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PROVINCE NOVA SCOTIA

REPORT OF THE

Department of Public Health

FOR THE

Year ending November 30th, 1937

AND OF THE

Deputy Registrar General

CONTAINING THE

Vital Statistics of the Province

For the Year ending December 31st, 1936



HALIFAX, N. S. PROVINCIAL SECRETARY KING'S PRINTER 1938





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To His Honour,

THE HONOURABLE ROBERT IRWIN,

Lieutenant-Governor of Nova Scotia.

Sir:-

I beg to present herewith the Report of the Department of the Public Health for the year ending November 30th, 1937 and of the Deputy Registrar General containing the Vital Statistics of the Province for the year ending December 31st, 1936.

I have the honour to be,

Sir,

Your most obedient Servant,

F. R. DAVIS,

Minister of Health

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REPORT OF THE CHIEF HEALTH OFFICER

To the Honourable Frank R. Davis, M.D., F.A.C.S., Minister of Health.

Sir:-

I beg to submit my report for the fiscal year ending November 30th, 1937.

Health conditions in the province during the year were entirely satisfactory. There were fewer deaths and a lesser incidence of the combined infectious diseases than in the year just preceding. Communicable diseases with the exception of whooping cough and diphtheria, show either decreases or a tendency to follow the downward trend of recent years. There were no epidemics and most principal causes of death, with the exceptions, heart affections and cancer, show diminution. Particularly noticeable are the favourable morbidity and mortality record of Typhoid fever, epidemic meningitis, enteritis and dysentry. For the sixth consecutive year not one case of smallpox occurred. Deaths from accidental causes were twenty seven fewer than in 1935. The infant mortality rate is the lowest ever recorded. This is significant for the reason that the number of infant deaths is accepted by health students as one of most reliable indexes available in determining whether or not Public Health is advancing or retrogressing.

In Hygiene, as with the other sciences, there can be no standing still. The past decade has seen a more marked and more rapid development in health organization than in any other similar period of time. While the prevention and control of diseases are not wholly technical problems nevertheless today the health officer or worker must be technically trained. In addition he must understand human nature and possess sufficient common sense to enable him to deal successfully with the people while attempting to educate them and improve their environment.

With each succeeding year additional burdens are being placed upon the health department, which increases the task of providing a service adequate to the public at large. Intimate touch has been kept with public health development in many places and an endeavour has been made to so adapt the provincial program as to make it suitable to the various needs as they arise. Fellowships have been procured through the International Health Division of the Rockefeller Foundation for the special training of certain staff members. C. J. W. Beckwith returned from Toronto University in July where he persued studies leading to a diploma in Public Health, and was, at once, placed as director of a health unit, which is being organized on Cape Breton Island. Dr. J. S. Robertson is now taking a similar course. Dr. Harold Robertson is in attendance at John Hopkins University, Baltimore, where he is receiving training in Vital Statistics and Epidemiology. Two nurses are being given courses in Public Health Nursing, one in Toronto and the other in Montreal. When all of these return and are interlocked with the existing organization, we shall have the nucleus of a real health department.

Heart Disease

In Nova Scotia, as well as in Canada, heart disease is the leading cause of death and the mortality rate from it has for some years been on the increase, and paralleling a corresponding decrease in deaths from the communicable diseases. The lowering in incidence and mortality of the acute infections has not come about by chance but as a result of vigilance on the part of health organizations, coupled with education of the public in the methods of prevention and treatment. Many heart affections are due to inevitable degenerative changes taking place with age. On the other hand many others are the result of preventable causes, consequently heart disease as a whole should receive a greater share of interest than has been accorded it, as a public health problem. In early life the majority of heart disorders follow acute rheumatic fever, diphtheria, whooping cough, septic sore throat and other infections, in adult life syphilis is a very important factor, consequently prevention of the diseases mentioned and proper treatment of these when acquired, will undoubtedly help to lessen the heart disorders which manifest themselves in middle life, often with fatal termination.

Cancer

During the five year period just past, deaths from cancer were as follows:

1932 - 628; 1933 - 638; 1934 - 688; 1935 - 617; 1936 - 687.

Cancer now stands second to heart disease as a cause of death and as in the case of the latter, the rate appears to be increasing. That affections like cancer, heart and artery diseases, all associated with upper age groupings, should show increases, is only to be expected, for there has been, of recent years, a decided ageing of the population. For years we have been successful in reducing the infant mortality rate and fewer people are dying of tuberculosis. The barriers placed against all acute infections have increased the prospect of more people reaching at least middle life. With more surviving the hazards of infancy and escaping epidemic diseases we must expect an increase in the crude death rate from cancer and the degenerative diseases. When however, the specific rates are studied and due allowance is made for better diagnosing, the increased prevalence is not so apparent.

While in many large centres, enormous sums of money are being spent on cancer research, we do not yet know the exact cause of it, nor do we know of any specific or quick cure for the condition after it has become well established. We do know however, that many forms of it can be cured if discovered early and treated efficiently. The aim then should be to find the cases as early as possible and to provide them with appropriate medical or surgical care. In order that this may be accomplished there must be co-operation between the people and the medical profession. All should study and remember the danger signs of this disease and report promptly whenever anything suspicious is observed.

To assist with the early discovery of cases and to insure effectual treatment of those found a tumour diagnostic service has been provided at the Provincial Labroatory and a Cancer Clinic established in connection with the Victoria General Hospital. Through the laboratory, physicians and hospitals may have suspected tissues examined without charge and patients suffering from, or thought to be suffering from

cancer, may be sent to the clinic for treatment or study. Surgery together with the judicious use of radium and X-ray is not only curing many of the early cases, but is lessening the sufferings of the more advanced ones and altogether returning many to their homes to continue their everyday avocations. Discharged patients are sent back to their physicians for follow up supervision and when necessary are returned to the clinic for further treatment.

Tuberculosis

It is satisfactory to report a lower mortality rate from tuberculosis in 1936 than in the previous year. The death rate per 100,000 population now stands at 90.

The mortality from tuberculosis is slowly declining and much speculation has been indulged in as to the causes of this decline. Many reasons have been suggested by many observers. Among the more commonly advanced factors are institutional care, tuberculosis programs, education, improved living conditions and tuberculization. Just how much credit should be given each, it is impossible to say with any certainty. It is however, more or less safe to assume that a combination of all the named forces has been at work in producing the apparently consistent decline. While there may be agencies at work, over which we have little control nevertheless education has undoubtedly had its effect, improved living standards have contributed indirectly, hospitals and sanatoria have played their part and general antituberculosis schemes have had a marked influence. It has been said that . tuberculosis rates will drop, even if nothing is done. This may, to an extent, be true, but there is evidence at hand, from studies made in many places, that rates will drop much more rapidly where reasonable antituberculosis programs are in operation.

In any tuberculosis movement, institutional beds are essential. These should be provided in sufficient numbers, with a proper distribution throughout the province. The construction of local hospital units would appear to best solve this phase of the question, particularly when it is essential to get the greatest return possible from every dollar

expended. After sufficient beds have been provided there will still be, for some years at least, many cases to be cared for in the homes. This can quite properly be done, in suitable homes, with an adequate follow up nursing service. Such follow up work should be done by public health nurses who have been given special training in tuberculosis. From whatever angle one studies the situation the need of more local hospital provision for the tuberculous pushes itself to the front. Today in many parts of the world this practice is common and consistently good results have been obtained where such systems are in operation.

In the year just past 573 persons received treatment in the Nova Scotia Sanatorium and 269 in the four general hospitals with special units. The work of the sanatorium has been of its usual high order and the hospital units have developed into centres where pneumothorax treatment is successfully carried out in addition to the usual rest cure.

The field work so important in any tuberculosis plan has been enlarged and improved, resulting in increased effectiveness and popularity. Surveys of young adult groups and normal school students have been made and the task of supervising contacts has been continued as far as feasible.

Elsewhere will be found the reports of the Divisional Health Officers and travelling diagnosticians giving valuable detailed information respecting the tuberculosis problem.

Whooping Cough

This disease like measles appears to come in regularly recurring epidemics. In 1936 it was prevalent, resulting in the sacrifice of 98 lives. In this province as elsewhere, it destroys more lives than any other acute infection. Most cases occur in young children and the mortality rate in infancy is distressingly high. The most infectious period is in the early stage, usually before the characteristic "whoop" manifests itself, as a consequence the disease is difficult to control. Its spread depends more upon the action of parents than that of the health officer, who is ordinarily unable to restrict the movements of children. Under no circumstances should

infants be wilfully exposed to this infection, by taking them to places where the disease is known to exist. The proper place for a baby is in the home. A great deal of experimental work is now being carried out with a vaccine which, it is thought, will be found valuable as a preventive.

Diphtheria

There were 17 deaths from diphtheria in 1936 and in the five year period 1932 to 1936 both years inclusive, 58 deaths. While this represents a gain when contrasted with the previous five year period, it is still not satisfactory for the reason that diphtheria is one disease which is definitely preventable; and if preventable, "Why not prevented". It appears that our failure to control diphtheria completely is largely due to apathy of parents, in responding to the advice of health educators who have been emphasizing and reemphasizing the possibility of its eradication for some years.

Diphtheria is made preventable by the use of a preparation known as toxoid. A small quantity of this preparation is injected beneath the skin on three occasions, three weeks apart, with little or no discomfort, particularly in infants. It is preferably given during the first year of life when reactions following its use are not met with, in fact reactions are rare in children under six years. It is important that plain toxoid of reliable manufacture should be used. The one dose treatment, advocated by some, with alum precipitated toxoid should be discontinued and instead three doses of the unmodified product given.

Diphtheria then can be almost completely wiped out if parents will see to it that their babies are promptly immunized as soon as they are six months old. A satisfactory start has been made with toxoiding in several centres and there are indications that others will soon take up the work. In the past eighteen months over 10,000 children have been given this protection.

Measles

In the calendar year 1936 six deaths occurred in the province from this disease. There were 24 deaths in 1935.

Measles recur at intervals with striking regularity, particularly in urban centres, hence periods of rise or fall in its incidence can be forecast with some assurance. In 1933 we ventured the opinion that 1934 would be a "measles year". The disease did strike late in the year and continued through the first half of 1935. It is usually conceded that we cannot hope to abolish measles entirely, consequently efforts are directed to measures which tend to avoid its complications or reduce these to a minimum. Immune serum has been used in an attempt to control it, but the difficulty of procuring an adequate supply stands in the way of making this measure generally applicable.

Scarlet Fever

Scarlet Fever claimed 9 lives in the past year. In 1935 there were 9 deaths from this cause, in 1934 eleven, in 1933 ten and in 1932 eighteen. While the virulence of this particular type of infection appears to have lessened of late years, nevertheless it is something to be reckoned with, especially in early life. Children should be screened from the infection during the first few years of life particularly. As they advance in years they become less susceptible to it until finally a considerable degree of immunity develops. In the prevention of Scarlet Fever a protective agent known as toxin is coming more and more into favour and a serum is frequently used for treatment purposes.

Infantile Paralysis

In 1932 four persons died of Infantile Paralysis; in 1933 six; in 1934 four; in 1935 two; and in 1936 one.

Early in July 1937 this disease again appeared. Between that time and the first of November fifty four cases were reported with four deaths. While its presence was most disturbing to both health officials and parents, at no time was there a suggestion of an epidemic. Perhaps no other disease has attracted so much attention in the past few years as so called Infantile Paralysis. This, no doubt, is due to its crippling sequelae and also to the fact that we have no certain knowledge as to the exact channels through which it is propagated.

As each case occurred throughout the summer and autumn, it was promptly isolated and all other measures considered of benefit in the control of any infection were made use of. While there are differences of opinion respecting the effectiveness of convalescent serum, nevertheless it was used. From supplies prepared in the Public Health Laboratory we were able to meet the demands of the province. Certain nasal sprays have been suggested as preventives. One of these was widely used in the City of Toronto with disappointing results.

Small Pox and Vaccination

Between 1900 and 1920 Small Pox in North America was generally of a mild type. This led people to believe the disease had lost its old time virulence and as a consequence the process of vaccination was neglected. Of recent years Small Pox of a malignant type suddenly appeared in two Canadian cities which stimulated the inhabitants of those centres to renewed interest in the necessity of the protection afforded by vaccination. While we have not had a single case of Small Pox in this province for some years, it may be introduced at any time, consequently all parents are advised to have their children protected by successful vaccination.

Typhoid Fever

There were 4 deaths from Typhoid Fever in 1936, and seven in 1935. We have been favoured during the past decade, with a low incidence of this disease. Most of the cases occurring have been traced to carriers. Improved sanitation has been responsible for the satisfactory decrease in Typhoid. Through the protection of water supplies and adequate disposal of sewage the people have reasonable assurance against the devastating outbreaks which were too common in the past. While formerly many communities expected to have several deaths each season from this cause, now the appearance of a single case arouses the health official and a search for the source is, at once instituted.

During the year the department field force did some really spectacular work in searching out foci of infection. As a result no fewer than five Typhoid Carriers were located.

Venereal Diseases

In 1936 twenty nine deaths were reported as due directly to the so-called Venereal Diseases. This of course does not give a true picture of their prevalence, since a search of mortality tables will reveal many deaths indirectly due to these. Many innocent children are infected because their parents did not receive proper or adequate treatment and many inmates of mental hospitals owe their condition to Syphilis. Syphilis is not a respector of age or class and it ranks among its victims rich and poor, old and young. If an expectant mother is affected with this disease and remains untreated. the child is either destroyed or a syphilitic one is almost sure to be born. If, on the other hand, proper treatment of the mother is instituted before the fifth month of pregnancy and continued vigorously throughout the remaining months a healthy child will ensue.

The control of the venereal diseases depends, to a large extent, upon early discovery, prompt treatment and prevention of exposure. When a health department attempts to make practical application of these factors it is caught up in a network of difficulties that arise on almost every side. Ignorance, obstinacy, resistance to governmental regulations, stigma, sex, immorality, failure of physicians to report cases seen and the weakness of human nature all militate against success. While considerable progress has been made by providing treatment for infected persons, nevertheless if these diseases are to be brought completely under control the real start must be made in the home where education tending to uplift public morals must have its beginning.

Infant Mortality

An examination of statistical tables for the year 1936 reveals 781 infant deaths with a rate per 1000 living births of 66.1, the lowest ever recorded in Nova Scotia. This pronounced reduction is one of the most encouraging signs in the entire field of Public Health, since it is generally accepted, that the infant death rate is the most reliable index we possess of measuring healthfulness and of assessing the worth of existing health programmes. Only a few years ago one hundred out of every one thousand born alive died before their first anniversary. A falling infant death rate is indicative of improvement in child health and care. Education on the feeding and general oversight of the infant, has been, to a large extent responsible for the satisfactory improvement.

Maternal Mortality

Deaths of mothers in childbirth and from complications attending childbirth numbered 51 in 1936, yielding a rate of 4.3. This represents a substantial gain when contrasted with the rate of 5.3 the year before. While our maternal mortality rate compares favorably with the other provinces, there is still room for some improvement. It appears to be on a slightly downward trend and the hope is expressed that a continuance of efforts to promote maternal care, will still further affect it favourably. Every expectant mother must be taught the value of pre-natal attention, the importance of periodic examinations by a competent physician and the general care she should have before, at the time, and after the child is born. During the year pre-natal and post-natal letters were sent to hundreds of mothers and prospective mothers. These letters gave simple vet detailed instructions respecting the care she should take of herself, as well as specific information on the methods to be employed in rearing a healthy child.

Accidental Deaths

There were 325 accidental deaths in the province during the year 1639 A partial analysis of these show automobiles and cycles responsible for 60; drowning for 49; burns for 16; mines and quarries for 19; suicides for 33; and water transportation for 20.

Accidents although perhaps technically outside the field of public health, are so numerous that one is almost forced to comment upon them, inasmuch as it is thought many are preventable. In the prevention of violent deaths, enforcement of regulations nd encouragement of safety campaigns are important. It is realized however that laws or regulations

will not prevent fatal accidents unless citizens show a disposition to support and obey them. The schools are doing splendid work in teaching safety to children but the pre-school children do not benefit from this instruction, consequently the responsibility of keeping the younger ones off the streets rests upon parents.

Milk

The protection of the public health through the regulation of the quality of milk supplies was, as usual, given a place of first importance. All health workers agree that milk is the most important and best single article of diet inasmuch as it contains practically all the elements of a properly balanced diet. On the other hand when not adequately supervised all the way from producer to consumer, it has been responsible for more disease than any other food. The accumulation of knowledge regarding infectious diseases and their control led to greater efficiency in the sanitary handling of milk. Public Health bodies now realize that in order to protect the public against certain dangers that lie hidden in unprotected supplies. regulations must be observed by persons engaged in milk production and marketing.

Since milk is such an important food, and at the same time such a dangerous one if not properly protected, much attention is directed to ensuring a clean safe supply for all citizens. To this end special regulations are made and systems of inspection are in vogue. Much importance is placed on the necessity of producing a cleanly product, of paying particular attention to the health of cows and of milk handlers. In addition to a system of inspection, and in order to prevent the transmission of diseases through milk, pasteurization of the product is recommended. Pasteurization does not change its taste, appearance, digestibility or food value. It is the cheapest, simplest and most reliable method of rendering it safe. An encouraging sign is the rapid increase in the number of pasteurizing plants throughout the incorporated towns of the province. All of these have been inspected by the sanitary engineering section and were found, with few exceptions, to be in proper order.

Laboratories

Growth in the work of the bacteriological and pathological laboratories, especially the former continues. The number of examinations and diagnostic tests are increasing so rapidly that it is frequently necessary to keep the personnel working long after the regular hours. Wider application of laboratory facilities means better methods of disease control and, as a consequence, better service to the people generally. A glance at the directors' reports is sufficient to convey some idea of the scope and extent of this service.

Sanitary Engineering

The bureau of sanitary engineering, established a little more than a year ago, is one of the most important sections of the Health Department. The specially trained engineer, who directs this bureau gives a consulting and advisory service to local health officers and others in the promotion of safe water supplies, adequate sewage disposal, hygienic milk dairies and sanitation generally. This division has had an exceedingly busy year. Its achievements should, in the years to come, be reflected in a lessening incidence of diseases and in decreasing death rates from the various disorders, attributable to insanitary community conditions.

