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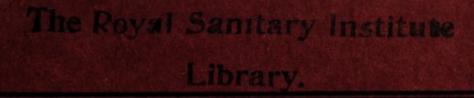
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PROVINCE NOVA SCOTIA

REPORT OF THE

Department of Public Health

FOR THE

Year ending November 30th, 1939

AND OF THE

Deputy Registrar General

CONTAINING THE

Vital Statistics of the Province

For the Year ending December 31st, 1938



HALIFAX, N.S. PROVINCIAL SECRETARY KING'S PRINTER 1940





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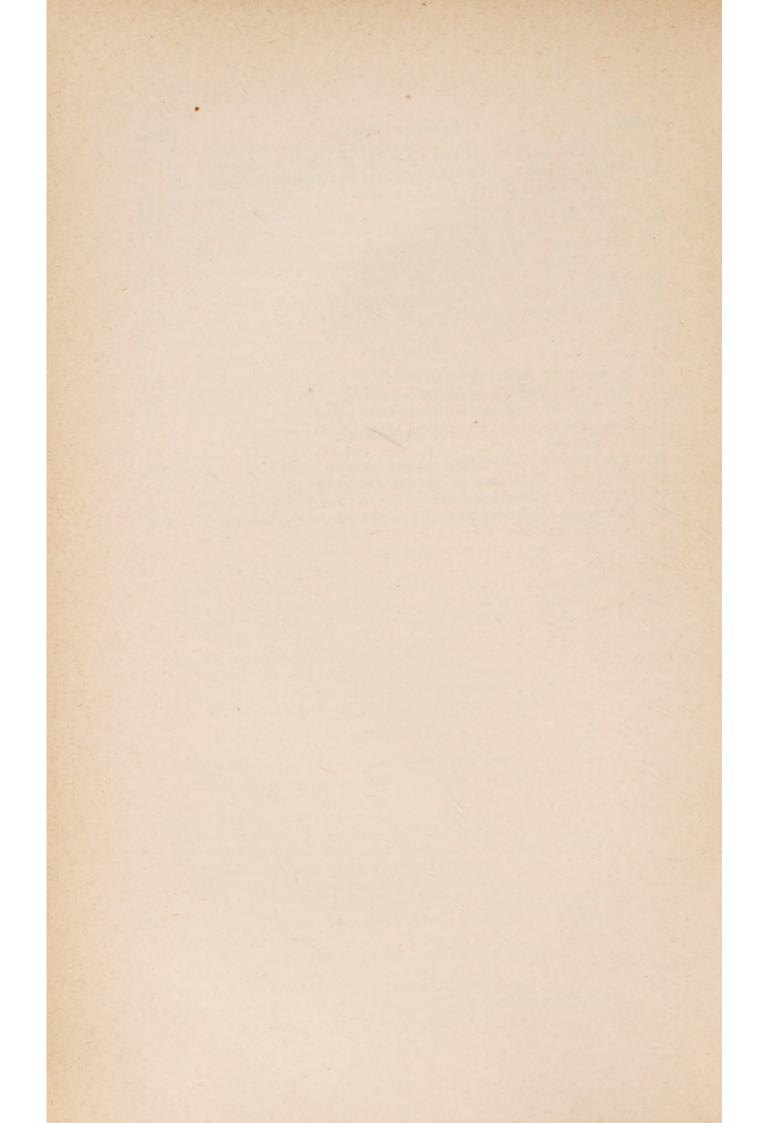
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CONTENTS

Tab	Pe	age
	Report of Chief Health Officer.	9
	Report of Deputy Registrar General	17
	Report of Divisional Medical Health Officer Central Health Division	18
	Report of Divisional Medical Health Officer Western Health Division	22
	Report of Divisional Medical Health Officer Cape Breton Island	
	Report of Director of Public Health Laboratory	20
	Report of Director of Pathological Laboratory	
	Report of Sanitary Engineer	
	Report of Statistician and Epidemiologist	
	Report of Superintendent of the Nursing Service	
	Table showing cases examined by Divisional Medical Health	
	Officers	54
	General Summary of Statistics, 1938	
A.	Number of births (ex. stillbirths) and birth rates by counties 1938	55
В.	Number of deaths and death rates by counties, 1938	56
C.	Births and deaths and rates by cities and towns 1000 population and over, 1938	57
D.	Number of marriages and marriage rates by counties, 1938	58
	Number of marriages and marriage rates by cities and towns, 1938	59
F.	Infant mortality and rates by counties, 1938	60
G.	Infant mortality and rates by cities and towns, 1938	61
H.	Number of deaths and death rates from Tuberculosis by counties, 1938	
I.	Number of deaths and death rates from Tuberculosis by cities and towns, 1938.	
J.	Five most common causes of death in certain age groups, 1938	64
K.	Number of deaths from certain specified causes by counties, 1938	66
L.	Death rates from certain specified causes by counties, 1938	67
Μ.	Birth rate, maternal mortality and infant mortality, Nova Scotia, 1921 - 1938	
N.	Number of deaths and death rates from Tuberculosis, Nova	00
	Scotia 1921 - 1938	69
	1921 - 1938	70
1.	General summary of births, deaths and marriages by counties and in cities and towns of 1000 population and over	72
	Births	
10	Births in Nova Scotic by counting 1999	
1h	Births in Nova Scotia by counties, 1938.	74
2	Single and multiple confinements, and logitimeter at 111 221	75
	Single and multiple confinements, and legitimate and illegitimate births by counties	70
3.	Single and multiple confinements and legitimate and illegitimate	76
	births by cities and towns	77

Ta	ble	age
4.	Plural births to show number born alive and stillborn by sex in the province.	. 79
5.	Births (Ex. stillbirths) by months in rural and urban areas, by counties	80
6.	Total live births and live births in institutions showing the	
7	number of mothers non-resident in Nova Scotia Births (Ex. stillbirths) to resident and non-resident mothers	83
	and births in institutions in cities and towns of 5000 pop.	
	and over	84
8.	political control of the control of	
9.		88
10.	Legitimate births (ex. stillbirths) by age and racial origin of	
	mothers	90
11.		92
12.		
	mothers	94
	Infant Mortality	
13.	Deaths of children under 1 year (ex. stillbirths) in the province,	
	by rural and urban areas, and by counties	96
14.	Total deaths (ex. stillbirths) and deaths in institutions of child-	
	ren under 1 year, showing number non-resident in province	99
15.	Total deaths (ex. stillbirths) and deaths in institutions under	
	1 year by residence of decedents in cities and towns of	
10	5000 pop. and over	100
16.		101
17. 18.		103
10.		104
19.	Deaths of children (ex. stillbirths) from certain specified causes	101
		106
20.	Deaths of children (ex. stillbirths) from certain specified causes,	
	by sex and age at time of death in the first year of life	107
	Consest Montality	
	General Mortality	
21.		
	Deaths in counties by sex and social condition	
	Deaths in cities and towns	111
24.	Age at which deaths occurred by counties.	112
25.	Age at which deaths occurred by cities and towns	113
26.	Total deaths (ex. stillbirths) and deaths in institutions showing	111
97	the number non-resident in the province	114
21.	dence of decedents in cities and towns of 5000 pop. and over	115
28	Deaths (ex. stillbirths) by single years of age and by age groups	110
-0.		116
29.	Deaths (ex. stillbirths) by racial origin of decedents in the	
	province.	119
30.	Deaths (ex. stillbirths) by birthplace of decedents	
31.	Deaths (ex. stillbirths) by birth-place of parents of decedents in	
	the province.	122

Tak	ole Causes of Death	Page
32.	Causes of death by sex and age in the province	124
33.	Causes of death for each sex by conjugal condition, nativity,	
	and month of death, in the province	164
34.	Causes of death by counties	186
35.	Causes of death by cities and towns	204
35a.	. Special classes of accidental deaths, Nova Scotia (included also	
	under the numbers of the International List)	224
36.	Causes of death by sex and age, City of Halifax	226
37.	Causes of death for each sex by conjugal condition, nativity,	
	and month of death, for City of Halifax	252
	Marriages	
38.	Marriages by month in the province	289
39.		290
40.	Marriages by rural and urban areas in counties	291
41.	Marriages by conjugal condition of contracting parties in	201
	province	292
42.	Marriages—Age of bridegroom and bride	
43.	Marriages—Birth-place of bridegroom and bride	
	Marriages—Denomination of the contracting parties	296
	Literacy of the bridegroom and bride classified by birth-place	298



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, 1939 and of the Deputy Registrar General containing the Vital Statistics of the Province for the year ending December 31st, 1938.

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 am pleased to report that the year just ended was an unusually favourable one from a public health standpoint. An examination of the 1938 mortality tables shows that with the exception of diseases common to older persons the rates in most instances were definitely lower than in the preceding year. There were a lesser incidence of and fewer deaths from the combined communicable diseases of childhood, and no infection was sufficiently widespread to call forth special methods of control. Probably the greatest single achievement was the decline in mortality from tuberculosis, the rate falling from 85 to 75 per 100,000. The infant mortality rate dropped to 61, the lowest ever recorded in this province.

The year just closed has been one that has kept all employees of the Department particularly busy. There has been steady growth of work in every division. A large variety of public health problems have been referred to the Department. It has been our endeavour to meet all situations cheerfully as they arose and to co-operate to the extent of our ability in dealing with them. As interest in public health increases, a corresponding increase in the necessary number of public health activities becomes noticeable. Of recent years this has caused a marked demand for trained and experienced health workers. We were fortunate in procuring, through the courtesy of the International Health Division of the Rockefeller Foundation, three more fellowships for specialized training of staff medical men. Two are pursuing studies at Toronto University and the third at John Hopkins, Baltimore. When these return next spring, three more divisions will be opened Through your good offices we were able to send important staff members to meetings of certain public health and scientific organizations in which they hold membership. The importance of such a procedure cannot be over-emphasized. At such gatherings they obtain, as soon as they are available, the latest developments in public health which helps materially in keeping the department up "with-the-Times." It is generally admitted, particularly in public health circles, that nothing can replace actual contact with others who are doing work of a similar nature.

Realizing that diseased teeth are a common cause of ill health the Department in the spring of 1938 extended an invitation to the Canadian Dental Hygiene Council to project a dental educational campaign in the province. The invitation was readily accepted and the Council's Field Secretary, Dr. H. S. Thomson, with the assistance of the Departments of Health and Education, and the Nova Scotia Dental Society presented addresses to the school children in twenty-two centres. Contact with adult audiences was obtained through fare and health organizations and service clubs. While presenting these addresses to school children an opportunity was afforded of meeting, under official auspices, teachers, school Inspectors and Boards, and of impressing upon these the importance of mouth health education. Through the co-operation of the Nova Scotia Dental Society 23,000 school children were given, free, a complete mouth examination. Records of the conditions found were preserved for future reference. In the summer of 1939 the Department purchased a dental trailer car, equipped as a modern dental office. Throughout the summer this unit visited 45 school areas in rural districts where there were no resident dentists. The services of the trailer were in much demand and a great deal of remediable work was carried out. This undertaking has given due recognition to the place of dental hygiene in a general health programme.

Heart Disease

Diseases of the heart claimed 868 lives in 1938. In 1934 there were 839; in 1935—801; in 1936—811, and in 1937— 820. Most of the heart affections occur after middle life or in old age and since our province contains a greater proportion of persons in the upper age groups than formerly we naturally expect many deaths from these diseases. The causes of many heart conditions appearing in old people are, as yet, unknown and as a consequence are regarded as inevitable. A good many, however, are the direct outcome of Rheumatic Fever, Syphilis, Diphtheria and other Communicable diseases; therefore by avoiding these infections we can prevent an appreciable number of deaths from heart degenerations in later life. Referring to the figures given above it is seen that deaths from heart diseases have not increased alarmingly during the past five year period. From this it may be argued that the proportion due to preventable causes is probably lessening.

Cancer

Deaths from Cancer in the last five years were as follows: 1934—688; 1935 - 617; 1936 - 687; 1937 - 717; 1938 - 688.

The course of this disease in the five year period referred to has been interesting. The deaths in 1938 were exactly the same as in 1934. During the past twenty years the crude death rate of Cancer has been increasing rapidly. When however corrections are made for ageing and improved diagnosis the increase is not so apparent. With our present knowledge respecting this disease and its causation it is not to be expected that our methods of attack upon it will bring about a solution of the problem in a short time.

It is regretted that everywhere physicians are still seeing many cases too late for effective treatment. While it is desirable to begin treatment in the early stages of all diseases, this is absolutely essential in Cancer. All over the world the aim is to discover the cases as early as possible and to provide them with proper medical and surgical care. A knowledge of the early signs is of very great importance to all persons of middle life and over. This knowledge is being daily distributed by pamphlet and by our field workers who enter the homes to do health work. Many cases of cancer can be prevented and others mitigated by education, periodic physical examinations and utilization of Cancer clinics.

Tuberculosis

The phenomenal drop in the mortality from tuberculosis in the year 1938 has already been referred to. This is more remarkable occurring as it did after a substantial decline in 1937. The rate now stands at 75 per 100,000.

A special effort was made to have as many open cases as possible placed in institutional beds, where in addition to isolation, they are given preventive instruction so that upon returning to their homes, they will not be such menaces to the health of their friends and associates as they formerly were. During the year 677 persons received treatment in the Provincial Sanatorium and 345 in the several hospitals equipped with tuberculosis sections. A Unit of 42 beds in connection with St. Joseph's Hospital, Glace Bay, was made ready for occupancy and another of equal capacity, is shortly to be built at the Glace Bay General Hospital. Without a doubt the greatest benefit our institutions are rendering the tuberculosis movement is the removal of active sufferers from their family circles and Communities.

Improvement in and extension of the field clinics have resulted in their increased usefulness and popularity. In addition to caring for the general population surveys of high and normal school students have been made and the work of supervising contacts has been continued and extended. There has been a further increase in the utilization of the laboratory.

Growth in field activities is indicated by more examinations and greater co-operation of physicians in referring cases. The examinations of the Divisional Medical Health Officers totalled 5254. Elsewhere will be found interesting details of this work.

Whooping Cough

In 1936 there were 98 deaths from this disease; in 1937—44 and in 1938 only 6. The 1938 figure is by far the lowest of record. From the apparently favourable showing in 1938 we are not lulled into a false state of security since we know that whooping cough, like measles, comes in regularly recurring epidemics, consequently we anticipate a sharp rise in its incidence and mortality in 1939 and 1940. In recent years a Vaccine which it is hoped will immunize children against this disease has been developed. Practicing physicians are advised to give this Vaccine a fair trial.

Diphtheria

Twenty three persons died of Diphtheria in 1938, twelve more than in 1937. Deaths from this disease are preventable. Toxoid is the agent of prevention. When injected beneath the skin this preparation stimulates the formation of antibodies which protects against the disease, usually for many years. Diphtheria produces its greatest mortality in children of pre school age, therefore if we are to stop its occurrence, we must stop it in the younger children. All infants after the age of six months should be immunized with toxoid. The material used for this purpose is harmless, yet effective. In the past twelve month period the protection afforded by toxoid has been given to thousands of children. If the present rate of administration continues for a decade we may look forward to the elimination of Diphtheria as a factor of mortality.

Scarlet Fever

In the calendar year 1938, five deaths were recorded as due to Scarlet Fever. In 1937 there were ten. This disease might be placed in a class of minor importance were it not for the serious complications which may follow its wake. A preparation known as toxin will protect children and others against this disease. This Vaccine was extensively used in certain sectors of the province last year with most satisfactory results. A more widespread use of this agent is consequently recommended.

Measles

Measles accounted for fifteen deaths in 1938, five more than in the year before. In this disease our efforts of control have been disappointing, no doubt largely for the reason that it is one of the most infectious of the communicable diseases, and it is most infectious before the characteristic eruption appears. Immune Serum and adult whole blood have been used to a limited extent for its prevention or mitigation.

Infantile Paralysis

Another year has passed without the occurrence of a widespread outbreak of this disease. As usual there were sporadic cases with one death only. Just why Nova Scotia has escaped an epidemic we do not know. Little progress has been made respecting the causation and methods of spread of this malady. Some years ago it was thought that a real preventive had been found in Convalescent Serum, but the results following a wide spread use of this serum have been disappointing. We are therefore still to depend upon prompt reporting, isolation, and careful treatment in attempting to prevent the spread and the crippling results of this infection.

Typhoid Fever

In the last statistical year there were eight deaths from Typhoid Fever, as against twelve in 1937.

Every case of this disease reported has been routinely investigated by officers of the Department. The aim of the investigation is to ascertain the source and route of infection responsible for the case. In almost every instance the infection was traced to carriers. We have learned that the way to search for carriers is in the release of convalescent patients, since a certain proportion of these will become carriers. At the close of the year thirty carriers were under supervision. Improved sanitation has greatly reduced the prevalence of this disease in recent years. Outbreaks due to infected water or milk supplies have not occurred for many years.

Smallpox

For a period of thirteen years previous to 1937 there was not a single case of Smallpox in Nova Scotia. In March 1937 a seaman, out of the Orient, was landed in the province who was found to be suffering from this disease. Following a prompt diagnosis, widespread vaccination was practiced, with the result that the disease did not spread. Smallpox is now

regarded as the most easily preventable disease known to Medical Science. By the elementary process of Vaccination it can be completely eradicated from any community and at a nominal cost.

Venereal Diseases

Thirty-seven deaths resulted directly from this group of diseases in 1938. It is not easy to determine accurately the number of cases existing at any given time, nevertheless, from an analysis of laboratory examinations and other data we know that the number is far greater than reports received from physicians indicate. The control of the Venereal diseases is one of the most difficult problems with which a Health Department has to deal. In setting up any machinery for this purpose, it at once becomes apparent that the practicing physician must be given an important place, and he should be prepared to take his share of the load. The most important service that can be rendered by the Health Department is the provision of dependable laboratory facilities. Such facilities have been provided. Recently the laboratory service has been extended to provide "dark field" diagnostic equipment, in addition to routine serological tests. In addition approved methods for treatment have been made available, without charge, through Department Clinics and for the benefit of those unable to reach the clinics, drugs are provided for non pay and part pay patient.

Infant Mortality

The infant mortality rate for 1938 stands at 61 per 1,000 living births. The provincial infant death rate has been falling satisfactorily for a period of years and that for 1938 is the lowest yet attained. This reduction is one of the most encouraging signs in the entire public health field, since it indicates that our health efforts are at least bearing some fruit. Education in the feeding and general oversight of the infant, coupled with a lessening incidence of childhood communicable diseases are, without doubt, responsible for the satisfactory improvement.

Maternal Mortality

Deaths of mothers in childbirth and from complications incident thereto numbered 51. While of late years there is a somewhat downward tendency in the maternal death rate and while the losses from maternal causes in Nova Scotia appear to be lower than the all Canadian rate, there is yet room for improvement. To bring about further gains, pre natal care alone is not sufficient. Of equal or perhaps greater import-

ance is improvement in obstetrical practice. There is available some evidence to indicate better obstetrical care, nevertheless, it will be some time before this change for the better will be noticeable in our mortality figures. Throughout the year our nurses were instructed, during their home visits, to direct expectant mothers to their physicians. In addition the best literature available on pre natal and post natal care was widely distributed.

Laboratories

Growth in the activities of the bacteriological and pathological laboratories continues. The number of specimens forwarded for identification is increasing so rapidly that it is impossible, at times, to keep these cleared. To overcome the volume of work, personnel has been increased, rooms have been overhauled and new equipment has been added. All sorts of specimens have been sent in for investigation, which indicates the extent to which health officers and practicing physicians are bringing their problems to the laboratory for assistance. All of which demonstrates the increasing interest in disease prevention, and by the same token, augmented service to all the people. The examinations are made without charge, which means a saving to individuals of many thousands of dollars annually. The directors' reports appearing elsewhere are worthy of careful perusal.

Violent Deaths

375 deaths were recorded as due to the various accidental causes. Fewer, it is true, by ten than in the year just before, but still too many. A partial analysis of violent deaths show automobiles and motor cycles responsible for 75; drowning for 79; accidents in mines and quarries for 40; and water transportation for 21. Of the motor accidents, it is thought that many are due to carelessness and excessive speed, and a certain per centage from other causes is preventable. If this is true all thoughtful citizens should give special attention to the observance of regulations and to the encouragement of safety campaigns.

