secondary disease, thus occasioning difficulties in regard to classification. This was the case with causes such as the following: paralysis of the heart, dropsy, pulmonary oedema, convulsions, marasmus, senility, etc..., whereas these affections were only secondary. For instance, paralysis of the heart was due to some disease of the heart, to tuberculosis, pneumonia or senile decay, etc., while dropsy was caused by heart disease, emphysema or chronic bronchitis. It was often necessary to make further enquiries of the doctors to enable these secondary or general causes to be classified more accurately. There were also cases where, in the interests of the family of the deceased, the attending physician omitted to indicate on the open form certain causes of death such as syphilis, suicide, tuberculosis, etc., and inserted some secondary disease.

In many other cases also, doctors entered the cause of death on the open death certificate in Latin, writing so illegibly that the registration officials, owing to their ignorance of Latin, misinterpreted the declaration. The death certificate had then to be forwarded to the authorities for the error to be corrected.

In order to remedy these defects and reduce inaccuracies and omissions to a minimum, the co-operation of the medical faculty has been sought. Physicians in attendance or doctors called in to verify death are asked to indicate the cause of death on the death card themselves. The Statistical Bureau, with the assistance of the Federal Health Bureau, has drawn up a new death card, which consists of three separate portions, as shown by the specimen reproduced on pages 42-43.

On the upper section of the death card, which can easily be removed, the registration official inserts the name of the deceased so that the doctor may know the person with regard to whom the information is to be given. The second section, or middle portion of the card, contains the necessary data furnished to the Statistical Bureau by the registration official according to his register. These data refer to the place of death, origin and domicile of the deceased, and also give his age, civil state and occupation. The third and bottom section of the death card is reserved exclusively for medical health questions and is filled up by the doctor himself.

When notification of a death is received by the registration official, the latter, after entering the death in the register, fills up the first two portions of the card and sends it to the attending physician or to the doctor called in to verify the death, using a special envelope containing, in addition to the address of the registration office forwarding it, the number of the death card. The doctor then answers the questions which concern him, removes the upper section, places the rest of the card in the above-mentioned envelope and, after closing it, returns it to the civil registration official. The latter, without opening the envelope returned to him, merely compares the numbers given on the outside with his death register and forwards it within the prescribed time to the Federal Statistical Bureau, where it is finally opened and the death cards are extracted.

If, for any reason, the attending physician does not return the card which has been sent him, the registration official must then fill up a new card himself, entering the cause of death given in the register of deaths and taken from the open declaration. This card is used for the statistics of the movement of the population, whereas for the purposes of statistics of causes of death it is included under the heading "Not certified by a medical man".

It will be seen that, in this way, medical secrecy is completely safeguarded. The data furnished by the doctors are known only to the Statistical Bureau to whom the name of the deceased person is not communicated. These particulars are, moreover, regarded as strictly confidential.

This new death card has been gradually introduced into the various civil registration offices of Switzerland. It has been used since January 1st, 1891, in the fifteen principal towns of over 10,000 inhabitants; since January 1st, 1893, in the forty-three civil state areas of over 5,000 inhabitants; and, finally, since January 1st, 1901, in all the civil state areas.

As had been anticipated, statistics gradually improved between 1891 and 1901 as the result of the introduction of the new death card. Greater accuracy was thereby established in the data regarding the causes of death, and between 1891 and 1901, the following causes of death showed an increase due solely to the confidential declaration furnished, and not to any increase in these causes of death.

Cause of death	Number of deaths :			
	1881-90	1891-1900	1901-10	1911-20
Suicide	6,576	6,886	8,003	8,450
Pulmonary tuberculosis. .	61,317	60,937	62,622	54,881
Tuberculous meningitis . .	7,763	8,765	9,639	7,003
Other forms of tuberculosis	8,868	12,570	16,149	14,511
Syphilis	664	1,214	1,715	1,784

The increase in these causes of death, especially the last-named, is very marked. It is improbable, however, that syphilis has spread to such an extent as to have doubled from 1891 to 1900, and trebled later by comparison with the period from 1881 to 1890. The only conclusion to be drawn is that the more frequent declaration of this contagious

affection is entirely due to the introduction of the confidential death card, which has enabled doctors to indicate this cause of death without the risk of offending the family of the deceased or damaging his reputation.

Another advantage of the new death card is that it enables doctors to state not merely the primary and principal cause of death but the concomitant causes also. By this means, the information obtained is more complete and permits of more accurate classification. A proof is found in the decrease in the number of deaths resulting from certain causes, among which may be mentioned senile weakness, acute bronchitis, meningitis and apoplexy.

Cause of death	Number of deaths :			
	1881-90	1891-1900	1901-10	1911-20
Senile weakness	36,116	40,305	24,077	21,757
Acute bronchitis	64,326	62,564	35,193	36,350
Meningitis	12,202	8,478	3,417	1,693
Apoplexy	24,520	22,984	17,247	16,117

We may add that, owing to the introduction of the new confidential card, the number of deaths entered under the heading "Not certified by a medical man" has decreased considerably. From 1881 to 1890, the number of these deaths was 62,542. In the following decennial periods it gradually fell to 36,922; 20,332 and 13,649, representing a proportion of 10.4 per cent of the total deaths between 1881 to 1890; 6.2 per cent from 1891 to 1900; 3.4 per cent from 1901 to 1910; and 2.4 per cent from 1911 to 1920.

(b) *List of Causes of Death.*

The first uniform scheme in regard to death statistics for the whole of Switzerland dates back to January 1st, 1876. Dr. Kummer, who was director of the Federal Statistical Bureau at the time, seconded by the Swiss Medical Commission, urged that the cause of death should be entered in the register of deaths on production of a medical certificate. The first list of causes of death included 204 different items, in addition to a heading for deaths due to doubtful or ill-defined causes and for deaths not certified by a medical man. This list was employed until 1900, when the enumeration was altered and new headings were added, bringing the number up to 253. Finally, in 1921, the list was revised to bring it into line with the International List, the various subdivisions being reduced to 207. Details of the nomenclature at present in use will be found in Table 3, pages 71-82, in the last part of this handbook. It will be seen that this list is much fuller than the International List, particularly as regards causes of deaths, due to accidents (Nos. 22 to 67 of the list), the object being to obtain more precise information as to the causes of death for the use of social insurance organisations and the investigation of means of preventing accidents; this is also the case in regard to deaths due to malignant tumours, particularly full details being given in the various cases of death due to cancer or sarcoma (Nos. 199 and 202).

(c) *Decrease in the Death Rate.*

A rough estimate of the death rate can be obtained by dividing the total number of deaths for any year by the population in the middle of that year. By this means, the following mean rates are obtained per thousand of the population for the decades between 1871 and 1920 :

	Deaths
1871-80	23.4
1881-90	20.8
1891-1900	19.0
1901-10	16.7
1911-20	14.6

The total death rate has thus been steadily declining from period to period. More accurate rates are obtained by dividing the population into age-groups or years of age. We give below, for the period 1901 to 1920, divided into four quinquennial periods, the results shown by the death rates for the principal age-groups. This period covers the period since the introduction of the confidential death card, which will also enable us to take into account the principal causes of death.

First Age-group. — This group comprises deaths occurring during the first year of life, *i. e.*, infant mortality. The general death rate per thousand for this group was as follows :

	Males	Females
1901-05.	147.0	120.9
1906-10.	126.8	102.7
1911-15.	109.4	88.7
1916-20.	91.7	77.2

representing a decrease of approximately 40 per cent between the period 1901 to 1905 and 1916 to 1920. This reduction is due to the decrease in infectious diseases, including measles, scarlet fever, smallpox, whooping-cough and diphtheria (decrease of 50 per cent), tuberculosis (55 to 60 per cent) and especially of gastro-enteritis (65 per cent).