Public Health Nursing

While the public health nursing movement is a development of recent years only, it is nevertheless firmly established. The project is definitely past the experimental stage and a great deal of information is available from which it may be evaluated. Among the more noticeable results are the beneficial effect on the health of school children, the increasing importance placed upon pre-natal and post-natal care and the extent to which general health educational propaganda has permeated into the homes. Public Health nursing includes assistance to the expectant mother and baby, supervision of the pre-school and school child, service in the control or prevention of communicable diseases and health education. All work is carried out under the direction of practicing physicians and constituted local health authorities.

Within the year the department nurses inspected 40,259 school children, 7,236 special interviews were held with various officials and 14,133 home visits were made in the health interests of 20,323 persons.

Looking back over the year's public health activities, I am in a position to report definite advances. We perhaps do not fully appreciate how fortunate we are to be living in a province so well protected against pestilential diseases, which in other countries, are still the cause of much suffering, wretchedness and death. On the other hand we must not think that the end has been attained for we have still a long way to go. The health of any community may be considered a fair index of its intelligence. It has been well said that "A nation's greatest asset is the health of its citizens".

In conclusion permit me, Sir, to acknowledge my appreciation of your many courtesies. I wish to thank the Divisional Officers, Laboratory Directors and Sanitary Engineer for their loyalty and sound advice. I have, at all times, received the unfailing support of all staff members. Grateful acknowledgement is expressed for the splendid cooperation extended by the medical profession and many members of the various voluntary health and social organizations.

I have the honour to be, Sir.

Your obedient servant,

P. S. CAMPBELL, M.D., Chief Health Officer

Halifax, N.S., November 30, 1937.

REPORT OF THE DEPUTY REGISTRAR GENERAL

To the Honourable Frank R. Davis, M.D., F.A.C.S., Registrar General.

Sir:

I beg to submit the report of the Deputy Registrar General for the year 1936.

In the calendar year 1936 there were 11808 living and 292 still births, representing an increase of 191 living and a decrease of 50 still births as compared with 1935. The deaths from all causes numbered 5897, being 217 fewer than in 1935. 781 infant deaths occurred, yielding a rate of 66.1, the lowest ever recorded. Diseases of childbirth, pregnancy and the puerperal state were responsible for 51 lives, with a rate of 4.3. This rate is lower than that obtaining in most of the other provinces. 4129 marriages were solemnized, 183 more than in 1935.

Since the Vital Statistics Act was passed in 1908 thousands of birth and death certificates have accumulated. The statistical bureau is prepared to issue, on request, certified copies of these documents. There is a constant and increasing demand for such certificates and, needless to say, they are used for a wide variety of purposes. Unfortunately many persons echibit gross carelessness in the preparation of those important documents. Almost every month records are received which must be returned for the addition of important details. Frequently the errors involved are not discovered until years after they are filed, at a time when it is impossible to establish the facts of error. Then those most intimately concerned are prone to blame the Department for inaccuracies over which it has no control whatsoever.

Too many persons do not give serious thought to the importance of accurate and complete registration. In order that health authorities may study intelligently, health conditions in the province, it is imperative that they know the facts. It is self-evident that these facts cannot be known

without proper and complete registration of births and deaths. Vital statistics are of inestimable value to public health workers inasmuch as they furnish the data for the promulgation and development of policies that will lead to mitigation of suffering and the conservation of life.

Appended are the usual tables of births, deaths and marriages with rates of each, as well as classifications in place, time, sex, age and nativity by cities, towns and counties.

I have the honour to be. Sir,

Your obedient servant.

P. S. CAMPBELL, M.D., Deputy Registrar General.

Halifax, N.S., November 30, 1937.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

To the Chief Health Officer:

I beg to submit my report for the fiscal year ending November 30, 1937. A review of work done compares well with that of other years, and on the whole, the picture of Public Health is quite bright, so we have every reason to feel that satisfactory progress is being made. Results of Public Health efforts are probably hard to appraise; the measuring stick being a combination of time and deductions. Values are determined by a survey of general health conditions and striking a series of comparisons. Odious as comparisons are supposed to be, they, nevertheless, show us in cold figures and give us the facts, whether there is progression or retrogression, in the age old struggle of man versus disease.

The comparative figures of two or three successive fiscal years cannot be taken as a fair criterion of the downward or upward trend of disease. This is quite evident in quoting figures for tuberculosis. While the variation may be slight in recent sets of figures, to get a correct picture of the decline of this disease we must go back a couple of decades and compare the mortality rate at that time with that of the present, and so doing we see that wonderful advances have been made, and that the disease is slowly but surely following the downward path.

In my work for the year I was not able to devote as much time to tuberculosis as in other years, having been called on frequently in other departmental activities. Clinics held in various points of my division were well attended and it is gratifying to note the increasing interest on the part of the people in the prevention and control of tuberculosis. At this point I wish to comment on the splendid cooperation of all the local doctors in doing tuberculosis work. This cooperation is absolutely essential in the launching of any Public Health program, and with this continued support of the doctors and of the public we are assured of a great measure of success.

Considerable time was devoted to investigating small typhoid outbreaks in one or two sections of the province. These investigations were carried out to determine the cause of the outbreaks, and in this we were quite successful, insofar, that we were able to uncover at least four typhoid carriers. This, I think, is the largest number discovered in any one year in the history of the province. Investigations have not yet been completed, and it is our aim and hope to find more carriers of the disease in the near future. The success of these investigations was largely due to the untiring energy and determination of the nurses under my direction.

Acting on your instructions, I carried out the annual inspection of the greater number of our provincial Humane and Penal Institutions, and my reports have been regularly submitted. With respect to the above institutions, I must say that I have noted a marked improvement in the conduct and upkeep in the majority of them. Generally speaking, I would say the standard is quite high, and inmates of all types are being well and carefully looked after.

I was also engaged at various times doing investigation work and making reports on cases submitted to me by the Divisions of Child Welfare, and of Education.

In September I was pleased to act as representative of the department at the meeting of the Canadian Hospital Council, held in Ottawa. This organization meets every second year. This meeting, to me, was very interesting and instructive, and much information was gained concerning the problems of hospitals throughout Canada.

I was also pleased to attend the meeting of the Prince Edward Island Tuberculosis League at Charlottetown held in October. The sessions were well attended, and the discussions worthy of much favorable comment. One was struck with the thought that the Tuberculosis League of PrinceEdward Island was a very active one and doing splendid work in the anti-Tuberculosis field.

The following is a resume of clinical work done by me during the year. This does not include X-ray work.

No. of positive cases seen for the first time	187
No. of positive cases re-examined	374
No. of suspected cases seen for the first time	87
No. of suspected cases re-examined	59
No. of negative cases seen for the first time	888
No. of negative cases re-examined	301
NAMES OF THE PARTY	A TOTAL
Total	1896

I wish to take this opportunity of extending my appreciation to the Honourable Minister for his kind cooperation; and to you Sir, for your ever available and valuable advice on all departmental matters; and to all members of the staff for their kind assistance. I am ever conscious of the part our nurses play in the Public Health work and extend to them my personal thanks.

Respectfully submitted,

J. J. MacRITCHIE, M.D., Divisional Medical Health Officer

Halifax, N.S., Nov. 30th, 1937.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

To the Chief Health Officer:

As Divisional Health Officer for the Eastern Division of Nova Scotia, I beg to submit my annual report for the year 1936.

During the year clinics for known and suspected cases of Tuberculosis were held at the various towns and villages throughout the Division, each outlying district being visited at least twice, the Tuberculosis Units were visited at frequent intervals in order to assist with difficult cases. Besides this my services were available on call at all times for suspected cases. Due to the increasing interest of the practitioners in the treatment of tuberculosis it is usually only necessary to visit for the purpose of a check up and to reassure the patient.

Also the increased facilities for the obtaining of air refills for pneumothorax patients have helped materially, as many patients now have a much shorter hospital stay and only move from their homes for their treatment refill. The following centres are now available: Sydney (both hospitals), Glace Bay (both hospitals), North Sydney, Baddeck, Inverness (both hospitals), Port Hawkesbury, and Antigonish. It would also be of advantage if Pneumothorax centres could be established at such places as Cheticamp, St. Peters, Canso, and New Waterford. In this way the travel distance of any tuberculosis patient to obtain a pneumothorax refill would be short. Several physicians also have portable apparatus which can be used when necessary for bed ridden cases or in emergencies.

The examination of contacts, especially in the outlying districts, will not assume its proper importance till facilities for fluoroscopy and X-ray are available in a form that will permit their use in these localities. The reason for this being that early cases of tuberculosis and the childhood form of tuberculosis are usually detectable only by means of the X-ray.

The increase of the nursing staff with probable further increases is of inestimable value in the control of tuberculosis. Without the willing, intelligent, self-sacrificing services of the P.H. nurses, the work would go forward very slowly indeed. Their work in the examination of school children and the resultant follow-up enables them to maintain contact with the home life of the people and thus spread their doctrine of prevention to the best advantage.

With regard to the use of toxoid as a preventive against diphtheria a large number of pre-school and school children have been immunized by means of this agent, the necessary injections being given either by the local M.O.H. or their family physician. In Cape Breton County especially, where there have been sporadic outbreaks of diphtheria for some years, a large number have been immunized by the local M.O.H.'s. Eventually when all the children have been immunized we can hope to see the end of such outbreaks, which though usually mild have caused the occasional death.

In this as in other areas a large number of children are unvaccinated but of late there seem to be fewer objectors and I feel that an intensive campaign would result in a much larger number of protected children. Small-pox infection is still a menace, especially in seaport towns with frequent visitations from possible sources of small-pox.

During the year a number of school teachers under the Disability Pension Fund of the Department of Education were visited and examined.

Various lectures were given to interested bodies, and I would especially mention the Parent-School Associations which I would consider fertile ground for disseminating educational material.

At this time I would like to express my appreciation to the Honorable Minister for granting me leave of absence that I might attend the School of Hygiene, University of Toronto, the course leading to the Diploma in Public Health. I feel that this will put me in a better position to aid in the forward moving Public Health development.

X-1

The following is a report on the physical and X-ray examinations carried out during the year.

Physical Examinations:

Number of positive cases seen for 1st time	126
Number of positive cases re-examined	507
Number of suspected cases seen for 1st time	140
Number of suspected cases re-examined	49
Number of negative cases seen for 1st time	733
Number of negative cases re-examined	200
Total	1755
ray Examinations:	
Number of positive cases seen for 1st time	156
Number of positive cases re-examined	355
Number of suspected cases seen for 1st time	122
Number of suspected cases re-examined	50
Number of negative cases seen for 1st time	2000
Number of negative cases re-examined	98
	-

Respectfully submitted,

J. S. ROBERTSON, M.D., Divisional Medical Health Officer

Total 1741

Toronto, Ont., Nov. 30, 1937.

DIVISIONAL MEDICAL HEALTH REPORT OF OFFICER, DISTRICT HEALTH UNIT OF CAPE BRETON ISLAND

To the Chief Health Officer:

The following report is for the purpose of completing the year to November 30, 1937, the first ten months of which is covered by the report of Dr. J. S. Robertson. No finer tribute can be paid Dr. Robertson than to say he enjoyed the confidence and respect of the physicians with whom he worked.

In the course of developing this District Health Unit, which had its origin in the Fall of 1937, a considerable proportion of time was spent in making contacts with the Doctors, as well as with civic and municipal authorities, to inform them of the activities of the Department of Health and the increased function of the District Office, embracing as it now does, all phases of public health and preventive medicine.

The first function of the District Health Office is to comprehend the health problems within the unit. For this purpose a system must be evolved whereby information can be obtained from the various localities and this information classified to give the present status of the various health problems and also to indicate progress as time passes. Adequate and dependable data will make leadership possible in the campaign for improved community health. Such a system, of necessity, takes time to evolve, but a beginning has been made.

The district nursing staff was increased in September by two qualified Public Health Nurses, thus giving the Island the services of five full-time nurses and one other whose service is divided between the Island and the mainland. With the increase in nursing staff, the large territory was sub-divided into smaller districts. This has resulted in more efficient service in the territory so divided. In any public health program, the value of the well trained and sympathetic nurse cannot be over estimated. An additional increase in staff, which will occur in the near future, will result in further subdivision of the whole territory, with consequent improved service throughout.

The travelling diagnostic clinic has been maintained and the demand for its services appears to be as great as ever. This clinic, in conjunction with the interpretation of x-ray films of the chest taken in the various hospitals in the Island, gives us first-hand and more complete information concerning pulmonary tuberculosis than would otherwise be possible, insuring, as it does, prompt notification of new cases and closer co-operation of the nursing staff with the physician who is responsible for the patient.

Report of Tb. Clinic Work.

Sept. 15-Nov. 30-1937.

Physical Examinations of the Chest.

		(34)				
		(Minimal 19)				
(a)	Adult Tb.	(Mod. Adv.17)	63	or	20%	
		(Far. Adv. 27)				
(b)	Suspected Tube	erculosis	39	or	12%	
(c)					68%	
		wastelding tilling		6	,,	
Total	First Examination	ons	.320	or		51%
Re-Exam	minations.	(Minimal 43)				0-60
		(Mod. Adv. 54)	211	or	68%	
Adequate.		†(Far Adv. 114)			1	
(b)		erculosis	13	or	4%	
(c)						
nas been	a beginning	10 97078 01 901			V J H	
Total	re-Examinations		308	or		49%
Total	Physical Examin	nations	628	or	b ed .	100%
	X-Ray Exam	ninations of the C	hest			
First Ex	aminations.	(Minimal 32)				
	Adult Tb.		55	or	15%	
11	dend for ut	(Far Adv. 12)		-	/0	
(b)	Suspected Tub	erculosis	48	or	13%	
	*Primary Infact	ion Type	39			
(d)	Negative	ion Type	9/1	or	64%	
(u)	rvegative	TIW TELEVISION HON	41	OI	04 /0	
Total	First Evamination	ons	376	or		66.07
TOUGH	THE TAKE THE PERSON	JAAN.		UL	******	30 /()

Re-Exa	minations.	(Minimal 33)			
(a)	Adult Tb.	(Mod. Adv.42 †(Far. Adv. 57		or	68%	
(b)	Suspected Tu	berculosis		or	8%	
(c)	*Primary Infec			or	4%	
(d)	Negative		37	or	20%	
Total	Re-Examinatio	ns	193	or		34%
Total	X-Ray Examin	ations	569	or		100%
*Childhe	ood Tuberculos	sis.	enlastir Lucia		oulil to	lunda

†Pneumothorax patients become automatically "far advanced."

It is of more than passing interest to note that in the last ten weeks of interpreting x-ray films, of all new cases positive for tuberculosis, 58.1% have been in the minimal stage, 20% in the moderately advanced stage and 21.8% in the far advanced stage. These figures are in sharp contrast to the ratios of a few years ago when a great majority of cases were far advanced when they came to the attention of the Doctor and it betokens well for the control of this disease, providing an adequate number of beds are available for treatment.

Finally sir, may I add a word of appreciation of the fine type of nurses we have in this unit and of the service of the office staff. I would also offer my sincere thanks to your own office and to the Honorable Minister, for the co-operation and help which I have always received.

C. J. W. BECKWITH, M.D., D.P.H.,

Divisional Med. Health Officer.

Sydney, N. S., November 20, 1937.

REPORT OF TRAVELLING TUBERCULOSIS DIAGNOSTICIAN

To the Chief Health Officer:

As Travelling Diagnostician from the Staff of the Nova Scotia Sanatorium, I beg to submit my report for the fiscal year ending November 30, 1937.

There were three complete clinic tours of the Counties of Lunenburg, Queens, Shelburne and Yarmouth, occupying about fifteen weeks. There was also a short clinic to Hubbards and New Ross requiring three days in August.

In all, 1850 cases were examined. These may be classified as follows:

Number of positive cases seen for the first time Number of positive cases re-examined	.129	
Total Positive cases examined	740	40%
Number of suspected cases seen for the first time Number of suspected cases re-examined	76 36	
Total Suspected cases examined	112	6%
Number of negative cases seen for the first time Number of negative cases re-examined	.598	
Total Negative cases examined	998	54%

Of the positive re-examination cases, 8 were previously negative and 5 were previously suspected cases of tuberculosis. This brings the total number of new cases discovered in this district to 142 for the past year.

A full typewritten report was given to the family physician in each of the 1850 cases examined.

We now have centers for the administration of artificial pneumothorax treatment in Lunenburg, Bridgewater, Liverpool and Yarmouth. It is therefore possible to bring about the early discharge from the Sanatorium of pneumothorax patients from these districts. We hope to see a centre established for this purpose in Shelburne County but at the present time there is no X-ray or fluoroscopic equipment available there for the proper observation of such cases. We are pleased to note that all the physicians giving this form of collapse therapy now have a fluoroscope at their disposal and are therefore able to afford better supervision of their treatments.

In addition to the routine clinic work, several talks were given to public meetings and before clubs on the general subject of the Public Health aspect of Tuberculosis. A short address entitled "The Office Diagnosis of Pulmonary Tuberculosis" was presented before the Western Nova Scotia Medical Society.

I wish to thank all the medical men in these districts for their co-operation during the clinics. Most especially are we indebted to those physicians and hospitals who so generously permitted the use of their fluoroscopic equipment for diagnostic purposes free of charge. I should also like to mention the unceasing and untiring efforts of the District Health Nurses who make the successful carrying on of the clinics possible. To Doctor Miller, Superintendent, and Doctor Corbett, Radiologist of the Nova Scotia Sanatorium, I wish to express my sincere appreciation of their ready assistance at all times.

To you, Sir, and to the Honourable Minister, I would express my thanks for your kind co-operation and counsel whenever required.

Respectfully submitted,

J. E. HILTZ, M. D., Clinic Examiner.

Halifax, N. S. Nov. 30, 1937.