Sanitation

The bureau of Sanitary Engineering continues to devote its entire time to sanitary problems surrounding water and milk supplies and sewage and waste disposal. The purpose is to place barriers along the paths through which infection moves and thereby prevent it from reaching susceptible individuals. The Sanitary Engineer, who presides over this division, gives an expert consulting and supervisory service to municipal

officials in the promotion of safe water supplies, adequate sewage disposal and hygienic milk dairies. It is a well known fact that some of the greatest achievements of Public Health have been due to improved Sanitation. The past year has been an exceedingly busy one for this division; nevertheless, plans have already been made for the assumption of additional burdens in the next fiscal year.

Public Health Nursing

To one engaged in health activities it soon becomes apparent that special importance must be attached to education. It is thought the most satisfactory system is to teach by demonstration, consequently much of the department's educational programme is projected through its nurses. Our nurses are prepared to give a generalized public health nursing service, embracing communicable disease control, school health supervision and maternal and child hygiene. In homes where infectious diseases exist, they tell what the diseases are and how they act. When tuberculosis is found, time is taken to demonstrate the methods to be employed in preventing its spread and to show the importance of having contacts examin-Maternal and child care is considered a most important part of the service. Through clinics and home contacts made through physicians, group and individual teaching of expectant mothers is made possible. To find the mothers early in pregnancy and to get them under medical supervision is one of the primary duties of the nurses. This is, without a doubt, the most important single service which can be rendered to prospective mothers.

In the past year 40992 school children were inspected, 12078 interviews were had with physicians and municipal officials and 22519 home visits were made in the health interests of 34397 persons.

Notification

Reporting of communicable diseases appears to be "more honoured in the breach than in the observance". We apparently have failed to convince many physicians and householders of the importance of notification. The Public Health Act contains a list of diseases known as 'the notifiable diseases' and according to the provisions of the Act, it is the duty of persons who first see these diseases to report the facts, promptly, to local health authority. The knowledge gained from reporting communicable diseases is the first step in their control. In order that health Officers and Boards of Health may be given an opportunity of preventing the spread of contagious illnesses, they must know when and where they are occurring. Many serious outbreaks of disease can be traced to neglect in reporting the first cases seen.

May I, in conclusion, be permitted to say that the year just closed has witnessed notable advances in public health activities. The health of the people is getting better as the years pass by and the average length of life is increasing accordingly. The health conditions which obtain today in the youth of the province, will have, without doubt, a beneficial influence upon the vigor of the Nova Scotians of tomorrow. Sufficient scientific knowledge is available and it is ours to put this knowledge into further practical use.

I desire, Sir, to express my sincere appreciation and thanks for your competent supervision and guidance. I have at all time received the unswerving loyalty and support of the Divisional Health Officers, the Laboratory Directors, the Statistician and Epidemologist and the Sanitary Engineer. I appreciate fully the diligence and splendid spirit of co-operation exhibited by other staff members. I wish also to thank the Medical Health Officers, many practicing physicians and certain voluntary Organizations for their valuable contributions to the advancement of Public Health affairs.

I have the honour to be, Sir,

Your obedient servant,

P. S. CAMPBELL, M.D.,

Halifax, N. S. November 30th, 1939.

Chief Health Officer.

REPORT OF THE DEPUTY REGISTRAR GENERAL

TO THE HONOURABLE

FRANK R. DAVIS, M.D., F.A.C.S.,

Minister of Health and Registrar General

Sir:

I beg to submit the report of the Deputy Registrar General for the year 1938.

In the year 1938 there were 12241 live births and 356 still births; representing an increase of 669 living and an increase of 62 still births as compared with 1937. The deaths from all causes numbered 6087, being 4 more than in 1937. 754 infant deaths occurred, yielding a rate of 61, the lowest ever recorded

in Nova Scotia. Diseases of pregnancy, childbirth and the puerperal state claimed 51 lives, 16 more than in 1937. 4089 marriages were solemnized, 248 fewer than in 1937.

The demand for Statistical information from the Registrar General's Office continues to increase. This is as it should be because one of the primary reasons of the proper registration of vital records in the Provincial Department of Health is that they be readily available to promptly furnish such information as may be required by the public. Few persons give serious thought to the importance of accurate and complete registration. Birth certificates are needed for proving parentage, for insurance settlement, for inheritance to property, for right to marry, for immigration and emigration and for other purposes. Death registrations are of equal importance. They are necessary in determining the causes of death, and in the settlement of insurance claims. Unless there is accurate reporting of deaths it is not possible to tell whether certain diseases are increasing or decreasing. It is from information procured from complete registration that the health department is enabled to project its policies for health preservation. It is only proper to report improvement in registration of the facts of births and deaths during the past year, nevertheless, there are too many who are still lax in sending forward the returns they are legally required to send.

Appended are the usual tables of births, deaths and marriages with rates arranged by months, sex, age, nativity and counties, cities and towns.

I have the honour to be, Sir,

Your obedient servant,

Halifax, N. S., November 30th, 1939. P. S. CAMPBELL, M.D.,

Deputy Registrar General.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

To the Chief Health Officer:

I beg to submit my report for the fiscal year ending November 30, 1939.

My duties as Divisional Medical Health Officer extend into the counties of Halifax (with an increasing amount in the City of Halifax and the town of Dartmouth), Guysboro, Pictou, Colchester, Cumberland and the Municipality of East Hants.

From year to year the change and improvement in public health does not stand out in a scintillating fashion, or, like a powerful beacon light, throwing its beams in all directions, and anyone with a reasonable understanding of human health problems would not expect such to be the case. Of improvement in general health conditions we are certain, but at the same time being well aware of the fact that such a trend forward is turtle like in its movement, and to this we must be calmly reconciled, and accept with cool philosophy. Our reflections must revert to a period of at least half a decade or a decade, to evaluate properly statistical comparisons and get a picture of, at least some, if not many, of public health achievements. While some phases of development have not been consummated, yet the future—speaking rationally not ideologically—holds prospects that are bright.

We must also look to the future from another angle. Will we have more problems to contend with? If so, we shall have to be prepared to meet them in a sympathetic and practical manner.

Since presenting the last annual report, this Province as a part of the Dominion of Canada, has become involved in a war, and war with all its horrors leaves health as well as other problems, in its wake, a cruel back wash on the shores of civilization. At the end of the last war the Department of Public Health did not exist as such in this Province. Since its inception, and acting as a spear-head in health programmes, it has been justified by the results. When this war is over, with its inevitable toll of human wreckage, I feel certain the Department of Health will face with a determined and sane attitude whatever responsibility will come within the scope of its function.

The health of the people in the central division during the past year was up to quite a high standard. No serious epidemics occurred. Last winter the common cold or influenza swept across the country but fortunately without serious results and evidently the infection was not very virulent in type. A seasonal number of cases of measles, whooping cough, mumps were reported. Diphtheria and anterior poliomyelitis were down to a minimum. A few cases of typhoid and paratyphoid appeared in scattered areas and carriers were discovered at three points as causative factors in these minor outbreaks.

I am pleased to report a marked advance in the use of toxoid for inoculation against diphtheria and of vaccination against smallpox. Educational programmes on prevention will surely and rapidly produce results. The towns of Parrsboro, Amherst and Truro have showed a keen interest in the use of toxoid and sizeable numbers of school children have been inoculated. The town of New Glasgow has for a number of years been interested in the prevention of infectious diseases among its younger population, and has done much pioneer work in this respect in Nova Scotia.

Pulmonary tuberculosis is still a big problem. Field work for the detection of new and early cases, and for follow-up of old ones was carried on in the usual manner and for clinics in the suburban areas the department X-ray unit was successfully and satisfactorily used. Efforts to obtain early assistance and admissions to Sanatoria for open and infective cases of tuberculosis were very satisfactory the past year, and probably more so than any other previous one. To the different Municipal bodies and Tuberculosis Leagues I wish to extend my appreciation for their co-operation, and in many cases through them only, was early assistance made possible.

The Public Health Nursing Service is worthy of favourable comment. Members of the staff show keen interest in their many and arduous tasks and have acquired a mastership in diplomacy in approaching and deciding problems with which they are almost daily confronted. This characteristic is so essential in Public Health work. The appointment by the Department of an additional nurse in the division to do full time work in the Municipality of Colchester is much appreciated and as I have stated in previous reports, too much stress cannot be laid on the importance and value of this service, and a further increase as conditions permit should be the aim.

In addition to field work other departmental duties were carried out as directed. Inspection of a portion of the total number of humane and penal institutions in this Province was done by me and reports duly submitted. I was pleased to note an increasing interest in the care of inmates and that some recommendations for improvement previously suggested made effective. Complaints made by gaol inmates to this department as to conditions in their places of incarceration were investigated. There were two such instances and in each the charges laid were found to be in the main, unreasonable, and further inquiry was not recommended. A note with reference to the Tuberculosis Wing of the

Highland View Hospital, Amherst. This section has been operating most successfully for the past year and almost at full capacity for most of the time. The accommodations are bright and comfortable, and patients in for either isolation or treatment are well provided for. This small Sanatorium, I would say, is well conducted and supervised. It is pleasing to note that according to the recent report for the fiscal year, this section of the Hospital presented a comfortable operating balance.

My personal thanks are due the Department for the privilege of attending the Annual Congress of the National Tuberculosis Association at Boston last June. This meeting was attended by about 1500 delegates and the discussions and demonstrations were most interesting and instructive.

The following is a summary of the chest cases examined during the year:

Clinical Examinations only

Number of positive cases seen for the first time	36
Number of positive cases re-examined	75
Number of suspected cases seen for the first time	12
Number of suspected cases re-examined	2
Number of negative cases seen for the first time	170
Number of negative cases re-examined	71

Clinical and X-Ray Examinations

Number of positive cases seen for the first time	180
Number of positive cases re-examined	. 118
Number of suspected cases seen for the first time	
Number of suspected cases re-examined	. 16
Number of negative cases seen for the first time	. 517
Number of negative cases re-examined	. 135

X-Ray Examinations

Number of positive cases X-rayed for the first time	85
Number of positive cases re-examined	35
Number of suspected cases X-rayed for the first time	39
Number of suspected cases re-examined	4
Number of negative cases X-rayed for the first time	559
Number of negative cases re-examined	49
	380
Number of cases X-rayed 1	785

Number of cases tuberculin tested (patch)	203
Total	3368

With the Honourable Minister and yourself Sir, all members of the Department Staff, the Medical Profession, and those of the public whom I have contacted, I have had the most pleasant and cordial relations. For this I am exceedingly grateful.

Respectfully submitted,

Halifax, Nova Scotia, Divisional Medical Health Officer November 30, 1939.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

Western Health Division, Nova Scotia

To the Chief Health Officer:

I beg to submit my report for the fiscal year ending November 30th, 1939.

The Divisional office at Yarmouth has been established since September, 1938, in quarters supplied by the Town of Yarmouth. As a result of the establishment of such an office the interest in Public Health work has shown a considerable increase and further interest with consequent improvement in health conditions are looked for in the future.

This office besides acting as a co-relation centre for all public health activities in the division has on hand a full line of biologicals required for the prevention and treatment of communicable diseases. In order to ensure proper storage facilities a modern electric refrigerator has been installed and serves to keep supplies at the required low temperature which prevents loss of potency. This service is made full use of by the medical profession and future demands will tend to increase. During the year the following biologicals were distributed (This does not include supplies obtained in some parts of the Division direct from the Halifax office).

Diphtheria Toxoid for the immunization of 2036 persons. Smallpox Vaccine for the immunization of 1303 persons. T. A. B. Vaccine for the immunization of 158 persons.

Pertussis Vaccine for the immunization of 65 persons. Scarlet Fever Toxin for the immunization of 10 persons.

In addition considerable quantities of diphtheria antitoxin, scarlet fever antitoxin and tetanus antitoxin were distributed. Materials for the Schick and Dick Tests were also distributed.

As seen from the above by far the greater use has been made of Diphtheria Toxoid which is given in three (3) doses for the prevention of diphtheria, the reactions to date from this procedure have not been of consequence. It is notable that more and more children under five (5) years of age are being protected against diphtheria by this means; this is of importance for the reason that it is in this age group (under 5) that the greater number of deaths occur. The earlier the treatment is given after the child is six (6) months of age the less chance there is of the child ever getting the disease, consequently attention should be centered on this under five (5) group.

Vaccination

During the past year there has been a definite increase in the number of vaccinations carried out, many schools which had been previously noted for the lack of this among the pupils now show practically complete vaccination records. This has been chiefly due to co-operation between school inspectors, teachers, the medical profession and the Public Health Nurses. As a result of such a campaign in one county over one thousand (1000) vaccinations were done in rural schools by one local health officer. As a large number of parents are unable to pay the cost of vaccination a considerable portion of the vaccine used was distributed gratis by the Department. There should be no let up in this vaccination campaign until all children, both pre-school and of school age are vaccinated. It is a much harder proposition to be sure that all adults are vaccinated, but if we persist with our campaign in the schools the result will be that in a few years al adults will have been vaccinated at least once. It must be realized of course that the ideal is for each person to be vaccinated at about one (1) year of age, and then again during early school life.

Whooping cough continues to cause its ravages among the younger children—deaths usually being in the age group under five (5), due mostly to a complicating bronchopneumonia. Considerable interest is being shown in the Sauers Vaccine and satisfactory results appear in most cases if the vaccine is given early enough, before infection has resulted. To date this preventive remedy has not been used in this Division on a

large scale, but results so far would certainly appear to justify its further use.

Typhoid fever has appeared sporadically, being confined to an occasional case in Lunenburg, Liverpool and Yarmouth counties. The sole case in Yarmouth county was traced to the grandmother in the home, who was found to be a carrier. No cases have been shown to be due to the water or milk supplies.

During the year two typhoid carriers underwent surgical treatment which resulted in their specimens, which had previously been found to contain the infecting organism, becoming free from such. Consequently they no longer constitute a menace to their fellow citizens.

Tuberculosis:

The major portion of the work has to do with tuberculosis control. During the year regular clinics were held at various strategic points throughout the Division, with the exception of Kings County. In this county the practitioners are priviliged to bring their cases to the Sanatorium for diagnosis during the year, appointments being made for such examinations.

A major portion of our time is spent in the locating and examination of contacts, for it is found that this is by far the most fertile field for the finding of cases. The reason for this of course being that tuberculosis is a communicable disease, consequently persons coming into contact with open cases, especially intimate contact as in households, are much more liable to catch the disease and show it in an active form.

The addition of Portable X-ray equipment has given further impetus to the work in tuberculosis control. It is now possible to find cases in the early stages of the disease before symptoms are definite. The problem however, is still to have people recognize the need for an examination if they have been in contact with an open case or if they have vague symptoms which are recognized as often due to beginning tuberculosis. The combined efforts of Health departments, instruction in schools, publications of Insurance companies, newspapers and philanthropic agencies, such as the Tuberculosis Seal Fund are showing the need for such examinations to more and more people. As a result of all such combined efforts the tuberculous death rate continues to fall, united efforts are needed to further this.

Pneumothorax refills may now be obtained at the following centres in the Division-Kentville, Windsor, Middleton, Digby, Yarmouth, Liverpool, Lunenburg and Bridgewater.

Examinations carried out during the year are shown in the latter part of this report.

During the year two new nurses with special Public Health training were added to this Division, Miss M. Johnson being located in Yarmouth County and Miss K. Turner in Queens-Shelburne Counties. It is hoped additional nurses will be available in the future as at present several territories are overlarge for a single nurse. It must not be forgotten that without the capable and unselfish work of Public Health Nurses there would be far less progress made in the raising of standards of health. Nearly all of the health educational work in our rural schools is in the hands of or directed by the Public Health Nurses. Their visits to those ill from tuberculosis, as well as the searching of our contacts is of inestimable value to the health program.

Considerable progress has been made in the improvement of milk and water supplies. One town at least has inaugurated an inspection and permit system for the control of the milk supply, this has resulted in a definite improvement to date. There is still a large proportion of the milk not being pasturized, but as the demand for this increases it is probable that eventually all milk sold in towns and villages will thus be made safe for consumption.

The water supplies of most of the towns were shown to be reasonably satisfactory with the exception of several towns in the Annapolis Valley where contamination was present on numerous occasions. The value of chlorination has been adequately demonstrated and it is hoped that several towns will thus improve their water supplies and protect their consumers.

In the rural areas for the most part water supplies are not satisfactory. Poorly constructed wells in bad locations allow contamination to occur. This is also true of rural school water supplies-considerable educational work is needed in this regard.

Rural school sanitation is also in need of considerably more attention. Poor lighting, heating and toilet facilities are all too common. It is hoped that with projected improvements in the educational system will be included improvement in sanitation. Many improvements so far have been the result of renewed interest in schools due to Parent-teacher Associations. The holding of their meetings in school buildings has demonstrated in a striking way the difficulties both scholars and teachers labor under. In many cases these meetings brought people to the school who had not been there since childhood and consequently were unaware of the present conditions.

The need for dental services in rural areas is well recognized, it is hoped that some arrangement will be made to take care of this. At the present time the travelling Dental Clinic will only provide treatment for the areas most distant from towns, present regulations providing that the clinic operate only at a distance of twenty (20) miles from the nearest practicing dentist. No doubt this distance will be shortened in the future and the clinic made available to other areas.

During the course of the year educational talks were given to interested bodies such as Service Clubs, Parent-Teacher Associations, Womens' Institutes. It is hoped to expand the educational work in the future.

I was privileged to attend the Annual Meeting of the Canadian Public Health Association in Toronto this year and feel that attendance of such educational gatherings is a necessity in order to keep up with the forward moving Public Health endeavor.

On your instructions I made inspections of Penal and Humane Institutions in this Division, a report on conditions in these was submitted.

In conclusion let me express my appreciation for the co-operation received during the year from all interested in the promotion of better health.

Clinical and X-ray examinations carried out during the year:—

Chest Examinations

First Examinations

Positive cases	Minimal Mod. Advanced Far Advanced	$\begin{array}{c} -41 - 32.8\% \\ -39 - 31.2\% \\ -45 - 36\% \end{array}$
Suspect cases Negative cases.		1 015
ChildhoodType	cases	1,432 31
Total		1.463

Positive cases represent 8.5% of total cases seen for the first time

Reexaminations

Positive cases.	
Suspect cases	
Childhood Type Lesions	1,712
Total Grand Total of chest cases seen during	1,751 the year 3,214

Respectfully submitted,

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

Yarmouth, N. S. November 30, 1939

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

To the Chief Health Officer:

I beg to submit my report for the fiscal year ending November 30, 1939.

This year has seen further advance toward organization within the District Health Unit of Cape Breton Island. The objective is to develop a programme covering all fields of public health and progress can best be indicated by reporting briefly on the various phases of organization and work.

Public Health Nursing Service

Miss Hazel R. C. Macdonald, R. N., who was given leave to pursue studies in nursing administration at the Univerlity of Toronto through a Rockefeller Fellowship, returned to take up her duties as Supervisor of the nurses in the Health Unit in July, 1939. She is devoting herself assiduously to the enlarged scope of her new duties.

The nursing districts as outlined in the previous report have been found satisfactory. In June it became necessary to temporari y combine two districts in order to release a nurse for the travelling Dental Unit, the services of which unit will be referred to later.

Two conferences of the nursing staff were held in the district during the year, at which principles underlying the nursing service and problems arising therefrom were fully discussed. Both conferences were attended by yourself and the Superintendent of the Nursing Service, which attendance did much to enhance their value.

A very important step was made by the introduction of the "Family Folder System" of nursing records. This provides the nurse with a systematized record of all or any nursing service rendered to the family unit or to individuals within it. We believe, as a result of this recording system, that the nurses will find their work not only more interesting but more accurate.

The generalized nature of the public health nursing service has been emphasized, particularly in the rural districts, by equipping each nurse with a maternity bag which will add greatly to possible service in districts where hospitalization is out of the question.

The increased nursing staff in this Health Unit leading to smaller nursing districts has greatly facilitated the advance of preventive medicine. The essence of improved Public Health lies in education of the public and the well trained and conscientious public health nurse can do more than any single factor toward accomplishing this objective by reason of the trust and confidence placed in her in the homes which she visits.