Second Age-group. — This group consists of children from 1 to 14 years of age. The average death rate per thousand for this group was :

	Males	Females
1901-05.	5.85	5.97
1906-10	4.92	4.81
1911-15.	4.08	3.92
1916-20.	4.10	4.15

The reduction in the general mortality figures for this group between the first quinquennial period, 1901 to 1905, and the last, 1916 to 1920, amounted to 30 per cent and is likewise due to the decrease in infectious diseases of children : measles, scarlet fever, smallpox, whooping-cough and diphtheria (45 per cent) and tuberculosis (45 per cent).

Third Age-group. — This group consists of young persons from 15 to 19, the average mortality per thousand being :

	Males	Females
1901-05.	4.02	4.89
1906-10.	3.72	4.45
1911-15.	3.48	3.77
1916-20.	4.67	4.68

The increase during the period 1916 to 1920 was due to the influenza epidemic in 1918, the results of which begin to be shown in this age-group. Pulmonary tuberculosis decreased by 25 to 30 per cent.

Fourth Age-group. — The average death rate per thousand for this group, comprising persons from 20 to 39 years of age, was as follows :

	Males	Females
1901-05.	6.63	6.76
1906-10.	6.31	6.37
1911-15.	5.67	5.45
1916-20.	8.27	7.07

In this group, infectious diseases, which were declining, increased considerably during the last period owing to the influenza epidemic (58 per cent for males and 20 per cent for females). On the other hand, pulmonary tuberculosis is steadily declining (from 25 to 30 per cent between the first and last periods), as are also diseases of the circulatory system (from 30 to 35 per cent).

Fifth Age-group. — From 40 to 59 years. Average death rate per thousand :

	Males	Females
1901-05.	18.18	13.40
1906-10.	17.31	12.55
1911-15.	15.85	11.52
1916-20	15.97	12.23

Pulmonary tuberculosis is declining (25 per cent), and cancer also slightly, but under 10 per cent.

Sixth Age-group. — This group consists of persons of 60 years of age and over. The average death rate per thousand for this group was :

	Males	Females
1901-05.	76.39	69.47
1906-10.	77.14	68.80
1911-15.	75.22	67.09
1916-20.	76.43	69.07

In this group, there has been a steady increase in diseases of the circulatory system, chiefly due to the increase in arteriosclerosis (which rose by 40 per cent between the first and last periods); cancer is increasing slightly, but under 10 per cent. Pulmonary tuberculosis has fallen by 10 per cent in this group.

TABLE 1. — LIVE BIRTHS AND STILL-BIRTHS

* SWITZER- LAND Years	BIRTHS										
	Total	Live Births					Still-births				
		In all	Legitimate		Illegitimate		In all	Legitimate		Illegitimate	
			Male	Female	Male	Female		Male	Female	Male	Female
1900	97 695	94 316	46 075	44 027	2 148	2 066	3 379	1 795	1 335	130	119
1901	100 635	97 028	47 185	45 626	2 134	2 083	3 607	1 940	1 419	131	117
1902	99 993	96 481	47 336	44 960	2 131	2 054	3 512	1 871	1 404	136	101
1903	97 119	93 824	45 848	43 995	1 988	1 993	3 295	1 759	1 329	114	93
1904	98 300	94 867	46 499	44 406	1 974	1 988	3 433	1 754	1 426	138	115
1905	98 057	94 653	46 194	44 243	2 133	2 083	3 404	1 817	1 334	143	110
1906	98 971	95 595	46 844	44 583	2 093	2 075	3 376	1 817	1 363	107	89
1907	97 696	94 508	46 322	44 019	2 123	2 044	3 188	1 699	1 274	128	87
1908	99 468	96 245	46 997	44 907	2 164	2 177	3 223	1 710	1 296	123	94
1909	97 296	94 112	45 806	44 059	2 161	2 086	3 184	1 677	1 298	128	81
1910	96 669	93 514	45 814	43 496	2 107	2 097	3 155	1 636	1 306	110	103
1911	94 185	91 320	44 407	42 758	2 151	2 004	2 865	1 521	1 127	112	105
1912	95 171	92 196	45 098	42 703	2 233	2 162	2 975	1 527	1 251	124	76
1913	92 603	89 757	43 904	41 675	2 101	2 077	2 846	1 521	1 113	108	104
1914	90 128	87 330	42 687	40 302	2 271	2 070	2 792	1 474	1 109	123	92
1915	77 931	75 545	36 797	35 305	1 770	1 673	2 386	1 228	974	104	80
1916	75 885	73 660	36 175	34 229	1 682	1 574	2 225	1 161	894	87	83
1917	74 125	72 065	35 084	33 621	1 712	1 648	2 060	1 074	810	100	76
1918	74 884	72 658	35 583	33 582	1 721	1 772	2 226	1 161	897	103	65
1919	74 205	72 125	35 267	33 734	1 579	1 545	2 080	1 069	868	87	56
1920	83 623	81 190	39 997	37 602	1 871	1 720	2 433	1 286	975	86	86
1921	83 173	80 808	39 624	37 867	1 728	1 589	2 365	1 240	958	99	68
1922	78 536	76 290	37 653	35 803	1 469	1 365	2 246	1 181	902	87	76
1923	77 694	75 551	37 341	35 450	1 436	1 324	2 143	1 132	890	71	50
1924	75 564	73 508	36 044	34 776	1 362	1 326	2 056	1 072	828	92	64
1925	74 509	72 570	35 782	34 145	1 338	1 305	1 939	1 004	809	67	59
1926	73 963	72 118	35 500	33 690	1 349	1 379	1 845	960	769	58	58
1927	71 283	69 533	34 423	32 317	1 416	1 377	1 750	922	702	70	56

TABLE 2. — MARRIAGES CONTRACTED, MARRIAGES DISSOLVED AND DEATHS

SWITZERLAND Years	MEAN resident population	MARRIAGES contracted	MARRIAGES DISSOLVED by		DEATHS (not including still-births)		
			death of one of the parties	divorce or annulled	In all	Male	Female
1900	3 299 939	25 537	18 468	1 028	63 606	32 099	31 507
1901	3 340 984	25 378	17 376	1 027	60 018	30 868	29 150
1902	3 384 769	25 078	16 953	1 105	57 702	29 498	28 204
1903	3 428 554	25 283	17 705	1 184	59 626	30 354	29 272
1904	3 472 339	25 502	17 619	1 245	60 857	31 001	29 856
1905	3 516 124	26 272	18 542	1 208	61 800	31 655	30 145
1906	3 559 909	27 298	17 786	1 348	59 204	30 420	28 784
1907	3 603 694	27 660	17 949	1 497	59 252	30 282	28 970
1908	3 647 479	27 634	18 112	1 555	57 697	29 479	28 218
1909	3 691 264	27 470	18 580	1 536	59 416	30 266	29 150
1910	3 735 049	27 346	17 777	1 527	56 498	29 201	27 297
1911	3 775 921	27 809	18 298	1 625	59 619	30 565	29 054
1912	3 818 682	27 843	17 726	1 517	54 102	27 800	26 302
1913	3 863 964	26 841	17 975	1 620	55 427	28 318	27 109
1914	3 897 294	22 245	17 658	1 459	53 629	27 344	26 285
1915	3 882 829	19 527	17 224	1 474	51 524	26 048	25 476
1916	3 882 854	22 251	17 259	1 564	50 623	25 507	25 116
1917	3 887 494	23 254	18 082	1 644	53 306	27 036	26 270
1918	3 879 610	26 117	26 155	1 703	75 034	39 314	35 720
1919	3 869 160	30 751	18 549	1 981	54 932	26 729	28 206
1920	3 876 920	34 975	18 863	2 246	55 992	27 623	28 369
1921	3 884 050	32 624	17 033	1 988	49 518	24 877	24 641
1922	3 891 700	30 063	17 542	2 116	50 292	24 651	25 641
1923	3 901 980	29 561	16 784	2 005	45 983	23 320	22 663
1924	3 917 800	28 510	18 064	2 426	48 988	24 469	24 519
1925	3 936 330	28 110	17 715	2 228	47 877	23 984	23 893
1926	3 959 000	28 079					
1927	3 987 000	28 585					