REPORT ON THE WORK OF THE PUBLIC HEALTH LABORATORY

To the Chief Health Officer:

During the fiscal year ending November 30, 1937, a total of 51,720 specimens of various kinds were examined and reported upon. They have been classified as follows:

Kahn Tests, Blood		9895
Positive	1324	
Negative	8168	
Unsatisfactory	403	
Hinton Tests, Blood		9031
Positive	1817	
Negative	7214	
Eagle Tests, Blood		1434
Positive		
Negative	1155	
Smears for Gonococci		6224
Positive	1846	
Negative	4327	
Unsatisfactory	51	
Sputum for Tubercle bacilli		8131
Positive	2286	
Negative	5822	
Unsatisfactory	23	
Throat Swabs		3452
Diphtheria		
Positive	314	
Negative	2844	
Vincent's Angina		
Haemolytic Streptococci	233	
Unsatisfactory		
Spinal Fluids:		
Routine		394

RI	EPORT OF THE DEPAR	RTMENT OF PUE	BLIC HEAL	TH 31
	Lange curve		near) bee	359
	Kahn test: Positive			
		e		401
TT 6	or Tubercle Bacilli			572
orine i				312
		e		
	regativ	C	010	
Widal	Agglutination Tests			
	B. typhosus	Positive	71	
		Negative	269	340
	B. paratyphosus A	Positive	3	
	D-20	Negative	337	340
	B. paratyphosus	Positive	16	
		Negative	324	340
	Br. abortus	Positive	13	
		Negative	940	953
	Br. melitensis	Positive	4	
		Negative	946	950
	B. proteus X. 19	Positive	1	
		Negative	334	335
Unsat	tisfactory			9
Pland	ultures for Trubald	Do etilit		83
D1000	Positive		22	00
	XT		61	
	Negative		01	
Faeces	for Typhoid Bacilli.	atuse lo sonstitu	se in the ir	1410
	D	***************************************	90	
	Negative		1320	
Plaura	Fluids for Tubercle	Pastut		154
I leura	Positive		23	194
	Negative		131	
-01000	le Ledt In Journey			
Pus fo	r Tubercle Bacilli	to smaley pairs	eman ent	64
Eye Sn	nears for Gonococci	d fish of 10 au	the member	148
Water	ifficult by the inside	is made more	eldT .yise	1899
	Bacteriological	Therese in the second	1410	Soine
	Chemical		180	

Milk	and Cream		4288
	Bacteriological	3889	
	Butter fat	291	
	Special		
Cows	1 D1 1 4 D 1	i elozednii zol	0.00
	Positive	74	
	Negative	288	
Mise	ellaneous	Agglutinution	
TOT.			51,720

YEARLY REPORT, 1937

This is the 41st annual report of the Public Health Laboratory and represents an increase of 6828 specimens over that of the preceding year and is greater than the total work carried out in the first twenty nine years during which the Laboratory functioned. As usual, the increase is spread quite generally over most of the items in the classified list, but particularly in the venereal disease department and in examinations directed towards the diagnosis and control of tuberculosis and enteric fever. A more determined effort was made during the past year to reduce the residual typhoid morbidity and this resulted in the detection of several chronic typhoid carriers in different localities throughout the province. An increase in the incidence of acute poliomyelitis in the province, together with the knowledge of a severe epidemic of this disease in Ontario, prompted the preparation of an unusually large amount of convalescent serum which, despite widespread disagreement as to the value of serum in this disease, was always available and promptly delivered to physicians at all times.

No change was made in the personnel of the Laboratory staff. The increasing volume of work throws an extra burden on all the members of the staff but they have succeeded during the past year in examining and reporting all specimens promptly. This is made more difficult by the inadequacy of some of the fixed equipment of the laboratory which was installed when the work done was about 15% of that done at

present and the great increase in so short a period could not be foreseen, but which must be corrected in the immediate future.

The Director wishes to note with appreciation the cooperation which he has received at all times from the Chief Health Officer, Divisional Health Officers and Public Health nurses, as well as the very efficient way in which every member of his staff carried out their duties throughout the entire year.

All of which is respectfully submitted.

D. J. MacKENZIE, M. D.,

Director of Laboratories. Department of Public Health.

Halifax, Nova Scotia, November 30, 1937.

REPORT OF PROVINCIAL PATHOLOGIST

To the Chief Health Officer:

During the 12 month period, 2957 specimens of tissue of various kinds were received and reported upon. They have been classified as follows:

Tumours, malignant	389	
Tumours, simple	276	
Tumours, suspicious of malignancy	19	
Other conditions	1837	
Tissues from 79 autopsies	436	
. C. M. SUNKS Model of Co.		2957

The monthly average for the year was 246.

For the previous year, 1936, the monthly average was 220. During the year 32,819 specimens of various kinds were

received and reported upon.

They have been classified as follows:-

Blood		13,129
Bilirubin-Van den Bergh Qualitative	34	
Van den Bergh Quantitative	5	
Fouchet Test	41	
Icterus Index	69	
Bleeding time	79	
Calcium	24	
Chlorides	4	
Cholesterol	1	
Clot Retraction	6	
Coagulation Time	625	
Compatibility	319	
Counts, Arneth	8	
Full Blood Pictures 6,	,796	
Haemoglobin (alone)	9	
Leucocyte and Red cell (alone)		
Platelet	13	
Reticulocyte	23	
Schilling	3	
Blood films, differential		
count	329	
Blood films, Malarial parasites	5	

	Creatinine	865	
	Cultures	85	
	Fragility Test	8	
	Globulin	1	
	Grouping	401	
	Kahn Test	1	meril .
	Phosphorus	9	
	Sedimentation Test	43	
	Spectroscope Test for Monoxide Poisoning	1	
	Stains on garments for Human Blood	15	
	Sugar	936	
	Sugar Tolerance	7	
	Urea Nitrogen	884	
	Urea Clearance Test, Van Slyke	2	
	Uric Acid	860	
Exu	dates and Transudates (General Examin	1-	
	ation and Culture)		177
	Abdominal fluid	15	
	Fluid from cyst	1	
	" " gland	1	
	" " hand	1	
	" " hip	1	
	" " knee	25	
	" " neck	4	
	" " testicle	1	
	Drainage Gall-bladder	5	
	Pleural Fluid	54	
	Pus, various sites	65	
	Pus, Actinomycosis	3	
	Pus, B. Welchii	1	
Fae	ces		737
	Blood	600	
	Bile and Urobilin	16	
	Cultures for Organisms	11	
	Fat	4	
	Microscopical Examination, general	18	
	Pancreatic Insufficiency	21	
	Parasites	67	

Sputa		96
Bile	1	
Curschmann's Spirals		
Eosinophiles		
General Examination for Organisms	7.77	
Typing for Pneumococcus		
Tissues		2,929
Examination of Transudates for Tumou	ır Cells	
(As tissues)		28
		15 004
Urines		15,004
Acetone	1248	
Albumen (alone)		
Bence Jones Albumoses	2	
Bile	17	
Blood	5	
Calcium	2	
Chlorides	1	
Cultures	100	
Cystoscopic from Ureters	250	
Diacetic Acid	457	
Hydrogen Ion Contest		
Indican	6	
Lead		
Mercury		
Microscopical examination (alone)		
Phenolsulphthalein test	6	
Phenolhydrazine test		
Routine	10,400	
Specific Gravity Test	6	
Sugar		
Sugar Tolerance	11	
Strychnine	1	
Urea Concentration Test (McLean)	20	
Urea Clearance Test (Van Slyke)		
Urobilin	8	
Uric Acid	2	
Friedmanns' Modification of Zondek-		
Ascheim Test	24	

Vaccines		52
For Acne	9	
For Boils	14	
For Bronchitis and Asthma	20	
	8	
From Chronic osteomyelitis	1	
Vomitus		5
For Blood	1	
For Parasites	1	
Routine	3	
Water	o do	6
Chemical Analysis	6	
Miscellaneous		45
Analysis Lemon & Vanilla Base	5	
" Vanilla & Camarin	2	
" Milk Chemical and Bacteriology	1	
Dressings etc. from Operating Room	3	
Calculus for Chemical Content	18	
G. C. Complement Fixation Test	1	
Identification Wool fibres from Hat	1	
" Cotton & Wool fibres from	immon	
waste mat.	1	
Identification Stains	3	
Parasites for diagnosis	4	
Poisons, Cloth from dress	1	
Organs Cow	1	
1 ea	1 5	
Stains on garments-seminal	0	

It is pleasing to note that the laboratory facilities are still being used to the fullest advantage by the clinical staff of the Victoria General Hospital and the physicians of the Province. An increase of 3,235 examinations of various types is noted. This includes an increase of approximately 300 tissue examinations. Complaints are conspicuous by their absence.

My assistant, Dr. G. A. McCurdy who left in June, 1937, to fulfil the position of Pathologist to the Royal Jubilee Hospital, Victoria, B.C., has been satisfactorily replaced by Dr. C. W. Taylor, Birmingham, England. My Technician, Miss Whidden, continues as formerly to give able, loyal and valuable assistance and service.

RALPH P. SMITH, M.D., D.P.H.,

Provincial Pathologist

Halifax, Nova Scotia, November 30, 1937.

REPORT OF THE SANITARY ENGINEER

To the Chief Health Officer:

As Sanitary Engineer for the Province of Nova Scotia, I submit herewith my annual report for the fiscal year ending November 30, 1937.

During the past year, routine inspections of public water supplies have been carried out, as well as a few special investigations.

Abnormal weather conditions resulted in very poor quality of water in many towns. Of those towns using unchlorinated surface water, none was reported free from B. Coli during the entire year; one was free except for one tube of the January sample, one except for one tube in December, 1936, and a third free except for two tubes in August. One village using spring water was reported clear; samples have been examined, however, only since May, one monthly sample having been omitted during that period.

Of the surface waters treated with chlorine gas, only one showed marked pollution; two were completely free; one showed B. Coli in two tubes (in October) for the first time in several years; the remaining one gave fair results. It is, therefore, encouraging to find that there is a sentiment growing in favour of Chlorine, and that during the coming year we may expect to find chlorinators installed in at least four or five more systems. The City of Sydney has ordered a chlorinator, to be installed early in 1938.

Improvements have been made to other water systems. At Baddeck, the dam has been strengthened and tightened, which will enable a greater storage of water there. The work, however, was not done as a permanent job. At Inverness, the main from one of the storage reservoirs has been repaired. In other towns, reservoirs have been cleared and minor repairs made.

Routine inspections have also been made of pasteurizing plants through the Province. It is encouraging to note that about ten new plants have started during the period November 30-36—November 30-37. Two or three more are in prospect. Some hotel and tourist camp inspection was carried out in some of the central counties; work of this nature was also done in other parts of the Province by some of the medical officers of the Department.

One new problem has been encountered. In a few districts, suburban developments are growing up very rapidly. As these are not included in the limits of a city or town, they lack many of the facilities for proper sanitation. They are not within the jurisdiction of a city or town, and neither the counties nor the Province have building codes; consequently building in these areas is entirely unregulated.

This department is now studying this problem, and will make further studies on the basis of regulations existing in places where this problem has been encountered and at least partially solved.

Respectfully submitted,

R. DONALD McKAY,

Sanitary Engineer.

Halifax, N.S. November 30th, 1937.

REPORT OF THE SUPERINTENDENT OF NURSING SERVICE

To the Chief Health Officer:-

I beg to submit my report for the year ending November 30, 1937.

Four new nurses were taken on the staff during the year. Miss Mary T. MacDonald replaced the nurse who accepted another position, and Miss Helen Brophy replaced the one who resigned to be married. Miss Ella Hunson and Miss Edna Pitts were added to the Cape Breton staff in October.

The appended summary, which was prepared from the reports of the nurses, show an increase in the time spent on clinic work. They spent ten percent of their total working hours on clinic work this year and only eight percent of their time was given to this work in 1936. The time that they spent on office work this year was decreased two percent. Twentyfive per cent of their time was spent in homes, and twenty percent in class rooms.

The nurses this year were on duty for 134 months in comparison with the 121 months service given by them the previous year. The most marked increase in their activities is as follows:-

	1937	1936	Incre-
Cases visited in Homes	20323	17493	2830
Persons interviewed in interest of	20020	1.100	2000
work	7236	4996	2240
Pupils examined	40259	38120	2139
Tuberculous cases visited	8077	6627	1450
Pupils visited	9147	8692	455
Preschool age children visited	2022	1404	618
Other home visits	1077	770	307

The nurses have bravely attacked their daily problems, regardless of unfavorable weather conditions. Several of them have given considerable time assisting to provide dental and immunization treatments. Gratifying results for their efforts are obtained each year. It is difficult to estimate the cumulative value of their many sided activities. With the assistance obtained from organizations, individuals and public officials, it has been possible for them to achieve a vast amount of remedial work. The raising of physical standards is a goal that should not be neglected. The adoption of essential new procedures are given attention after the appraisal of resources.

There has been a very satisfactory increase in the number of requests received for literature on the care of children. The communities have not yet taken full advantage of the material that is available. The national organizations are very generous in supplying free publications. The usual number of sputum cups and refills were distributed free to the tuberculous on the request of physicians and the staff nurses.

The progress made in the development of the Unit System that is being established in the Eastern portion of the Province, will be eagerly watched by many interested persons. The task of carrying a new programme successfully is a challenge to the workers. The burdens encountered, are more easily carried, if one is aware of a consciousness that honest attempts have been made to correct unsatisfactory conditions.

In conclusion, may I express my deepest gratitude for the assistance and consideration received from various sources.

Respectfully submitted,

MARGARET E. MacKENZIE, R.N.,

Superintendent of the Nursing Service.

Halifax, N.S. November 30, 1937.

Cases Examined by the Divisional Medical Health Officers, December 1, 1936 to November 30, 1937.

		1st Exams.		Re-Exams.				
COUNTIES PHYSICAL EXAMINATIONS	Positive	Negative	Suspect	Positive	Negative	Suspect	Total examinations	Examinations, 20 yrs. and under
Annapolis	13	26	3	37	20	10	109	36
Antigonish	18	34	14	109	110	3		82
Cape Breton	100		87	463	141		1334	522
Colchester	10	51	11	42	49	2	165	82
Cumberland	34	102	25	93	68	12	100000000000000000000000000000000000000	123
Digby	26	59	11	76	40	14	100000000000000000000000000000000000000	105
Guysboro	19	78	19	38	7	11	172	61
Halifax County	56	153	18	39	18	6	0.0000000000000000000000000000000000000	167
Halifax City	3	1		1			5	
Hants	10	9	3	3	9		34	8
Inverness	25	1000000	32	77 199	18	11	365 706	141
LunenburgPictou	54 28	258 128	33	75	148 57	14 13	1887/8220	252 158
Queens	10	48	14	70	35	3	100000000000000000000000000000000000000	66
Richmond	14	72	14	21	6	2	130000	51
Shelburne	9	54	16	77	25	7	188	67
Victoria	13		13	10	2	4	100000	33
Yarmouth	58	The second second	21	268	192	12		343
Normal School Students	5		1	3	25	1	312	262
Windsor High School		80	1	2	15	1	99	99
TOTAL	505	2437	342	1703	985	157	6129	2658
X-RAY EXAMINATIONS	201	E	12	PERMIT	a on			
Antigonish	1		1	16	9		34	8
Cape Breton	242	1194	169	479	126	66	2272	617
TOTAL	243	1201	170	495	135	66	2310	625

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SUMMARY

Con- fer- ences	Hours	10.45 13.30 28.40 29.45	82.40
Delays	втиоН	4 00 4 15 5 25 4 00 3 45 6 00 15 35 1 20 1 20 1 20 1 20 1 20	89.05
Bedside	Hours	74,00 13.00 10.05 19.30 75.35 26.30 2.45 5.20 84.15 149.20	461.20
Meet-	Hours Spent at Meetings	6.30 10.55 15.30 3.00 70.00 13.30 17.20 4.00 7.10	191.45
Office Work	Hours Spent on	469.05 374.10 370.15 382.30 382.30 302.50 321.30 133.05 514.50 76.00 47.10	4023.10 191
Interviews	Hours Spent on Interviews	194.15 174.05 149.50 100.00 100.00 257.00 115.00 86.15 86.15 86.15 166.35 166.35 15.30	20
Inter	No. of Interviews	687 476 513 121 287 781 489 74 141 1141 11838 835 835 835 835 835 835 835 835 835	7236 1834.
Work	Hours Spent in Homes	551.45 477.50 456.05 562.50 448.25 505.00 765.00 765.00 765.00 765.00 765.00 765.00 765.00 765.00 765.00 765.00 765.00 765.00	5832.00
Home We	No. Cases GivenAt- tention in Homes	1509 1947 1744 1744 1744 1793 1793 1793 1793 1793 1793 1793 1793	20323
Но	No. of Homes Visited	1094 1079 1079 11361 1130 11457 301 399 1857 1857 117 117	50 14133 20323 5832.
Vork	Hours Spent in Class Room	345.45 386.10 623.55 487.00 713.00 713.00 713.00 199.35 61.05 66.30 77.05	
School Work	No. of Pupils Examined	2911 8482 8482 83896 8382 5080 3440 11831 11381 1381 1383 503 317 527	1696 40259 4646.
Sc	No.of ClassRooms Inspected	1116 256 256 137 194 204 149 69 86 72 48 22 22 24 180	1696
Travelled	Hours Spent Travelling	314.25 342.45 305.05 305.05 307.25 250.40 413.30 116.30 242.35 357.30 272.10 77.10	3245.05
Tra	No. of Miles	6910 6652 5412 5823 5695 5930 900 5039 7390 3961 2245 1017 6969	71432
Clinic	Hours Spent on Clinic Work	323.30 412.25 149.10 439.05 130.30 264.00 76.30 68.00 72.55 142.20 101.30 97.20 24.25 23.15	134 25015. 40 2610. 55 71432 3245
. Ann	Hours Spent on D	2283.15 2163.35 22085.20 2170.55 22073.20 22077.00 2174.30 2174.30 21246.15 2627.45 1635.25 2637.45 1635.25 324.55 324.55	5015.40
	Months on Duty	2	1342
Sign	80 801 873 80 801 803	Miss G. Anderson Miss A. Slattery Miss F. MacDougall Miss E. M. MacIntosh Miss C. Wade Miss B. Martell Miss A. R. MacDonald Miss Hazel MacDonald Miss Hazel MacDonald Miss Hazel MacDonald Miss E. Pitts Miss E. Pitts Miss E. Pitts	Total
		Miss Miss Miss Miss Miss Miss Miss Miss	To

PROVINCE OF NOVA SCOTIA BIRTHS AND BIRTH RATES BY COUNTIES 1936

COUNTY	Population (1931 Census)	Number of Living Births	Rates per 1,000 Population
Annapolis	16297	323	19.8
Antigonish	10073	256	25.4
Cape Breton	92419	2470	26.7
Colchester	25051	574	22.9
Cumberland	36366	839	23.0
Digby	18353	427	23.2
Guysboro	15443	332	21.4
Halifax	100204	2509	25.0
Hants	19393	489	25.2
Inverness	21055	429	20.3
Kings	24357	554	22.7
Lunenburg	31674	544	17.1
Pictou	39018	786	20.0
Queens	10612	246	23.1
Richmond	11098	227	20.4
Shelburne	12485	290	23.2
Victoria	8009	116	14.4
Yarmouth	20939	397	18.9
Total	512,846	11,808	23.0

Note: Based on the corrected population for 1936 the provincial Birth Rate is 21.9

PROVINCE OF NOVA SCOTIA BIRTHS AND BIRTH RATES, CITIES AND TOWNS 1936

CITIES and TOWNS	Population (1931 Census)	Number of living births	Rate per 1,000 population
CITIES:	AGONT TOTAL		Azespolis
Glace Bay	20706	803	38.7
Halifax	59275	1755	29.6
Sydney	23089	602	26.0
TOWNS: (1,000 population and over):	Const		Digby
Amherst	7450	192	25.7
Antigonish		175	99.2
		24	21.3
Bridgetown Bridgewater		70	21.4
Canso	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	36	22.8
Dartmouth		137	15.0
Digby	The state of the s	71	50.2
Dominion		40	14.0
Inverness		144	49 6
Joggins		32	32.0
Kentville		36	11.8
Liverpool.		88	32.9
Lunenburg		36	13.2
Mahone Bay		14	13.1
New Glasgow		412	46.5
New Waterford		287	37.0
North Sydney		200	32.5
Oxford	The second secon	18	15.8
Parrsboro	1919	28	14.5
Pictou		57	18.0
Port Hawkesbury		3	2.9
Shelburne	1474	30	20.3
Springhill	6355	193	30.3
Stellarton	5002	49	9.7
Sydney Mines		215	27.6
Trenton		34	13.0
Truro	7901	219	27.7
Wedgeport	1294	27	20.8
Westville	3946	32	8.1
Windsor	3032	112	36 9
Wolfville	1818	92	50.6
Yarmouth	7055	158	22.3
Total	223,215	6,421	28.7

PROVINCE OF NOVA SCOTIA

DEATHS AND DEATH RATES BY COUNTIES, 1936

COUNTY	Population (1931 Census)	Number of Deaths	Rate per 1,000 Population
Annapolis	16297	216	13.2
Antigonish	10073	174	17.2
Cape Breton		892	9.6
Colchester	0 0 0 0 0 0	278	11.0
Cumberland	36366	394	10.8
Digby	18353	253	13.7
Guysboro		164	10.6
Halifax		1238	12.3
Hants	19393	229	11.8
nverness	21055	249	11.8
Kings	24357	283	11.6
Lunenburg	31674	364	11.4
Pictou	39018	435	11 1
Queens		114	10.7
Richmond	11098	153	13.7
Shelburne	12485	143	11.4
Victoria	8009	75	9.3
Yarmouth	20939	243	11.6
Total	512,846	5,897	11.4

Note: Based on the corrected population for 1936 the provincial Death Rate is 10.9.