Communicable Diseases

It was stated in the report for 1938 that the reporting of communicable diseases was far from satisfactory, a total of 1289 diseases being registered. During this fiscal year a new system of gathering information was initiated, namely, the nurse obtaining from the physicians in her district a weekly report of communicable diseases. The nurse then passed this information to the Health Officer who was supposed to send it in to this office on the regular form. This system was operating for 41 of the 52 weeks. As a result, during that period the office received notification of 8,693 communicable diseases from Medical Health Officers and 14,986 from the nurses. If the Health Officers had sent in all notifications given them, the two sets of figures should at least balance. It is not to be concluded that these figures present an exact picture of the communicable disease situation, but it is encouraging that it has improved.

It is most encouraging to be able to report advances toward control of the disease diphtheria. Last year, (with incomplete

reporting) 99 cases were known to have occurred in the New Waterford district. This year (with more complete reporting), only 24 cases occurred in the same district. The total for the Island was 43 cases, including minor outbreaks in North Sydney and Richmond County. In addition to the toxoiding (see below) no quarantine was lifted until all cases and contacts had two negative nose and throat swabs.

Immunization Procedures

DIPHTHERIA TOXOID:—Much of the success of the control of diphtheria lies in the administration of this harmless but efficient protection against the disease. It is not too much to expect, in view of the experience of the past two years, that this procedure will become an annual event not only in urban, but also in rural districts, for both school and preschool children. The following table is a summary of this years' "toxoiding:"—

No. Starting and Completing Diphtheria Toxoid Inoculations According to Counties

County	No. Starting	No. Complet	ing %	Total
C. Breton	Series 3,864	Series 3,258	86.3	noculations 10,683
Victoria Inverness		898 971	97.7 91.6	2,726 3,039
Richmond Antigonish	285	275 329	96.5 99.4	865 989
Totals	6,458	5,731	88.7	18,302

It is still difficult to impress on the public the necessity for protection of the preschool child. This age group will bear the brunt of any diphtheria outbreak and it is regrettable that the preschool child should not be afforded the protection from toxoid more frequently than at present.

SCARLET FEVER TOXIN:—Our experience with this immunizing product continues to be a happy one. In three districts where the disease was endemic the application of the toxin to susceptibles as indicated by the Dick test has wiped out the disease. We have found, as suggested by Dick and Dick, that using the measurement of the Dick reaction as a guide to the size of the first inoculation avoids severe reactions. The Dick test was always applied prior to administration of toxin to determine the immunity status. It was also applied after the series was completed. In all 275 children received the tox n.

WHOOPING COUGH VACCINE:—Whooping cough continues to be treated lightly by the public and reporting is far from complete. We have on record 942 cases for the year and a total of 21 deaths have been attributed to it. Unfortunately, once the disease is acquired, only palliative treatment can be employed and complications or death frequently ensue. Sauer's vaccine gives a high degree of protection, but it must be used in preparation for the "whooping cough season", not during it, for it takes approximately three months before immunity can be expected. The public must be urged to have the children, especially infants, receive this protection during the summer months.

SMALLPOX VACCINATION:—There has been a more gratifying response to vaccination than in other years. Although vaccination is a legal requirement before a child enters school, nevertheless vaccination was at a very low level, especially in the rural districts. Probably the most important factor leading to the improved status is the smaller nursing district, thus giving the nurse greater opportunity to present the problem to the local health officer and physicians. The following is an analysis of vaccinations according to counties:

Cape Breton County	950
Victoria County	
Richmond County	
Inverness County	
	3911

It must be remembered that considerable immunization is carried on in private practice. The above represents only those cases in which the nurses assisted.

VENEREAL DISEASES:—The reporting of venereal diseases has improved, as will be seen by the following:—

	No. of Cas		
Year	Syphilis	Gonorrhoea	Total
1937-1938	18	21	39
1938-1939	103	260	363

In an attempt to obtain somewhat of an index of the level of syphilis in the general population, arrangements were made with the larger hospitals to take routine blood tests for syphilis. During a period of approximately nine months, a total of 2,836 blood tests were forwarded to the laboratory; of these 143 were found positive for syphilis. This represents 5.04% of the tests.

It is. regrettable that a veil of secrecy still cloaks these diseases Little can be done toward their prevention and control unless the public and the medical profession demand the implementation of legislation already extant. These diseases are communicable; they are "caught" from some one and "passed on" to some one else. Treating the actual case does, of course, prevent further spread from that person treated, but seldom is the source of infection run to ground and it is here the programme such as it is, has its greatest weakness. Until these diseases are treated more as a public health problem, and less as a moral one, little progress can be expected toward their control and eradication.

TUBERCULOSIS:—The programme for the control of this disease is receiving the active endorsation of the public and medical profession. There has been tangible evidence of public endorsation in the demand for Tuberculosis Units to general hospitals; by aiding in equipping some of these with their own fluoroscopic units, and in the approval of tuberculin testing as an aid in searching out early tuberculosis.

Treatment facilities have been materially improved by the opening of the Tuberculosis Unit of St. Joseph's Hospital. This well constructed and practical building has accommodation for 42 patients and also has space for the chest clinic service which is available at regular intervals. A new development in medical supervision has been inaugurated by the Board of the Hospital in the appointment of a "part time" medical staff of two physicians who undertake to regularly visit and supervise treatment of the patients while in residence. The plan and appointments had the unanimous approval of the medical staff. As a result, all patients are given careful observation and the common forms of treatment, including collapse therapy, are employed when indicated. Regular "medical meetings" are held for the purpose of consultation on new admissions and review of progress during residence of patients. The plan is working well, and it is to be hoped that Boards of other hospitals with Tuberculosis Units will adopt this scheme, for it undoubtedly serves to improve the standard of treatment. Construction of a Tuberculosis Unit for the Glace Bay General Hospital has been started. During the year ten beds for tuberculosis treatment were lost in the fire which destroyed the Inverness Memorial Hospital.

Facilities for early diagnosis of tuberculosis and accurate examination of the lungs has been enhanced by the acquisition of a portable X-ray and fluoroscope. This equipment, provided by the Department of Health, arrived in this district in August and is undoubtedly the most potent weapon we have for the early diagnosis of tuberculosis and, conversely, proving

Diagnosis

lungs normal. The almost impossible task of having families with a history of contact with tuberculosis come to X-ray centres from rural districts has been solved in a very practical way by providing this portable machine to be taken to them. 298 films were taken with this machine between August 30th, and November 30/39.

It is of more than passing interest to note that within the last year a test, known as the Patch Tuberculin Test, has been proved efficient. It is reasonable in price, practical from the standpoint of admistration and acceptable to the public. For the purpose of making the case finding programme more effective and concentrated by indicating those individuals who require examination, the tuberculin test is of undoubted value.

A report of the antituberculosis work cannot be fully given in a report of this scope. The following is a summary of the medical aspects:—

1. Tuberculosis clinics

A total of 64½ days were spent in attendance at 63 clinics. Analysis of these clinics and work in the office shows the following:—

Total physical examinations	1383
	1904
Total fluoroscopic examinations	504
Tuberclin tests applied	791
No. of patients examined for first time	. 977
No. of re-examinations	733

Analysis of New Examinations Hist of Th. Contact No Hist of Th. Contact

Danghosis Ilist.	01 10.	Contact	140 11180. 01	1b. Contact	1	otal
Undiagnosed	No.	%	No. 4	%	No.	%
Negative	393	64.3	262	71.6	655	67.1
Suspect Tb	31	5.0	32	8.7	63	6.5
Primary Tb	101	16.5	16	4.4	117	11.9
Adult Tb.	. 85	13.9	52	14.2	137	14.0
Totals	611	62.5	366	37.5	977	100%

Analysis of New Cases of Adult Tuberculosis

Diagnosis His	. of Ib. Contact	No Hist. of 1b. Contact	Total
Minimal Mod. Advance Far advanced	d 26 30.6	No. % 25 48.1 17 32.7 10 19.2	No. % 70 51.0 43 31.4 24 17.5
Totals	85 62.2%	52 38.8%	137 100%

The above when compared with figures for last year shows:—

(a) A decrease in total examinations.

(b) An increase in positive cases found from 11% to 14%.
(c) An increase in cases of minimal tb. from 38% to 51%.

(d) An increase is cases of moderately advanced the from 29% to 31%.

(e) A decrease in cases of far advanced tb. from 33% to

Tuberculosis surveys:—There is a growing desire to determine the condition of the lungs of high school students and young adults. During the year all high school students in North Sydney were tuberculin tested (with permission) and positive reactors X-rayed. There is a regular programme of tuberculin testing and X-ray examination of all applicants to nursing schools and further observations are carried out at regular intervals during their period of training.

2. Supervision of Tuberculosis Units:—Visits are made to each of the Units in this district several times each year for the purpose of examining patients and consultation with their physician concerning treatment. Collapse therapy is more widely employed because of earlier diagnosis and transfers to the Nova Scotia Sanatorium are effected for the more advanced forms of chest surgery.

In the Tuberculosis Units, which are of great value in the control and treatment of tuberculosis, pneumothorax was attempted on 60 patients of which 51 were operable. A total of 2,234 pneumothorax operations were performed on "in" and "out" patients. 15 phrenic nerve operations were performed and 14 patients were transferred to the Nova Scotia Sanatorium for further surgical procedure, 11 of these for thoracoplasty and 3 for pneumolysis. There was a total of 215 admissions during the year and 164 discharges, including 52 deaths.

Sanitation

Mr. Allister Grant, C. S. I. (Canada) was appointed to the staff of the Health Unit as Sanitary Inspector in May of this year. Mr. Grant takes up his duties with previous experience in this important field and has had special training in dairying. While the whole field of sanitation comes under his supervision, it was considered advisable that he concentrate on the field of milk production and distribution. Since his appointment, 640 inspections of dairy farms and 123 inspections of pasteurizing plants have been completed.

Three new pasteurizing plants have been started in the district. New equipment has been purchased by two established firms and others are planning improvements.

Travelling Dental Unit Clinics

In response to an increasing demand from rural districts a plan, developed between the Department of the Public Health and the Oral Hygiene Committee of the Nova Scotia Dental Association, resulted in providing dental services to children between the ages of 6 and 16 by means of a "dental trailer". This Unit, fully equipped for dental surgery, is available to any rural district which is more than twenty miles from a resident dentist on payment of a stipulated sum for each day's service. The rural districts of Cape Breton Island were quick to realize the value of this service as will be seen from the following summary.

"Dental Trailer Clinics"

Name of County Victoria Inverness Richmond	Days Spent $17\frac{1}{2}$ days $46\frac{1}{2}$ " 15 "	
Totals	79 days	36

Elsewhere will be found the number of children treated and the findings of the dentist. The appreciation of this service by the public is very great. It is not possible to close this section without expressing sincere thanks to the dental profession for their co-operation in this project and especially Dr. J. A. Burke, acting zone chairman, who has given unsparingly of his time to assure the attendance of dentists at all scheduled clinics.

General Remarks

A Public Health booth was set up at the Victoria Handicraft Exhibition which featured public health aspects of prenatal and postnatal care, immunization, tuberculosis control and sanitation. This booth had 543 visitors register during the days of the Exhibition.

Following the declaration of war in September 1939 it was considered advisable to organize the urban districts of Cape Breton County for Air Raid Precautions. This office was given the responsibility for supervision of organization of first aid stations in the district. This entailed considerable

time and effort. Progress is being steadily made toward satisfactory organization. All districts are conducting First Aid Classes. First Aid stations and personnel have been selected to afford service to the public in the event of air raids.

A survey of housing conditions in sections of Glace Bay was carried out in conjunction with a committee of the United Mine Workers and officials of the Town. A report was submitted to the Honourable Minister of Health.

There are six Training Schools for nurses in this district. A programme for the prevention of disease has been inaugurated in each of these which includes testing for immunity to scarlet fever and diphtheria and immunization of those found susceptible; administration of T.A.B. vaccine and vaccination or revaccination when necessary; X-ray of the chest of all students before acceptance in the school and routine tuberculin testing with regular routine X-rays of the chest during the period of training. A general physical examination is done on each applicant and blood taken for Kahn test. General health supervision during the period of training is planned.

It is anticipated that during the coming year a satisfactory course will be completed for nurses in the Tuberculosis Units thereby affording instruction in the important field of tuberculosis control.

During the year I had the pleasure of attending the annual meeting of the National Tuberculosis Association in Boston, the Nova Scotia Health Officers Association and Nova Scotia Medical Society meetings in Digby and the Refresher Course in tuberculosis at the Nova Scotia Sanatorium. Much valuable information was derived at each meeting.

Two papers were written during the year. "Results of Toxoiding and Schick Testing in Glace Bay; a study of 5,097 Schick Tests" was read at the Nova Scotia Health Officers meeting and has since been published. "Some Observations on Practical Tuberculin Testing" was read at the Refresher Course at the Nova Scotia Sanatorium.

Several Humane Institutions were inspected during the year on your request..

The district is indebted to The Nova Scotia Tuberculosis Commission which, by generous grants, has made possible the purchase of fluoroscopic machines for two of the Tuberculosis Units. The remainder of the cost has been borne by local interested parties. The local Tuberculosis Seal Sale committees have materially aided local anti-tuberculosis

work and have become real factors in heading up public opinion for tuberculosis control.

As in other years, my sincere thanks must be expressed to the Municipal Councils within the Health Unit for their cooperative attitude in furthering the Public Health programme. To a greater extent, I am indebted to the Health Officers for their assistance in implementing immunization programmes and improved attention to detail which is required to obtain a satisfactory record of progress.

To you sir, and the Honourable Minister, I wish to convey my appreciation for your continued guidance and constructive suggestions with regard to the work. The inauguration of periodic conferences of the heads of departments within the Department of Public Health has been most helpful and I sincerely hope this policy will continue.

Finally, sir, may I express to the staff of this office, the nurses in my district and the Sanitary Inspector, my sincere gratitude for their untiring and loyal support during the year.

Respectfully submitted,

C. J. W. BECKWITH, M.D., D.P.H., Divisional Medical Health Officer.

Sydney, N. S., Nov. 30th, 1939.

REPORT OF THE WORK OF THE PUBLIC HEALTH LABORATORY

To the Chief Health Officer:

In the year ending November 30, 1939, a total of 78,859 examinations were made and reported upon by the Public Health Laboratory. This is an increase of 13,442 specimens over the work carried out in the preceding year and the rapidity with which this diagnostic service has grown can best be shown by a tabulation of the total specimens examined in each of the past seven years.

1933—Number of specimens examined:	28,105
1934—	38,215
1935 (14 months)	50,849
1936—	44,892
1937—	51,720
1938—	65,417
1939—	78,859

An analysis of the nature of the various examinations and the number that were done is given in the following table:—

Venereal Disease

Kahn tests for Syphilis	
	1000
Positive Negative	19919
Unsatisfactory	420
Hinton tests for Syphilis	
Positive	2225
Negative	10312
Doubtful	146
Eagle tests for Syphilis	
Positive	1240
Negative	1607
Doubtful	96
Smears of pus for Gonococci	
Positive	1618
Negative Special Examination	4905
Unsatisfactory	18
Eye Smears for Gonococci	
Positive	23
Negative	99
Cultures for Gonococci	
Positive	6
Negative	33
Tuberculosis	
Sputum for Tubercle bacilli	
Positive	2108
Negative	6627
Unsatisfactory	8
Urine for Tubercle bacilli	
Positive	64
Negative	515

Pleural fluid and pus, e	tc.	
		55 291
Cultures for Tubercle b	acilli	
Negative		25 158 26
Spinal Fluid		
Routine examination Colloidal curve Kahn tests:		471 356
Positive		39 363
Enteric and Undulant Fe	evers	
Blood agglutinations.		
B. typhosus	Positive Negative	28 314
B. paratyphosus A.	Positive	$\frac{0}{342}$
B. paratyphosus B.	Positive Negative.	20 322
Br. abortus	Positive Negative	14
Br. melitensis	Positive Negative	18 1094
B. proteus X. 19	PositiveNegative	$\begin{array}{c} 1\\335\end{array}$
Cows' Bloods for Br. a	bortus	
	Positive Negative	36 372
Faeces for Typhoid, etc		
	Positive	320 2058
Urine for Typhoid, etc		04
	Positive Negative	

F		*
Faeces for Dysentery	Doubling	
	Positive	4
	Negative	38
Blood cultures for Typ	hoid, etc.,	
	Positive	34
	Negative	. 321
Diphtheria and Scarlet F	'ever	
Throat Swabs for Diph	theria	
	Positive	004
	Negative	8608
	Tiegative	.0000
	Viru!ence tests	
	Positive	. 24
	Negative	22
	Unsatisfactory	144
Haemolytic Streptococc	i	821
Borrelia Vincenti		
Water		00
Standard Plata Count		
Standard Plate Count Coliform examination		1245
Chemical examination		931
Special examination		6
Milk and Cream Standard Plate Count		-110
Coliform examination		5142
Phosphatase test		1094
Butter fat		105
Special examinations		56
Various articles for B. ant		
Miscellaneous		105
Total Number of Spec	imens examined	78,859

There has been a slight decrease in all types of specimens for Tubercle bacilli; in Widals and Spinal Fluid examinations but all other phases of laboratory activity show a marked increase in volume. When these specimens are arranged according to a common factor, it will be found that those directed toward the control of

(a)	Venereal Disease	accounted	for	46 %
	Tuberculosis	"	"	12.6%
(b) (c)	Enteric and undulant fever	"	и	9.5%
(d)	Diphtheria and scarlet fever	"	"	13.4%
(e)	Milk and Dairy products	и	ш	10.3%
(f)	Water	"	"	6.1%
(g)	Unclassified	и	ш	2.1%

These percentages are based on numbers only and do not represent the relative balance of work between the venereal and non-venereal departments.

Venereal Diseases: Blood tests for evidence of syphilitic infection constitute the most frequent demand for laboratory service and examination for Gonococci the fourth in point of numbers. Many of the larger hospitals throughout the province have had routine specimens of blood done on practically all admissions and this practice is to be commended. In an effort to determine the number of cases of syphilis diagnosed in this province during the past year, a record was kept at the laboratory on all positive blood specimens as to whether the laboratory aid was requested for purposes of diagnosis or as a check on treatment. It was found that 52% were placed in the former group and this would suggest that approximately 900 cases of syphilis or patients with a syphilitic background were diagnosed in this province during the past year. It must be remembered however that serologic and clinical syphilis are by no means equally significant. Many cases of serologic syphilis have no Public Health significance and that many early cases of clinical syphilis without serological confirmation are of the highest significance.

Some work was carried out on the culture of Gonococci from urethral and cervical discharges with the object of determining cure. A tendency to showing false positives was found in the simpler technics, while other more accurate procedures are too complicated to be satisfactory for routine tests.

Tuberculosis: There has been a slight drop in the number of specimens examined for Tubercle bacilli. This may be a natural consequence of a diminishing tuberculosis rate. Cultural methods and animal inoculations were continued during the year, though there is evidence that concentration methods, using large quantities of sputum are equally accurate and far less time consuming than either the cultural or animal inoculation methods.

Diphtheria: The number of throat swabs examined during the past year shows a great increase over any preceding year. This was due mainly to investigations which followed the diagnosis of isolated cases of diphtheria at frequent intervals in three institutions. In two instances, the carriers were detected and treated while in the third institution, two careful investigations failed to show the source of the infection. With the more general use of toxoid, one may expect to find a higher percentage of contact carriers who may be the focus of a small outbreak in an unprotected group.

Typhoid: Work in this important field has continued to increase. Several new faecal or urinary typhoid or paratyphoid B. carriers were detected by bacteriological investigation. Considerable difficulty is experienced in the proper follow-up of convalescent cases after they are discharged from hospital.

Water: More examinations, both bacteriological and chemical were carried out. Routine coliform estimations of all municipal waters—43 in number—have been done at fortnightly intervals. The Halifax water supply after having been free from colon bacilli for a period of years began to show evidence of inadequate protection in September. This was brought under control by an increase in the amount of chlorine added. The city is supplied by means of three water mains from each of which, a sample of at least 100 cc. is examined daily for the presence of B. coli.

Milk: From a bacteriological standpoint, the quality of the milk offered for sale has continued to improve. Periodic examinations of the milk supply from many of the larger towns in the province is now a routine procedure. Phosphatase tests are carried out on all samples of pasteurized milk received and have given valuable information which led to improvements in pasteurizing equipment and technic.