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
22/87	Accidents	1,466	1,818	1,458	1,429	1,417	451	402	460	416	425
22	Accidental traumatism by fall	309	333	309	277	281	65	69	69	46	61
	Including :										
a	Fall in mountain	74	62	50	46	52	5	9	5	5	8
b	Fall from tree	21	45	34	32	25	2	2	6	1	1
c	Fall from hayloft	39	38	50	26	34	5	3	2	4	4
d	Fall from roof	16	18	14	21	13	2	3	2	1	1
e	Fall from scaffold or ladder	36	44	35	36	35	4	2	3	2	1
f	Fall down staircase	48	58	61	39	52	24	25	30	22	28
g	Fall from window	13	27	10	17	14	6	7	8	6	10
23	Simple fall	68	57	56	64	75	82	69	74	98	92
	Includes										
a	Fracture of neck of femur in aged persons	23	15	16	28	23	61	48	48	73	65
24	Fall from horse	2	2	4	7	2	.	.	.	.	.
25	Accidental traumatism by vehicles (carts and carriages)	100	84	97	60	91	10	6	19	15	20
	Includes :										
a	Fall from carriage	52	36	44	27	51	6	4	7	8	8
b	Crushing	37	29	41	24	32	2	1	11	5	10
26	Accidental traumatism by sleighing, skiing, skating	3	11	7	3	10	1	5	4	2	3
	Includes :										
a	Fall, collision	1	3	6	3	5	1	2	2	.	1
b	Crushing . . . . .	.	.	.	.	2	.	1	.	.	.
27	Bicycle accident	42	32	40	34	33	10	4	5	6	15
	Includes :										
a	Fall, collision	29	25	29	29	29	1	.	3	3	3
b	Crushing	10	5	9	3	2	9	4	2	3	12
28	Motor-car and motor-cycle accidents	92	99	90	100	166	31	25	20	29	37
	Includes :										
a	Fall, collision	28	37	43	38	67	3	8	3	6	10
b	Crushing	47	42	50	45	74	19	15	15	20	21
29	Aviation accidents	4	2	.	1	5	.	.	.	.	2
	Includes :										
a	Fall, collision	3	2	.	1	4	.	.	.	.	1
b	Crushing . . . . .	.	.	.	.	1	.	.	.	.	1
30	Street-car accidents	13	5	11	6	11	5	1	3	3	3
	Includes :										
a	Derailment . . . . .	.	.	1	.	.	.	.	.	.	1
b	Collision	1	1	.	1	2	.	1	.	1	.
c	Accident during shunting . . . . .	.	.	1	.	.	.	.	.	.	.
d	Accident getting into or jumping from carriage	7	1	2	1	1	.	.	2	1	.
e	Crushing	4	2	5	4	8	2	.	1	1	2
31	Railway accidents	42	41	69	49	46	4	7	8	6	6
	Includes :										
a	Derailment	1	.	2	.	.	.	.	3	.	.
b	Collision, shock	1	3	1	8	2	.	.	.	.	.
c	Accident during shunting	6	5	6	4	9	.	.	.	.	.
d	Accident caused from mounting or dismounting from carriage	4	4	7	7	8	1	1	.	1	3
e	Crushing	23	24	37	23	21	3	6	3	5	3
32	Funicular and overhead railway accidents	7	6	7	6	4	.	.	1	.	.
	Includes :										
a	Derailment . . . . .	.	1	.	.	.	.	.	.	.	.
b	Collision, shock	3	.	1	2	.	.	.	.	.	.
c	Fall	2	1	1	3	1	.	.	.	.	.
d	Accident caused through getting into or jumping from carriage . . . . .	.	.	.	.	.	.	.	.	.	.
e	Crushing	1	4	3	.	3	.	.	1	.	.
33	Lift accidents (elevator)	5	7	5	8	9	2	.	.	1	1
34	Accidents due to machinery (excluding explosions)	17	25	28	25	22	1	2	2	.	1
	Includes :										
a	Breaking of machinery . . . . .	.	2	3	3	.	.	.	.	.	.

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
35	Accidents caused by objects thrown or fallen	67	56	80	55	56	3	4	5	1	5
	Includes accidents :										
a	During felling of trees	28	24	28	16	20	.	.	1	.	1
b	During construction of tunnels	5	5	9	6	7	.	.	.	.	.
c	In quarries, pits, wells and mine-shafts	7	10	4	4	8	.	1	1	.	2
d	Falls of stone in the mountain	7	10	4	4	8	.	1	1	.	2
36	Accidents by crushing, shock, blow	20	15	16	21	24	1	.	3	1	2
	Includes :										
a	Crushing	5	9	6	11	10	1	.	3	1	.
37	Accidents caused by mine explosions	10	6	12	4	4	.	.	.	.	.
	Includes accidents :										
a	During construction of tunnels	1	4	4	3	3	.	.	.	.	.
b	In quarries, pits, wells and mine-shafts	1	4	4	3	3	.	.	.	.	.
38	Accidents caused by an explosion	25	5	6	9	8	1	3	2	2	.
	Includes explosion of :										
a	Firearms and of their projectiles	7	.	2	3	2	1	.	.	.	.
b	Steam boilers	1	.	.	1	.	.	.	.	.	.
c	Internal-combustion engines	1	.	.	.	.	.	.	.	.	.
d	Illuminating gas . . . . .	.	.	.	.	.	.	.	.	.	.
39	Accidents caused by piercing or cutting instruments	11	6	8	2	10	3	2	1	1	.
40	Accidents by shot	32	21	33	31	22	5	5	4	5	7
41	Injuries by animals (stings of insects, bites from snakes and rabid animals excluded)	33	25	35	26	31	1	7	5	3	4
	Includes :										
a	Kick from horse, thrown by horse	18	17	15	15	19	1	3	1	3	2
b	Injury by horn of bull, cow, etc.	12	8	17	8	11	.	4	4	.	2
42	Venomous plant poisoning	4	2	2	4	2	4	.	1	1	2
	Includes poisoning by :										
a	Berries	1	2	1	2	1	1	.	.	.	2
b	Fresh mushrooms	3	.	1	2	1	2	.	1	1	1
43	Poisoning by food	6	8	3	3	3	1	4	3	2	1
	Includes poisoning by :										
a	Food of animal origin, fresh	2	2	1	2	2	.	.	.	.	.
b	Food of animal origin, preserved	2	1	.	.	1	.	.	1	.	1
c	Food of vegetable origin, preserved . . . . .	.	.	.	.	.	1	.	.	.	.
44	Chemical poisoning	7	9	2	3	4	1	3	.	4	2
	Includes :										
a	Arsenic . . . . .	.	3	.	.	2	.	.	.	2	1
b	Phosphorus . . . . .	.	.	.	.	.	.	.	.	.	.
c	Acids	4	2	.	1	1	1	1	.	.	.
d	Potash and caustic soda (lye)	3	4	1	1	.	.	1	1	1	.
45	Poisoning by medical preparations	11	2	2	5	3	9	4	6	4	3
46	Poisoning by other substances, including non-specified poisons	8	10	7	15	11	4	1	2	1	4
	Includes :										
a	Acute alcoholic poisoning	7	9	6	14	11	4	1	2	1	4
47	Snake-bites . . . . .	.	.	.	.	.	2	.	.	.	1
48	Insect stings	4	1	2	3	2	7	4	5	.	1
49	Infection from cadaver . . . . .	.	.	.	1	.	.	.	1	.	.
50	Other traumatisms with infection or concomitant poisoning (rabies excluded)	68	47	69	61	52	26	22	30	11	15
51	Accidental drowning in a lake or river	181	121	175	152	142	33	23	34	17	21
	Includes drowning :										
a	Whilst bathing or swimming	102	36	77	46	63	20	2	7	4	4
b	Owing to boat accident or whilst skating	10	7	12	11	4	.	1	4	1	3
52	Accidental drowning in cesspool, pond, fountain, cask, etc.	47	36	41	41	35	20	17	18	16	11
	Includes :										
a	In a cesspool	15	18	14	19	13	8	8	5	7	6