PROVINCE OF NOVA SCOTIA, DEATHS AND DEATH RATES, CITIES AND TOWNS 1936

CITIES and TOWNS	Population (1931 Census)	Number of Deaths	Rate Per 1,000 Population
CITIES:	201		allouser
174 174	5001		discontra
Glace Bay	20706	273	13.1
Halifax	59275	871	14.6
Sydney	23089	177	7.6
TOWNS: 1,000 population and over			moderation
Amherst	7450	115	15.4
Antigonish		98	55.5
Bridgetown		12	10.6
Bridgewater		70	21.4
Canso		11	6.9
Dartmouth		52	5.7
Digby		44	31.1
Dominion		18	6.3
Inverness		55	18.9
Joggins		15	15.0
Kentville		72	23.7
Liverpool	1,7000000000000000000000000000000000000	31	11.6
Lunenburg	45200	26	9.5
Mahone Bay		15	14.0
New Glasgow		137	15.4
New Waterford		79	10.2
North Sydney		94	15.3
Oxford	12222	10	8.8
Parrsboro		17	8.8
Pictou	01.00	55	17.4
Port Hawkesbury		5	4.9
Shelburne		18	12.2
Springhill		54	8 4
Stellarton		32	6 3
Sydney Mines		90	11.5
Trenton		20	7.6
Truro		104	13.1
Wedgeport		10	7 7
Westville		27	6.8
Windsor		76	25.0
Wolfville		41	22 5
Yarmouth		112	15 8
Total	223,215	2,936	13.1

PROVINCE OF NOVA SCOTIA INFANT MORTALITY BY COUNTIES 1936

COUNTY	Number of Living Births	Deaths under one year	Rate per 1,000 living Births				
Annapolis	323	16	49.5				
Antigonish	256	13	50.7				
Cape Breton	2470	195	78.9				
Colchester	574	32	55.7				
Cumberland	839	55	65.5				
Digby	427	39	91.3				
Guysboro	332	25	75.3				
Halifax	2509	144	57.3				
Hants	489	39	79.7				
Inverness	429	28	65.2				
Kings	554	17	30.6				
Lunenburg	544	47	86.3				
Pictou	786	57	72 5				
Queens	246	17	69.1				
Richmond	227	15	66.0				
Shelburne	290	15	51 7				
Victoria	116	6	51.7				
Yarmouth	397	21	52 8				
Total	11,808	781	66 1				

PROVINCE OF NOVA SCOTIA
INFANT MORTALITY, CITIES AND TOWNS 1936

CITIES and TOWNS	Number Living Births	Deaths under 1 year	Rate per 1,000 living births			
CITIES:						
Glace Bay	803	89	110.8			
Halifax		104	59.2			
Sydney		18	29.9			
TOWNS: (1,000 pop. and over)						
Amherst	192	13	67 7			
Antigonish		9	51 4			
Bridgetown			01.4			
Bridgewater		9	128.5			
Canso		1	27 7			
Dartmouth		4	29.1			
Digby		5	70.4			
Dominion		6	150.0			
Inverness		13	90.2			
Joggins		3	93.7			
Kentville		2	55.5			
Liverpool	88	2	22.7			
Lunenburg	36	-	22.1			
Mahone Bay	14	2	142.8			
New Glasgow	412	19	46.1			
New Waterford	287	20	69.6			
North Sydney	200	21	105.0			
Oxford	18	1	55.5			
Parrsboro	28	1	35.7			
	57	4	70.1			
PictouPort Hawkesbury	3	*	10.1			
Shelburne	30	3	100.0			
Springhill	193	17	88.0			
Stellarton	49	4	81.6			
Sydney Mines	215	15	69.7			
Trenton	34	4	117.6			
Truro	219	11	50.2			
Wedgeport	27	1 1	37.0			
Westville	32	8	250.0			
Windsor	112	14	125.0			
Wolfville	92	2	21.7			
Yarmouth	158	7	44.3			
Total	6,421	432	67.2			

PROVINCE OF NOVA SCOTIA, ALL FORMS TUBERCULOSIS DEATHS AND DEATH RATES BY COUNTIES, 1936

COUNTY	Population (1931 Census)	Number of Deaths	Rate per 100,000 population		
Annapolis	16297	8	49.0		
Antigonish	10073	18	178 6		
Cape Breton		69	74.6		
Colchester		15	59.8		
Cum erland		25	68 7		
Digby	18353	16	87.1		
Guy oro	15443	17	110.0		
Ha'ifax	100204	104	103.7		
Hants	19393	11	56.7		
verness	21055	29	137 7		
Kings	24357	57	234 0		
Lunenburg	31674	12	37.8		
Pictou	39018	30	76 8		
Queens	10612	3	28 2		
Richmond		16	144 1		
Shelburne	12485	20	160 1		
Victoria		8	99 8		
Yarmouth	20939	27	128 9		
Total	512,846	485	94.5		

Note:—Based on the corrected population for 1936, the Provincial Death Rate from all forms Tuberculosis is 90.3

| 1838 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 | 1848 |

PROVINCE OF NOVA SCOTIA ALL FORMS TUBERCULOSIS DEATHS, AND DEATH RATES BY CITIES AND TOWNS 1936

Cities and Towns	and Towns Population (1931 Census)				
CITIES:	201		alloquery duningtin		
Glace Bay	20706	14	67.6		
Halifax	59275	78	131.5		
Sydney	23089	19	82.2		
TOWNS: (1,000 pop. and over)	001		THE PART OF THE PA		
Amherst	7450	11	147.3		
Antigonish		17	963.7		
Bridgetown			***********		
Bridgewater		1	30.6		
Canso		1	63.4		
Dartmouth	9100	1	10.9		
Digby	1412	1	70.8		
Dominion	2846	2	70.2		
nverness	2900	9	310.3		
Joggins	1000	1	100.0		
Kentville	3033	43	1417.7		
Liverpool	2669	3	112 4		
Lunenburg	2727	1	36.6		
Mahone Bay	1065	1	93.8		
New Glasgow	8858	6	67.7		
New Waterford	7745	3	38.7		
North Sydney	6139	9	146.6		
Oxford	1133				
Parrsboro	1919				
Pictou	3152	5	158.6		
Port Hawkesbury	1011	2	197.8		
Shelburne	1474	1	67.8		
Springhill	6355	1	15.7		
Stellarton	5002	3	59.9		
Sydney Mines	7769	7	90.1		
Frenton	1000000000	2	76.5		
Гruro	7901	5	63.2		
Wedgeport		4	309.1		
Westville		2	50.6		
Windsor	552555555	5	164.9		
Wolfville		2	110.0		
Yarmouth	77.77974.772	9	127.5		
Total	223,215	269	120.5		

PROVINCE OF NOVA SCOTIA

PULMONARY TUBERCULOSIS DEATHS AND DEATH RATES BY COUNTIES 1936

COUNTY	Population (1931 Census)	Number of Deaths	Rate per 100,000 population		
Annapolis	16297	7	42.9		
Antigonish	10073	17	168.7		
Cape Breton	92419	53	57.8		
Colchester	25051	13	51.8		
Cumberland	36366	21	57.7		
Digby	18353	13	70.8		
Guysboro	15443	13	84.1		
Halifax	100204	84	83.8		
Hants	19393	10	51.5		
Inverness		26	123.4		
Kings	24357	51	209.3		
Lunenburg	31674	10	31.5		
Pictou	39018	24	61.5		
Queens	10612	2	18.8		
Richmond	11098	13	117.1		
Shelburne	12485	14	112.1		
Victoria	8009	7	87.4		
Yarmouth	20939	23	109.8		
Total	512,846	401	78.1		

Note: Based on the corrected population for 1936, the Provincial death rate from pulmonary tuberculosis is—74.6

PROVINCE OF NOVA SCOTIA, PULMONARY TUBERCULOSIS DEATHS AND DEATH RATES BY CITIES AND TOWNS, 1936.

Cities and Towns	Population (1931 Census)	Number of Deaths	Rate per 100,000 Population		
CITIES:	(1981 Ca	- FINUS			
Glace Bay	20706	7	33.8		
Halifax	12 TO	58	97.8		
Sydney		18	77.9		
TOWNS: 1,000 population and			bunitedmu?		
over			onnderent.		
Amherst		8	107.3		
Antigonish		16	907.0		
Bridgetown					
Bridgewater	3262				
Canso					
Dar mouth	9100	1	10.9		
Digby	1412				
Dominion	2846	1	35.1		
Inverness	2900	8	275.8		
Joggins	1000	1	100.0		
Kentville	3033	41	1351.7		
Liverpool	2669	2	74.9		
Lunenburg	2727	1	36.6		
Mahone Bay	1065	1	93.8		
New Glasgow	8858	4	45.1		
New Waterford		3	38.7		
North Sydney	6139	6	97.7		
Oxford	1133				
Parrsboro	1919				
Pictou	3152	4	126.9		
Port Hawkesbury	1011	1	98.9		
Shelburne	1474	1	67.8		
Springhill		1	15.7		
Stellarton	5002	2	39.9		
Sydney Mines		4	51.4		
Trenton		2	76.5		
Truro		3	37.9		
Wedgeport		3	231.8		
Westville		2	50.6		
Windsor		5	164.9		
Wolfville		1	55.0		
Yarmouth		7	99.2		
Total	223 215	212	94 9		

PROVINCE OF NOVA SCOTIA, MARRIAGES AND MARRIAGE RATES BY COUNTIES, 1936.

COUNTY	Population (1931 Census)	Number of Marriages	Rate per 1,000 Popu- lation				
Annapolis	16297	128	7.8				
Antigonish	10073	68	6.7				
Cape Breton	92419	801	8.6				
Colchester	25051	222	8.8				
Cumberland	36366	311	8.5				
Digby	18353	140	7.6				
Guysboro	15443	101	6.5				
Halifax		892	8.9				
Hants	19393	162	8.3				
Inverness	21055	88	4.1				
Kings	24357	223	9.1				
Lunenburg	31674	271	8.5				
Pictou	39018	268	6.8				
Queens	10612	106	9.9				
Richmond	11098	49	4.4				
Shelburne	12485	93	7.4				
Victoria	8009	40	4.9				
Yarmouth	20939	166	7.9				
Total	512,846	4,129	8.0				

Note: Based on the corrected Population for 1936, the Provincial Marriage Rate is 7.6.

6 REPORT OF THE DEPARTMENT OF PUBLIC HEALTH

RY OF BIRTHS, DEATHS AND MARRIAGES IN NOVA SCOTIA BY COUNTIES	CITIES AND TOWNS OF 1.000 POPULATION AND OVER 1020
OF BI	ITIES A
SUMMARY	0
ERAL	

			10	10.11				***	* * *	AT T		* ,	71	-	20		-	**	***	
	Marria-	862	4,129	128	801	311	101	162	223	268	106	93	166	591	-	135	17	172	808	7
	Still-	DILLUIS	292	800	54.0	200	100	150	10:	18	10 cc	00	6	900	0	10	-	-00		
	and Over	Female	2,318	96	308	159	607	8100	122	168	43	10 A	86	347	2 !	37	6	000	30	100
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	Years 5	Female	87	64	15	4-	100 0	2011		#1-1	00 87	00	00	21				9 11	-	04
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	1	Total	5.897	216	892	253	1.238	229	2000	435	155	75	243	871	11.5	86	12	113	44	013
=	ths)	Female	5,681	146	1,213	192	1 211	236	236	364	109	142	161	308	10	80	350	16	0 00	0100
BIRTHS	(Exclusive of Stillbirths)	Male	6.127	138	1,257	419	1,298	253	318	422	118	148	206	894 294	101	95	2000	150	43	413
		Total	11,808	323	2,470	839	2,509	489	554	786	222	116	397	1,755	192	175	70	38	77	803
	01		Total for Province Counties:	Antigonish	Colchester	Ligby	Halifax	lants	Kings	Pictou	ichmond	Victoria	Cities:	HalifaxSydney	Towns: Amherst	Antigonish	Bridgewater	Cansoth	Digby	Glace Bay

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			1936	PIES	BY COUNT				
BIRTH	ILLEGITIMATE	E AND	LEGITIMAT	SAND	CONFINEMENTS	MULTIPLE	AND	II—SINGLE	TABLE

TABLE II-SINGLE AND MULTIPLE	ID MULT		ONFINE	MENTS	CONFINEMENTS AND LEGITIMATE AND	ITIMAT	E AND I	ILLEGITIMATE		BIRTHS
			BY	BY COUNTIES	ES, 1936					
- Company		No. of Confinements	nfinemer	ıts		No.	No. of Children	ren		
(Including cities	E	O: all	E	Thisloto		Born alive	live	02	Stillborn	
and towns)	10021	aiguic	TIMIT	spaidui	Total	Leg.	Illeg.	Total	Leg.	Illeg.
Annapolis. Antigonish. Cape Breton. Colchester. Cumberland. Digby. Guysboro. Halifax. Halifax. Halifax. Kings. Lunenburg. Pictou. Queens. Richmond. Shelburne. Victoria.	2,4963 2,4963 2,4963 4,963 4,957 7,953 1115 1115	2 8224,788488 126,28448 126,2844 126,284 136,4	2228288488		22.2 4.7 4.7 4.8 8.8 9.7 4.8 8.8 9.7 8.8 9.7 8.8 9.8 9.8 9.8 9.8 9.8 9.8 9.8 9.8 9.8	2 2 2 2 2 2 2 2 2 3 4 4 3 3 3 3 3 3 3 3	1220 1322 1322 144 16 16 16 16 16 16 16 16 16 16 16 16 16	8 8 3 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	88 44 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11 4001 1
Total	11,967	11,834	133		11,808	11,085	723	292	271	21

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ILLEGITIMATE BIRTHS				Illeg.		60		00									
IMATE			Stillborn	Leg.	10	ı	38	25		6	111	10	9-	1010	1 -	101	co
ILLEGIT		hildren		Total	10		31	25.55		6	1	10	9	1010	-	101	89
AND		Number of Children		Illeg.	14	0101	-010	37	96	10110		32	00	00 1-		00,	26
LEGITIMATE	98	Nur	Born alive	Leg.	170	188	130	766	138	4.00	35	380	192	250	000	184	576
AND LEG	AND TOWNS, 1936		B	Total	192 175	10.85	711	803	144	988	36	412	200	2002	800	193	602
		nts	Trinlote	spaidiri													
CONFINEMENTS	CITIES	Confinements	Turin	TIMIT	4.01	61-10		27		6		12-4		. 1 6	-		9
	BY	Number of	Ginalo	arginic	194			1				Table Steel	000	20,10		193	593
D MULT		N	Total	Lotai	198 179 24	5000	73	819	143	900	37	415	205	29	818	194	599
TABLE III-SINGLE AND MULTIPLE			Cities and towns		Amherst. Antigonish. Bridgetown	Bridgewater Canso	Digby	Glace Bay. Halifax.	Inverness. Joggins	Kentville Liverpool	Lunenburg Mahone Bay	New Glasgow New Waterford	North Sydney.	Parrsboro Pictou	Port Hawkesbury	Springhill	Sydney

TABLE III.-Continued.