Diagnostic outfits: Again I have to report a great increase in the number of diagnostic outfits supplied by the Laboratory. 50,799 as compared with 36,780 in the preceding year. A table showing the numbers and purposes for which they were intended is given below:

Blood for syphilis	12,798
Sputum for Tubercle	10,703
Throat and nasal swabs	11,000
Slides for Gonococci	5,340
Faeces and urine for Typhoid	2,946
Water	5,340

Milk	2,306
Dark field outfits	63
Combined blood culture and widal	56
Culture for Gonococci	56
Spinal Fluid	24

The diagnostic service furnished by this laboratory is gradually being extended to cover as large a number of communicable diseases as possible. It is hoped that this service may be extended to include whooping cough though at present, the isolation of the infecting organism is a somewhat complicated procedure.

In conclusion, may I express my appreciation of the interest and co-operation which this laboratory has always received from the Honourable the Minister of Health, the Chief Health Officer, all the Divisional Medical Health Officers and the Provincial Sanitary Engineer; and also of the efficient and loyal service rendered by every member of my staff.

All of which is respectfully submitted.

D. J. MacKENZIE, M.D.

Director of Laboratories.

Halifax, N. S., November 30th, 1939.

REPORT OF PROVINCIAL PATHOLOGIST

To the Chief Heatlh Officer:

Report on TISSUES sectioned and examined at the Provincial Pathological Laboratory, from 1st December, 1938 to November 30th, 1939.

During the 12 month period, 3221 specimens of tissues were received, examined and the findings reported. They have been classified as follows:—

Tumours, simple	364
Tumours, malignant	
Tumours, suspicious of malignancy	28
Other Conditions	2088
Tissues from 78 Autopsies	

The monthly average for the year was 268.4. This is very slightly lower than the monthly average for the previous year, which was 270.

During the year 37,599 specimens of various kinds were received and the findings reported.

They have been classified as follows:-

Blood		13,574
Bilirubin, Van den Bergh (Qualitative)	57	
Fouchet's Test	77	
Icterus Index	97	
Bleeding Time	39	
Calcium	37	
Chlorides	3	
Cholesterol	4	
Clot retraction	6	
Compatibility	421	
Coagulation Time	607	
Counts, Full Blood Pictures	788	
Haemoglobin (alone)	3	
Leucocyte and Red Cell (alone)	6516	
Platelet	11	
Reticulocyte	39	
Schilling	697	
Schilling	338	
Malaria	3	
Filaria	1	
Creatinine	722	
Cultures	92	
Fragility Test	6	
Grouping	568	
Phosphorus	7	
Phosphatase activity	1.	
Sedimentation Rate	74	
Serum Protein	10	
Sodium	5	
Sulphanilamide and Dagenan	24	
Spectroscopic test for sulphmethaemo-		
globin	2	
Stains on garments for human blood	2	
Sugar Toloman Toloman	897	
Sugar Tolerance Test	33	
Urea Nitrogen	766	
Uric acid	718	
	2	
Grouping for paternity	1	

Exudates and Transudates (General Examination and Culture)		261
Examination and Culture)		201
Abdominal fluid Knee fluid Peritoneal fluid Pleural fluid Fluid from other sites Spinal fluid (pneumococcal typing) Pus from various sites Pus for actinomycosis	13 14 3 61 14 1 152 2 1	
Pus for B. Welchii	1	,
Faeces		1061
Blood (occult) Bile and urobilin Cultures for organisms Microscopic examination, general Fat Pancreatic insufficiency Lead Parasites Poisons	818 14 13 38 17 5 1 154	
Smears		21
Urethral Vaginal for gonococci. Vincent's angina Nasal for eosinophilia Conjunctival Other smears	2 1 1 2 6 9	
Hair and Skin Scrapings for Ringworm		5
		000
Gastric Contents		236
Fractional Test Meals (complete examination) Poisons Vomitus complete analysis Vomitus blood (alone)	220 4 8 4	
Duodenal Contents		2
Routine and for Giardia Lamblia	2	

Swabs (bacterial cultures)		263
From ear	13	
	65	
From eye	10	
	8	
From nose	103	
From throat		
Other swabs	64	
Sputa		299
Flastic fibres	19	
Elastic fibres General examination for organisms	123	
Typing for proumosossi	154	
Typing for pneumococci	3	
Cough Plate for B. pertussis	9	
Tissues		3,221
E		
Examination of Transudates (as tissues)		
for tumour cells (nucleolus-nucleus		23
ratio)		20
Urines		18,518
Andrea	2 070	
Acetone	3,079	
Albumen (alone)	5	
Bence Jones Albumoses	18	
Bile		
Blood (chemical analysis)	1	
Calcium	3	
Chlorides	2	
Cultures	116	
Cystoscopic from ureters	358	
Diacetic Acid	124	
Hydrogen	35	
Ion Concentration	0	
Indican	3	
Lead	22	
Meroury	5	
Microscopic examination (alone)	9	
Phenolsulphthalein Test	9	
Phenylhydrazine test	1	
Routine		
Sugar	4,133	
Sugar Tolerance Test	28	
Sulhanpilamide and Dagenan	24	
Urea	3	
Urea Concentration		
Uric Acid	8	
Urobilin	1	

Ascheim-Zondek Pregnancy Tests (Friedmann's Modification) Mosenthal and Specific Gravity tests. Poisons	35 8 2	
Vaccines		48
For acne For boils For bronchitis and asthma and colds From teeth	2 14 31 1	
Miscellaneous		67
Culture of water from O.R. Culture of sponges from O.R. Culture of House dust extract Culture of Buffer saline Culture of serum Culture of dessert powder Calculi, chemical analysis Identification of parasites Breast milk Stains on garments for spermatozoa Poisons—well water Hair Stomach contents	8 1 6 3 11 1 23 3 2 1 3 1 4	

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

Halifax, N. S., November 30th, 1939.

REPORT OF THE SANITARY ENGINEER

To the Chief Health Officer:

The work of this branch has been relatively uneventful, but has shown some progress. Probably the most significant features were the building of a water filtration plant by the town of Kentville; and the preliminary work toward a pollution survey of the North West Arm, Halifax.

It was possible for me to attend the meetings of the Canadian Public Health Association convention in Toronto. While in Ontario, I also conferred with engineers of the Deparment of Pensions and National Health, in Ottawa. Considerable benefits were gained, both in information secured, and in contacts made. The sessions of the Nova Scotia Health Officers meeting were also attended, and a paper presented.

During my vacation, I spent two days visiting at the offices of the Massachusetts Department of Public Health in Boston. Through their kindness, it was possible to inspect a small water system near Boston, which includes several features applicable to the average system in this Province.

Milk supplies were fairly satisfactory. The increase in pasteurizing plants, forecast in my last report, has not yet materialized very fully. Only one new plant was added to our list during the year. This is an important addition, however. It was established at the Nova Scotia Agricultural College. It will not only serve to acquaint dairymen studying at the college, with the practical side of pasteurization; but also assures the Victoria General Hospital of a supply of pasteurized milk.

The Agricultural College this year gave for the first t me, a short course for dairy operators. It was my privilege to lecture to that group, on certain aspects of pasteurization.

It was stated last year that while improvements had been made in some water systems, nevertheless conditions in that field generally were not satisfactory. That statement may be repeated this year; but one of the improvements made is outstanding in the History of Nova Scotia water works.

Until this year, there have been in this Province, only two filtration plants. One of these serves the Nova Scotia Hospital, the other serves the village of Dominion No. 6, or Donkin. Both these plants, which are of the slow sand type, are very small. (There was for a short time, at Amherst, a very small plant of this type, but it was abandoned many years ago.)

During the past year, the Town of Kentville took a very progressive step, for which they are to be highly commended: the Town built a filtration plant. The purification process includes coagulation, sedimentation, filtration through modern rapid sand filters, with chlorination as a final safety measure. The raw water previously used in Kentville, was among the poorer waters of the province.

The chlorinators installed at Liverpool late in the previous year, were put into operation early in the year just past. The purpose here was somewhat different; viz., to insure that a water which had been satisfactory in the past, but which had shown some signs of pollution recently, could be kept satisfactory.

During the past summer, Government agencies of the Dominion of Canada, the Province of Nova Scotia, the County of Halifax, and the City of Halifax, co-operated in the preliminary investigation of the pollution of the North West Arm. Sufficient work was done to enable the investigators to present a fair outline of the problem. It is hoped that the actual survey can be carried out next year.

The war has interrupted work to some extent. I was engaged on military service for nearly eight weeks. This interfered particularly with the survey of conditions on the Arm, as hositilities broke out at about the only season when cooperation of the different authorities was possible, and weather conditions favorable. It is not possible, yet to say to what extent the war may hamper our work; it may do so to only a limited extent, and may even extend or speed up the work in certain directions.

Respectfully submitted,

R. DONALD McKAY, Sanitary Engineer.

Halifax, N. S., November 30, 1939.

REPORT OF STATISTICIAN AND EPIDEMIOLOGIST

To the Chief Health Officer:

I have the honor to transmit herewith the report of the activities of the Division of Vital Statistics for the fiscal year ended November 30, 1939, and statistics for the calendar year ended December 31, 1938.

During the year 1939 several changes were made in the system, both in the office and field.

All data from birth and death certificates was recorded on punch cards, and the monthly tabulation of this by means of a mechanical counter and sorter enabled the mailing of a monthly provisional report on births and deaths to Health Officers and other interested persons. Starting January 1, 1940, this report will include data relating to marriages as well.

A new single form of Registration of Stillbirths, in place of two forms previously used, was introduced. Since its introduction in July 1939, returns of these have been very satisfactory, and the additional information obtained from them should prove of great benefit in the tabulation of causes of stillbirths, the rate of which has not appreciably diminished in the last twenty years.

A new form of Notification Certificates of Birth Registration was introduced in January, 1939. These are mailed to all parents on completion of registration of births. These have served to verify particulars, such as name of child and date of birth, and have been accepted by some agencies as proof of birth.

A change was made in the method of obtaining missing information birth and death certificates received by the office from Division Registrars. As many of the original certificates were lost, mislaid or never returned by Division Registrars when sent back for missing information, a query form is now sent and when received in this office, the missing information is added to the original, or in the case of corrections a marginal note is made.

Physicians are now queried direct by this office, for particulars concerning cause of death, instead of through Division Registrars as was done formerly.

An attempt was made to secure a more complete monthly return of list of burials from caretakers or other persons in charge of cemeteries but, due to the fact that there are so many small cemeteries without any definite person in charge, many difficulties have been met. In these cases there is a great reluctance on the part of persons to undertake the work as no fee is paid for these returns.

Registration Activities

During the calendar year 1938 there were registered 12,241 live births, 356 stillbirths, 6,087 deaths and 4,089 marriages, and copies of these registrations were forwarded to the Dominion Bureau of Statistics in Ottawa. In addition, there were 1,298 special registrations during this period.

Correcting, Filing and Indexing of Certificates

The original certificates and copies were examined in this office and, when information was inconsistent or incomplete, queries were mailed to the Division Registrar for supplementary information. A card index of the name of the child whose birth was registered, and the name of the deceased from death certificates was prepared, and the original certificates were arranged successively by year, month, day, county

and registration division number. They were then bound and stored in fire-proof vaults.

Division Registrars

During the year 1939, 11 Division Registrars resigned, 7 died, and the commissions of 2 were cancelled. New Registrars were duly appointed to replace these.

The work in the field by Division Registrars still needs to be impoved. During the year 1,134 death certificates and 1,144 birth certificates were received which had to be queried on account of missing or incorrect information. The majority of these were due to the fact that no effort had been made by the Division Registrar to secure information or check the correctness of information already on the certificates, before forwarding them to this office.

Completeness of Birth Registration Tests

- 1. Deaths of infants under 1 year of age: During the year all deaths of infants under 1 year of age were listed, and these will be matched with birth certificates received for same. Due to the delay in registering many births, this cannot be completed until early in 1940, and will afford some record of the completeness of birth registration in various parts of the Province.
- 2. List of Births and Deaths in Hospitals: These are received monthly from Hospitals and are checked against birth and death certificates. So far these have shown nearly 100% completeness, although in some cases the fact that a birth occurred in a hospital did not appear on the certificate.

In conclusion, I wish to thank the members of the office staff for their whole-hearted co-operation in the various changes made, and the physicians of the Province for their prompt reply to queries sent them regarding causes of death.

Respectfully submitted,

H. ROBERTSON, M.D., C.P.H., Statistician and Epidemiologist.

Halifax, N. S., November 30th, 1939.

REPORT OF THE SUPERINTENDENT OF NURSING SERVICE

To the Chief Health Officer:

Sir:-

I beg to submit the report of the Public Health Nursing Service for the year ending November 30th, 1939.

Seventeen of our staff of twenty-two nurses were on duty the full year and the Supervisor of the Cape Breton Island Health District, Miss Hazel Macdonald, was absent for post graduate work for six months. In July and August Misses Margaret Johnson, Kathleen Turner and Jessie MacIvor reported for duty and Miss L. M. MacMillan was taken on the staff the first of February. Miss A. Slattery accepted another position early in December of 1938. These nurses were on duty for 232 months or 42903 hours in comparison to the 162 months or 30218 hours service given by the nurses the previous year. The Cape Breton Island nurses were on duty for 125½ months or 23026½ hours and the nurses for the remainder of the Province were on duty 106½ months or 19876½ hours.

The summary of the various activities of the nurses given in the appended table shows that over 50 per cent of their working hours were spent in homes, schools and on interviews made in connection with the work. In addition, they spent 4655 hours or 10.85 per cent of their time on clinic work and the nurses the previous year had only spent 2996 hours or 9.9 per cent of their time on this type of work.

The following represent a few of the increased activities over records for the previous year:

	1939	1938 I	ncrease
Cases visited in homes	34,397	23,678	10,719
Persons interviewed in interest of work	12,078	8,497	3,581
Tuberculous cases visited	11,069	9,402	1,667
Children visited in homes	17,187	11,859	6,328
Other home visits	6,141	2,417	3,724

The reports for the past year show a decrease of over 5 per cent in the number of unvaccinated pupils, and the nurses have given assistance with a large number of various immunization clinics.

The expansion of the portable X-ray service and the inauguration of a mobile dental clinic for the remote districts were outstanding developments. One of the staff nurses spent the last six months of the year with the mobile dental clinic. Several of the nurses have also given assistance with dental work provided for pupils in various districts. One nurse reported that the following work was accomplished at the dental clinics with which she gave assistance:

		pupils given dental attention	
Number	of :	fillings	272
			904
Number of	of i	treatments	91

The demand for publications on the care of children has greatly increased and the usual number of sputum cups and refills were distributed free to tuberculous cases.

The pupil nurses from several of the Halifax City Schools of Nursing who are receiving special training in district nursing spent a few hours in this office each month. This visit gives them an insight of the activities of the department.

It is gratifying to report that the nurses enjoyed very good health. Only very brief periods of illness occurred. The establishment of new work is an arduous task and the untiring service given during the year is appreciated. Staff education brings in valuable returns and group conferences allow for educational advancements.

The present world wide crisis may increase the need of expanding the work on the home front. There are many opportunities for workers to make the greatest possible contribution to community service in the public health nursing field.

In conclusion, may I extend my appreciation for all individual and group efforts in the interest of the welfare of the people.

Respectfully submitted,

MARGARET E. MacKENZIE, R. N., Superintendent of the Nursing Service.

Halifax, N. S., November 30, 1939.

CASES EXAMINED BY THE DIVISIONAL MEDICAL HEALTH OFFICERS DECEMBER 1, 1938 TO NOVEMBER 30, 1939

	1st	Exan	ıs.	Re-Exams.			ations	s, 20 der
COUNTIES PHYSICAL EXAMINATIONS	Positive	Negative	Suspect	Positive	Negative	Suspect	Total examinations	Examinations, yrs. and und
Annapolis Antigonish Cape Breton Colchester Cumberland Digby Guysboro Halifax City Halifax County Hants Inverness Kings Lunenburg Pictou	10 27 124 16 38 19 41 6 6 87 39 20	70 30 308 51 130 90 95 38 232 66 3 225 43 54	10 4 40 7 12 15 7 1 26 11 11 11 31 3	32 80 486 24 71 58 28 31 33 68 67 23 41	43 22 110 35 42 87 23 36 34 161 35 42 42 87 43	19 2 17 1 5 22 5 1 4 3 3 4 1 1	184 165 1085 134 298 291 199 53 413 214 199 4 540 110 167	71 31 347 58 123 123 115 17 139 86 77 1 229 44
Queens. Richmond. Shelburne. Victoria. Yarmouth. Indian Res. School. Prov. Agricultural College Students. Total. X-RAY EXAMINATIONS	4 14 7 29 1 514	12 172 55 181 1 68 2016	248 22 31 248	25 57 22 150 1 1 1297	11 60 14 181 10 987	192	58 329 105 625 2 79 5254	10 144 39 248 2 30 2011
Annapolis Antigonish Cape Breton Colchester Cumberland Digby Guysboro Halifax City Halifax County Inverness Pictou Richmond Shelburne	29 115 9 28 5 78 6 103 29 3 15		1 6 49 5 9 3 28 1 16 16 17	11 50 409 11 37 28 46 32 89 5	12 285 17 25 6 51 8 46 52 28	2 36 1 3 4 8 1 5 4 4	143 1547 80 181 52 708 56 523 308 25 142	26 445 24 68 6 365 17 196 66 13 29
Yarmouth. Indian Res. School. North Sydney High School. Prov. Agricultural College Students.	17 1 9	73 12 15 35 14		26 43 1	37 28	3	166 89 26 35 18	49 20 26 33 6
FLUOROSCOPIC EXANINATIONS Annapolis Antigonish Cape Breton Digby Hants	3 1 10 8 2	46 2 171 116 44	2	829 11 11 69 55 8	50 11 73 136 18	7 4 13	119 25 335 335 81	64 11 219 137 34
Kings Inverness Richmond Victoria Yarmouth Windsor High School	10	1 59 22 17 145 154	1 2 5	9 4	22 7 2 189		101 38 20 483 154	52 26 15 212 153
Total	38	777	29	281	508	59	1692	924