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
53	Asphyxia by fumes, carbon monoxide, etc.	15	16	10	10	9	2	6	5	1	7
	Includes :										
a	Carbon monoxide	13	11	2	8	7	1	5	1	3	
54	Asphyxia by other gases	2	5	2	7	8	2	1	2	1	
	Includes :										
a	Illuminating gas	1	4	1	5	1	2	1	2	1	
55	Asphyxia by suffocation in bed	7	1	1	5	4	7	6	1	6	
56	Asphyxia resulting from obstruction of respiratory tract by a foreign body	8	12	11	7	11	5	5	7	8	
57	Other types of asphyxia and asphyxia not specified	11	14	16	3	13	4	2	4	1	
58	Crushed by landslide	31	29	31	32	28	1	3	10	3	
	Includes slides :										
a	In quarries, pits, wells and mine-shafts.	21	15	10	6	12				3	
b	During construction of a tunnel.	2	8								
c	Under snow avalanche	5		12	16	10		1	2		
d	Under landslide in the mountain; earthquake				3					8	
59	Death from inanition										
60	Death from freezing	11	19	18	7	21	2	1	2		
61	Burns by fire, boiling water or a corrosive substance	64	64	69	66	60	70	71	90	60	
	Includes :										
a	Stove, open fire	21	9	19	10	10	31	26	37	8	
b	Petroleum, methylated spirit	4	4	2	3	1	12	7	17	7	
c	Boiling liquid, steam	31	38	31	23	23	20	28	28	20	
62	Heat-stroke and insolation	13	3	11	6	4	3	6	2	1	
63	Death caused by lightning	5	2	3	5	6	2	1	3	2	
64	Accidents caused by electric current	23	33	29	34	28	1				
65	Accidents during surgical operations	7	7	4	3	9	8	15	7	3	
	Includes deaths :										
a	Following general anæsthesia by chloroform alone.			2				3		2	
b	Following general anæsthesia by ether alone.						1		1		
c	Following general anæsthesia by other methods	3	3		2	2	2	2	2	3	
d	Following local anæsthesia						2	1	1		
66	Other accidents or accidents without specification of the cause	26	34	28	168	52	12	9	9	36	
	Includes :										
a	Penetration or introduction of a foreign body into cavities of the body (respiratory organs included)		9	3		5	6	2	5	3	
67	Violent deaths due to other causes or to ill-defined causes	167	138	194	130	161	53	53	66	20	
	Includes :										
a	War accidents or war wounds	1			1						
b	Wounded or killed by soldiers or acting police force	2	1	3	2						
c	Wounded or killed by a civilian during self-defence			2				1			
d	Wounded or killed by insane person.	1	3	1		1	1	1		2	
68/98	Infectious Diseases (Transmissible).	4,118	4,421	3,868	4,091	4,128	4,878	5,193	4,225	4,729	
68	Measles and German measles	74	13	75	22	44	81	7	70	31	
69	Scarlet fever	16	15	11	12	9	26	12	17	9	
70	Chicken-pox	1	1	3	2	1	2	3	2	2	
71	Smallpox	3	1	2	1	1	4	2		1	
72	Typhus fever										
73	Enteric fever	50	36	36	17	34	56	22	25	22	
	Includes :										
a	Paratyphoid	2	2	4	3	8	3		1	2	

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
74	Influenza	222	749	256	683	540	234	957	282	804	575
75	Epidemic or lethargic encephalitis . .	38	17	53	33	31	41	25	50	45	89
76	Cerebro-spinal meningitis	12	15	26	18	22	15	13	17	16	15
77	Acute anterior poliomyelitis (Heine-Medin's disease)	9	10	33	15	15	4	8	19	13	13
78	Mumps . . . . .	.	.	.	3	5	2	4	.	.	1
79	Whooping-cough	80	202	101	57	116	75	215	109	56	146
80	Diphtheria	269	148	105	104	92	250	166	95	76	95
	Includes :										
a	Laryngeal diphtheria	108	56	47	36	39	83	47	25	29	44
b	Nasal diphtheria	6	8	4	4	4	7	4	5	4	3
c	Acute diphtheritic paralysis of the heart .	3	5	4	13	6	.	7	8	.	5
81	Dysentery	8	2	2	8	2	4	2	6	3	4
82	Asiatic cholera . . . . .	.	.	.	.	.	.	.	.	.	.
83	Plague . . . . .	.	.	.	.	.	.	.	.	.	.
84	Malaria	2	1	3	2	1	2	1	1	.	1
85	Acute articular rheumatism and polyserositis	94	84	81	67	86	109	69	83	80	71
86	Tetanus	8	6	10	5	11	8	4	6	7	3
87	Erysipelas	60	47	29	45	40	52	37	40	37	22
88	Phlegmon and abscess without indication of site	30	31	17	24	21	12	13	19	11	16
89	Osteomyelitis	32	29	36	26	34	17	22	15	13	9
90	Pyæmia and septicæmia	44	42	42	49	51	58	47	51	68	56
91	Puerperal fever . . . . .	.	.	.	.	.	250	192	168	120	145
	Includes :										
a	After abortion . . . . .	.	.	.	.	.	81	54	62	41	39
92	Gonorrhœal diseases	8	2	6	6	7	2	10	6	58	2
93	Syphilis	122	118	122	99	99	80	69	50	1	60
	Includes :										
a	Hereditary or congenital syphilis	39	23	34	25	18	26	24	23	23	27
b	Syphilis of circulatory system	32	38	31	31	31	16	12	10	14	16
c	Syphilis of nervous system	32	43	41	20	33	12	15	13	10	9
94	Scrofula	5	4	5	2	3	9	7	2	9	2
95	Tuberculosis	2,198	2,825	2,792	2,767	2,830	3,473	3,275	3,074	3,227	3,175
	Includes :										
a	Cerebral tuberculosis	4	6	8	7	5	6	4	3	8	4
	Tuberculosis of :										
b	Cerebro-spinal meninges	203	227	228	182	227	319	221	221	222	211
c	Lung and larynx	2,225	2,141	2,112	2,006	2,002	2,602	2,486	2,327	2,339	2,367
d	Pleura	29	26	25	27	26	17	20	22	27	25
e	Pericardium	6	3	3	1	1	2	4	4	2	2
f	Bronchial and mediastinal glands	28	24	21	21	18	27	29	16	24	31
g	Other glands	19	15	7	15	9	22	23	5	10	22
h	Intestinal tuberculosis	35	22	28	26	31	41	55	49	26	31
i	Peritoneal tuberculosis	49	38	43	38	63	61	75	63	66	73
	Tuberculosis of :										
k	Mesenteric glands, tabes mesenterica . .	6	4	6	3	6	8	5	7	7	5
l	Urinary system	60	59	71	56	85	63	32	49	31	41
m	Genital organs	13	9	7	10	10	6	8	9	5	8
n	Suprarenal glands (Addison's disease) .	15	14	15	26	19	17	14	19	21	19
o	Spine (Pott's disease)	43	59	43	56	43	64	63	61	62	66
p	Hip (tuberculous coxalgia)	14	16	14	17	13	14	12	11	10	5
q	Other bones and joints	76	63	63	55	57	99	97	83	95	95
r	Skin (lupus)	1	4	1	3	4	7	9	8	7	9
s	Miliary tuberculosis	63	46	68	90	73	62	75	82	84	81
t	Generalised tuberculosis	24	10	19	108	40	28	32	20	162	62
96	Lymphogranuloma	9	16	13	20	20	7	6	15	13	20
97	Leprosy . . . . .	.	.	.	1	.	.	.	.	.	.
98	Other and non-specified infectious diseases	9	7	3	3	13	5	5	3	7	9