Spatial Control of the Control of th	Nu	umber of Confinements	Confinem	ents	100	N	Number of Children	Children		
Cities and towns	Total	Gingle	F	F		Born alive	9		Stillborn	
STATE OF THE PARTY BASE	Total	algino	TWI	rubiers	Total	Leg.	Illeg.	Total	Leg.	Illeg.
Sydney Mines	223	221	2		215	198	17	10	10	
Truro	23	219	00		219	202	17	90	100	1
Westville		308	1		35	325	7	1	1	
Windsor	113	112	1		112	107	10.4	67 -		1
Yarmouth	1	159	1		158	132	26	*00	00 %	
Total.	6,508	6,423	85		6,421	5,998	423	172	159	13

TABLE IV-PLURAL BIRTHS CLASSIFIED TO SHOW NUMBER OF CHILDREN BORN ALIVE AND STILLBORN, BY SEX, IN THE PROVINCE OF NOVA SCOTIA, 1936

Classification of Births	Number
Twin Births	133
Two males (both living)	38
One male and one female (both living)	42
Two females (both living)	39
One male living and one male stillborn	6
One male living and one female stillborn	
One male stillborn and one female living	2
One female living and one female stillborn	1
Two males (both stillborn)	9 9 1
One male and one female (both stillborn)	2
· · · · · · · · · · · · · · · · · · ·	
Total Multiple Births.	133
	138
WEST SERVICE AND THE SERVICE OF THE	128
Total Single Live Births	11,559
	6,001
AND DESCRIPTION OF STREET OF STREET STREET	5,558
Total Single Stillbirths	275
STATE OF THE PERSON AND PROPERTY OF THE PERSON A	162
Zepinyck	113
Total Confinements	11,967
	1 20

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CLASSIFIED AS RURAL AND IA, 1936.	a No.	October	2200 2200 2200 2200 2200 2200 2200 230 2500 250
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ASSIF, 1936.	THS	July	1028 4484 4424 4424 36 66 113 113 114 115 115 115 115 115 115 115 115 115
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OF STILLBIRTHS) THE PROVINCE		Матећ	201 1058 316 311 205 117 179 179 179 179 179 179 179
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MH		January	8887 202 202 171 171 187 164 45 45 45 45 45 45 45 45 45 45 45 45 45
KOLUSIV	-	Total	25,387 6,387 6,387 2,188 2,282 2,247 1,75 602 1,147 602 1,147
TABLE V—BIRTHS (EXCLUSIV	Character south south		NOVA SCOTIA Rural NNAPOLIS Rural Urban CAPE BRETON Rural Urban Sydney—c Dominion—t Glace Bay—t North Sydney—t Sydney—t Sydney—t North Sydney—t Sydney Rural Urban Sydney—t COLCHESTER Rural Urban Sydney—t Truro—t

REPORT OF THE DEPARTMENT OF PUBLIC	CHEALTH
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Ru al Amherst—t Joggins—t Joggins—t Springhill—t Springhill—t Springhill—t Springhill—t Canso—HALIFAX Canso—HALIFAX Halifax—c Dartmouth—t HANTS Rural Urban Windsor—t INVERNESS Rural Urban Windsor—t Inverness—t Inverness—t	KINGS. Rural. Urban. Kentville—t. Wolfville—t.

MONTHS	July August September October	46 54 42 46 46 46 46 46 46 46 46 47 38<
NOVA SCO	May	220 22 22 22 22 23 24 8 32 24 8 35 24 24 24 24 24 24 24 24 24 24 24 24 24
province or	February March April	255 265 265 265 265 265 265 265
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	Total	44241 44241 44244 4424 4
The second secon	Notes of the second sec	LUNENBURG. Rural PICTOU Rural Urban New Glasgow—t Pictou—t Trenton—t Westville—t Vrban Liverpooi—t Liverpooi—t Liverpooi—t Liverpooi—t Rural Urban Liverpooi—t Rural Urban Liverpooi—t Rural Urban Shelburne—t Rural VICTORIA Rural VICTORIA Rural Urban Shelburne—t Rural VICTORIA Rural Urban Shelburne—t Rural Urban

TABLE VI-TOTAL BIRTHS (EXCLUSIVE OF STILLBIRTHS) AND BIRTHS IN INSTITUTIONS SHOWING THE NUM-BER OF MOTHERS NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1936.

and a suppose	All	Births	In In	stitutions
***************************************	Total	Births to Mothers Non-resident in Province	Total	Births to Mothers Non-resident in Province
Total for the Province	11,808	45	3,327	31

TABLE VII-BIRTHS (EXCLUSIVE OF STILLBIRTHS) TO RESIDENT AND NON-RESIDENT MOTHERS AND BIRTHS IN INSTITUTIONS IN CITIES AND TOWNS OF 5,000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA, 1936

others sident in town birth d and	Non-re- sident in prov.	63			7
To m non-res city or where	Resident dent in prov.	13	010100	w rc	8 17 10
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To mo non-resi city or where		303	24	22 42 42 43 45 65 65	4:000
E		645	17	641 444	8 8 24
E	Lotal	963	46	888 877 118	7.2
thers dent in town birth	Non-re- sident in prov.	17	ro :01	7	6161
To mo non-resi city or where	Resident in	316	26 148 26	24 44 45 45 45 80 80	421288
To resi-	mothers	1,422 541	185	262 170 144	203 203 165 118
Total	1001	1,755	192 137 803	287 287 200 193	49 215 219 158
CITIES and TOWNS	Mes Glasson Messen Mellarum	Cit'es Halifax Sy lney Towns:	Amherst Dartmouth Glace Bay	New Waterford North Sydney Springhill	Stellarton Sydney Mines. Truro. Yarmouth.
	To mothers non-resident in city or town where birth To resi-	To resi- mothers To resi- mothers To resi- mothers To mothers	SS and TOWNS Total dent mothers Total dent prov. in prov. in prov. in 59. in 6.02	Total To resident in city or town where birth Total To	To mothers To mothers To mothers To mothers To mothers To mothers

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Racial Origin of Mother	German Greek Hindu	22 22 22 1 144 9 9 144 8
Mother	Hungarian Icelandic Indian	5 1 1 2 5 5 6
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	Roumanian Russian Serb and Croat	
	Swedish Swiss Syrian Ukrainian (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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TABLEIX		Racial Origin of father	Jewish Negro Norwegian Polish Russian SerbandCroat Swedish Swedish Other Not Specified Children born to married mothers T. Children born to unmarried mothers. T. Children born to unmarried mothers. T.	to all mothers	(1)-Including "Galician"
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	ILE X-LEGITIMATE BIRTHS (EXCLUSIVE	OF STILLBIRTHS)	CLASSIFIED	ACCORDING	TO AGE	GE AND	D RACIAL
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TABLE XII-LEGITIMATE BIRTHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO AGE AND BIRTHPLACE OF MOTHERS, 1936, Nova Scotia

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TABLE XIV-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE YEAR OF AGE, SHOWING THE NUMBER NON-RESIDENT IN THE PROVINCE OF

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TABLE XV-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE YEAR OF AGE CLASSIFIED ACCORDING TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5,000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA, 1936

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	an an	Non-resi- dent in Province	M		:	:		:	:	-	-		-	-	-	-	:
su	Non-resident in city or town where death occurred and	Por	1			-		-		-		-	-	-		-	
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-	n c de	Non-resi- dent in Province	M		-	1		1	1	1	1	1	1	1	1	1	:
	Non-resident in city or town where death occurred and	No de Pro	T.		-					-	-	-	-	-	-	-	******
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e y	wn ccu	den ro-	MF		101	-		1	-	9	04	-	-	1	-	1	-
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All deaths under one year	Door	The state of the s	F.			-		-		-	-	64	2.4	-		-	
All					49	6		-	00	33	10	9	9	-		00 1	0
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	9	9			Halifax	Sydney		Amherst	Dartmouth	Glace Bay	New Glasgow	New Waterford.	North Sydney	Springhill	Stellarton	Sydney Mines	TIMEO
	d distribution	5			-	-		-	tth.		ogs	ter	vdn	-		Mir	-
	- 4	8	3		3X	By		erst	non	B	Gla	Wa	5 5	ghi	rto	ey.	
	9	9		Cities:	alif	dn	Towns:	nhe	artı	ace	ew	e w	ortl	urin	ella.	up.	Ini
		5		43	- best	10	0	7	-		For.	17	17	14	-	00	100

Table XVI - Deaths of children under one year (exclusive of stillbirths) by age at death, in the province of Nova Scotia, 1936.

AG	ES
All infants	т.
	M.
	adanomic reben has ad F.
Inder 1 day	т.
	M.
	and mont 3,4 about bear of F
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	admon B ushnu bas ad F.
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	M F
days	7.7
uays	M
	and a control of the second of
days	
	M
	F
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	M
	eom II when best ads F:
Inder 1 week	Т
	M.
	F. when ben ed F.
week and under 2 weeks	T
	M.
	F.
weeks and under 3 weeks	
	M.
and and and a 1	F.
3 weeks and under 1 month	
	M
Jnder 1 month	F.
Juder I month	
	M F
month and under 2 months	
month sing direct s months	Ai
	F.
months and under 3 months	
	М.
	F

Table XVI—Deaths of children under one year (exclusive of stillbirths) by age at death, in the province of Nova Scotia 1936—Continued

AGES	infants	Total
3 months and under 4months	Т.	60
	M.	34
	F.	26
4 months and under 5 months		49
	M.	-
8 9 K	F.	100
5 months and under 6 months		33
	M.	21
3 4 4 1 2 4 1 2 4 1 2 4 1	F.	
6 months and under 7 months		25
	M.	
7 months and under 8 months	F. T.	
7 months and under 8 months	M.	1000
	F.	1
8 months and under 9 months		13
o months and under o months	М.	2
	F.	
9 months and under 10 mos.		19
	M.	11
	F.	8
10 months and under 11 mos	т.	20
	M.	13
	F.	7
11 months and under 12 mos	т.	12
	M.	6
	F.	6

TABLE XVII-DEATHS OF CHILDREN UNDER ONE YEAR (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORD-ING TO RACIAL ORIGIN OF DECEDENTS, IN THE PROVINCE OF NOVA SCOTIA, 1936

Racial Origin	Total		
		g ally	
all origins	781		
English	353		
rish	71		
cottish	163		
Velsh			
rench	103		
rmenian			
ustrian			
Belgian	3		
Bulgarian			
Chinese	1		
Zech and Slovak			
Danish			
	7		
Outch	-		
innish			
German	24		
Greek			
Hindu			
Hungarian	1		
celandic			
ndian	5		
talian	1		
apanese			
ewish	2		
Negro	33		
Norwegian			
Polish			
Roumanian			
Russian			
Serb and Croat			
Swedish	1		
Swiss	5		
Syrian	1		
Ukranian (1)	The state of the s		
Other	1		
Not specified	1		

⁽¹⁾ Including "Galician" and "Bukovinian".

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		Other	
	is _	negel	
	Asia	China	
	-	Other	
		uəpəms	
	T	Russia (1)	
9	Ī	Roumania	
SCOTIA, 1936	I	Poland	
		Norway	
6	- L	Italy	
oc l	Europe	Hungary	
A	I -	Holland	
NOVA	+	France Germany	
THE	-	Finland	
MOTHER	-	Denmark	
M	-	Belgium	
OF	i i	Austria	
E O	ish ns - sa -	Other	
S, IN THE PROVINCE BIRTHPLACE OF MO"	British Posses- sions	Mewfoundland	4 22 2 8 8 8
H	81	Other	
1	Isl	Wales	
E B	l si	Ireland Scotland	
PARENTS,	British Isles	England	5 5 3 7
A	-	Prov. not specified	
OF	1 1	British Columbia	
	1 +	Alberta	
ACE	1 1	Saskatchewan	
-	e T	RdotingM	
H	Canada	Ontario	10 00 01
RT	0 1	Quebec.	- ww
BIRTHPI	1	New Brunswick	-
2	1	Nova Scotia	2 2 2 5 5 6 6 8 8 8 8 8 8 1 1 1 1 1 2 1 2 1 2 1 2 1 2
0		Prince Edward Island	
DIN		Total Pathers	636 606 606 13 13 22 22 16 16
ACCORDING TO BIRTHP		Birthplace of father	CANADA

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CAL 19	ath	Aug.	N	212							
	Death	757	L	8	[04] 1 1 1 1 1 1 1 1 1						
EE II	Jo	July	N	41	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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SP V	-	May	L	22	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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OF STILLBIRTHS)			N	446	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
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AL		5	Total	-	THE RESERVE AND A SECOND PROPERTY OF THE PARTY	TABLE XIX-DEATHS OF CHILDREN (EXCLUSIVE OF TABLE BY SEX AND C	THE PARTY OF CHARLES AND ADDRESS OF THE PARTY OF THE PART	Causes of Death		A I Causes	Neasles Scarlet Fever Scarlet Fever Scarlet Fever Whopping-cough Diphtheria Diphth
TAB		Int. List	No.		25-22 110 111 113 115 116 116 116 116 116 116 116 116 116						

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	Total under 1 year	M 44 44 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	Causes of Death	All causes Scarlet fever Whooping-cough Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria Diphtheria In Influenza In Influenza In Erysipeias Erysipeias Erysipeias Erysipeias Erysipeias In Erysi
	Int. list Number	All causes. Scarlet fever. Scarlet fever. Whooping-cough. Influenza. Influenza. Scarlet fever. By Diphtheria. Influenza. September. September. 25-32 Tuberculosis of the neapin nervous system. Pervous system. 25-32 Tuberculosis of the menin nervous system. Tuberculosis of the menin nervous system. 25-32 Tuberculosis of the menin nervous system. September infection, septice of Diseases of the thymus glandle meningitis. September infection, septice of Diseases of the ear and man of the pharynx and ing adenoid vegetations. Info Diseases of the buccal cavand the pharynx and ing adenoid vegetations.
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	al er sar	E	32 25 1 4 4 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1
	Total under 1 year	T M	57 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
-		F	
Country of the Countr	Int. list Number Causes of Death		(a) Congenital hydrocephalus (b) Congenital malformations of the heart (c) Congenital malformations of the heart (b) de Others under this title (c) de Others under this title (c) de Other birth (d) Other diseases peculiar to early infancy (under 3 months) (under 3 months) (a) no cause given (1) (b) no cause given (1) (c) no cause given (1) (d) no cause given (1) (e) no cause given (1) (f) no cause given (1) (f) no cause given (1) (g) no cause given (1) (h) no cause given (1) (h) no cause given (1) (h) no doctor in attendance
	I II Z		173 176 199-

						MOI	MONTHS			ntail.			
COUNTIES (Including Cities and Towns)	Januaty	February	Матећ	lingA	May	June	luly	Asugua	September	October	Мочетрег	December	Total
Annapolis	21	16	21	21	20	13	13	14	16	16	22	23	216
Antigonish	19	13	11	21	21	14	10	10	12	18	10	15	174
Cape Breton	92	88	64	79	77	77	51	29	16	75	68	77	892
Colchester	20	34	26	24	19	18	27	25	19	20	13	93	278
Cumberland	33	39	28	32	26	27	29	33	41	42	38	26	394
Digby	24	25	25	22	22	20	18	18	21	19	19	20	253
Guysborough	12	16	13	15	13	21	12	6	19	10	10	14	164
Halifax	110	109	108	118	118	101	93	78	103	92	100	108	1238
Hants	18	18	22	21	19	20	13	18	13	17	24	26	229
Inverness	31	27	19	20	21	16	21	24	17	14	17	22	249
Kings	29	24	26	24	13	25	24	15	26	29	28	20	283
Lunenburg	31	29	44	37	20	33	24	27	37	23	23	36	364
Pictou	41	32	46	31	40	38	40	29	25	31	35	47	435
Queens	11	10	10	10	12	6	00	10	6	6	10	11	114
Richmond	18	11	11	11	10	20	13	11	14	15	11	00	153
Shelburne	20	13	1	16	12	16	14	14	00	12	12	14	143
Victoria	11	6	4	5	9	8	11	4	4	00	00	7	75
Yarmouth	15	22	19	16	30	16	23	16	17	17	25	27	243
Total	541	531	504	523	499	487	444	422	477	462	473	534	5897

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TABLE XXII—DEATHS OCCURRING IN COUNTIES IN NOVA SCOTIA, 1936

	5	Sex	131	Socia	l Con	ditio	n	
Counties (Including Cities and Towns)	Male	Female	Single	Married	Widowed	Divorced	Unknown	Total
Annapolis	113	103	47	94	75			216
Antigonish	101	73	107/1	78	21			174
Cape Breton	492	119939		317	154	1		892
Colchester	147	131	82	107	88	1		278
Cumberland	202	192	116	170	108			394
Digby	79.00	100	87	95	69	2		253
Guysboro		80	100 100 100	59	44			164
Halifax	638	600	452	476	309	1		1238
Hants	129	100	89	69	70	1		229
Inverness	133	116		82	62			249
Kings	154	129	100000	116	72			283
Lunenburg	182	182	112	150	102			364
Pictou	240	195	163	161	110	1		435
Queens	59	55	1000	42	34	1		114
Richmond	84	69	45	70	38			153
Shelburne	78	65	41	56	46			143
Victoria	31	44	14	29	32	2		75
Yarmouth	137	106	67	107	69			243
Total	3157	2740	2108	2278	1503	8		5897