SUMMARY OF NURSE'S ACTIVITIES, DEC. 18t, 1938 to NOV. 30th, 1939

REPORT OF THE DEPARTMENT OF PUBLIC HEALTH					
Camp. Work	Hours	88 88 88 98 97 97 97 97 97 97 97 97 97 97 97 97 97			
Con- fer- ences	Hours	2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	000.000		
Delays	Hours	11.00 3.00 3.00 3.00 2.00 4.00 4.00 5.30 3.00 3.00 3.00 3.00 3.00 3.00 3	100.10		
Bedside Care, etc.	Hours	391.30 830 1049 455.00 597 207.20 558.05 16.15 51.15 11. 95.30 1398 1971 613.05 708 223.00 485.35 9.30 31.40 3. 317.45 1480 1971 613.05 292 160.45 276.20 7.05 153.00 7. 130.20 1228 2255.35 252 282 160.45 276.20 4.10 3. 117.45 1606 547.40 520 216.55 3.00 264.15 2.03 486.20 15 178.00 1387 1636 547.40 520 216.55 3.11 4.00 3.15 224.30 1430 1606 547.40 520 219.45 345.15 3.00 264.15 3.00 264.15 3.00 46.55 3.00 46.55 3.00 46.55 3.00 46.55 3.00 46.55 3.00 46.55 3.00 46.55 3.00 46.55 </td <td>2010.00</td>	2010.00		
Meet- ings	Hours Spent at	16.15 9.30 20.30 3.15 3.00 31.15 32.00 18.30 66.00 7.45 19.00 18.15 8.15 8.15 8.15 8.15 8.15 8.15 8.1	100.88.00		
Office Work	Hours Spent on Office Work	258.05 276.20 664.15 216.55 409.35 345.15 273.35 411.40 552.30 487.15 383.15 383.15 383.15 383.15 383.15 383.15 383.15 383.15 384.15 38	0000.		
Interviews	Hours Spent on Interviews	207.20 223.00 169.45 150.05 142.50 80.30 151.55 151.55 151.50 17.02 17.0	0.000		
Inte	No. of Interviews	282 282 282 282 282 282 282 283 383 363 364 122 366 122 366 122 143 404 505 505 724 366 122 123 863 724 724 863 724 724 863 725 726 726 726 726 726 726 726 726 726 726	120/021		
Visits	ni tnegs stuoH semoH	455.00 613.05 726.25 555.35 271.35 562.55 664.15 547.40 55.05 665.20 605	2079.30		
Home V	No. Cases Given At- tention in Homes	1049 1971 1984 1008 3431 1608 1608 1608 12375 229 1240 1240 1240 1240 1240 1240 1240 1240	34394		
Н	No. of Homes	830 1398 1480 1672 1672 1387 1149 1169 1169 1165 1165 1165 1165 1165 116	arezz		
Work	Hours Spent in Class Room	391.30 95.30 1130.20 1117.45 117.45 117.45 117.8.00 117.8	0030.001		
School V	No. of Pupils Examined	3201 574 12130 883 1087 1264 980 627 164 1817 1408 3846 713 1168 2279 2324 118 118 418 4338	40222		
- ×	No.of ClassRooms Inspected	123 153 153 153 176 176 176 176 176 176 176 176 176 176	1001		
Travelled	Hours Spent Travelling	266.55 196.15 174.35 174.35 174.35 156.00 68.50 514.40 326.15 36.15 36.15 36.15 36.15 36.15 36.15 36.15 36.15 36.15 36.15 36.10 170.15 28.05 28.05 28.05 28.05 28.05 28.05 28.05 28.05 28.05 28.25 36.	000,1000		
Tra	No. of Miles	6020 5448 5802 4618 2124 9249 6119 5073 4579 5715 6822 2530 6844 5786 5715 6822 2530 6844 5786 5715 6822 5715 6824 5736 5736 5736 5736 5736 5736 5736 5736	TIOGUE		
Clinic	Hours Spent on Clinic Work	252.35 332.00 181.35 177.45 171.45 181.00 146.40 146.40 146.40 146.15 147.25 147.25 147.25 147.25 149.15 149.15	100.1.001		
£an	Hours Spent on De	2212.25 252.35 6020 266.55 123 3201 2063.10 332.00 5448 196.15 15 574 2154.45 181.35 5802 174.35 64 2130 1909.15 152.25 4618 156.00 37 883 903.55 77.45 2124 68.50 43 1087 2616.40 181.00 9249 514.40 81 1264 1968.40 146.40 6119 326.15 40 687 1093.15 144.00 4579 171.05 11 164 2038.05 153.25 5667 281.00 88 1817 2172.30 666.15 4796 170.15 58 1408 2172.30 666.15 4796 170.15 58 1408 2163.20 122.00 6822 52 713 756.20 121.15 2539.30 176 3846 2236.20 147.25 <t< td=""><td>ar concess</td></t<>	ar concess		
	Months on Duty	22214 211 2 9 2 2 2 2 2 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
		Miss G. Anderson	*Harriett		

TABLE A-NUMBER OF BIRTHS IN THE PROVINCE OF NOVA SCOTIA (EXCLUSIVE OF STILLBIRTHS) AND BIRTH RATES BY COUNTIES 1938

		193	8	1937	1928	
County	Population 1931 Census	No. of Births	Birth Rate*	Birth Rate*	Birth Rate*	
Total	512,846	12,241	23.9	22.6	20.8	
Annapolis	16,297	325	19.9	19.0	17.9	
Antigonish	10,073	246	24.4	26.9	19.9	
Cape Breton		2,601	28.1	26.6	25.6	
Colchester	25,051	546	21.8	19.3	20 .	
Cumberland	36,366	867	23.8	22.9	18.	
Digby	18,353	496	27.0	24.2	20 .	
Guysboro	15,443	343	22.2	20.6	20.	
Halifax	100,204	2,532	25.3	23.7	22.	
Hants	19,393	486	25.1	26.5	22.	
Inverness	21,055	404	19.2	19.9	17.	
Kings	24,357	648	26.6	22.5	20 .	
Lunenburg	31,674	600	18.9	18.2	18.	
Pictou	39,018	773	19.8	17.3	17.	
Queens	10,612	257	24.2	24.6	16.	
Richmond		222	20.0	20.7	16.	
Shelburne	12,485	300	24.0	20.9	20.	
Victoria	. 8,009	126	15.7	17.4	16.	
Yarmouth	1577 C 1988 E		22.4	21.9	20.	

^{*} Number of births per 1000 population.

TABLE B-NUMBER OF DEATHS AND DEATH RATES BY COUNTIES PROVINCE OF NOVA SCOTIA, 1938

Country		198	38	1937	1928
County	Population	No. of	Death	Death	Death
	1931 Census	Deaths	Rate*	Rate*	Rate*
Total	512,846	6,087	11.9	11.9	11.8
Annapolis	16,297	219	13.4	13.7	12.0
Antigonish	10,073	199	19.8	17.7	16.4
Cape Breton	92,419	875	9.5	9.8	11.0
Colchester	25,051	268	10.7	11.9	11.
Cumberland	36,366	442	12.1	11.8	10.
Digby	18,353	300	16.3	14.5	11.
Guysboro	15,443	177	11.5	10.0	10.
Halifax	100,204	1,265	12.6	12.2	13.
Hants	19,393	237	12.2	12.4	12.
Inverness	21,055	250	11.9	12.8	10.
Kings	24,357	243	10.0	11.4	12.
Lunenburg	31,674	386	12.2	12.8	11.
Pictou	39,018	465	11.9	10.7	11 .
Queens	10,612	96	9.0	12.0	10.
Richmond	. 11,098	120	10.8	12.6	10.
Shelburne	12,485	179	14.3	14.0	11.
Victoria	8,009	82	10.2	9.4	9.
Yarmouth	20,939	284	13.6	13.3	12.

^{*}Number of deaths per 1000 population.

TABLE C-BIRTHS AND DEATHS BY CITIES AND TOWNS PROVINCE OF NOVA SCOTIA, 1938

	1		Rate per		Rate Per
	Population 1931 Cen- sus	No. of living Births	1000 Popula- tion	No. of Deaths	1000 Popula- tion
Cities	1				
Glace Bay Halifax Sydney	59,275	944 1733 590	29.2	237 877 142	11.4 14.8 6.2
Towns 1000 Pop. and over					
Amherst	7,450		100000000000000000000000000000000000000	115	
Antigonish					
Bridgetown				4	
Bridgewater			700000000000000000000000000000000000000	1000	1 27 7
Canso	7,447 (1070)				
Dartmouth				1000	*
Digby		1000		1000	- C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C
Dominion		1		4	
Inverness		170000		100	10.00
Joggins		1000	100000000000000000000000000000000000000	100	
Kentville			1		
Lunenburg		700000			
Mahone Bay					
New Glasgow		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100		16.8
New Waterford		100000		(September 1997)	11.2
North Sydney			36.8	81	13.5
Oxford			19.4	14	
Parrsboro	1,919				
Pictou	3,152	66	5 20.9		
Port Hawkesbury	1,011				
Shelburne	1,474				
Springhill					
Stellarton					1
Sydney Mines					
Trenton					
Truro				1000	
Wedgeport				1000	
Westville				1 2 2 2 2	100000000000000000000000000000000000000
Windsor				1 17.00	
Wolfville Yarmouth		700000			

TABLE D—NUMBERS OF MARRIAGES AND MARRIAGE RATES BY COUNTIES PROVINCE OF NOVA SCOTIA, 1938

	1938		1937	1928
County	No. of Marriages	Rate per 1000 Pop.*	Rate	Rate
Nova Scotia	4089	8.0	8.5	6.2
Annapolis	134	8.2	8.9	5.1
Antigonish	58	5.8	5.9	4.0
Cape Breton	815	8.8	9.5	7.1
Colchester	224	8.9	8.1	8.0
Cumberland	342	9.4	9.7	6.7
Digby	139	7.6	8.6	5.8
Guysboro	85	5.5	6.0	4.6
Halifax	880	8.8	8.9	8.4
Hants	143	7.4	9.3	6.0
Inverness	85	4.0	4.7	2.2
Kings	223	9.2	10.1	5.3
Lunenburg	244	7.7	6.9	6.4
Pictou	299	7.7	7.9	6.1
Queens	86	8.1	7.3	4.2
Richmond	36	3.2	6.3	1.8
Shelburne	82	6.6	9.4	4.4
Victoria	39	4.9	4.2	1.7
Yarmouth	175	8.4	9.4	5.7

^{*1931} population census figures.

TABLE E-NUMBER OF MARRIAGES AND MARRIAGE RATES BY CITIES AND TOWNS, 1938

	Population 1931 census	Number of Marriages	Rate per 1,000 population	
CITIES:			0.0	
Glace Bay	20,706			
Halifax	59,275			
Sydney	23,089	291	12.6	
TOWNS: (1000 population and over):				
Amherst	7,450	125	16.8	
Antigonish			12.5	
Bridgetown		100		
Bridgewater				
Canso			10.2	
Dartmouth			9.1	
Digby			17.5	
Dominion			2.8	
Inverness	0.000		3.4	
Joggins	1000000		9.0	
Kentville	2		21 .4	
Liverpool	1		14.0	
Lunenburg			9.5	
Mahone Bay			28.	
New Glasgow	0.000		11	
New Waterford				
North Sydney			9.	
Oxford				
Parrsboro		18		
Pictou	A 3 M/2	36		
Port Hawkesbury		1		
Shelburne		1 23		
Springhill	0.051		2 12.	
Stellarton	2 2 2 2 2		9.	
Sydney Mines			8.	
Trenton	0.044	3 13	5.	
Truro				
Wedgeport			4 3.	
Westville				
Windsor		2 70		
Wolfville		2 4:		
Yarmouth		5 10	5 14.	

TABLE F-INFANT MORTALITY AND RATES BY COUNTIES PROVINCE OF NOVA SCOTIA, 1938

		1938		1937	1928
County	No. of live Births	Deaths under 1 year	Rate per 1000 live Births	Rate	Rate
Nova Scotia	12,241	754	61.6	70.2	79.3
Annapolis	325	21	64.6	55.0	65.2
Antigonish	246	18	73.2	44.3	80.0
Cape Breton	2,601	178	68.4	94.3	114.5
Colchester	546	29	53.1	60.0	71.2
Cumberland	867	49	56.5	68.5	75.0
Digby	496	42	84.7	56.2	47.3
Guysboro	343	24	70.0	37.7	68.4
Halifax	2,532	148	58.5	62.8	62.6
Hants	486	23	47.3	79.9	63.5
Inverness	404	37	91.6	64.4	83.1
Kings	648	37	57.1	58.5	66.5
Lunenburg	600	44	73.3	93.3	69.4
Pictou	773	39	50.5	50.3	82.0
Queens	257	6	23.3	53.6	48.4
Richmond	222	15	67.6	95.7	75.2
Shelburne	300	15	50.0	99.6	72.6
Victoria	126	6	47.6	36.0	125.7
Yarmouth	469	23	49.0	52.4	96.0

TABLE G-INFANT MORTALITY BY CITIES AND TOWNS PROVINCE OF NOVA SCOTIA, 1938

	1	19	938	1937	1930
	No. of Live Births	No. of Infant Deaths	Rate per 1000 live Births	Rate	Rate
Cities					
Glace Bay	944	68	72.0	113.0	128.9
Halifax	1733	109	62.9	67.4	76.5
Sydney	590	17	28.8	31.4	66.7
-					
Towns					
1000 Pop. and over	179	10	55.9	96.6	85.8
Amherst			42.6	41.9	53.6
Bridgetown				103.4	45.8
Bridgewater	100		39.4	51.7	46.2
Canso			58.8	40.0	131.6
Dartmouth		100	75.2	37.4	119.8
Digby			67.2	47.6	125.0
Dominion			153.8	267.9	83.8
Inverness		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	60.8	97.6	127.9
Joggins	70000	100	37.0	31 .3	
Kentville		6	76.9		26.8
Liverpool	1000000	2	18.0	67.3	134.3
Lunenburg	100000	100	58.8	119.0	47.
Mahone Bay					111.
New Glasgow	The state of the s	12	26.8	30.5	
New Waterford		23	77.4		37.9
North Sydney	226	21	92.9	132.7	136.
Oxford	22	**********		58.8	110.
Parrsboro	47		42.6	130.4	45.
Pictou			45.6	100.0	51.3
Port Hawkesbury			333.3		137.3
Shelburne		1	51.3	125.0	68.9
Springhill		300000	(500)	56.1	
Stellarton		1	66.7	153.8	105.
Sydney Mines				115.4	133.
Trenton	1000000		10000 1000	74.1	174.
Truro			52.6		56.
Wedgeport	100.00			74.1	100
Westville				166.7	106.
Windsor	1,000,000			66.3	41.
Wolfville	0.00000		The state of the s	20.4	80.
Yarmouth	201	9	44.8	56.4	125.

TABLE H-NUMBER OF DEATHS AND DEATH RATES FROM TUBERCULOSIS BY COUNTIES PROVINCE OF NOVA SCOTIA, 1938

		CULOSIS Forms)	PLUMONARY		
	Number of Deaths	Rate Per 100,000 Pop.*	Number of Deaths	Rate per 100,000 Pop*	
Nova Scotia	415	80.9	348	67.9	
Annapolis	7	43.0	7	43.0	
Antigonish	20	198.6	17	168.8	
Cape Breton	49	53.	34	36.8	
Colchester	10	.39.9	9	35.9	
Cumberland	19	52.2	17	46.7	
Digby	19	103.5	16	87.2	
Guysboro	13	84.2	13	84.2	
Halifax	99	98.8	78	77.8	
Hants	8	41.3	5	25.8	
Inverness	26	123.5	19	90.2	
Kings	46	188.9	45	184.8	
Lunenburg	28	88.4	26	82.1	
Pictou	38	97.4	30	76.9	
Queens	3	28.3	3	28.3	
Richmond	7	63.1	7	63.1	
Shelburne	7	56.1	7	56.1	
Victoria	4	49.9	3	37.5	
Yarmouth	12	57.3	12	57.3	

^{*1931} Census figures.

Note— Based on estimated population for 1938, the provincial death rates are 75.7 for all forms and 63.5 for pulmonary tuber-culosis.

TABLE I-NUMBER OF DEATHS AND DEATH RATES FROM TUBERCULOSIS BY CITIES AND TOWNS PROVINCE OF NOVA SCOTIA, 1938

OF NOVA SCOTIA, 1938								
	Pop.	Tuber	culosis	Pulmonary				
CHAPTE START	1931	(all f	orms)	Tuberculosis				
	Census	No. of Deaths	Rate per 100,000 Pop.	No. of Deaths	Rate per 100,000 Pop.			
Cities								
Glace Bay	20,706	15	72.4	9				
Halifax	59,275	70	118.1	53				
Sydney	23,089	14	60.6	11	47.6			
Towns 1000 Pop. and over								
Amherst	7,450	5	67.1	5	67.1			
Antigonish	1,764	14	793.6	12	680.3			
Bridgetown	1,126							
Bridgewater	3,262	6	183.9	5	153.3			
Canso	1,575							
Dartmouth	9,100	1	11.0	1	11.0			
Digby	1,412	1	70.8	1	70.8			
Dominion	2,846	1	35.1					
Inverness	2,900	11	379.3	6	206.9			
Joggins	1,000							
Kentville	3,033	37	1219.9	36	1187.0			
Liverpool	2,669	1	37.5	1	37.5			
Lunenburg	2,727	2	73.3	1	36.7			
Mahone Bay	1,065							
New Glasgow	8,858	7	79.0	4	45.2			
New Waterford	7,745	2	25.8	2				
North Sydney	6,139	5	81.4	3				
Oxford	1,133	10.75	88.3					
Parrsboro	1,919	1	52.1	1				
Pictou	3,152	5	158.6					
Port Hawkesbury	1,011	·	100.0					
Shelburne	1,474							
Springhill	6,355		31.5	2	31.5			
Stellarton	5,002		80.0	4				
Sydney Mines	7,769	100	38.6					
Trenton Trenton	2,613	1000	114.8	3				
Truro	7,901	5	63.3	4				
Wedgeport	1,294	2	154.6					
Westville	3,946	-	50.7	1				
Windsor	3,032	100	98.9	2	100.000.000			
Wolfville	1,818		00.0	-	00.0			
Yarmouth	7,055		28.3	2	28.3			
1 armouth	7,000	4	40.0	-	20,0			

TABLE J—FIVE MOST COMMON CAUSES OF DEATH IN AGE GROUPS PROVINCE OF NOVA SCOTIA, 1938

Cause of Death	Deaths in age group			Deaths at all ages	Percent of deaths at all ages in age group
Under 1 year	754	100.0			
Prematurity	173	22.9		173	100.0
Pheumonia and Influenza Congenital Malformations	131 72	9.5	66.8	630 80	20.8 90.0
Injury at birth.	64	8.5		64	100.0
Other diseases of early Infancy	64	8.5)		64	100.0
1 - 4 years	196	100.0			
Pneumonia and Influenza	61	31.1)		630	100000
Accidents.	28	14.3	0.00	331	8.5
Tuberculosis	19	9.7	66.3	777777	
Diarrhoea and Enteritis	14	7.1		102	13.7
Diphtheria.	8	4.1)		23	34.8
5 - 14 years	146	100.0			
Accidental	39	26.7		331	11.8
Tuberculosis	17	11.6		415	
Appendicitis.	16	11.0	65.0		47.1
Pneumonia and Influenza	13	8.9		630	2.1
Diphtheria	10	6.8		23	43.5
15 - 24 years	268	100.0			
Tuberculosis	106	39.6		415	25.5
Accidental	45		69.8		13.6
Pneumonia and Influenza	17			630	2.7
Puerperal	12	100000000000000000000000000000000000000		51	23.5
Heart Disease	7	2.6		868	0.8
25 - 44 years	572	100.0			
Tuberculosis (all forms)	155	27.1)		415	37.3
Accidents	79			331	23.9
Cancer	47		63.4	688	6.8
Pneumonia and Influenza	44	7.7		630	7.0
Puerperal	38	6.6	1	51	74.8

TABLE J-Continued

Cause of Death	Deaths in age	Precent of group Total		Deaths at all ages	Precent of deaths at all ages in
	group	10041		ages	age group
45 - 64 years	1190	100.0			
Cancer	236	19.7)		688	34.3
Heart Disease	217	18.1		868	25.0
Pneumonia and Influenza	90	7.5	59.5	630	14.3
Tuberculosis	85	7.1		415	20.5
Nephritis	85	7.1)		341	24.9
65 - 84 years of age	2307	100.0			
Heart Disease	498	21.6)		868	57.4
Cancer (all forms)	355	15.4		688	51.6
Arterio sclerosis	284	12.3	66.1	461	61.6
Pneumonia and Influenza	202	8.8		630	32.1
Nephritis	186	8.0)		341	54.5
85 years and over	651	100.0			
Senility	149	22.9		253	58.9
Heart Disease	109	16.7		868	12.6
Arterio sclerosis	99	15.2	78.1	461	21.5
Pneumonia and Influenza	72	11.1	-	630	11 4
Nephritis	40	6.1		341	11.7
Cancer.		6.1		688	5.8

TABLE K-Number of deaths from certain specified causes, 1938 by counties

Varmouth	-	_	_	00	100	00	64				
Victoria		4	60	00	10	-	1		9	00	7
Shelburne					34		11		14	7	3
Richmond	1 67	7	7	14	14	4	4		00	00	2
Queens.		00	00	-	14	13	9		10	00	5
Pictou	7	38	30	62	83	61	14		19	20	23
Lunenburg	16	28	26	48	99	50	44	4	16	18	18
Kings	1	46	45	23	14	25	19	2	19	24	12
Inverness	1	26	19	31	24	18	22	4	11	15	14
Hants					45			:		00	
xslifsH				-	_	-	-		55		_
Guysboro						2.11			9		-
Digby	12	19	16	28	46	21	28	4	26	25	16
Cumberland									24	10.7/	21
Colchester	1	8							14		10
Cape Breton									55		88
Antigonish								- 6	25		-
siloqsunA									14		
Nova Scotia	138	415	348	688	868	581	492	09	341	344	331
Cause of Death	11 Influenza	23-32 Tuberculosis (all forms)	23 Pulmonary Tuberculosis	45-53 Cancer and other Malignant Tumors	90-95 Diseases of the Heart	30, 97, 99,102 Diseases of the Arteries	197-109 Pheumonia (all forms)	119 Diarrhoea (under 2 yrs. of age)	130-132 Nephritis	108-101 Diseases of early Infancy	116-136 Violent Deaths
Inter- national list number	11	23-32	7.7	45-53	90-06	201,88,198,102	197-109	119	130-132	192-195	110-130