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
118	Rickets	40	51	30	39	38	41	36	12	22	25
119	Osteomalacia	1	1	1	1	1	13	13	10	12	12
120	Scurvy and purpura hæmorrhagica, Werlhof's disease	15	7	12	15	11	7	10	10	8	12
	Includes :										
a	Scurvy	1	1	1	1	1	1	3	.	.	2
121	Obesity	27	17	20	16	19	36	46	48	58	34
122	Diabetes mellitus	147	162	154	156	152	157	177	180	191	209
123	Diabetes insipidus	1	3	3	6	1	.	2	2	2	2
124	Uric acid arthritis (gout)	12	12	8	10	9	33	34	39	24	19
125	Amyloid degeneration	2	.	.	.	.	2	.	1	3	.
126	Other and non-specified diseases of the blood and of nutrition	24	32	28	19	27	28	37	23	21	44
217/137	Diseases of the Digestive System . .	1,848	1,494	1,548	1,538	1,479	1,579	1,848	1,247	1,280	1,211
127	Diseases of the buccal cavity, tongue, teeth and salivary glands	5	8	9	10	12	7	7	12	6	9
	Includes :										
a	Stomatitis	1	3	1	2	2	3	1	3	1	3
b	Noma . . . . .	.	1	.	1	2	.	.	.	.	.
128	Diseases of the pharynx and tonsils . .	48	38	48	46	50	56	32	47	45	52
	Includes :										
a	Tonsillitis	44	32	44	41	47	48	28	44	39	50
b	Pharyngitis	3	.	.	2	.	2	1	2	1	.
c	Adenoid vegetations . . . . .	.	.	1	1	.	.	.	.	4	1
d	Retro-pharyngeal abscess . . . . .	.	2	.	2	1	3	.	.	.	1
129	Diseases of the œsophagus	8	4	6	7	4	4	1	2	2	4
	Includes :										
a	Obstruction of œsophagus	2	1	.	2	2	1	1	4	1	4
b	Diverticulum of œsophagus	4	3	6	4	2	2	.	1	.	.
130	Diseases of the stomach	195	181	189	175	195	137	138	131	128	108
	Includes :										
a	Gastritis and dyspepsia (2 years and over)	11	18	14	14	15	16	18	19	15	13
b	Dilatation of stomach	1	1	1	1	3	3	.	1	.	1
c	Ulcer of stomach (hæmatemesis)	167	145	160	150	169	103	108	98	90	82
131	Gastro-intestinal diseases	807	500	494	409	393	612	415	356	321	273
	Includes :										
a	Gastro-enteritis and dyspepsia of infants	752	452	455	363	351	526	366	307	265	232
b	Cholera nostras	2	2	5	3	2	2	3	3	6	6
c	Gastro-enteritis (2 years and over) . . .	51	46	34	41	37	81	49	44	47	34
132	Other intestinal diseases	496	449	449	472	448	449	427	394	413	431
	Includes :										
a	Enteritis	48	40	28	28	27	54	48	47	49	38
b	Typhlitis, perityphlitis and appendicitis.	228	209	211	219	218	201	188	161	154	172
c	Ulcer of duodenum	24	29	29	54	28	10	7	10	15	11
d	Other intestinal ulcers	7	7	7	6	11	7	7	6	10	10
e	Obstruction of intestine and ileus . . .	61	55	53	72	51	52	81	60	75	57
f	Hernia	109	84	101	85	86	108	92	87	86	116
g	Proctitis and periproctitis . . . . .	.	.	.	3	2	.	.	.	.	2
h	Abscess and fistula of anus . . . . .	.	1	.	.	.	1	.	.	.	.
133	Diseases of the liver, biliary ducts and of the portal vein	229	246	273	340	322	219	219	209	272	242
	Includes :										
a	Cirrhosis of liver	172	188	201	256	263	60	75	61	102	89
b	Degeneration of liver	1	1	3	1	.	.	.	.	5	2
c	Acute yellow atrophy of liver	3	4	12	.	.	8	8	4	6	7
d	Suppurative hepatitis, abscess of liver .	2	3	1	5	3	3	2	7	2	1
e	Angiocholitis and cholecystitis	9	15	9	23	12	41	24	38	36	38
f	Biliary lithiasis	25	12	19	26	18	86	85	66	80	70
g	Icterus, cholæmia	13	13	18	20	10	9	14	18	27	17
134	Diseases of the pancreas	8	7	20	21	13	12	9	12	14	11
	Includes :										
a	Pancreatitis	6	6	12	13	10	9	7	11	10	8
135	Diseases of the spleen	5	4	5	5	.	1	6	3	5	4

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
147	Diseases of the pericardium	27	21	15	20	20	18	32	17	27	28
	Includes :										
a	Pericarditis	26	18	11	20	17	17	27	14	27	
148	Diseases of the veins	2,148	2,267	2,134	2,166	2,314	2,111	2,221	2,036	2,029	2,230
	Includes :										
a	Sclerosis of coronary arteries (angina pectoris)	160	333	299	230	383	150	280	238	100	205
b	Arteriosclerosis and arterial atheroma . .	1,874	1,806	1,710	1,743	1,788	1,798	1,747	1,639	1,589	1,700
c	Aneurism	29	38	42	35	29	13	21	20	21	18
d	Senile gangrene	21	30	27	56	56	25	28	33	69	33
e	Thrombosis	13	23	16	29	22	35	35	25	43	40
f	Embolism of artery	13	12	10	21	20	20	10	12	40	31
g	Phlebitis	22	14	13	31	17	40	45	39	52	60
h	Varices, varicose ulcer	10	9	8	17	14	19	32	25	10	18
149/172	Diseases of the Nervous System	1,278	1,440	1,872	1,427	1,824	1,491	1,008	1,604	1,728	1,032
149	Hæmorrhage (apoplexy) and cerebral embolism	685	785	766	717	696	838	969	924	1,006	955
	Includes :										
a	Cerebral apoplexy	671	789	750	688	686	828	949	804	947	925
150	Encephalitis and cerebral softening . .	46	43	26	66	44	84	51	61	65	56
	Includes :										
a	Cerebral softening	18	17	6	38	25	9	20	20	41	25
151	Abscess of brain	4	7	2	4	5	2	1	2	5	5
152	Progressive general paralysis (paralytic dementia)	86	57	65	84	61	27	30	19	54	27
153	Senile dementia	67	85	75	113	73	126	115	116	100	113
154	Hydrocephalus	13	16	15	14	30	9	14	11	11	8
155	Meningitis and cerebral pachymeningitis	85	89	81	76	88	70	61	50	62	46
	Includes :										
a	Meningitis	68	75	62	60	63	66	53	41	54	40
156	Cerebral tumours	23	31	31	32	29	24	33	28	36	39
157	Localised sclerosis	17	29	16	25	20	26	35	33	39	40
158	Myelitis	22	18	23	22	26	37	29	26	42	12
159	Tabes dorsalis (locomotor ataxia) . . .	21	26	28	19	20	14	19	20	17	14
160	Bulbar paralysis	3	11	13	5	7	13	9	5	12	5
161	Progressive muscular atrophy	5	5	5	7	9	3	2	2	6	7
162	Meningitis and spinal pachymeningitis . . . . .	.	.	.	2	1	.	1	.	1	2
163	Other and non-specified diseases of the brain and spinal cord	62	78	92	65	70	76	99	105	52	100
	Includes :										
a	Diseases of brain	38	45	60	33	51	50	66	78	40	69
164	Polyneuritis and neuralgia	10	5	4	6	4	1	6	4	4	4
165	Other and non-specified diseases of nerves . . . . .	.	1	.	1	1	.	.	.	2	1
166	Epilepsy	69	80	60	102	65	65	71	70	68	56
167	Chorea	2	2	1	1	2	1	1	3	2	3
168	Paralysis agitans	10	24	24	19	22	20	28	25	31	32
169	Basedow's disease	3	5	2	4	6	29	46	25	31	34
170	Hysteria	1	.	.	.	1	2	1	2	2	2
171	Mental disease	23	26	34	28	30	63	51	56	63	60
172	Other functional and unspecified functional disorders	21	23	9	15	14	11	26	17	12	11
173/174	Diseases of the Organs of Special Sense	46	46	39	39	43	28	29	34	31	32
173	Diseases of the organs of sight	2	1	1	2	2	.	1	1	3	1
174	Diseases of the organs of hearing . . .	44	45	38	37	41	28	28	33	28	31
	Includes :										
a	Suppurative otitis media and mastoiditis	37	36	38	37	41	25	26	30	27	31