TABLE XXIII-DEATHS OCCURRING IN CITIES AND TOWNS OF NOVA SCOTIA, 1936

Amherst 53 62 32 56 27 1 Antigonish 57 41 50 47 1 Bridgetown 3 9 2 4 6 Bridgewater 39 31 25 34 11 2 Canso 3 8 3 5 3 Dartmouth 18 34 13 19 20 2 Digby 29 15 14 17 13 2 Dominion 8 10 10 4 4 4 Glace Bay 151 122 156 82 35 2 Halifax 454 417 344 330 197 8 Inverness 35 20 31 13 11 2 Joggins 9 6 6 3 6 6 Kentville 38 34 31 31 10 10 10 10 10 10 10 10 10 10 10 10 10		S	ex		Soc	ial C	ondit	ion	
Antigonish 57 41 50 47 1 Bridgetown 3 9 2 4 6 Bridgewater 39 31 25 34 11 Canso 3 8 3 5 3 Dartmouth 18 34 13 19 20 Digby 29 15 14 17 13 Dominion 8 10 10 4 4 Glace Bay 151 122 156 82 35 22 2 Halifax 454 417 344 330 197 8 1 10 4 2 3 3 3 <t< th=""><th>Cities and Towns</th><th>Male</th><th>Female</th><th>Single</th><th>Married</th><th>Widowed</th><th>Divorced</th><th>Unknown</th><th>Total</th></t<>	Cities and Towns	Male	Female	Single	Married	Widowed	Divorced	Unknown	Total
Bridgetown 3 9 2 4 6 Bridgewater 39 31 25 34 11 Canso 3 8 3 5 3 Dartmouth 18 34 13 19 20 Digby 29 15 14 17 13 Dominion 8 10 10 4 4 Glace Bay 151 122 156 82 35 2 2 44 44 44 44 44 44 44 44 44 44 330 197 5 44 40 44 44 44 44 45 44 14 42	Amherst	53	62	32	56	27			118
Bridgewater 39 31 25 34 11 Canso 3 8 3 5 3 Dartmouth 18 34 13 19 20 Digby 29 15 14 17 13 Dominion 8 10 10 4 4 Glace Bay 151 122 156 82 35 22 Halifax 454 417 344 330 197 8 Inverness 35 20 31 13 11 Joggins 9 6 6 3 6 Kentville 38 34 31 31 10 Liverpool 17 14 10 13 8 Lunenburg 11 15 2 13 11 Mahone Bay 6 9 2 6 7 New Glasgow 78 59 56 47 <td< td=""><td>Antigonish</td><td> 57</td><td>41</td><td>50</td><td>47</td><td>1</td><td></td><td></td><td>98</td></td<>	Antigonish	57	41	50	47	1			98
Canso 3 8 3 5 3 Dartmouth 18 34 13 19 20 Digby 29 15 14 17 13 Dominion 8 10 10 4 4 Glace Bay 151 122 156 82 35 2 Halifax 454 417 344 330 197 8 Inverness 35 20 31 13 11 13 11 14 10 13 11 14 10 13 11 14 10 13 11 14 10 13 13 11 14 10 13 14 10 13 14 13 14 10 13 14 10 13 14 10 13 14 14 10 13 14 14 10 13 14 14 14 14 14 14			9	2	4	6			12
Dartmouth 18 34 13 19 20 Digby 29 15 14 17 13 Dominion 8 10 10 4 4 Glace Bay 151 122 156 82 35 2 Halifax 454 417 344 330 197 8 Inverness 35 20 31 13 11 13 Joggins 9 6 6 3 6 8 8 8 11 31 11 11 13 11 11 13 11 11 12 13 11 13 11 14 10 13 8 14 10 13 8 14 10 13 8 12 13 11 14 10 13 8 14 10 13 14 10 13 14 10 13 13 11 13 <t< td=""><td>Bridgewater</td><td> 39</td><td>31</td><td>25</td><td>34</td><td>11</td><td></td><td></td><td>70</td></t<>	Bridgewater	39	31	25	34	11			70
Digby 29 15 14 17 13 Dominion 8 10 10 4			8	3	5	3			11
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Glace Bay 151 122 156 82 35 2 Halifax 454 417 344 330 197 8 Inverness 35 20 31 13 11 11 Joggins 9 6 6 3 6 8 Kentville 38 34 31 31 10 11 Liverpool 17 14 10 13 8 19 Liverpool 17 14 10 13 8 11 Liverpool 17 14 10 13 8 11 Liverpool 18 14 10 13 14 14 New Glasgow 78	Digby			0.000	17	13			44
Halifax 454 417 344 330 197 8 Inverness 35 20 31 13 11 Joggins 9 6 6 3 6 Kentville 38 34 31 31 10 Liverpool 17 14 10 13 8 Lunenburg 11 15 2 13 11 Mahone Bay 6 9 2 6 7 New Glasgow 78 59 56 47 33 1 1 New Waterford 50 29 45 22 11 1 North Sydney 55 39 36 42 16 Oxford 6 4 1 5 4 Parrsboro 10 7 2 8 7 Pictou 32 23 19 17 19 Port Hawkesbury 3 2 2 2 1 Springhill 27 27 20 24 <td>Dominion</td> <td></td> <td></td> <td>10</td> <td>4</td> <td></td> <td></td> <td></td> <td>18</td>	Dominion			10	4				18
Inverness	Glace Bay	action to the second	122	156	82	Committee of the Commit			278
Joggins 9 6 6 3 6 Kentville 38 34 31 31 10 Liverpool 17 14 10 13 8 Lunenburg 11 15 2 13 11 Mahone Bay 6 9 2 6 7 New Glasgow 78 59 56 47 33 1 1 New Waterford 50 29 45 22 11 1 North Sydney 55 39 36 42 16 0 Oxford 6 4 1 5 4 16 0 Oxford 6 4 1 5 4 18 7 19 19 19 19 19 19 19 11 19 19 19 19 19 19 19 19 19 10 19 10 10 10 10	Halifax		A CONTRACTOR	100000000000000000000000000000000000000	330	197			871
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an	Not stat- ed	Male		3
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-	and over	Male	-	4
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sce	69	Female	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	353
NOVA SCOTIA, BY	69-09	əlsM.	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	200
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VIN	40-49	Male	0 - 0 - 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0	189
PROVINCE	39	Female	40000000000000000000	33
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OCCURRED IN THE	29	Female	25 25 25 25 25 25 25 25 25 25 25 25 25 2	152
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0	10	Male	989999 648119 1 4	36
H	6	Female	3 8 1 2 4 2 6 1 2 1 2 1 8 1	47
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EX	D 1			
TABLE XXIV-AGE AT WHIC		COUNTIES (Including cities and towns)	Annapolis	Total

1	Total	199151641578818181818181818181818181818181818181	-
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	Female		
100 and over	Male		
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90-99			
00	Male		
-89	Female	10488-08811 10488481 10488-0880 10488-0880 10488-0880 10488-0880 10488-0880 1048	1
30-39 40-49 50-59 60-69 70-79 80-89 9	Male	00010104 0011140100 0400111000140	
70-79	Female	4004480 3000-000-00-40 84 0-00-00-000	
70-	Male	04-10 30-428042804464644644 1980	-
69	Lemale	021214 555 21 2147118 1419517 8889	-
09	Male	801-4 600-5242-00000-4000-000 -0000	1
60	Female	404 04 400 0000- 100- 4-10 0001 -00-04 4 010000	-
50-59	Male	0.00 1141011101 11 0000 12 00000411 10000	-
49 49	Female	P-8 0 0 1 100 1 1 1 8 1 1 1 1 1 1 1 1 1 1	-
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39	Female	944 848984 84 84 4848 446	i
30-39	Male	940 F- H- 850 F-8 9888 4 H- F-8 4-H- 4	i
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5-9 10-14 15-19 20-29	Male	88 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	İ
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ler	Female	104 4 0000000001000 01 0010000410 012-101	
TABLE XXV—AGES AT WHICH Under 1 2 3 4	Male	80 01-0800001 14401-0 000F 0-0-10	
TAI	Cities and Towns	Amherst Antigonish Bridgetown Bridgetown Bridgewater Canso Digby Digby Dominion Glace Bay Halifax Inverness Joggins Kentville Liverpool Liverpool Liverpool New Glasgow New Waterford North Sydney New Waterford North Sydney New Waterford North Sydney Parrsboro Pictou Port Hawkesbury Shelburne Springhill Stellarton Sydney Sydney Sydney Wedgeport Westville Westville Westville Westville Windsor	

TABLE XXVI-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS SHOWING THE NUMBER NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1936

			All D	All Deaths					In Institutions	itutions		
		Total		Nor	Non-resident in Province	at in		Total	CE NEW	Nor	Non-resident in Province	it in
	Total	M	Ē	Total	M	É4	Total M	M	F	Total M	M	E
Total for the Province	5897	3157	2740	35.	24	111	1385 799	199	586	18	12	9

TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA 1936. TABLE XXVII-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS, CLASSIFIED ACCORDING

PORT	OF THE	DEPAR	RTMEN'	TOF	PUE		CH	EAI	TH	
n in the	3 - 7	Non- resident in Prov.	E I			-				
	to to sat	Non- resident in Prov.	N	-						-
	Non-resident in city or to w where death occurred and	- e c	H	-		-				-
-	ity ity	Resident in Prov.	1 1	50	1	4 0	4		C3	
i e	W. W.	Resident in Prov.	8	1-						C4 :
tha		N	1	12	:	10 00	50 -	: :	C4 -	
ere		S	(T	201	46	29	30	34	12 25	35
who		den	W	66	3 4	17	C3 C5	20	00 1	22 28
Institutions		Kesidents		17.10		29	72			
St.		Y	H	55 105	00	-		-		
Deaths elsewhere than in Institutions			i.	200		34	34			
		Lotal	×	174		18	43			
			-	380 174 206 367 166 201 12 106 51 55 105 51 54 1	80	52 132	77	38 28	32	66
	_	, i .	[IL	-	00	0				
	owr th nd	Non- resident in Prov.	A I	60	6.3	-		0.1	1	
i	r to	Z se E	-	4	10	-		0.9		
90	y o	t	LL.	63	-	1623	15	- 64	-	-
tion	Non-resident in city or town where death occurred and	Resident in Prov.	×	108 63	10	16	22	9	10	8 1
titu	- ii - o	Re.	-		22	39	37	1- 00	9	16
Ins		2	IT.	222	-	31	10	41-	10	10
Deaths in Institutions	1	Residents	×	69	1-	102	13	8 9	9	112
ath		Y G	H	57	90	10	23	13.2	1	22
g-			tr.	30		54 101	10 10	10 0	. 9	18
	Total		W	41	19	. 27	35	11	=======================================	20
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	T S E P	Non- resident in Prov.	M	+	0.8	: =		04	1000	
O Propo	der to eat an	esi u	- 1	10	10		1	04	11	-
	or or e d	3100	tr	90 G	27	4 5	6 -	- 01	01 01	0.4
	Non-resident n city or tow where death occurred and	den den	×	115 68		17 25	23 19	9 -	: 10	10 9
aths	Non-resident in city or town where death occurred and	Resident in Prov.	-		55	12 02	2 8	r= 00	01 1-	19
All Deaths			-	117 683 335 348 183 85 162, 86, 76, 15	47	97	40	25 55	2 0	45
= E		Kesidents	IT.	6 6			555		18 1	
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		lotal	×	454	10	181	500	27	18	55
			-	871 454 417 683 335 348 183 177 92 85 162 86 76 15	115	273 151 122 230 133	137	54	32	104
	71	26				11				1 1
		S								
	91	Cities and Lowns					New Glasgow	North Sydney	150	Trura Yarmouth
	F	-				Dartmouth	New Glasgow	North Sydney Springhill	Stellarton	-
	0.0	an		× >	St	Ba	Sla	Sy	tor	out
		e es	1 5	Halifax	ns: Amherst	Dartmouth.	3 3	rth	Illar	CTI
	;	5		Ha Sve	An	Da	ZZ	Spi	Ste	Ta
				Cities:	Towns:					
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TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) BY SINGLE YEARS OF AGE AND BY AGE GROUPS, IN THE PROVINCE OF NOVA SCOTIA, 1936

Ages	Total	Male	Female
All ages	5,897	3,157	2,740
Under 1 year	781	446	335
1 year	103	54	49
2 years	33	16	17
3 "	31	20	11
4 "	26	16	10
Total under 5 years	974	552	422
5 years	18	8	10
6 "	29	17	12
7 "	19	9	10
8 "	10	4	6
9. "	14	5	9
Total 5-9 years	90	43	47
10 years	14	6	8
11 "	12	7	5
12 "	9	6	3
13 "	11	7	4
14 "	21	10	11
Total 10-14 years	67	36	31
15 years	11	6	5
16 "	27	14	13
17 "	26	14	12
18 "	36	15	21
19 "	34	20	14
Total 15-19 years	134	69	65
20 years	33	12	21
21 "	40	18	22
22 "	31	19	12
23 "	41	21	20
24 "	31	11	20
Total 20-24 years	176	81	95
5 years	20	17	3
26 "	29	18	11
27 "	21	10	11
28 "	40	23	17
29 "	29	14	15
Total 25-29 years	139	82	57

TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) Cont'd

Ages	Total	Male	Female
30 years	26	18	8
31 "	19	10	9
32 "	32	18	14
3 4	23	10	13
4 "	30	22	8
Total 30-34 years	130	78	52
E was w	36	17	19
5 years	36	12	24
	31	14	17
7 "	23	17	6
8 "			
9 "	35	20	15
Cotal 35-39 years	161	80	81
0 years	27	15	12
1 "	26	13	13
2 "	39	24	15
3 "	30	12	18
4 "	22	12	10
Total 40-44 years	144	76	68
5 years	36	20	16
6 "	33	12	21
7 "	31	9	22
8 "	40	24	16
9 "	42	27	15
Total 45-49 years	182	92	90
60 years	54	27	27
1 "	30	14	16
2 "	47	27	20
3 "	48	31	17
4 "	53	23	30
Total 50-54 years	232	122	110
5 years	39	18	21
66 "	56	40	16
7 "	61	41	20
8 "	56	30	26
9 "	78	44	34
Total 55-59 years	290	173	117
0 years	62	32	30
51 *	56	33	28
32 #	82	52	30
33 "	105	62	43
64 "	75	43	32
Total 60-64 years	380	222	158

100 REPORT OF THE DEPARTMENT OF PUBLIC HEALTH TABLE XXVIII DEATHS (EXCLUSIVE OF STILLBIRTH)—Cont'd

66 " 64 32 3 67 " 90 58 3 68 " 108 64 4 69 " 115 68 4 Total 65-69 years 473 278 19 70 years 102 57 4 71 " 87 49 3 72 " 120 72 4 73 " 120 72 4 74 " 118 57 6 Total 70-74 years 559 307 25 75 years 122 65 5 76 " 141 84 5 77 " 124 64 6 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123	Ages	Total	Male	Female
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68 " 108 64 4 4 69 " 115 68 4 4 7	66 "	64	32	32
68 " 108 64 4 4 69 " 115 68 4 4 77	67 "	90	58	32
69 " 115 68 4 Total 65-69 years 473 278 19 70 years 102 57 4 71 " 87 49 3 72 " 120 72 6 73 " 120 72 4 74 " 118 57 6 Total 70-74 years 559 307 25 75 years 122 65 5 76 " 141 84 5 77 " 124 64 6 78 " 120 60 6 79 " 116 61 5 70 " 123 64 5 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 83 "	68 "	108		44
Total 65-69 years 473 278 19 70 years 102 57 4 71 " 87 49 3 72 " 132 72 6 73 " 120 72 4 74 " 118 57 6 Total 70-74 years 559 307 25 75 years 122 65 5 76 " 141 84 5 77 " 124 64 6 78 " 120 60 6 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 83 " 113 66 4 84 " 94 49 4 70 *4 49 4				47
711 87 49 3 72 132 72 6 73 120 72 4 74 118 57 6 Total 70-74 years 559 307 25 75 years 122 65 5 76 141 84 5 77 124 64 66 78 120 60 6 78 120 60 6 79 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 93 48 4 82 98 54 4 83 113 66 4 84 94 49 4 Total 80-84 years 521 281 24 85 years 88 43 4 86 6 103 <td< td=""><td></td><td></td><td></td><td>195</td></td<>				195
71 " 132 72 6 73 " 120 72 4 74 " 118 57 6 Total 70-74 years 559 307 25 75 years 122 65 5 76 " 141 84 5 77 " 124 64 6 78 " 120 60 6 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 83 " 113 66 4 84 " 94 49 4 Total 80-84 years 521 281 24 85 years	70 years	102	57	45
73 " 120 72 4 74 " 118 57 6 Total 70-74 years 559 307 25 75 years 122 65 5 76 " 141 84 5 77 " 124 64 6 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 83 " 113 66 4 84 " 94 49 4 Total 80-84 years 521 281 24 85 years 88 43 4 86 " 103 39 6 87		87	49	38
74 118 57 6 Total 70-74 years 559 307 25 75 years 122 65 5 76 " 141 84 5 77 " 124 64 6 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 81 " 93 48 4 82 " 98 54 4 83 " 113 66 4 84 " 94 49 4 Total 80-84 years 88 43 4 85 years 88 43 4 86 " 103	72 "	132	72	60
Total 70-74 years 559 307 25 75 years 122 65 5 76 " 141 84 5 77 " 124 64 66 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 83 " 113 66 4 84 " 94 49 4 Total 80-84 years 521 281 24 85 years 88 43 4 86 " 103 39 6 87 " 78 40 3 88 " 61 23 3 89 " 56 27 2 Total 85-89 years 386 172 21 90 years 49	73 "	120	72	48
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77 " 124 64 66 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 623 334 28 80 years 623 334 28 80 years 623 334 28 80 years 623 334 28 80 years 623 334 28 81 " 93 48 4 82 " 98 54 4 4 82 " 98 54 3	75 years	122	65	57
77 " 124 64 66 78 " 120 60 6 79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 83 " 113 66 4 84 " 94 49 4 Total 80-84 years 521 281 24 85 years 88 43 4 86 " 103 39 6 87 " 78 40 3 88 " 61 23 3 89 " 56 27 22 Total 85-89 years 386 172 21 90 years 49 14 3 91 <	76 "	141	84	57
79 " 116 61 5 Total 75-79 years 623 334 28 80 years 123 64 5 81 " 93 48 4 82 " 98 54 4 83 " 113 66 4 84 " 94 49 4 84 " 94 49 4 Total 80-84 years 521 281 24 85 years 88 43 4 86 " 103 39 6 87 " 78 40 3 88 " 61 23 3 89 " 56 27 22 Total 85-89 years 386 172 21 90 years 49 14 3 91 " 37 11 2 92 " <t< td=""><td>77 "</td><td>124</td><td>64</td><td>60</td></t<>	77 "	124	64	60
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TABLE XXIX—DEATHS (EXCLUSIVE OF STILLBIRTHS) CLASS-IFIED ACCORDING TO RACIAL ORIGIN OF DECEDENTS, IN THE PROVINCE OF NOVA SCOTIA, 1936

Racial Origin	Total	Male	Female
All origins	5,897	3,157	2,740
English	2,559	1,363	1,196
Irish	638	351	287
Scottish	1,509	800	709
Welsh	9	7	2
French	653	365	288
German	203	94	109
Armenian			
Austrian	4	2	2
Belgian	10	6	4
Bulgarian			
Chinese		2	
Czech and Slovak		3	3
Danish	1		1
Dutch	53	30	23
Finnish			
Greek	1		1
Hindu	description of		
Hungarian	5	4	1
Icelandic	1		A B 1
Indian	U2077	23	13
Italian	9	5	4
Japanese			
Jewish		2	7
Negro.		65	65
Norwegian		1	
Polish	20.00	4	5
Roumanian			
Russian	5	4	1
Serb and Croat	1	1	
Swedish	5	5	
Swiss	10	4	6
Syrian	8	4	4
Ukrsinian (1)	2	2	100
Other	6	5	1
Not specified	12	5	7

⁽¹⁾ Including "Galician" and "Bukovinian."