TABLE L-Death rates per 100,000 population (1931 census) from certain specified causes by counties, 1938

Yarmouth	81 57 186 244 244 158 1158 1158 1158 1158 1158 1158 115
Victoria	50 37 110 1125 1125 775 37
Shelburne	40 56 56 272 272 1184 88 88 24 24
Richmond	18 63 63 63 126 126 36 36 36 128 128 128
Queens	288 288 1123 123 123 144 174
Pietou	18 97 77 77 77 159 156 36 49 49 51
Lunenburg	88 88 88 82 152 152 139 139 139 57
Kings	29 1189 1185 94 103 78 78 78 78 99 99
Inverness	5 123 90 1147 1114 85 104 119 52 71
Hants	57 41 26 150 232 134 139 46 41
xslifsH	18 99 184 184 116 116 55 56
Guysboro	39 84 84 84 123 116 65 65 89 91 39
Digby	65 104 87 87 153 251 153 153 142 136 87
Cumberland	16 52 47 173 195 195 91 3 66 80 80
Colchester	20 36 36 204 204 96 120 44 44 40
Cape Breton	16 53 37 89 104 57 67 60 78 78
Antigonish	30 169 169 179 159 89 169 79
siloqsunA	43 43 43 178 1104 1123 06 80 80 80
Nova Scotia	9.00
	26 80 80 67 113 113 113 95 67 67 64
nal Cause of Death	11 Influenza 23–32 Tuberculosis (all forms) 23 Pulmonary Tuberculosis 45–53 Cancer and other Malignant Tumors 90–95 Diseases of the Heart 107–109 Pneumonia (all forms) 119 Diarrhoea (under 2 yrs. of age)* 130–132 Nephritis 158–161 Diseases of early Infancy* 176–198 Violent Deaths
Inter- national List No.	16 96

*Rate expressed as number of deaths per 1000 live births

TABLE M-BIRTH RATE, MATERNAL MORTALITY AND INFANT MORTALITY DEATHS UNDER 1 YEAR OF AGE, PROVINCE OF NOVA SCOTIA 1921-1938

				Deaths	Infant Mortality		
Year	No. of live Births	Rate per 1000 est. Population	No. of Deaths	Death Rate*	No. of Infant Deaths	Death Rate*	
1921	13,021	24.9	56	4.3	1,311	100.7	
1922	12,693	24.0	70	5.5	1,239	97.6	
1923	11,680	22.0	84	7.2	1,139	97.5	
1924	11,801	22.1	78	6.6	1,118	94.7	
1925	11,400	21.2	62	5.4	887	77.8	
1926	10,980	20.3	51	4.6	882	80.3	
1927	11,134	20.5	76	6.8	1,028	92.3	
1928	10,931	20.0	57	5.2	865	79.1	
1929	10,688	19.4	45	4.2	960	84.8	
1930	11,346	22.1	76	6.7	937	82.6	
1931	11,615	22.6	55	4.7	914	78.7	
1932	11,629	22.4	53	4.5	849	73.0	
1933	11,164	21.4	52	4.7	791	70.0	
1934	11,407	21.7	71	6.2	807	71.0	
1935	11,617	22.0	62	5.3	838	72.1	
1936	11,808	22.0	51	4.3	781	66.1	
1937	11,572	21.4	35	3.0	812	70.2	
1938	12,241	23.9	51	4.2	754	61.6	

^{*}Number of deaths per 1000 live births.

TABLE N—NUMBER OF DEATHS AND DEATH RATES FROM TUBERCULOSIS PROVINCE OF NOVA SCOTIA 1921-1938

YEAR	Tubero All F	orms		nonary
	No. of Deaths	Death Rate*	No. of Deaths	Death Rate*
1921	702	134	579	111
1922	695	131	562	106
1923	652	123	559	105
1924	665	125	550	103
1925	580	108	500	93
1926	644	119	508	94
1927	643	118	544	102
1928	571	104	478	87
1929	522	95	453	82
1930	548	106	470	91
1931	524	102	425	83
1932	519	101.1	437	84
1933	478	91.5	398	76
1934	467	88.9	386	74
1935	488	92.6	416	79
1936	485	90.3	401	75
1937	461	85.1	380	70
1938	415	75.7	348	63.

^{*}Number of deaths per 100,000 estimated population. Death rate from all forms tuberculosis Canada 1937-60.1 Death rate from pulmonary tuberculosis Canada 1937-49.5.

PROVINCE OF NOVA SCOTIA TABLE O

Number of deaths and death rates from Cancer 1921-1938

ar	No. of	Death
Year	Deaths	Rate*
1921	480	91.6
1922	539	102.1
1923	529	99.8
1924	572	107.1
1925	540	100.6
1926	521	96.
1927	556	102.4
1928	571	104.4
1929	538	97.8
1930	558	108.0
1931	594	115.
1932	628	121.0
1933	638	122.5
1934	688	131.0
1935	617	117.
1936	687	127.9
1937	715	132.8
1938	688	125.

^{*}Number of deaths per 100,000 estimated population.

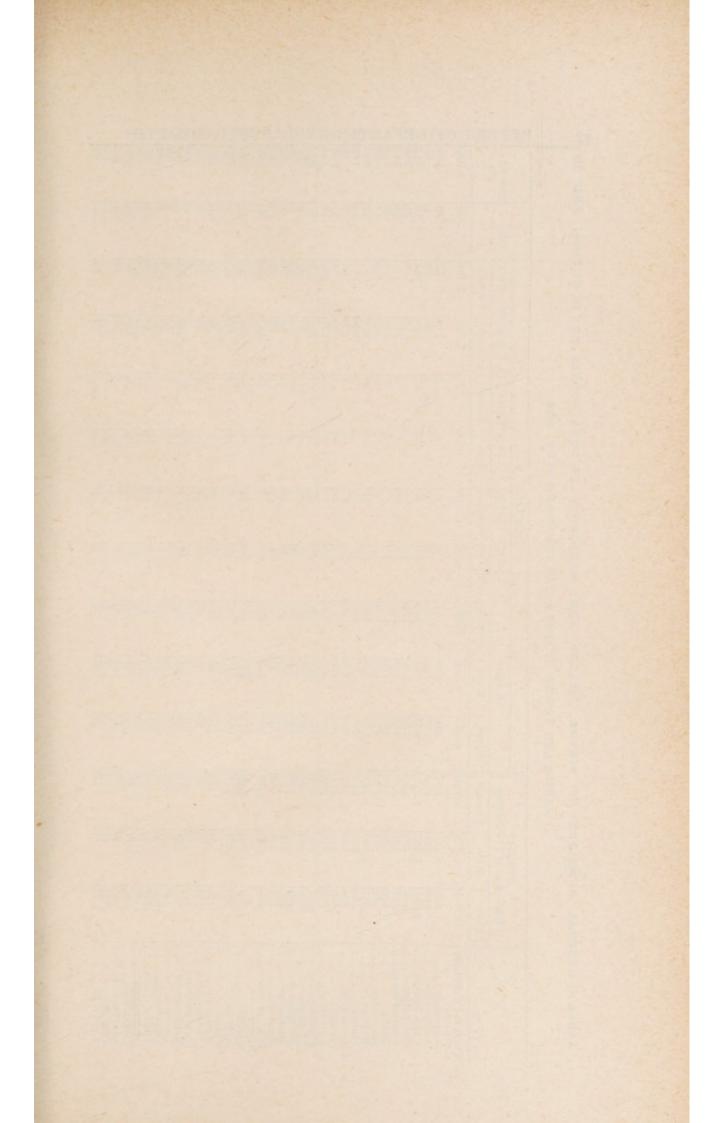


TABLE !-GENERAL SUMMARY OF BIRTHS, DEATHS AND MARRIAGES IN NOVA SCOTIA BY COUNTIES, AND IN

| *** | | R' | |)F I | | | | - | |
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 | | 125 | 55 |
 | | | | |
 | 65 |
| | Still- | | 356 | | | | | | |
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 | 99 | - | |
 | | | | 00 |
 | |
| | nd Over | Female | 2,406 | 84.8 | 281 | 106 | 59 | 102 | 104 | 210
 | 39 | 76 | 120 | 0.00

 | 548 | | |
 | | | | |
 | |
| | Years | Male | 2,731 | 110 | 368 | 142 | 579 | 106 | 06. | 203
 | 46 | 823 | 131 | 100

 | 65 | 58 | 42 | 38
 | 13 | 27.0 | 4 | 88 | 200
 | 27 |
| | Years | Female | 77 | 0400 | 233 | 41- | 13 | 1 2 | 000 | 04
 | 1 | I | 1 | 0,

 | 3 | | 23 |
 | | - | I | 00- |
 | |
| | 1 to 4 | Male | 119 | चारव | 52 | 900 | 242 | 2- | 00 | 00
 | 2 | 4 | -6 | 0.

 | 4 | 10 | |
 | 1 | | - | 00 |
 | |
| DEATHS | 1 Year | Female | 340 | 13 | 150 | 17 | 628 | 1-1- | 16 | 52
 | -100 | 10 | 46 | "

 | # 00
| 1 | 2 | 6
 | 1 | 40 | 000 | 30 | -
 | 00 |
| 1 | Under | Male | 414 | 138 | 98 | N 04 | 86 | 16 | 100 | 16
 | 00 00 | 100 | 142 | - 0

 | 00 | 00 | 9 |
 | - | 99 | 000 | 200 |
 | 3 |
| | | Female | 2,823 | 97 | 384
136 | 130 | 576 | 110 | 2000 | 237
 | 42 | 87 | 130 | 100

 | 902 | 49 | 46 | 2.4
 | 7 | 25 | 14 | 102 | 00
 | 53 |
| | All Ages | Male | 3,264 | 122 | 132 | 170 | 107 | 127 | 120 | 228
 | 50.00 | 92 | 154 | i i

 | 787 | 99 | 48 | 44
 | 15 | 308 | 00 | 135 | 00
 | 301 |
| | | Total | 6,087 | 219 | 875
268 | 300 | 1,265 | 237 | 240 | 465
 | 120 | 179 | 284 | 0

 | - 4 | 115 | 94 | 400
 | 01 | 552 | 091 | 237 | II
 | 29 |
| - | births) | Female | 5.963 | 170 | 1,219 | 428
240 | 1,242 | 249 | 400 | 390
 | 128 | 137 | 230 | 000

 | 256 | 87 | 06 | 61
 | 153 | 000 | 03 | 453 | 123
 | 3711 |
| DIDTUG | ive of Still | Male | 6,278 | 155 | 1,382 | 256 | 1,290 | 237 | 4100 | 383
 | 129 | 163 | 239 | 064

 | 334 | 92 | 98 | 66
 | 122 | 63 | 17 | 491 | 14
 | 41 |
| | (Exclusi | Total | 12,241 | 325 | 2,601 | 496 | 2,532 | 486 | 648 | 773
 | 222 | 300 | 469 | . 200

 | 590 | 179 | 188 | 197
 | 34 | 133 | 339 | 148 | 27
 | 78 |
| | | | Total for Province | Annapolis | Colchester | Digby | Guysboro | Hants | Kings | Pictou
 | Richmond | Shelburne | nouth | 1

 | Sydney | l owns:
Amherst. | Antigonish | Bridgetown
 | Canso | | | Inverness | Joggins
 | Kentville |
| | DEATH | Ages Under 1 Year 1 to 4 Years 5 Years and Over hirthe | BIRTHS All Ages | Carolusive of Stillbirths All Ages Carolusive of Stillbirths All Ages All Ages Carolusive of Stillbirths All Ages All Ages Carolusive of Stillbirths All Ages All Age | Carolusive of Stillbirths) | Cexclusive of Stillbirths Cexclusive of Stillbirths Total Male Female Male Male Female Male Female Male Female Male Female Male Male Female Male Male Male Male Female Male Mal | Carclusive of Stillbirths Carclusive of Stillbirths | Exclusive of Stillbirths) All Ages Under 1 Year Total Male Female Female Male Female | CExclusive of Stillbirths Exclusive of Stillbirth Exclusive of Stillbirth Exclusive of Stillbirths Exclusive of Stillbi | CExclusive of Stillbirths Cexclusive of Stillbirths | CExclusive of Stillbirths Female Female | Cexclusive of Stillbirths Female Total Male Female Male Male Male Female Male M | Cexclusive of Stillbirths Female Female | CExclusive of Stillbirths) All Ages Under 1 Year Total Male Female Female Female Female Female Female Female Male Female Female Male Female All All <t< td=""><td> CEXCLUSIVE of Stillbirths CEXCLUSIVE of Stillbirths </td><td> Carolisis</td><td> Carcinsive of Stillbriths Female Female </td><td> CEXCLUSIVE of Stillbirths CEXCLUSIVE of Stillbirths </td><td> CEXCLUSIVE of Stillbirths CEXCLUSIVE of Stillbirths </td><td> Total Male Female Fema</td><td> Cexclusive of Stillbirths Cexclusive of</td><td> CEXCLUSIVE Of Stillbirths CEXCLUSIVE OF Stillbirths </td><td> CEXCUSIVE Of Stillbirths CEXCUSIVE Of Stillb</td><td> CExclusive of Stillbirths</td></t<> | CEXCLUSIVE of Stillbirths CEXCLUSIVE of Stillbirths | Carolisis | Carcinsive of Stillbriths Female Female | CEXCLUSIVE of Stillbirths CEXCLUSIVE of Stillbirths | CEXCLUSIVE of Stillbirths CEXCLUSIVE of Stillbirths | Total Male Female Fema | Cexclusive of Stillbirths Cexclusive of | CEXCLUSIVE Of Stillbirths CEXCLUSIVE OF Stillbirths | CEXCUSIVE Of Stillbirths CEXCUSIVE Of Stillb | CExclusive of Stillbirths |

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224 225 226 226 227 228 228 228 228 228 228 228 228 228
Liverpool. Lunenburg Lunenburg Mahone Bay New Clasgow New Waterford North Sydney Oxford Parrsboro Pictou Port Hawkesbury Shelburne Shelburne Springhill Stellarton Truro Wedgeport Westville Windsor Wolfville

TABLE 1A—BIRTHS IN THE PROVINCE OF NOVA SCOTIA BY COUNTIES, 1938

G	Se	x		Tillamiti			
Counties (Including cities and Towns)	Male	Female	Still- births	Illegiti- mate births	Twins	Tri- plets	Total
Annapolis	155	170	13	13	5		325
Antigonish	126	120	3	9	3		246
Cape Breton	1382	1219	76	132	28		2601
Colchester	266	280	24	36	1		546
Cumberland	439	428	26	49	8		867
Digby	256	240	13	26	5		496
Guysborough	178	165	14	18	5		343
Halifax	1290	1242	82	216	19	1	2532
Hants	237	249	13	37	5		486
Inverness	228	176	10	14	4		404
Kings	314	334	12	25	9		648
Lunenburg	315	285	18	57	5		600
Pictou	383	390	25	53	8		773
Queens	129	128	4	17	1		257
Richmond	112	110	1	2	2		222
Shelburne	163	137	9	18	1		300
Victoria	66	60	1	16			126
Yarmouth	239	230	12	44	3		469
Total	6,278	5,963	356	782	112		12,241

TABLE 1B—BIRTHS IN CITIES AND TOWNS OF NOVA SCOTIA, 1938

Cities and towns	Se	x		Illegiti-			
Cities and towns	Male	Female	Still births	mate births	Twins	Tri- plets	Total
Amherst	92	87	10	10	2		179
Antigonish	98	90	3	7	2		188
Bridgetown	4	1		1			5
Bridgewater	66	61	3	12	2		127
Canso	12	22	3	2	1		34
Dartmouth	10000	1000000	4	2	3		133
Digby	63	56	3	4	1		119
Dominion	17	22	4	1			39
Glace Bay	491	453	36	36	11		944
Halifax	864	869	59	163	9	1	1733
Inverness	82	66	6	4	1		148
Joggins	14	13		1			27
Kentville	41	37		2			78
Liverpool	58	53	3	4			111
Lunenburg	18	16		1			34
Mahone Bay		3					3
New Glasgow		233	16	27	5		448
New Waterford		139	13	15	1		297
North Sydney	115	111	8	14	4		226
Oxford	12	10		1	1		22
Parrsboro	26	21	1	5			47
Pictou	36	30		7	1		66
Port Hawkesbury	7	2		1			9
Shelburne	24	15	1	6			39
Springhill	109	126	13	8	2		235
Stellarton	16	14	2	1			30
Sydney	334	256	1	47	6		590
Sydney Mines	128	92	12	12	3		220
Trenton	17	18	2	6			35
Truro	116	112	14	18			228
Wedgeport	10		1		1		14
Westville	12	8		- 1			20
Windsor	73		6	13	1		154
Wolfville	78	81	2	3	3		159
Yarmouth	100	101	6	25	1		201
Total	3,584	3,358	232	460	61	1	6,942

TABLE II—SINGLE AND MULTIPLE CONFINEMENTS AND LEGITIMATE AND ILLEGITIMATE BIRTHS	BY COUNTIES, 1938
-	

	OTE								_	-	_		-	-	1	-41
		Illeg.		10 00	63	60	L-0	1		- 6	7 -				2	31
	Stillborn	Leg.	13	71	24	13	75	6	11	17	0,00	-	00	1	10	325
hildren		Total	2000	76	26	18	07.0	10	12	100	67	-	6	1	12	356
No. of C		Illeg.	13	132	49	18	216	14	25	57	17	22	18	16	44	782
	sorn alive	Leg.	312	2,469	818	325	2,316	390	623	543	940	220	282	110	425	11,459
	E	Total	325	2,601	867	496 343	2,532	404	648	009	957	222	300	126	469	12,241
		Triplets					1									1
finements		urw.T.	9 8	000	100	10.10	21	91-	11	100	50 -	101	1		60	128
Jo		Single	326 243	2,611	877	499	2,569	487	638	809	780	219	307	127	475	12,338
		Total	332	2,644	885	504	2,591	493	649	613	789	221	308	127	478	12,467
		and towns)	Annapolis	Cape Breton	Colchester	Digby	Halifax	Hants	Kings	Lunenburg	Picton	Richmond	Shelburne	Victoria	Yarmouth	Total
	No. of Confinements No. of Children	No. of Confinements No. of Children Born alive Stillborn	ncluding cities Total Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Total Leg.	No. of Confinements	cluding cities Total Single Twin Triplets Total Total Total Total Total Total Leg. Illeg. Illeg. <th< td=""><td>Ining cities Total Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Total Leg. Illeg. Illeg.</td><td> No. of Confinements</td><td> No. of Confinements</td><td>ing cities Total Single Twin Triplets Total Born alive No. of Children towns) Total Total Leg. Illeg. Total Leg. Illeg. Ille</td><td> Single Total Single Twin Triplets Total Leg. Total T</td><td> Total Single Twin Triplets Total Leg. Illeg. Stillborn Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Single Twin Triplets Total Leg. Illeg. Single Single </td><td> Single Twin Triplets Total Leg. Illeg. Illeg.</td><td> Single Total Single Twin Triplets Total Leg. Illeg. Illeg. Total Leg. Illeg. Illeg</td><td> Single Twin Triplets Total Leg. Illeg. Illeg.</td><td> Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Total Leg. Illeg. I</td><td> Second Single Twin Triplets Total Leg. Illeg. Ille</td></th<>	Ining cities Total Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Total Leg. Illeg. Illeg.	No. of Confinements	No. of Confinements	ing cities Total Single Twin Triplets Total Born alive No. of Children towns) Total Total Leg. Illeg. Total Leg. Illeg. Ille	Single Total Single Twin Triplets Total Leg. Total T	Total Single Twin Triplets Total Leg. Illeg. Stillborn Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Single Twin Triplets Total Leg. Illeg. Single Single	Single Twin Triplets Total Leg. Illeg. Illeg.	Single Total Single Twin Triplets Total Leg. Illeg. Illeg. Total Leg. Illeg. Illeg	Single Twin Triplets Total Leg. Illeg. Illeg.	Single Twin Triplets Total Leg. Illeg. Total Leg. Illeg. Total Leg. Illeg. I	Second Single Twin Triplets Total Leg. Illeg. Ille

TABLE III-SINGLE AND MULTIPLE CONFINEMENTS AND LEGITIMATE AND ILLEGITIMATE BIRTHS BY CITIES AND TOWNS, 1938

RE	POR	T)F DE	PAI	CI.W	EN	TO	FP	UB	Lil	1	1E.	AL'	LH		77
		Illeg.	1	-		4	7		1		1					
	Stillborn	Leg.	0.00	60 60	4.00	32	52		61		15	00	1		101	201-
Children		Total	10	00 00	400	36	9.		00	,	13	00	1		100	201-
Number of C	9	Illeg.	10	1212	014	36	163	12	4-	Lo	15	14	20		900	47
Nu	Born alive	Leg.	169	115	131	908	1,570	76	107	80 50	282	212	42	59	33	543
		Total	179	127	133	944	1,733	782	111	00 0	297	226	14	99	39	200
ents	Tuin Inter	riibiens					1			1						
Confinements	Turing	TWIII	0101	1 2		1					000			I	2	
Number of	Gingle	Single	185				1,769					226				579
Ž	Total	Torai	187	128	133	967	1,780	782	114	00 0	307	230	184	69	246	585
	Cities and towns		Amherst Antigonish Bridgetown	Bridgewater Canso	Dartmouth Digby	Dominion.	Inverness	Kentville	Liverpool	Mahone Bay	New Waterford	North Sydney	Parrsboro	Fictou Port Hawkesbury	Shelburne	Stellarton Sydney.