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
175/176	Diseases of the Urinary System . . .	698	801	788	709	832	753	866	880	808	897
175	Diseases of the kidneys	628	728	713	626	758	708	803	819	734	843
	Includes :										
a	Acute nephritis	46	53	65	35	35	80	51	46	41	48
b	Chronic nephritis and Bright's disease	537	640	609	518	682	580	702	719	583	752
c	Uremia	17	15	26	27	27	11	26	29	58	23
d	Suppurative nephritis and abscess of kidney	13	9	2	10	9	20	12	7	14	9
176	Diseases of the urinary passages . . .	70	73	75	83	74	45	63	61	74	54
	Includes :										
a	Pyelitis (pyelocystitis)	17	18	23	19	27	24	34	40	39	30
b	Cystitis	20	33	25	33	20	10	17	13	25	11
c	Paralysis of bladder	3	1	2	8	4				2	
d	Urinary lithiasis	4	3	6	4	9	8	2	4	6	4
177/179	Diseases of the Male Genital Organs. .	268	261	266	273	292					
177	Diseases of the prostate.	249	248	254	264	285					
	Includes :										
a	Prostatitis	18	16	11	14	11					
b	Hypertrophy of prostate	221	223	232	238	256					
178	Diseases of urethra and penis	14	11	9	6	5					
	Includes :										
a	Stricture	12	6	9	6	5					
179	Diseases of the testicle and spermatic cord.	5	2	3	3	2					
180/188	Diseases and Anomalies of Female Genital Organs, including Pregnancy, Confinement and Puerperium.						810	822	298	848	274
180	Non-puerperal diseases of ovary and annexa						51	60	61	52	47
	Includes :										
a	Tumours						27	31	38	35	31
181	Non-puerperal diseases of uterus						62	56	54	56	57
	Includes :										
a	Tumours						37	34	33	37	42
182	Non-puerperal diseases of other female genitalia						3	8	3	4	1
	Includes :										
a	Tumours						1				
183	Abortion						16	6	7	19	5
184	Extra-uterine pregnancy						13	30	14	20	20
185	Other and non-specified anomalies of pregnancy						11	12	10	8	6
186	Anomalies of confinement and puerperium						98	99	107	124	95
	Includes :										
a	Hæmorrhage						30	26	30	31	21
b	Placenta prævia						15	26	24	28	20
c	Rupture of uterus and vagina						12	4	11	13	9
187	Eclampsia and nephritis of pregnancy. .						55	50	42	45	41
	Includes :										
	Nephritis of pregnancy						25	18	15	12	9
188	Other and non-specified diseases of puerperal origin						1	1		15	2
189/196	Diseases of the Skin and Subcutaneous Cellular Tissue.	86	67	64	61	70	68	56	68	85	59
189	Furuncle	25	18	12	26	13	13	7	15	13	13
190	Carbuncle (several furuncles together)	14	9	13	8	14	4	6	2	1	4
191	Panaris	2	1	3		2	4	2	7	1	1
192	Abscess	2							2		3
193	Eczema	12	9	12	4	9	9	6	5	3	6

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
194	Pemphigus	11	11	7	10	7	7	10	7	5	10
195	Decubitus	7	7	9	8	17	21	16	15	7	13
196	Other and non-specified diseases of the skin and subcutaneous cellular tissue	13	12	8	10	8	10	9	10	5	9
197/198	Diseases of the Organs of Locomotion	62	61	48	52	46	110	95	95	117	96
197	Diseases of the muscles and tendons	4	5	4	.	1	2	2	2	1	2
198	Diseases of the bones and joints	58	56	44	52	45	108	93	93	116	94
	Includes :										
a	Acute arthritis	4	2	1	2	5	1	2	2	4	3
b	Chronic articular rheumatism	22	15	15	16	11	37	27	34	34	30
c	Arthritis deformans	9	12	12	11	12	37	31	26	43	45
d	Osteitis, periostitis and necrosis	6	4	4	4	5	4	4	6	3	3
e	Kyphosis	9	12	4	10	6	21	24	12	20	2
199/203	Malignant Tumours	2,784	2,640	2,786	2,957	2,885	2,542	2,718	2,619	2,776	2,817
199	Cancer	2,616	2,477	2,566	2,811	2,651	2,402	2,585	2,485	2,610	2,668
	Includes (primary carcinoma) :										
	Cancer of :										
a	Face and skin	55	19	31	44	24	53	42	48	57	47
b	Lips	12	12	11	15	18	5	5	3	7	8
c	Tongue	66	55	62	66	58	4	4	11	7	6
d	Buccal cavity	8	6	9	7	7	1	1	1	5	1
e	Upper maxillary	18	10	13	18	9	5	11	10	6	7
f	Salivary glands	8	12	6	6	9	5	4	5	3	4
g	Thyroid gland	37	49	52	36	35	35	44	52	49	63
h	Larynx and trachea	77	90	91	98	96	11	10	5	8	9
i	Bronchi and lung	41	46	51	50	35	14	21	24	23	32
j	Pharynx, soft palate and tonsils	63	66	70	62	61	7	6	5	10	7
k	Oesophagus	428	410	386	469	378	52	40	57	69	48
l	Stomach	1,082	1,014	1,061	1,148	1,095	871	838	841	885	918
m	Intestines (excluding rectum)	143	135	177	175	165	180	207	173	207	199
n	Rectum and anus	153	148	121	188	147	100	117	91	95	98
o	Gall bladder and gall ducts	33	40	37	23	34	79	79	58	92	78
p	Liver	8	6	11	65	25	3	3	2	43	21
q	Pancreas	49	40	43	41	47	25	41	36	36	45
r	Kidney and suprarenal gland, including hypernephroma	28	19	22	24	35	21	21	13	16	20
s	Bladder	55	43	29	38	65	20	13	25	19	25
t	Prostate	74	83	113	100	98	.	.	.	.	.
u	Testicle and epididymus	8	5	5	11	2	.	.	.	.	.
v	Penis	3	5	8	7	4	.	.	.	.	.
w	Uterus . . . . .	.	.	.	.	.	305	385	352	362	355
x	Ovary and oviduct . . . . .	.	.	.	.	.	88	103	96	68	94
y	Vagina and vulva . . . . .	.	.	.	.	.	15	28	17	26	20
z	Breast	1	1	4	1	1	318	364	379	386	402
200	Chorioepithelioma . . . . .	.	.	.	1	.	3	4	.	.	1
201	Endothelioma	4	2	3	3	7	1	1	2	3	1
	Includes :										
a	Thyroid gland	3	.	.	1	3	1	.	1	.	.
b	Cerebral meninges . . . . .	.	.	1	1	1	.	.	1	.	.
202	Sarcoma	126	143	124	115	136	116	99	114	135	128
	Includes (primary sarcoma) :										
	Sarcoma of :										
a	Skin	5	9	9	7	10	8	3	2	3	3
b	Muscles and aponeuroses . . . . .	.	1	1	2	2	1	1	.	2	4
c	Bones	37	43	32	33	39	29	32	34	41	43
d	Face and cerebral meninges . . . . .	.	2	.	1	2	5	1	1	4	1
e	Thyroid gland	8	1	7	3	3	4	6	4	6	9
f	Respiratory organs	14	18	9	9	14	6	1	9	7	6
g	Digestive organs	10	18	10	8	16	10	8	10	10	6
h	Urinary organs	3	2	2	4	5	4	5	7	2	6
i	Genital organs	3	3	5	2	5	14	15	20	28	15
j	Lymphosarcoma (malignant lymphoma)	25	24	27	26	18	12	12	15	14	15
k	Myelosarcoma (myeloma)	1	.	.	.	2	2	1	.	.	2