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-	Int. List		85	98	87					
TABLE AAAII—CAUSES OF DEATH	Causes of Death	(b) Other psychoses M. F.	Epilepsy	Convulsions (under 5	Other diseases of the	(a) Chorea M.	(b) Neuralgia and M	ysis	sis (other the	(e) Others under M this title
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TABLE XXXII CAUSES OF DEATH		. Causes of Death	(b) Endocarditis, unspecified, (45 years and over)	Diseases of the M. myocardium F.	(a) Acute myocar- M. ditis	(b) Myocarditis, unspecified, (under M.	45 years of age)F	tis and myocardial M.	(d) Myocarditis, un-	specified, (45 years M.	Diseases of the cor-	_	angina pectorisF.
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(a) Diseases of the	coronary arteries.	(b) Embolism and	thrombosis of the	coronary arteries.	(c) Angina pectoris M.	County was additional	Other diseases of the	heart.	(a) Functional dis-	eases of the heart.	(b) Other and un-	specified	Aneurysm (except	of the heart)	Arteriosclerosis (of	coronary arteries	excepted)	Gangrene		Other diseases of the	arteries	100 Diseases of the veins	(varices, haemorr-	hoids, phlebitis, etc.) F.	101 Diseases of the lym-	phatic system	(lymphangitis, etc.) F.
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		Causes of Death	114 Other diseases of the respiratory system (tuberculosis ex- M. cepted)
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		35-39 years	100 0 0 1
THE		30-34 years	1 3 1 1 3
IN		25-29 years	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		15-19 years	1 3 8 9
AND		10-14 years	0 0 0
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TABLE XXXII-CAUSES OF DEATH	CONTRACTOR STATE OF THE STATE O	t. St Causes of Death	(b) Ulceration of M. the intestines F. 121 Appendicitis M. obstruction F. (a) Hernia M. (b) Intestinal ob- M. struction F. (c) Intestinal ob- M. struction F. 123 Other diseases of the M. intestines F. (a) Specified as M. alcoholic F. (b) Not specified as M. alcoholic F.
-		Int. List No.	

REPORT OF THE DEPARTMENT OF PUBLIC HEALTH	131
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TABLE XXXII CAUSES OF		ath	Class XV—Diseases of T. early infancy M.					4	F. With mention of M.		ntior	-	-		
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TABLE XXXII-CAUSES OF DEATH		Int. List No.	163- Suicides	171	163 Suicide by solid or		40,	164 Suicide by poisonous	165 Suicide by hanging or M.		166 Suicide by drowning	100	tor bancide by mearms	168 Suicide by cutting or	169 Suicide by immine	
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170 Suicide by crushing	171 Suicide by other	1	173- Homicides		173 Homicide by firea		174 Homicide	q	pid	175 Homicide by other	m	Other violent deaths M.		176 Attack by venomous	31	177 Food poiscning.		I's Accidental absorp-	179 Other sente seeden	ta	90	180 Conflagration		181 Accidental burns	9	2
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TABLE	Int. List No.		182 A 183 A 184 A 185 A 186 A 187 C
TABLE XXXII—CAUSES OF	Managed and appearance	Causes of Death	182 Accidental mechanical M. suffocation F. 183 Accidental drowning M. frearms. F. 185 Accidental injury by cutting cr piercing M. instruments. F. 186 Accidental injury by by fall, crushing or landing or landing or landing or landing or landing or landing or landing slide. F. 187 Cataclysm. M. 188 Injuries by M. F.
		Total	2 48 6 6 111 2 2 49 4 49
DEATH		Under I year	63
B		I year	· · · · · · · · · · · · · · · · · · ·
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A		5-9 years	4-1011 4-8
AND		10-14 years	4 2
AG		15-19 years	1 2 6 1 1 1 8
AGE,		20-24 years	1 61
IN		25-29 years	12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
THE		30-34 years	10 00
P.		35-39 years	1 01 61
PROVINCE	Ages	40-44 years	6 9
INC	92	45-49 years	7 7 87 7
E OF		50-54 years	10 00 H
		65-59 years 60-64 years	1 2 1 2
NOVA		65-69 years	
sc		70-74 years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTI		75-79 years	410
SCOTIA, 1936		80-84 years	9
986		85-89 years	1 2 11
-C01		90-94 years	61
ntin		95-99 years	
Continued		100 years and over Not stated	
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irs	d	at.	-	ceidents due to	its.	(a) Foreign body	(b) Others under this title	olent deaths of which the nature (accident,	suicide, homi- cide) is unknown	hm	H	defined causes of		hr	specified or ill-de- fined
r th	col	he		du	der	igi	(b) Others un	ath	suicide, homi- cide) is unkno	inis	-11	can	ath	leat	101
r 01	ive	ive	ing	nts	icei	ore	Oth	de	de,	l pi	M	ed	de	of d	ued
ge	ess	ess	utu	ide	er a	E) F) (o	ent	nici de)	ita	8	uy:	death	se c	specified fined
189 Hunger or thirst.	190 Excessive cold	191 Excessive heat.	192 Lightning	193 Accidents due to	194 Other accidents	3	4	195 Violent deaths of which the nature (accident,	g.	198 Capital punishment	Class XVIII—III-	de	199 Sudden death	200 Cause of death not	sp
89	90	91	92	93	94			95		86	0		8	00	
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TABLE XXXII-SPECIAL CLASSES OF ACCIDENTAL DEATHS, NOVA SCOTIA, 1936. (Included also under the numbers of the International List above)

REI	PORT OF THE DEI	PART	ME	VT C	F P	UBLI	CHE	AL'	ГН
	Not stated				1	11		-	
	1900 years and over					1 1			
-	95-99 years							:	
	90-94 years								
	85-89 years					-			
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	70-74 years				1	-			
-	8159 уеатя	00	-	6.1		01 00			
- 1	60-64 years	-	1					1	
	55-59 уеагз	-	1	П		67 -			
	50-54 years	1		-		3			
Ages	45-49 years	8		1		4-		-	
Ag	40-44 years					4		4	
	85-89 years	1	1	-					
	30-34 years	61				4		4	
	25-29 years	4		63		5	11	00	
	20-24 years	89	1	62		27	1	7	
	15-19 years			1		4 01	1	00	
	10-14 years					6.1	111	7	
	5-9 years			67		01 00			1 1
	4 years			- 1					
	8 years				-	2 -			
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	ath						or-	Water transportation M.	
	Causes of Death	Accidents in mines	Accidents caused by machines.	Railway accidents	Street car accidents	Automobile and mo- torcycle accidents.	Other land transportations	orta	Air transportation
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TABLE XXXIII-CAUSES OF DEATH FOR EACH SEX BY CONJUGAL CONDITION, NATIVITY AND MONTH OF DEATH IN THE PROVINCE OF NOVA SCOTIA 1936.

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	-	September	25222 33222 11 11 11 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
	-	August	948688
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TABLE XXXIV—CAUSES OF DI	Causes of Death	Class I—Infectious and Parasitic Diseases Class I—Infectious and Parasitic Diseases 1 Typhoid fever. 2 Paratyphoid fever. 4 Relapsing fever. 5 Undulant fever. 6 Small-pox. 7 Measles. 8 Scarlet fever. 9 Whooping-cough. 10 Diphtheria. (a) Sole cause. (b) With bronchitis. (c) With pneumonia. (d) With other diseases of the respiratory system. (e) With intestinal complications. (f) With other causes.
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TABLE XXXIV CAUSES OF	Int. List No.	(e) Others under this title 89 Diseases of the organs of vision (a) Otitis (b) Diseases of the Mastoid process (c) Others under this title Class VII—Diseases of the circulatory system 90-95 Diseases of the heart 91 Acute endocarditis 92 Chronic endocarditis valvular diseases (a) Endocarditis valvular diseases (b) Endocarditis, unspecified (under 45 years of age) (a) Endocarditis, unspecified, (45 years and over) (b) Myocarditis, unspecified, (under 45 years of age) (c) Chronic myocarditis and myocardial degeneration (d) Myocarditis, unspecified, (45 years and over) (d) Myocarditis, unspecified, (45 years and over)
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TABLE XXXIV—CAUSES	Causes of Death	(a) Bronchopneumonia. (b) Capillary bronchitis. (b) Capillary bronchitis. 109 Pneumonia, unspecified. 110 Pieurisy. (a) Pulmonary embolism and thrombosis. (b) Others under this title. (c) Others under this title. (a) Chronic interstitial pneumonia including occupational diseases of the respiratory system. (b) Gangrene of the lung. (c) Others under this title. (d) Chronic interstitial pneumonia including occupational diseases of the respiratory system. (e) Others under this title. (c) Others under this title. (d) Chronic interstitial adamexa, and of the pharynx and tonsils (including adenoid vegetations) (d) Diseases of the buccal cavity and annexa, and of the pharynx and tonsils (including adenoid vegetations) (d) Diseases of the tonsils.
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TABLE XXXIV—CAUSES OF	Causes of Death	Class X—Diseases of the Genito-urinary system. 130 Acute nephritis (including unspecified, under 10 years of age). 131 Chronic nephritis. 132 Chronic nephritis unspecified (10 years and over). 133 Chronic nephritis unspecified (10 years and over). 134 Calculi of the urinary passages. 135 Diseases of the bladder (tumours excepted). 136 Diseases of the urethra, urinary abscess, etc. 137 Diseases of the male genital organs (not specified as venereal). 138 Diseases of the female genital organs (not specified as venereal). 139 Diseases of the female genital organs (not specified as venereal). 139 Diseases of the breat. (a) Of the overy. Fallopian tube and parametrium. (b) Of the overy. Fallopian tube and parametrium. (c) Of the breat. (d) Others under this title. (e) Of the breat. (f) Others under this title. (g) Abortion with septic conditions. (h) Self-induced abortion. (h) Self-induced abortion. (h) Self-induced abortion. (h) Self-induced abortion. (h) Without mention of septic conditions. (h) Without mention of septic conditions.
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157 Congenital malformations (stillbirths excluded)	29090	-01-01	2-0-	0 00	0-10-F		2222	00 00		NOVOIO	2404	-	1 1 1			181

XXXIV CAUSES OF DEATH BY COUNTIES—Continued	Total Annapolis Antigonish Cape Breton Colchester Cumberland Digby Halifax	M. H. H. H. H. H. H. H. H. H. H. H. H. H.	endance. M. F. 17 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 2 1 2 1 2 1 1 2 2 1 2 1 1 2 2 1 2
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Class XVIII—Ill-defined causes of death	SPECIAL CLASSES OF ACCI	Causes of death	A Accidents in mines and quarries B Accidents caused by machines C Railway Accidents D Street car accidents E Automobile and motorcycle accidents F Other land transportation G Water transportation H Air transportation

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and the same of th	CAUSES OF DEATH	(a) Placenta praevia. F. (b) Other haemorrhages. F. (c) Other paral septicaemia and pyaemia. The prerperal septicaemia and pyaemia. The prerperal septicaemia and pyaemia. The prerperal albuminuria and eclampsia. The prerperal albuminuria and F. 147 Other toxaemias of pregnancy. F. 148 Puerperal phlegmasia alba dolens. embolism. The colons. embolism. The colons. embolism. The colons. embolism. The colons. Embolism. The colons and thrombosia. The colons and thrombosia. The colons and instrumental delivery F. (c) Other surgical operation. The parturition of the puerperal state. The parturition of the puerperal state. F. (d) Rupture of uterus in parturition of the puerperal state. F. (e) Others under this title. F. (e) Others under this title. F. (e) Others under this title. F. (e) Others under this title. F. Chass XII.—Diseases of the Presst. The skin and cellular tissue. M. F. F.
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CAUSES OF DEATH		9 0		(a) Foreign body	(b) Others under this title.	olent deaths of which the nature (accident, suicide, homicide) is unknown	Class XVIII—Ill-defined causes of death		no
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447	191 Excessive heat	192 Lightning	194 Other accidents	-		195 Violent deaths of which the nature (accident, suicide, homicide) is unknown		199 Sudden death	200 Cause of death not specified or ill-defined
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SPECIAL CLASSES OF ACCIDENTAL DEATHS FOR CITIES AND TOWNS OF NOVA SCOTIA, 1936 (Included also under the numbers of the International List above

CAUSES OF DEATH	A Accidents in mines and quarries
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	Causes of Death	Deaths—All causes. Class I—Infectious and parasitic diseases. T. P. Class I—Infectious and parasitic diseases. T. P. P. P. B. Undulant fever. C. Small-pox C. Small-pox M. M. Scarlet fever. B. C. M. B. C. M. C
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11 Influenza	(a) Sole cause	(b) With bronchitis	(c) With pneumonia	(d) With other diseases of the	(e) With intestinal complications	(f) With other causes	13 Dysentery	15 Erysipelas	16 Poliomyelitis and polioencephalitis (acut	17 Lethargic or epidemic encephalitis.	18 Epidemic cerebrospinal meningitis.	19 Glanders	Anthrax, malignant pustule (bacillus anthracis)	22 Tetanus	23. 32 Tuberculosis	23 Tuberculosis of the respiratory system

		100 years and over Not stated		
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		85-89 years		
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	(c) Not specified			35 Gonococcus infection and other venereal	n		39 Other diseases due to protozoal parasites							50		-		
(a) Acute				er ver	diseases. 36 Purulent infection, septicaemia (non		al par					42 Other diseases caused by helminths		44 Other infectious or parasitic diseases				
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		33	34	35	36	38 Malaria	39	40	41 Hydatid cysts			42	43 Mycoses.	44				

TABLE	List No. Causes of Death Total	Class II—Cancer and other Tumours 45-53 Cancer and other malignant tumours 46 Cancer of the buccal cavity and pharynx M. F. (a) Of the digestive tract and peritor of the stomach and duodenum M. F. (b) Of the rectum. (c) Of the liver and biliary ducts. (d) Of the pancreas. (e) Of the peritoneum. (f) Of the peritoneum. (g) Of other organs. M. F. (g) Of other organs. M. F. (g) Of other organs. M. F. (g) Of other organs. M. F. (g) Of other organs. M. F. (g) Of other organs.
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(b) Of the lung (c) Of the mediastinum (d) Of other organs of the respiratory M. system system system (a) Of the uterus (b) Of the uterus (c) Of the breast (d) Of the breast (e) Of the bladder (f) Of the kidney (g) Of the prostate gland (g) Of the testicles and annexa (g) Of the skin (g) Of the skin (h) Of the skin (h) Of the esticles and annexa (g) Of the skin (h) Of the certicles and annexa (h) Of the testicles and annexa (h) Of the skin (h) Of the skin (h) Of the skin (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system (h) Of the citulatory system	1 4891 484111111970			1 9 9 9			PORT OF THE DEPARTMENT OF PUBLIC HEA
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55 Tumours, nature not specified		0		Class III—Rheumatic diseases, diseases nutrition and of the endocrine glands and other general diseases.	57 Chronic rheumatism, osteo-arthritis.	58 Gout	59 Diabetes mellitus	60 Senroy	61 Beriberi.	62 Pellagra.	63 Rickets	64 Osteomalacia.	65 Diseases of the pituitary gland	
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70 Haemorrhagic conditions	1	-	-	-		-	-		+	-		-	-	I	-	-	1	1	-	1	1	
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76 Chronic poisoning, by other organic sub- M. stances. F. (a) Chronic morphinism.														111								CALTH
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(b) Chronic consistent	Causes of Death Total	(c) Occupational	(d) Other organic poisoning M.	77 Chronic poisoning by mineral substances	(a) Lead (including occupational)	(b) Occupational, except leadM.	(c) Others underthis title	Class VI—Diseases of the nervous system T. 43 and of the organs of special sense		79 Simple meningitis.	80 Progressive locomotor ataxia(tabes doraslis) M.	81 Other diseases of the spinal cord M. 2
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82 Cerebral haemorrhage, cerebral embolism and thrombosis (a) Cerebral haemorrhage (b) Cerebral embolism and thrombosis (c) Softening of the brain	(d) Hemiplegia and other paralysis, cause not specified	(a) Dementia praecox	86 Convulsions (under 5 years of age)		(d) Sclerosis (other than of the Spina Cord) (e) Others under this title	89 Diseases of the ear and mastoid process
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The state of the s	List No. Causes of Death	132 Nephritis, unspecified (10 years and over) 133 Other diseases of the kidneys and ureters M. 134 Calculi of the urinary passages M. 135 Diseases of the bladder (tumours excepted) M. 136 Diseases of the urethra, urinary abscess, M. 137 Diseases of the prostate M. 138 Diseases of the male genital organs (not procified as venereal) 139 Diseases of the female genital organs M. 138 Diseases of the female genital organs M. 139 Diseases of the female genital organs F. (a) Other ovary, Fallopian tube and parametrium (b) Of the breast (c) Of the breast (d) Others under this title F.
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ass XIV—Congenital malformations. ongenital malformations (stillbirths excluded). (a) Congenital hydrocephalus (b) Spina bifida and meningocele (c) Congenital malformations of the heart	(e) Others under this title ass XV—Diseases of early ingenital debility	jury at birth. (a) With mention of caesarean operatio operation operation. (b) Without mention of caesarean operation. operation. operation. oher diseases peculiar to early infancy (under 3 mos.). (a) Atelectasis.	(b) Icterus of the new-born (c) Sclerema and oedema
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TABLE	The Section of the Control of the Section of the Se	Causes of Death Total	(e) Others, including lack of care	163 Suicide by solid or liquid poisons or by M. absorption of corrosive substances F. 164 Suicide by poisonous gas.
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ring or strangulationrms	171 Suicide by other means. 173- Homicides. 175 Homicide by firearms. 174 Homicide by cutting or piercing instruments. 175 Homicide by other means.	ous animals ption of toxic gases lental poisonings (conflagration excepted)	

quarter arrechanged and ocurrent TA	Causes of Death	183 Accidental drowning	184 Accidental injury by firearms	185 Accidental injury by cutting or piercing M.	njuries by fall, crushing or	landslide		188 Injuries by animalsR.	189 Hunger or thirst.	190 Exposeive cold	191 Excessive heat	199 Lightning	 193 Accidents due to electric currents		194 Other accidentsM.
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December November October

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TABLE XXXVII-Continued	CONJUGAL CONDITION	Single Married	Under 15 years 15 to 24 years 25 to 44 years 45 to 64 years 65 years and over 15 to 24 years Age not Stated 45 to 64 years 65 years and over 65 years and over Midowed Widowed	20 2 1 1 13 10 10 10 11 11 11 10 10 10 10 10 10 10	10 4 4 9 9 1 1 1 2 2 1 1 1 2 2 1 1 1 1 1 1 1 1	2 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	15 8 8 6 6 1 5 3 2 2 1 2 1 3 3 2 1 5 1 3
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of the showing state	at chelifore poet (d)	CAUSES OF DEATH	(a) Yellow atrophy of M. the liver. F. (b) Others under M.	leuli	the	biliary passages	4	Class X—Diseases of the Genito-Urinary I System	hritis (includ- sciffied, under of age)
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260 REPORT OF THE DEPARTMENT OF PUBLIC HEALTH