TABLE III-Continued.

	N	Number of Confinements	Confinem	ents		N	Number of Children	Children		
Cities and towns	Total	Gingle	Transia	Thinloto	1	Born alive	e	St	Stillborn	
	10041	organic	TWIT	riibiees	Total	Leg.	Illeg.	Total	Leg.	Illeg.
Sydney Mines Trenton Truro Wedgeport Westville Windsor Wolfville Yarmouth	228 37 241 14 20 159 159 206	224 37 240 13 158 158 153 205	44-		220 352 228 144 154 159	208 210 210 141 141 156 176	18 18 18 18 18 18 18 18 18 18 18 18 18 1	12 2 1 1 6 6	11 13 10 10	
Total	7,099	7,025	73		6,942	6,482	460	232	212	20

TABLE IV-PLURAL BIRTHS CLASSIFIED TO SHOW NUMBER OF CHILDREN BORN ALIVE AND STILLBORN, BY SEX, IN THE PROVINCE OF NOVA SCOTIA, 1938

Classification of Births	Number
Twin Births	128
Two males (both living)	44
One male and one female (both living)	32
Two females (both living)	36
One male living and one male stillborn	2
One male living and one female stillborn	1
One female living and one female stillborn	6
Two Males (both stillborn)	
One male and one female (both stillborn)	2
Two females (both stillborn)	2
Triplet births	1
Three females (all living)	1
Total Multiple Births	129
M.	133
F.	126
Total Single Live Births	12,005
M.	6,155
F.	5,850
Total Single Stillbirths	333
M.	185
F.	148
Total Confinements	12,467

TABLE V—BIRTHS (EXCLUS			NOVA SCOTIA Rural Urban ANNAPOLIS Rural Urban	Bridgetown—t ANTIGONISH Rural	Urban Antigonish—t. CAPE BRETON	Rural Urban Sydney—c	Dominion—t Glace Bay—t New Waterford—t	North Sydney—t Sydney Mines—t	Rural Urban Truro—t
CCLUSI	1	Total	12,241 5,299 6,942 325 5	246 58	188 188 2,601	285 2,316 590	944 297	225 220 546	25228
IVE OF		January	942 4477 224 233 1						12.88
HE PR		February	924 411 513 31 31	13	981	18 178 47	15	10 25 37	11128
STILLBIRTHS HE PROVINCE		Матећ	1,088 493 595 282 282	23	17 17 223	200 45	25.2	22.25	12522
OF N		lirqA	1,068 497 571 27 26		64	-			
MON		May	1,066 450 616 26 26	2274	18 18 229	202 45	29	20 20 42 42 42 42 42 42 42 42 42 42 42 42 42	8888
_	MONTH	aung	1,033 429 604 33 32						
CLASSIFIED AS	THS	July	1,049 447 602 25 25	-	1 24	2024	6.61	C1 111	1252
TED AS		tsuzuā	1,048 427 621 28 28	25	22 23 25 25 25 25 25 25 25 25 25 25 25 25 25	208 60 60	2673	15	16
RUR		September	1,039 453 586 356 35	18	16 16 223	203 61	79	19	1888
RURAL AND		October	1,040 438 602 26 26 26	22 80	19 19 239	2114	288 2986	20 20	198
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AN		December	1,00		67				

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Rural Urban Amherst—t Joggins—t Oxford—t	Springhill—t.	Urban Digby—t	Rural Urban	HALIFAX Burel	Urban Halifax—c	HANTS Dartmouth—t	Urban Windsor—t	Rural Urban Inverness—t	KINGS Port Hawkesbury—t Rural Urban Kentville—t Wolfville—t

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TABLE V—Births (exclusi			ENBURG. Rural Urban Bridgewater—t Lunenburg—t Mahone Bay—t FOU Mahone Bay—t Rural Urban New Glasgow—t Pictou—t Stellarton—t Trenton—t Trenton—t Trenton—t Westville—t Westville—t Trenton—t Trenton—t Trenton—t Nestville—t Stellarton—t Trenton—t Trenton—t Nestville—t Trenton—t Trenton—t Trenton—t Stellarton—t Trenton—t Trenton—t Trenton—t Trenton—t Stellarial Urban Shelburne—t Rural MOUTH Rural MOUTH Rural Grban Wedgeport—t Toran Wedgeport—t
			LUNENBURG Rural Urban Bridge Lunen Mahor PICTOU Rural Urban New G Pictou Stellar Trento Westv QUEENS Rural Urban Liverp Rural Urban Shelbu VICTORIA Rural Urban

TABLE VI-TOTAL LIVE BIRTHS AND LIVE BIRTHS IN IN-STITUTIONS SHOWING THE NUMBER OF MOTHERS NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1938

	All I	Births	In In	stitutions
	Total	Mothers Non-resident in Province	Total	Mothers Non-resident in Province
Total for the Province	12,241	38	4,293	23

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, 1938

		er or rin	1 DEL MA	T TIN TOTAL		-			
-	n Ins.	To Mothers non-resident in city or town where birth occurred and	Non- resident in prov.	1	61	1			1
	Births elsewhere than in Ins.	To M non-res city o where	Resident in prov.	15	0001			04	9
	selsewhe	To Resid-	mothers	628 276	125				131
	Births	Total		644	133	172	149	211	105
	su	To Mothers non-resident in city or town where birth occurred and	Non- resident in prov.	4		67	4		==
	Births in Institutions	To M non-resi city or where	Resident resident in prov. in prov	431		285		4	57
	irths in	To Resi-	To Resident mothers		:	060		101	38
6	B	Total	15	1,089	49	377	184	60	96
		Mothers resident in or town ere birth	Non-re- sident in prov.	5	7	00	4		2
	irths	To non-l city wh	Resident in prov.	446	212	290	51	00 00 M	63
	All b	Total resident	S S S S S S S S S S S S S S S S S S S	1,282		155			
		Total		1,733	133	448 448 297	235	220 220	201
		CITIES and TOWNS		Cities Halifax Sydney	Dartmouth.	New Glasgow New Waterford	North Sydney.	Sydney Mines	Yarmouth

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TABLE VIII-BIRTHS	-	Total	- U W 4 V O O O O O O O O	440000000
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TABLE VIII-Continued.

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90	232233323232024131433 3 11
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Total	213 242 242 242 207 165 119 119 88 80 80 100 41 47 47 47 47 47 47 47 47 47 47 47 47 47
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	233	60	236
	248	00	251
	286	10	291
1	696 602 635 528 492 431 398 384 345 286 248 233 281 199 170 104 120 89 58 31 13	6	04 443 408 393 354 291 251 236 283 201 172 107 120 90 59 31 13 7 5
	384	6	393
1	308	10	408
-	431	12	443
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		Syrian	181
		ssiwS	H01
		Swedish	60 61
7		Serb and Croat	
)I.A		Russian	
AC		Roumanian	
B		Polish	949 1 1 2
T		Norwegian	1007
NG		Negro	61
110		Jewish	1 7
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00		Italian	9014 11
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CLASSIFIED ACCORDING TO RACIAL A SCOTIA, 1938	Orig	German	22 35
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STILLBIRTHS) PARENTS, NOV	Racial Origin of Mother	Dutch	42 44 46 16 16
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XCLUSIVE ORIGIN		French	196 155 155 1 904 3 3
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BIR		English	4062 216 291445 536 355 1 15 88 174 88 174 88 1 2 1 3 2 2 1 3 2 2 53 26
TABLE IX—BIRTHS (E.		Total	1298 25998 25998 1334 14 18 11 13 13 13 13 13
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	Indian	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:
١	Icelandic		
١	Hungarian	2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1
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	Greek		-
	German	22 330 23 25 25 25 25 25 25 25 25 25 25 25 25 25	1
1	Finnish		
	Dutch	116 61 16 61 1	
1	Danish	8 H H W H	
		4 :-::::: 4::::::::	
1	Czech and Slovak		
1	Chinese		
	Bulgarian	001 101 101 101 101	
1	Belgian		
1	Austrian		
	Armenian		
	папага	196 1196 1155 1199 1199 110 110 110 110	
	French		
	Welsh	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	Irish	2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	
		248 248 248 248 248 248 248 248 248 248	
	English	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
-		5151 4062 216 2599 536 1455 2599 536 1455 1334 174 88 15 15 15 15 18 5 2 1 19 5 2 2 204 53 26 4 2 11 2 19 5 2 2 204 53 26 4 4 4 2 10 2 2 10 2 2 10 2 2 10 2 2 10 2 2 10 2 2 10 2 2 10 2 2 10 2 2 10 2 2 10 3 3 2 6 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
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	Racial Origin of father	English Irish Scottish Welsh Armenian Austrian Belgian Bulgarian Chinese Czech and Slovak Danish Dutch Finnish German Greek Hindu Hungarian Icelandic Indian	Japanese
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		Serb and Croat	9 911	211
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,		Polish	1188 25227 1 25227	222
		Norwegian	H	2044
		Negro	663 884 844 1281	32 20 12 12
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,		Jewish	23 26 113 113	26 13 13
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2		Italian	22 21 21 21 21 21 21 21 21 21 21 21 21 2	37 15 22
	ner	Indian	11 18 18 18 18 18 18 18 18 18 18 18 18 1	52 31 21
	Mother	Icelandic		
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TIE		CzechandSlovak	66666	6662
NOVA		Chinese	111111111111111111111111111111111111111	27-1-
20		Bulgarian		111
		Belgian	71181 2711	120
NOVA		Austrian	600H	2001
		Armenian		111
1			666 488 898 898 898 898 898 898 898	00 10 00
-		French	1 1 1 2 3 3 3 4 4 8 5 5 0 4 4 8 4 8 8	777
		Welsh	11 11 11 11 11 11 11 11 11 11 11 11 11	2670 28 1558 1421 15 775 1249 13 783
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		Total	111	62 62 59
	=	d		thers T. 12241 5597 1 M. 6278 2873 F. 5963 2724
		Racial Origin of father	Jewish Negro Norwegian Polish Roumanian Russian Serb and Croat Swedish Swiss Syrian Ukrainian(1) Other Not Specified Children born to married mothers T. R. Children born to unmarried mothers T. Children born to unmarried mothers T. F. Children born to unmarried mothers T. F.	F.W.F.
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		of	Jewish Negro Negro Norwegian Polish Russian Russian SerbandCro Swedish Swiss Syrian Ukrainian(I Other Not Specifi Children bo to married mothers I Children bo	mothers
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TABLE X -- LEGITIMATE BIRTHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO AGE AND RACIAL ORIGIN OF MOTHERS, NOVA SCOTIA, 1938

	50 and over Not stated		
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	21	302 747 140 3 94 94 16 16 16 16 18 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	. 0
	50	248 638 1123 1123 1111 111 119 4	:
	19	2112 247 551 511 10 10 11 11 11 11	1
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	Racial Origin of Mother	English Irish Scottish Welsh Welsh Armenian Austrian Belgian Belgian Czech and Slovak Czech and Slovak Danish Dutch Finnish German Grek Hindu Hundu Italian Italian Japanese	Negro

TABLE X-Continued

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	355	1	-	-	-				-	-	-	286
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	33	1	-		-		-	-	-		1	384
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	Racial Origin of Mother	Dollah	Roumanian	Russian	Sarb and Croat	Swedish	Swiss	Syrian	Other	Not specified		Total

(1) Including "Galician" and "Bukovinian"

ASIA	Poland	8 8
EUROPE	France Germany Holland Hungary Italy Italy	2 2 1 1 1 1 1 3 3 3
British posses-	Other	0 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BIRTHPLACE Britis h Isles posses	Wales Other Newfoundland	20 4 226 2 4 4 4 4 4 210 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
British	England Ireland Scotland	112 116 117 118 119 119 119 119 119 119 119 119 119
	Manitoba Saskatchewan Alberta British Columbia Prov. not specified	2 2 4 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CANADA	New Brunswick Quebec Ontario	2006 66 41 150 43 21 150 43 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	Total	10258 56 1 10258 56 1 10258 56 1 10258 56 1 1 2 209 3 329 2 1 1 2 1 2 1 1 1 2 1 1 2 1 1 2 1

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(1) Including the Ukraine

TABLE XII-LEGITIMATE BIRTHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO AGE AND BIRTHPLACE OF MOTHERS, 1938, Nova Scotia

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		January	2524 2525 2525 2525 2525 2525 2525 2525
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TABLE XIII—DEATHS OF CHILDREN OF NOVA SCOTIA BY			Nova Scotia. Rural Rural Rural Antigonish Rural Urban Antigonish—t Cape Breton Rural Urban Sydney—c Dominion—t Glace Bay—t Glace Bay—t New Waterford—t North Sydney—t SydneyMines—t SydneyHines—t Colchester Rural Urban Truro—t Truro—t

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4	Parrsboro—t. Springhill—t. Rural Urban Digby—t. Guysborough Trbor	Halifax. Canso—t. Rural. Urban. Halifax—c. Dartmouth—t. Rural. Rural.	Inverness Windsor—t Rural Urban Inverness—t Port Hawkesburv—t	Kings. Rural. Urban. Kentville—t. Wolfville—t.

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TABLE XIII-DEATHS			Lunenburg Rural Urban Bridgewater—t Lunenburg—t Mahone Bay—t Mahone Bay—t Mural Urban New Glasgow—t Pictou—t Trenton—t Trenton—t Trenton—t Urban Liverpool—t Rural Shelburne Rural Shelburne Rural Shelburne Trentoria Rural Shelburne Trentoria Rural Urban Victoria Shelburne—t Victoria Shelburne—t Trentonia Rural Urban Victoria Shelburne—t Tarmouth Rural Tarmouth Rural Tarmouth Rural Tarmouth Tarmout

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 NOVA SCOTIA, 1938

		All deaths under one year	18 under	one yes	r.			In	In Institutions	itions		
		Total		Non-	Non-resident in province	ä		Total		Noi	Non-resident in province	nt in
	Total	M.	F.	F. Total M. F.	M.		Total M.	M.	F.	F. Total M.	M.	F.
Total for the province	754	414	340				221	132	68		-	

TABLE XV-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE

TOWNS OF 5,000 POPUL		YEAL	R OI	F AG	5,00	LAS 0 P	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, 1938	ED A	ON	ORD	ING	T	HE C	TH	E P	ROV	OF.	DEC.	EDE OF N	OVA	SC	CIT	A, 1	938	0						REPOR
-		All c	deatl	ns ar	All deaths under one year	one 3	year						De	aths	Deaths in institutions	insti	tuti	suo				Deat	hs e	sewi	nere	Deaths elsewhere than in	77.	nstit	institutions	SI	TO
						n-re town	Non-resident in city or town where death occurred and	re de and	ity							No or t	own occu	Non-resident in city or town where death occurred and	re de and	city		E Porto		Societa	100		Non- ty or	resid r tow occu	Non-resident in city or town where death occurred and	n and	FTHE
Cities and Towns	Total		Residents	ents	1000	Resident in Pro- vince	_	Non-resi- dent in Province	in in		Total	-	Kesi	Kesidents		Resident in Pro- vince	ssident r Pro- vince		Non-resi- dent in Province	in ce				100			Resident in Pro- vince	2 .	Non-rest dent in Province	in	
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North Sydney	23 14 9	6 1	22 13	22 13 9		-	1	1		: :	0 0	03 60	~	00 FC	04 04		- :					4 10	- 00	15	-1-	- 00		ii			: :
Springhill	14 7	1	14	1-	-	-	-	1	1	-	01	6 4		9 01	4		-	-	-	1		4	00	4	-	3		1	-	-	:
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Table XVI- Deaths of children under one year (exclusive of stillbirths) by age at death, in the province of Nova Scotia, 1938

AGES	Tota
All infants	T. 754
	M. 414
W 1 1 1	F. 340
	T. 113
	M. 67
1 day	F 46 T 35
	M. 17
	F. 18
2 days	T. 39
	M. 19
	F 20
3 days	T 33
	M 22
	F 11
	T. 22
	M 12
	F. 10
	T. 17
	M 9 F 8
2.1	F 8 T. 11
	M. 8
	F. 3
** * * *	T 270
	M. 154
	F. 116
1 week and under 2 weeks	T. 33
	M. 13
	F. 20
	T. 31
	М. 19
2 weeks and under 1 month	F. 12
	T. 29
	M. 15
TI- 3 4	F. 14 T. 363
	T. 363 M. 201
	F. 162
1	T 81
	1 44
	F. 37
0	T. 72
N. A. A. A. A. A. A. A. A. A. A. A. A. A.	1. 45
	F. 27

Table XVI—Deaths of children under one year (exclusive of stillbirths) by age at death, in the province of Nova Scotia 1938—Continued

AGES		Total
3 months and under 4months	T	57
o months and analysis	M.	
	F	26
4 months and under 5 months		1000
	M.	0.0332
	F	-
5 months and under 6 months		
	M.	1
6 months and under 7 months	F.	
6 months and under 7 months	M.	1 3 0 3 3
	F.	10000
7 months and under 8 months		
	M.	1 6 2
	F.	7
8 months and under 9 months	т.	17
	M.	7
	F.	77.77
9 months and under 10 mos.		10000
	M.	7.60
10	F.	70.00
10 months and under 11 mos	M.	
	F.	
11 months and under 12 mos		
A STATE OF THE STA	M.	
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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, 1938

Racial Origin Total
All origins
English
Irish
Scottish 159
Welsh
French
Armenian
Austr an
Belgia'n 1
Bulgarian
Chinese
Czech and Slovak 1
Danish
Dutch 4
Finnish 1
German 23
Greek
Hindu
Hungarian
Icelandic
Indian 5
Italian 4
Japanese
Jewish
Negro
Norwegian
Polish 2
Roumanian
Russian Creat
Serb and Croat
Swedish
Swiss
Syrian 2
Ukranian 1
Other 3
Not specified

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			suoineV		:	:	-	1	1	10			-	×:	1	-		-
			United States	10	-	0	-	1		1					-	-		
Q			Other	1	0		-		1	:	-			:	-	:		
E		e	negel		1	1	-	-	Ī					1	1	1		i
CLASSIFIED		Asia	China		1	1	0	1	-	-	1			1	T	-		i
A.			Other	1	-	-	1	1	1	:	:			1	-	:		
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183		1	Roumania	1	1	1	-	-						1	-			
A,		1	Poland	1	1	1	-	F	- 5	-				1	1	1		T
STILLBIRTHS)		- !	Norway		-		1			-	-		1	-	1	1		1
TI OO		Europe	Italy	-	1	-	-	1		:	1			1	1	1		
A S		nro	Hungary	1	1	1	1	:	:	1	:			1	:	-		:
OF S NOVA		ш !	holland		-	1	1	1	1	-				1	:	-		1
22	×	1	Germany	1	1	-	1	1	1	:	-			-	-	-		
OF	HE		Finland		1	:	1	1	:	1			-	1	1	1		
	MOTHER		Denmark	-	-	:	-	-	-	-	-		-	1	-	1		-
NC	M		Belgium	1 :	1	-	-	1	-	-			-	-	1	1		-
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IN	H	90	Other		1	:	****	1	1	-	1			-	-	1		-
The State of	RT	Isle	Wales		-	1	1	:	1					1	1			
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REI		British Isles	Ireland	00	- 3	00	1	:	-	1	:			÷	1	: -		-
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FO			Prov. not specified	1	1	1	1	:	-	-	1			1	1	1		
140	10		British Columbia	1	1	:	:	1						1	1	:		
N UNDI			Alberta			-	1	-	1	1				1	1	-		_
DA.		-	Saskatchewan	-	-		1	1	1	-	:			1	10	1		-
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TE		Canada	Quebec	01	-	1	1		1	+	-			1	1	1		-
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CHILDRE O BIRTH					-		00	-	-	1	-			19	01	1 1		-
			Nova Scotia	4 537		522	_							-	=		-	
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			Total Fathers	592	-	572	12	10	1					25	13	00		
TABLE XVIII-DEATHS OF ACCORDING			Birthplace of father	CANADA	Prince Edward Island	Nova Scotia	New Brunswick	Onebec	Ontario	Manitoba	Alborta	British Columbia	Province not specified	BRITISH ISLES	England	Scotland	Wales	Other

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BRITISH POSSESSIONS Newfoundland	EUROPE.	Belgium	Finland	France	Holland	Hungary	Norway	Roumania	Sweden	Other	China	Other UNITED STATES	Various Not specified	Total Mothers
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(1) Including the Ukraine.