No.	CAUSES OF DEATH	MALES					FEMALES				
		1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
203	Glioma and gliosarcoma	27	17	31	14	26	9	16	11	14	8
	Includes :										
a	Glioma and gliosarcoma of brain and spinal cord	25	15	29	13	23	8	16	11	13	8
b	Glioma and gliosarcoma of retina	1	2	1	1	.	.	.	.	.
204	Pigmented tumours (melanosarcoma and melanocarcinoma)	8	9	9	9	11	8	10	5	11	11
	Includes :										
a	Pigmented tumours of the skin	4	4	6	6	5	2	3	.	3	4
b	Pigmented tumours of the choroid	1	1	.	1	2	3	2	1	2	2
205	Mixed tumours and teratomas	3	1	3	4	4	3	3	2	3	.
208	Insufficiently Specified or Unknown Causes of Death	443	485	375	422	371	405	428	278	354	314
206	Insufficiently specified or unknown causes of death.	443	485	375	422	371	405	428	278	354	314
	Includes :										
a	Dropsy	22	28	18	16	19	36	27	14	10	22
207	Deaths not medically certified	869	763	713	624	598	746	696	649	521	564
	Total, without still-births.	24,877	24,651	23,320	24,469	23,984	24,644	25,644	22,663	24,519	23,893

TABLE 4 a. — STILL-BIRTHS ACCORDING TO CAUSES OF DEATH BETWEEN 1921 AND 1925.

SWITZERLAND Year	STILL-BIRTHS				CAUSES															
	Total	Prematurely born	Legitimate	Illegitimate	Congenital debility	Syphilis	Cause unknown, state of mortification	Abnormal confinement	Anomalies of the placenta	Anomalies of the umbilical cord	Malformations in the child and anomalies of the membranes	Extra-uterine pregnancy	Abnormal position of the child	Deformed pelvis of the mother	Eclampsia and puerperal albuminuria of the mother	Diseases of the mother unconnected with gestation	Physical or psychological traumatism of the mother	Excessive strains, labour or exhaustion of the mother	Still-born, not otherwise defined, or without a medical certificate	
1921	2,365	512	2,198	167	92	47	192	176	169	267	234	1	280	153	65	86	14	8	581	
1922	2,246	447	2,083	163	46	40	192	141	157	193	246	1	257	131	102	76	21	9	634	
1923	2,143	402	2,022	121	49	29	198	136	191	222	197	2	266	140	117	69	24	15	488	
1924	2,056	367	1,900	156	36	30	185	167	172	222	201	.	220	183	99	66	21	15	489	
1925	1,939	362	1,813	126	59	34	183	149	144	231	202	.	220	94	91	56	20	6	450	

TABLE 4 b. — RETURN OF CASES OF TRANSMISSIBLE DISEASES REPORTED TO THE FEDERAL OFFICE OF HEALTH BETWEEN 1920 AND 1926.

SWITZERLAND Year	Smallpox	Chickenpox	Measles	German measles	Erysipelas	Scarlet fever	Diphtheria and croup	Whooping-cough	Mumps	Typhoid fever	Paratyphus	Epidemic dysentery	Acute gastro-enteritis	Puerperal fever	Acute anterior poliomyelitis	Epidemic cerebro-spinal meningitis	Lethargic encephalitis	Influenza	Ophthalmoblenorrhoea neonatorum	Other transmissible diseases
1920	2	1,219	15,194	352	298	3,939	8,456	2,514	956	290	46	30	.	83	104	39	984	139,809	10	39
1921	596	2,112	3,070	337	232	3,733	7,702	1,675	616	394	57	32	9	72	72	32	156	2,058	2	90
1922	1,153	2,202	3,930	43	200	2,272	4,415	3,439	246	263	79	5	8	77	65	30	62	60,295	8	29
1923	2,126	2,104	10,316	56	160	2,137	3,297	1,571	185	340	116	10	.	57	257	69	203	2,150	13	62
1924	1,234	2,079	3,242	52	152	2,351	2,656	1,536	1,185	259	45	9	6	43	108	33	87	30,292	8	48
1925	329	2,043	5,791	251	134	1,980	2,617	2,999	1,002	328	87	13	4	30	93	31	69	5,357	10	269
1926	57	1,724	9,887	102	113	2,327	1,930	2,205	310	301	123	2	.	26	96	28	36	15,655	4	77

11. BIBLIOGRAPHY

I. OFFICIAL BIBLIOGRAPHY

(a) CENSUSES.

Federal Census at December 10th, 1860.

- Part. I. General Results by Communes.
- Part. II. Ratio of Origin and Residence.
- Part. III. Age and Civil State.
- Part. IV. Statistics of Occupations.

Federal Census at December 1st, 1870.

- Volume I. General Results.
- Volume II. Age and Civil State.
- Volume III. Statistics of Occupations.

Federal Census at December 1st, 1880.

- Volume I. General Results.
- Volume II. Age and Civil State.
- Volume III. Statistics of Occupations.

Federal Census at December 1st, 1888.

- Volume I. General Results.
- Volume II. Age and Civil State.
- Volume III. Statistics of Occupations.

Federal Census at December 1st, 1900.

- Volume I. General Results.
- Volume II. Age and Civil State.
- Volume III. Statistics of Occupations.
- Volume IV: Summary of General Results of Census (Statistics of Occupations excepted).

Federal Census at December 1st, 1910.

- Volume I. General Results (Origin, Place of Birth, Religion and Language).
- Volume II. Age and Civil State.
- Volume III. Statistics of Occupations (Principal Occupation).

Other volumes : Secondary Occupation of the Population in Switzerland. Home Industries in Switzerland. Distribution according to Age-groups of the Civil Population having a Principal Occupation. Place of Residence and Place of Work of the Swiss Population.

Federal Census at December 1st, 1920.

Results by Cantons.