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171 Suicide by other means M.	173- Homicides	173 Homicide by firearms.	Homicide by cutting or piercing	instruments	176-Other violent deaths	176 Attack by venomous	animals. 177 Food poisoning.	178 Accidental absorption	of toxic gasesF. 179 Other acute accidental. M.	gas) (exception) (as the control of	181 Accidental burns (con-	182 Accidental mechanicalK.	
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		o st.	183 Accidental drowning.	184 Accidental injury by	5	185 Accidental injury by		186 Accidental injury by fall, crushing or lan	187 Cataolyam	5	188 Injuries by	189 Hunger or thirst	190 Excessive cold.	191 Excessive heat	
1		List No.	-	-	•	-		-	-		-	-	-		

193 Accidents due to M. electric currents. F. 5 (a) Foreign body. M. F. (b) Others under this M. F. (c) Others under this M. title. F. (c) Others of which the nature (accident, suicide, homicide) M. is unknown. F. (c) E. (c)	1 1 5	1 1 1				0 0	LEFORT OF THE DETARTM
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	LIST ABOVE)	
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		December	co	-	43	15	34	00	10	54	11	6	17	34	17	20	4	7	10	4	276
1936		Мочетрет	18	00	125	18	59	23	13	28	16	16	18	26	26	10	13	11	10	16	469
		October	15	20	85	20	82	11	15	100	24	15	23	27	23	6	00	00	9	22	458
SCOTIA		September	16	12	110	24	37	17	13	93	20	111	27	28	35	17	10	14	10	26	510
NOVA		August	. 18	10	79	19	37	21	12	98	21	4	23	34	24	14	67	9	7	26	438
OF	50	Yuly	9	9	48	21	22	14	11	72	17	9	24	18	28	10	63	10	67	19	336
PROVINCE	MONTHS	aung	13	9	92	20	41	14	11	109	13	4	53	53	34	16	2	00	***	18	462
PROV	MC	May	13	10	46	18	15	7	00	28	10	10	15	21	. 14	9	10	20	67	7	255
THE		lingA	5	03	26	17	18	6	4	64	7	00	12	16	15	4	1	4	63	20	219
IIN		Матећ	9	*****	29	19	13	9	23	49	00	:	6	17	6	7	::	9	1	9	187
MONTHS		February	111	1	72	111	16	7	9	73	00	2	15	00	27	00	20	00	00	7	283
		January	4	67	46	20	17	00	9	99	12	00	11	13	16	10	4	9	63	10	236
S BY		Total	128	68	801	222	311	140	101	892	162	00	223	271	268	106	49	93	40	166	4,129
TABLE XXXVIIIMARRIAGES	September of the septem	COUNTIES (Including Cities and Towns)	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	nverness	Kings.	Lunenburg	Pictou	Queens	Richmond	helburne	Victoria	Yarmouth	Tota'

TABLE XXXIXMARRIAGES A	CCORDIN	DIN	Ö	TO A	AGES,	IN	THE		PROVINCE	NCE	OF.	NOV.	A	SCOTIA		1936.	
Total Control of the				Age	Ages of 1	Men						Ages	jo	Women	u		
Counties (Including Cities and Towns)	Total	Under 21	21 to 25	26 to 30	81 to 40	41 to 50	21 to 60	00 TOVO	Not stated	Under 21	21 to 25	08 ot 92	81 to 40	41 to 50	09 of Id	09 19VO	Not stated
Annapolis	128	10		31	19	-1	10	7	-	39		21	00	67		1	
Antigonish	68	-		22	17	4	1	00		26		11	1	67	-	-	-
Cape Breton	801	47	814	250	129	42	12	-	-	228	863	134	57	16	9	1	1
Colchester	222	17		22	35	00	10	50	7	69		32	20	10	4	П	
Cumberland	311	20		16	38	12	-	70	7	116		34	17	00	60	-	
Digby	140	14		40	17	67	27	4		09	2333	15	9	63	П	4	
Guysboro	101	4		31	27	10	-	-		37	910	6	11	-	-		
Halifax	892	57		260	174	40	19	13		231		152	93	21	4	00	
Hants	162	10		55	23	9	9		-	48	1333	30	-	10	0.1	-	
Inverness	88	-	4	19	21	-	00	1		20	57777	13	12	00	*******	1	
Kings	223	25		09	29	10	4	1		91		25	4	6	H		1
Lunenburg	271	17	-	81	88	10	1	00	-	66		52	13	10	1	-	-
Picton	268	9		85	20	13	00	-		79		54	21	50	F	-	
Queens	106	10		20	19	63	00	-	-	20		6	50	-	63	1	
Richmond	49	22		19	00	1	-	4	-	14	-	7	1	П	63	-	
Shelburne	93	6	-	20	12	67	00		-	40	-	13	20	-		-	
Vcitoria	40	-		10	6	6				10		6	4	67		-	
Yarmouth	166	6		53	19	00	4	00		47	200	25	14	00	T		
Total	4129	2591	259 1680 1187		684	183	84	52		1299 1737		645	311	06	28	17	51

TABLE XL .- MARRIAGES REPORTED IN RURAL AND URBAN PARTS OF COUNTIES, NOVA SCOTIA, 1936.

COUNTIES	Total	Rural	Urban
Total for the Province	4129	1576	2553
Annapolis	128	111	17
Antigonish		40	28
Cape Breton	212.3	136	665
Colchester	000	61	161
Cumberland	311	88	223
Digby	140	110	30
Guysboro		84	17
Halifax		221	671
Hants	No. of the last of	94	68
Inverness	0.0	67	21
Kings		88	- 135
Lunenburg		126	145
Pictou		57	211
Queens		61	45
Richmond		49	
Shelburne	93	69	24
Victoria		40	
Yarmouth		74	92

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THE PROVINCE		
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OF	200	
CONDITION		A VELVA
MARRIAGES-CONJUGAL		
E XLI.		
ABLE		

	Se				Marri	Marriages between	etwee	1				Per cent. of	Jo.	Per	Per cent. of	of
Section 1	grittel	Bac	Bachelors	and	A	Widowers and	s and	Divo	Divorced men and	en an		ridegroom who were	e e	brid	were	0
	Total I	Spinsters	swobiW	Divorced	Spinsters	swobiW	Divorced Women	Spinsters	swobiW	Divorced Women	Bachelors	Widowers	Divorced	Spinsters	swobiW	
Total for the province	4,129	4,129 8,715	89	1	18 185	5 76		60	4		9 66 6	50	0	9 20	4	

	Not stated	
	75 & OVET	
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NOVA	4	3
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BRIDEGROOMS	60	1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B	62	1 1 2 122 47168881881 1 11 8 1 1 6
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BR		
OF	50	
	64	11 200000000000000000000000000000000000
GES	17	14081111188711888711811 4 1 1 1 1 44
V-	26	88844211221222122122 12 8 76
00		
9	25	22 22 22 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
MARRIAGES	61	11120011200000000000000000000000000000
AR	00	84-28999999991717445118 84-289999997777445118 84-2899999999999999999999999999999999999
M	61	9.50 244 28 28 28 24 24 24 24 24 24 24 24 24 24 24 24 24
П	- 17	804-18866600041-01-086981-886
TABLE XLII	50	100 100 101
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	Total Grooms	11888888888888888888888888888888888888
National	Age of Bride- groom	Under 18 119-84 220-821 220-822 230-835 243-825 250-835 360-64 37-835 38-835 38

		1 2 3 1-14 1		the same of the sa
		Various	- -	
		United States	200 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	YI	Other		
	ASIA	Japan		
	_	China		
		Other		64
		Sweden	1::::::::::::::::::::::::::::::::::::::	
		Russia (1)		· · · · · · · · · · · · · · · · · · ·
		Roumania		
	-	Poland		4
	EUROPE	Norway		
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	A	Holland		
		Germany	04 04	
e		France		
bride	- 7	Finland	<u> </u>	
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93	8-	Belgium	NUMBER	
olac		Austria		
Birthplace of	British Posses- sions	Office	8 8 1	0 00
B	Brit Pos sio	Newfoundland	0. 4.14 1 88 4	377 377 37
	82	Other		
	British Isles	Wales		
	-Fs	Scotland	6 6 6 11	
	ii.	Ireland	10 4-1	
	B	England	1 5 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	000
		Prov. not Specified		
		British Columbia	9 8 9 9	
		Alberta	0 0	
	A C	Saskatckewan	9 9	
	AI	Manitoba		
	CANADA	Ontario	1 12 3 3 16 11	
	O	Quebec		
		New Brunswick	20050 1 1 4 5 5 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	0 00000
	9-11	Nova Scotia	3362 73 1 3 1929 73 1 3 1929 73 1 3 1929 1 3 25 1 3 2 2 1 3 2 3 2 3 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	333 33 33 33 3
		Prince Edward Island	52481 4 949	# ::::::::::::::::::::::::::::::::::::
	-	Total Grooms	3420 348116 389116 389116 3911	4 5500
	STATE STATE STATES	Bridegroom	Canada Prince Edward Island Nova Scotia Nova Brunswick Ouebec. Ontario Manitoba Alberta British Columbia England Ireland Scotland	Wales Other British Possessions Newfoundland Other Other Austria Belgium Denmark Finland

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Holland Hungary Italy Norway. Norway. Poland Roumania Russia (1) Sweden. Other Japan Other Various. Not specified Total Brides.	(1) Including the Ukraine,	
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Holland Hungary Italy Norway. Poland Roumania Russia (1) Sweden Other Japan Japan Japan Japan Japan Jother Various Various Total Brides.	nole and a second	
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Holland Hungary Italy Norway Norway Poland Russia (1) Sweden Other China Japan Other Various Not specified Total Brides		

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Other Sects	1 4
No Religion	
Oriental Religions	
United Church	1000 1120 1120 1120 1120 1120 1120 1120
United Brethren	
Unitarians	
Salvation Army	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Roman Catholics	2 26
Protestants	
Presbyterians	211 1 1 2
Pentecostal	62
Mormons	
Mennonites	
Lutherans	80 000
Jews	<u>Li i i i i i i i i i i i i i i i i i i </u>
Holiness Movement	
to the same of the	:
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	881 81 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Baptists	4
Anglicans	380 102 1 1 1 10
Adventists	40 : : : : : : : : : : : : : : : : : : :
T'otal Grooms	12 689 728 728 8 8 8 6 6 6 1 1 19 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Denomination of Groom	Adventists. Anglicans. Baptists. Brethren. Christians. Christian Science. Church of Christ. Disciples. Evangelicals Friends. Greek Catholics. Greek Orthodox. Holiness Movement. Jews. Lutherans.
	Total Grooms Adventists Anglicans Baptists Christians Christians Church of Christ Disciples Creek Catholics Greek Catholics Holiness Movement Jews Mennonites Mennonites Presbyterians Presbyterians Presbyterians Presbyterians United Brethren United Brethren United Church United Brethren

21

			T	TABLE XLIVContinued	M	XL	IA.	9	onti	nne	p															
Mormons	1	-	-	-		-	1	1		-:	-	1	1	+	-	-	-	1	-	+	-	1	+	-	1	200
Pentecostal	7		-	-		-	- 1	-	-	:	-	1	1	-	-	9	-		:	1	:	-	-	-	1	- 61
Presbyterians.	336	39	9 31	-		- 1	-	-	-	:	-	-	4	-		=	164	-	23	-	1	_	75	-	1	
Protestants	4		-	1	-	-	-	1	-	- 1	-	-	i	i	-	-	-	01	67	-	1	- 10	- 1	-	-	
Roman Catholics	1259	4	49 22	:	-	- :	-	:	:	-	-	:	-	-	-		24	=	1129	-	:		31	1	1	
Salvation Army	15.			-	-	:	-	:	i	-	-	1	1	1	-	:	-	:	:	00	1		00		1	0.0
Unitarians		-	-	1	-		-	:	-	1	-	:	1	1	:	:	1	:	1	-	:	1	:		1	
United Brethren				-	-	- 1	-	:		:	-	:		i	-	-	:	:		:	:	:	- 1		1	- 3
United Church	914	1 144	4 113	:	67	:	1 3	1	-	1	1	1	14	1	:	-	52		69	00			508		:	
Oriental Religions (1)	1	-		-	1	- 1	-	- 1	1	- 1	1	:	:	:	:	-	1	1	1	-	-	1	:	-	1	
No Religion	61	- 1	1	1	-	- 1	-	1	1	- 1	1	:	1	-	1	-	1	- 1	0	-	1	- 1	- 1	-	1	
Other Sects	23	-	61	-	:	:	_	:	-	- 1	- 1	-	-	-	- 1	:	6.1	:	-	-	-	:	67	-	1	-
Not stated	-		-	1	-	:	-	1	:	1	-	1	1	1	i	1	-	-	-	-	-	-	+	-	1	
Total brides	4,129	7 734	4 711		1 9	-	7 10	1	1	00	1 =	1 8	18 90		1	0 3	100	10 307 2 1317 17	317	17	-	00	862	-	-	9.4
											-		1		1			-	1							

13 2 11

(1) (Includes Buddhists, Confucians, Mohammedans, Shintos, Sikhs, Hindus).

TABLE XLV-MARRIAGES-LITERACY OF BRIDEGROOMS AND BRIDES IN NOVA SCOTIA, CLASSIFIED BY BIRTHPLACE, 1936

1936						
and an analysis and a second	Bri	degro	oms	Br	ides	
BIRTHPLACE	Total	Illiterate	Per cent Illiterate	Total	Illiterate	Per cent Illiterate
Total	4129	87	2.1	4129	19	0.
Canada	3720	80	2.2	3820	17	0.
Prince Edward Island	37	2	2.2 5.4	27		
Nova Scotia	3491	77	2.2	3654	17	0.
New BrunswickQuebec	97 32	1	1.0	81 18		
Ontario	50			23		
Manitoba	5			1		
Saskatchewan	1			6		March St.
Alberta	5			4		
British Columbia	2			6		
Province not Specified					,	
British Isles	140			75		
England,				49		
Ireland	12			5		
Scotland	40			20		
Wales	4			1		
Other						
British Possessions	115 102 13	5 4 1	4.3 3.9 7.7	133 127 6	2 2	1.
Europe	53	1	1.9	23		-
Austria	2	-	1.0	1		388888888
Belgium	4	1	25.0			
Denmark	4			1	550000000	
Finland	1			1 1	550000000	
	1			1 1 1	550000000	
France	1 5			1 1 1		
Germany				1 1 1 3		
Germany						
Germany Holland Hungary	2			2		
Germany Holland Hungary Italy Norway	2			2		
Germany Holland Hungary Italy Norway Poland	2			2		
Germany Holland Hungary Italy Norway Poland Roumania	2 7 1 11 11			2 3 5		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1)	2 7 1 11			2 3 5		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden	2 7 1 11 11			2 3 5		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1)	2 7 1 11 11			2 3 5		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden Other	2 7 1 11 11			2 3 5		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden Other	2 7 1 11 15 1 8			2 3 5		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden Other China Japan	2 7 1 11 11 5 1 8			2 3 5 3		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden Other	2 7 1 11 1 5 1 8			2 3 5 3		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden Other China Japan Other	2 7 1 11 11 5 1 8			2 3 5 3		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden Other China Japan	2 77 1 11 15 18 8 3 1	1		2 3 5 3		
Germany Holland Hungary Italy Norway Poland Roumania Russia (1) Sweden Other. Asia China Japan Other. United States	2 7 1 11 1 5 1 8 3 1 2 92	1		2 3 3 5 3 3 3 4 5 6 2 2 2		

⁽¹⁾ Including the Ukraine.

TABLE A-BIRTHS IN THE PROVINCE OF NOVA SCOTIA BY COUNTIES, 1936

Counties	S	ex		Illegit-			
Counties (Including cities and towns)	Male	Female	Still- births	imate births	Twins	Tri- plets	Total
Annapolis	177 138	146 118	3 9	17 10	2 2		328 256
Antigonish Cape Breton	1,257	1,213	54	122	27		2,470
Colchester	301	273	15	31	5		574
Cumberland	419	420	20	51	8 3		839 427
Digby	235 165		12	24 24	4		332
Guysborough Halifax	1,298		80	190	30		2,509
Hants	253	236	12	20	5		489
Inverness	224			14	5		429
Kings	318	236		27	3		554 544
Lunenburg	279 422		13 18	40 58	10		786
PictouQueens	121	125		12	3		246
Richmond	118	109	6 3 8	16	2		227
Shelburne	148		8	16	1		290
Victoria Yarmouth	48 206		9	9 42	5		116 397
Total	6,127	5,681	292	723	119		11,808

TABLE B-BIRTHS IN CITIES AND TOWNS OF NOVA SCOTIA, 1936

	S	ex		Y11 11		Little Control	
Cities and Towns	Male	Female	Still births	Illegit- imate births	Twins	Tri- plets	Total
Amherst	101	91	10	14	4		19
Antigonish	95	80	6	5	2		17
Bridgetown	18	6	U	3	-		2
Bridgewater	38	32	1	2	1		7
Canso	20	16	3	2	1		3
Dartmouth	71	66	1	7	1		13
	43	28	3	2	1		7
Digby Dominion	18		0	3	1		4
Glace Bay	413	390	25	37	9		80
Halifax	894	861	58	146	24		1,75
hamax	80		90		2		
Inverness		9		6 2	1		14
leggins	23			2	1		
Kentville	21	15		5			3
Liverpool	40	48	2		2		
Lunenburg	17	19	1	1			8
Mahone Bay	8			3	1		1
New Glasgow	228		10		7		41
New Waterford	160		8	17	3		28
North Sydney	104	96	6	8	1		20
Oxford	7	11	1				1
Parrsboro	10		2	3	1		2
Pictou	29		2	7	1		5
Port Hawkesbury	2						
Shelburne	15		1	3			3
Springhill	109		2	9	1		19
Stellarton	22	27		1			4
Sydney	294	308	3	26			60
Sydney Mines	110		10	17	2		21
Trenton	17			6			8
Truro	107	112	6	17	3		21
Wedgeport	14		2	2			2
Westville	19	13			1		3
Windsor	63		2	5	1		11
Wolfville	45		4	4			9
Yarmouth	85	73	3	26	1		15
Total	3,340	3,081	172	423	70		6,42