The publication of the full results of this census for *each of the twenty-five cantons and half-cantons* by districts and communes was followed in 1920 by the *results for*

the whole of Switzerland, including comparative tables by census years, by cantons and by towns. While the latest volumes, like those of previous censuses, were published in German and French, generally in two separate editions, the publications by cantons or groups of cantons were issued only in the language spoken by the majority of the inhabitants of those cantons.

These fourteen *Cantonal Publications* for 1920 are as follows :

1, Zurich. 2, Berne. 3, Lucerne. 4, Uri, Schwyz, Unterwalden, Glarus and Zug. 5, Fribourg. 6, Soleure, Basle-Town, Basle-Country 7, Schaffhausen and Thurgau. 8, Appenzell and St. Gall. 9, Grisons. 10, Aargau. 11, Ticino. 12, Vaud. 13, Valais. 14, Neuchâtel and Geneva.

General Publication of the Results of the Federal Census of December 1st, 1920.

Part I. General Results.

Part II. Statistics of Occupations (Principal) of the Population.

Part III. Statistics of Households.

Other Parts : Secondary Occupation and Home Industries. Distribution by Age-groups of Persons engaged in Remunerative Work. Geographical Distribution of Swiss Industries.

(b) MOVEMENT OF THE POPULATION.

Annual publication of the movement of the population in Switzerland from 1867 to 1917 in the *Summary of Statistics for Switzerland* and from 1918 to 1925 in the *Swiss Statistical Bulletin*.

Since 1926, the *annual* returns of the movement of the population are published in the *Statistical Year-Book for Switzerland*.

In 1927, the Federal Statistical Bureau began to publish in the *Bulletin of the Federal Public Health Service* monthly reports containing :

(a) The principal results of the movement of the population in Switzerland;

(b) The principal results of the movement of the population in communes of over 50,000 inhabitants;

(c) The monthly return of marriages, births and deaths, by cantons and towns of over 50,000 inhabitants;

(d) The distribution by age-groups of deceased persons;

(e) Total number of deaths for the month, according to causes of death.

Marriages, Births and Deaths in Switzerland from 1867 to 1871.

Marriages, Births and Deaths in Switzerland from 1871 to 1890.

Marriages, Births and Deaths in Switzerland from 1891 to 1900.

The part of this publication which deals with the period from 1901 to 1920 is now in preparation.

The Causes of Death, from 1911 to 1920.

II. PRIVATE BIBLIOGRAPHY (Swiss Authors).

1. BERNOUILLI, Ch. *Handbuch der Populationsstatistik oder der Völker- und Menschenkunde nach statistischen Ergebnissen.* Ulm, 1841.
2. BUOMBERGER, F. *Bevölkerungs- und Vermögensstatistik in der Stadt und Landschaft Freiburg (Uechtland) um die Mitte des 15. Jahrhunderts.* Berne, 1900.
3. » *Population du Canton de Fribourg en 1811 et son développement pendant le dix-neuvième siècle.* Fribourg, 1901.
4. CREVOISIER, L. *Étude statistique sur le mouvement de la population de la ville de Porrentruy 1815-1875.* Porrentruy, 1879.
5. D'ESPINE, M. *Notice statistique sur les lois de mortalité et de survivance aux divers âges de la vie humaine, sur la vie moyenne et la vie probable, d'après les 10 203 décès qui ont eu lieu dans le canton de Genève pendant les huit années 1828 à 1845.* Geneva, 1847.
6. » *Essai analytique et critique de statistique mortuaire comparée.* Geneva, 1858.
7. DUNANT, P. L. *Recherches sur le mouvement de la population de la ville de Genève de 1845 à 1872 (1876).*
8. FRANSCINI, S. *Statistica della Svizzera.* Lugano, 1827.
9. » *Statistique de la Suisse ou tableau des forces matérielles et morales des vingt-deux cantons.* Translated by A. M. Lausanne, 1855.
10. » *Statistik der Schweiz.* Bearbeitet von G. Hagnauer. Aarau, 1829.
11. FAESIS, J. C. *Schweizer Geographie.* Zurich, 1768.
12. GAULLIEUR, E. H. *Die Schweiz, ihre Geschichte, Geographie und Statistik.* Geneva and Basle, 1856.
13. GISI, W. *Die Bevölkerungsstatistik der schweizerischen Eidgenossenschaft und ihrer Kantone, unter steter Vergleichung mit den analogen Verhältnissen anderer Staaten.* Aarau, 1868.
14. GUILLAUME, L. *Recherches sur le mouvement de la population dans le canton de Neuchâtel de 1760 à 1875.* Reprinted from the *Journal suisse de statistique.*

15. KINKELIN, H.

Die Mortalitätstafel der Basler Sterbe- und Alterskasse auf Grund der Ergebnisse der Basler Volkszählung vom 1. Dezember 1870, etc.

16. LOMBARO, F.

Quelques considérations sur le mouvement et les éléments de la population de Genève 1895. Geneva, 1897.

17. MALLET, Ed.

Mouvement de la population de la ville de Genève pendant l'année 1834.

18.

Recherches historiques et statistiques sur la population de Genève, son mouvement annuel et sa longéité depuis le seizième siècle jusqu'à nos jours (1549 à 1833). Paris, 1837.

19. MEYER VON KNONAU, G.

Die Volkszählung im Kanton Zürich vom 18. bis 23. März 1850. Nach ihren interessanten Beziehungen bearbeitet von G. Meyer von Knonau und Fr. Vogel. Zurich, 1851.

20. MURET, M.

Mémoire sur l'état de la population dans le pays de Vaud. Yverdon, 1766.

21. MÜLLER, O.

Die Bevölkerungsbewegung im Kanton St. Gallen 1837-1900. Borne, 1904.

22. NEY, M.

Détermination de la probabilité de mariage, de divorce et des décès, d'après les classes d'état civil de la population suisse pour la période 1901 à 1910, Essay, Berne, 1917.

23. NUSSBAUM, F.

Die Volksdichte des Kantons Bern nebst Bemerkungen über die Darstellung der Volksdichte in der Schweiz. Berne, 1923.

24. PICOT, J.

Statistique de la Suisse. Geneva, 1831.

25. RUEGGER, J.

Werden, Leben und Vergehen der stadtluzerischen Bevölkerung im abgelaufenen Viertel-Jahrhundert 1876-1900. Lucerne, 1901.

26. SANDOZ-ROLLAT, A.

Essai statistique sur le Canton de Neuchâtel. Zurich, 1818.

27. SCHINDLER, J.

Finanzwesen und Bevölkerung der Stadt Bern im 15. Jahrhundert. Berne, 1900.

28. SCHRÄMLI, J.

Bevölkerungsstatistik des Kantons Zürich. Ein vom ärztlichen Gesichtspunkt aufgefasster Versuch. Tübingen, 1860.

29. THOMANN, H.

FEHRENDL, J. H. WEILER, C. *Bevölkerung- und Wohnverhältnisse in der Stadt Zürich (Revised and reprinted from Die Gesundheits- und Wohlfahrtspflege der Stadt Zürich).* Zurich, 1909.

30. TOBLER, T. *Ueber die Bewegung der Bevölkerung, etc., in besonderer Berücksichtigung der äussern Rhoden und der Pfarre Brüllisau des Kantons Appenzell, etc.* St. Gall, 1835.
31. VOUGA, P. *Essai sur l'origine des habitants du Val-de-Travers.* Neuchâtel, 1907.
32. WIRTH, M. *Allgemeine Beschreibung und Statistik der Schweiz.* Zurich, 1871.
33. WYLER, J. *Die schweizerische Bevölkerung unter dem Einflusse des Weltkrieges.* Zurich, 1922.

Numerous essays and studies on the movement of the population and Swiss vital statistics are also to be found in the *Journal Suisse de Statistique*.