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HILDREN (EXCLUSIVE OF STILLBIRTHS) FROM CERTAIN SPECIFIED CAUSES IN 7	
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Sept. Oct. Nov. Do	MFMFM	8
Month of Death pr. May June July Aug.	IF MF MF MF	75 75 75 75 76 76 76 77 77 76 77 76 77 77 76 77 77 76 77 77 76 77 77 78 78 79 70
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Total under 1	Total	754 414 414 414 414 414 414 414 414 414 4
	Causes of Death	All Causes Scarlet Fever Whooping-cough Diphtheria. Diphtheria. Diphtheria. Diphtheria. Diphtheria. Diphtheria. Existed as and policencephalitis (acute) Existed as and policencephalitis (acute) Existed as and policencephalitis (acute) Existed as and the respiratory system System System System System Purulent infection. septicaemia G Diseases of the thymus gland Simple meningtis. Simple men

REPORT OF	THE DEPA	RTMENT OF P	UBLIC HEALTH
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107

Ti months and OF LIFE under 11 months 04 :04 to months and 9 months and under 10 months 10 :09 TABLE XX-DEATHS OF CHILDREN (EXCLUSIVE OF STILLBIRTHS) FROM CERTAIN SPECIFIED CAUSES IN FIRST YEAR BY SEX AND AGE AT DEATH, NOVA SCOTIA, 1938 00 8 months and 10 04 1 15 04 --104 under 8 months Dan salmom 7 10 01 under 7 months 0.8 :00 00.04 15 14 01.00 - 00 under 6 months 04 bns sainom & 04 Age at Death 03 24 4 months and under 5 months 00 55 26 3 months and HIC 31 100 -01.00 45 27 10-1 2 months and I month and under 1 month M F 15 14 der 3 weeks 2 weeks and under 2 weeks 1 weeksndun-70 week day and under 87 CIM 46 Under 1 day 40 67 122 Total under -010 Z च च १० 293 F-82-04 10 01 00 10000 Erysipelas
Poliomyelitis and polioencephalitis (acute)
Epidemic cerebrospinal meningitis.
Tuberculosis of the respiratory system
Tuberculosis of the meninges and central Group
Bronchitis
Bronchoneumonia
Present of the buccal cavity and annexa and of the pharynx and tonsils (includmastoid process Tuberculosis, other forms
4 Syphills.
6 Purulent infection, septicaemia.
7 Diseases of the thymus gland.
9 Simple meningitis. septicaemia Causes of Death Diseases of the stomach
Diarrhoea and enteritis.
Hernia, intestinal obstruction.
Nephritis. ing adenoid vegetations) Diseases of the ear and Measles. Scarlet fever. Whooping-cough. Diphtheria. Convulsions causes IIV 116-118 119 122 130 -32 34 36 79 86 89 80 100 110 115 Int. IIst Number -xe011833884 108.

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			alformations (a) Congenital hydrocephalus (b) Congenital malformations of the neart (b) Congenital malformations of the neart (b) Congenital debility (c) Congenital debility (c) Congenital debility (c) Congenital debility (c) Congenital debility (d) Another (e) Specified diseases (f) no cause given (l) (g) no cause given (l) (g) no cause given (l) (g) no cause given (l) (g) no cause given (l) (g) no cause given (l) (g) no cause given (l) (g) no cause given (l) (g) no cause given (l)	
	f.		(a) Congenital hydrocephalus. (b) Congenital malformations heart. (c) Congenital malformations heart. (c) Congenital malformations heart. (c) Congenital debility. (d) Congenital debility. (d) Injury at birth. (e) Other diseases peculiar to early funder 3 months). (a-e) Specified diseases. (f) no cause given (1). (f) no cause given (1). (g) Homicide of the specified causes. (h) Congenital causes. (h) Congenital causes. (h) Congenital causes. (h) Congenital causes. (h) Congenital causes. (h) Congenital causes. (h) Congenital causes. (h) Congenital causes.	9
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			alformations (a) Congenital hydrocephal (b) Congenital malformation (b) d, e) Others under this ti (b) d, e) Others under this ti (c) d, e) Others under this ti emature birth emature birth for diseases peculiar to ear der 3 months) (c) Specified diseases (d) no cause given (1) for incide her external causes her external causes her specified causes her specified causes	(1) No doctor in attenuance
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		Total	219	199	875	268	442	300	177	1265	237	250	243	386	465	96	120	179	82	284	6087
		December	17	18	116	16	28	25	10	140	22	15	19	38	39	9	12	15	7	25	268
90		Моvember	13	11	61	23	39	14	7	96	20	27	15	35	33	10	11	14	1	22	446
SCOTIA, 1938		October	16	11	64	20	38	25	14	85	14	20	17	24	45	5	6	11	00	17	443
COL		September	6	25	87	19	32	24	16	92	6	13	24	21	38	10	7	13	ಣ	18	460
NOVA S		August	20	22	52	15	30	18	15	92	14	14	20	18	30	7	80	13	6	21	418
OF N	MONTHS	July	20			21			00	118	00	19			37	10	12	15	80	18	483
PROVINCE OF	MO	lune	13	16	62	22				1		26			34	22	6	7	11	15	426
PROV		May	14	, 16	75	27	44	21	13	108	14	27	27	33	40	15	6	11	1	36	531
THE		lingA	20	22	75	25	37	35	13	97	17	20	16	35	48	8	8	17	10	36	539
HS IN		Матећ	28	14	65	20	40	48	22	116	25	25	31	46	51	00	7	22	12	21	601
MONTHS		February	29	13	67	25	41	31	15	117	33	18	22	33	33	7	00	18	10	34	549
BY		January	20	18	80	35	52	20	21	133	42	26	18	37	37	00	20	23	12	21	623
TABLE XXI—DEATHS		COUNTIES (Including Cities and Towns)	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysborough	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth	Total

TABLE XXII—DEATHS OCCURRING IN COUNTIES IN NOVA SCOTIA, 1938

	Se	x		So	cial (Cond	ition	
Counties (Including Cities and Towns)	Male	Female	Single	Married	Widowed	Divorced	Unknown	Total
Annapolis	122	97	64	78	76	1		219
Antigonish	107	92	91	79	29			199
Cape Breton	491	384	384	344	147			875
Colchester	132	136	83	100	84	1		268
Cumberland	241	201	135	185	121	1		442
Digby	170	130	111	110	78		1	300
Guysborough	107	70	56	69	52			177
Halifax	689	576	440	500	321	2	2	1265
Hants	127	110	66	87	84			237
Inverness	130	120	101	79	70			250
Kings	. 120	123	103	87	51	2		243
Lunenburg			116	153	116		1	386
Pictou	228	237	155	187	123			465
Queens		42	22	48	25	1		96
Richmond		67	37	54	29			120
Shelburne		87	43	61	75			179
Victoria	41	41	35	21	26	*******		82
Yarmouth	154	130	83	132	69			284
Total	3264	2823	2125	2374	1576	8	4	6087

TABLE XXIII-DEATHS OCCURRING IN CITIES AND TOWNS OF NOVA SCOTIA, 1938

			,		3019			
	5	Sex		So	cial C	ondi	tion	
Cities and Towns	Male	Female	Single	Married	Widowed	Divorced	Unknown	Total
Amherst	66	49	36	60	19			115
Antigonish		1 1 1 7 7						
Bridgetown	1						100000	4
Bridgewater	44	34	27	30			10000	78
Canso	15		1 8	13	4			DANIE!
Dartmouth	28	1	3	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10000000		A Control
Digby	1 22	1	1000		1			
Dominion	105	15/23042		1000		1222223		000
Halifax					100000000000000000000000000000000000000			
Inverness	32				1000	1		
Joggins	3				0.3			
Kentville		1			25			
Liverpool	11	15			100			
Lunenburg	17			11	8			
Mahone Bay	4	1		-				
New Glasgow	75	1 0000	1000			100000000000000000000000000000000000000		149
New Waterford	49		0.00		-	331109068		87
North Sydney Oxford	44	1		-	-	10000000		
Parrsboro	17		1		5			34
Pietou	20				10000			43
Port Hawkesbury		1			-00	3.20		9
Shelburne	8				2			
Springhill	48	30	27	0.00	1000			78
Stellarton	19	15	9	18				34
Sydney	78	760 60		100,000	22			142
Sydney Mines	68	V.)	0.000	20.00	21			113
Trenton	14	15	12070	0.0	8			29
Truro	52	47	33	0.0	23	1		99
Westville	2 11	7 19	2 10	7	10			30
Windsor	51	37	27	16 38				88
Wolfville	18	21	17	12				39
Yarmouth	76		43	65	31			139
Total	1608	1367	1094	1212	663	3	3	2975

12	REP	ORT OF I	HE DELAKTMENT OF TEDETE	
		Total	219 199 875 268 268 444 300 177 1265 237 237 250 250 2465 465 465 179 179 179 179 179 179 179 179 179 179	6087
	944	Female		
	Stat.	Male		
38		Female	1 221 1 27	4 10
-	and over	Male		2000
ES		Female	12 11 11 11 12 13 14 14 14 16 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	142
I	-99	Male	001-044454186089488	86
ND	90	01-34		
COUNTIES, 1938	6	Female	23 27 27 27 27 27 19 10 10 10 10 11 11 11 11 11 11 11 11 11	497
N.	80-89	Male	25 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	455
A, E	7.0	Female	23 447 477 117 117 117 118 118 118 118 1	557
SCOTIA, BY	70-	Male	289 289 289 289 272 274 284 488 488 488 488 488 488 488 488 48	707
SC	69	Female	2 1 1 1 2 1	365
NOVA	69-09	91sM.	24 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	538
	-59	Female	7. 8 4 4 8 7 8 7 8 4 7 8 8 7 8 8 7 8 8 8 8	265
3 OF	50-59	Male	6 6 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8	59 52 157 150 145 124 180 183 300 265 538 365 707 557 455 497
NCE	49	Female	4 8 6 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	183
OVE	40-49	Male	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	180
PROVINCE	-39	Female	2022 8 4 4 5 5 1 1 5 5 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	124
THE	30-3	Male	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	145
TN	29	Female	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	150
EATHS OCCURRED IN	50	Male	8 - 58 2 2 1 2 2 2 4 1 2 1 2 1 1 1 1 1 1 1 1 1	157
RE	6	Female	141 4 01 1486 1116	52
UR	1-2	Male	6 1 35 1 2 1 2 1 2 1 2 1 1 8 3 1 1 8 3 1 1	59
00	-	Female	01 :4 :4- :4- :-00	26
0	10-14 15-19	Male	0.80 : 0.0 : 0 : : 1.0	0 2
HS		Female	: 0 + 0 + 4 + 1 + 0 : 1 + 0 + 1 + 1 0	5
AT	6	Male		45 35 40
	-10	Female		00
H	4	Male	- 01 - 01 - 01 - 01	9
IIC		Female	20 - 0	01
WH	60 .	Male	- 2 4 4 1	9
H	-	Female	- 8 - 8 - 1 8 1	50
A	01	Male	- 0 4 -421-21	30
ES		Female		37
AG		Male	- 01 21 - 02 02 + 00 02 03 00	22
Δ	ar ar	Female	13 13 14 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	340
XXI	Under 1 Year	Male	8 2 2 2 2 2 2 2 3 4 2 3 3 8 4 2 3 2 3 4 5 3 3 4 5 3 3 4 5 3 3 4 5 5 5 5 5 5	414 340 57 37 30 20 16 12 16
TABLE XXIV-AGES AT WHICH D		COUNTIES (Including cities and towns)	Annapolis	Total
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		Total	112 44 47 47 47 47 47 47 47 47 47
	44 1	k emale	
	Not	Male	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	and over	Female	
	- 40	Male	
	0	Pemale	-
00	90-98 yrs	Male	040 104 104 104 104 104 104 104 104 104
1938	- 0		18 101 88 101 - 101
	8 ×	Female	
Y	80-89 yrs	Male	7-10 104910-1000 10-1010 10-100010 10048 00
SCOTIA	The state of the s	Lemma	
SC	70-79 yrs	Female	1 1 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	5 y	Male	12
0		Olmmo z	The in incomment incomment intomination in the incommentation in t
Z	60-69 yrs	Female	8 088880 811040 100000101000101
OF NOVA	60	Male	12 12 12 12 12 12 12 12 12 12 12 12 12 1
		Female	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NA	50-59 yrs	oferred	
TOWNS	50	Male	1 2 1 1 2 2 3 3 3 3 3 3 3 3
		Female	88 4-40008801-4 : 8000-04484810 8-8 2
AND	40-49 yrs		0 3 3 3 3 3 3 3 3 3
	- Marie	9ls M	1 2 1-1-88 3 4988-19 18 988970 18 8 00
H	6	Female	44 2 14 1- 44
H	30-39 yrs	OTH TAT	10 4 10 1-40 0 1 401 1 1-1-10 0 1-1 0
0	3	Male	
=	8 S	Female	47, 81, 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
DEATHS OCCURRED IN CITIES	20-29 yrs	Male	84 6 81 884 811 611 11 11 11 12 8 11 4 18
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<u> </u>	15-19 yrs	Female	
0	15 y	Male	
0	10-14 yrs	Female	- 2 -4 -
H	10	Male	
AT	0.8	Female	T
OE	5 Y	Male	24 1
		Female	-
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TABLE XXV-AGES AT WHICH	S Y Y	Male	
A		Lemale	1 1 4 4 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
00	yrs yrs	Male	4 888 11 11 12 19 19 19 19 19 19 19 19 19 19 19 19 19
9		Lemsje	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Ī	yr yr	Male	2 11140 1 2 8 1 214 4 23 2 2 4 4 2 2 2 4 4 2 2 2 4 4 2 2 2 4 4 2 2 2 4 2 2 2 2 4 2
A	-	Female	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
H	Under 1 year		88 8-66 8 8 8 640 11-12 1-12 12 12 12 12 12 12 12 12 12 12 12 12 1
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	1		Amherst Antigonish Bridgetown Bridgewater Canso Dartmouth Digby Dominion Glace Bay Halifax Invertess Joggins Kentville Linenburg Mahone Bay New Waterford North Sydney Oxford Parrsboro Pictou Port Hawkesbury Shelburne Stellarton Stellarton Stellarton Stellarton Sydney Mindsor Wolfville Wolfville Wolfville Wolfville
	1		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

TABLE XXVI-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS SHOWING THE NUMBER NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1938

			All D	All Deaths					In Institutions	itutions		
		Total		No	Non-resident in Province	nt in		Total		Non	Non-resident in Province	it in
	Total	M	Į	Total	M	FI	Total M	M	Œ	Total M	M	E
Total for the Province	6087	3264	2823	14	∞	9	1600 942	942	658	9	00	00

REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 115

TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA 1938 TABLE XXVII-TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS, CLASSIFIED ACCORDING

Cities and Towns						TA OF	CDLI	CHEM	Trin I
Total Resident Non-resident	1		3 - 7	ent ov.	1	1 11	-	111	111:1
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Total Resident Non-resident	0		ity ity iere	lent		41	1	01 01	4-01-
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ties and Towns Total Residents Non-resident Non-resident Incity of town where death Occurred and Occurred and Incity of town where death Occurred and Incity of town where death Occurred and Incity of town where death Occurred and Incity of town Incity of town Incity of town Incity of town Where death Occurred and Incity of town Incity of town Incity of town Incity of town Incity of town Incity of town Incitivation Incitivation Incitivation Incity of town Incitivation Incitivation Incitivation Incity of town Incitivation Incitivation Incitivation Incity of town Incitivation In	1 2	utions	=	2 -	-		- 4		
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ties and Towns Total Residents Non-resident Non-resident Incity of town where death Occurred and Occurred and Incity of town where death Occurred and Incity of town where death Occurred and Incity of town where death Occurred and Incity of town Incity of town Incity of town Incity of town Where death Occurred and Incity of town Incity of town Incity of town Incity of town Incity of town Incity of town Incitivation Incitivation Incitivation Incity of town Incitivation Incitivation Incitivation Incity of town Incitivation Incitivation Incitivation Incity of town Incitivation In	ath				Ĺ.	188	25		34 34 34 34 34
tites and Towns Total Residents Resident Non-resident in city or town where death occurred and resident in city or town where death occurred and in city or town where death occurred and in city or town where death occurred and resident in prov. In Prov.	à		100		M	186	40 28 65	35 32 32 32 32	10 10 10 10 10 10 10 10 10 10 10 10 10 1
tites and Towns Total Residents Resident Non-resident in city or town where death occurred and resident to the city or town to the city or town to the city or town where death occurred and resident to the city or town to the city or town town where death occurred and resident to the city or town town where death occurred and resident to the city or town town where death occurred and resident to the city or town town where death occurred and resident to the city or town town where death occurred and resident town where death occurred and resident to the city or town town where death occurred and resident town where death occurred and resident to the city or town town where death occurred and resident to the city or town town where death occurred and resident to the city or town town where death occurred and resident to the city or town town where death occurred and resident to the city or town town where death occurred and resident town town where dea	-		-		F	374	70 53 117	59	72 83 4
Non-resident Non-			-	ent ov.	11			111	
Non-resident Non-			owr th ind	Non	×	-	-		H
tites and Towns Total Residents Non-resident	1		sid or t dea	in a			2 -		
tites and Towns Total Residents Non-resident		ns	re cre	ent .	L.	2 80	5 . 5	61 13	8 8 9
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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, 1938

Ages	Total	Male	Female
All ages	6,087	3,264	2,823
Under 1 year	754	414	340
1 year	94	57	37
2 years	50	30	20
3 "	28	16	12
4 "	24	16	8
Total under 5 years	950	533	417
5 years	24	14	10
8 "	12	6	6
7 "	19	11	8
	9	4	5
"	16	10	6
Total 5-9 years	80	45	35
10 years	17	9	8
11 "	10	6	4
2 "	15	9	6
3 "	7	5	2
14 "	17	11	6
Total 10-14 years	66	40	26
15 years	18	13	5
6 "	19	8	11
	24	15	9
18 "	25	15	10
9 "	25	8	17
Total 15-19 years	111	59	52
20 years	33	20	13
21 "	26	13	13
22 "	22	10	12
23 "	36	17	19
24 "	40	17	23
Total 20-24 years	157	77	80
25 years	34	17	17
26 "	43	20	23
27 "	31	17	14
28 "	25	17	8
29 "	17	9	8
Total 25-29 years	150	80	70

REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 117

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

Ages	Total	Male	Female
30 years	38	26	12
31 "	26	12	14
32 "	28	14	14
33 "	19	12	7
34 "	23	10	13
Total 30-34 years	134	74	60
35 years	27	15	12
36 "	21	10	11
37 "	27	13	14
38 "	31	18	13
39 "	29	15	14
Total 35-39 years	135	71	64
40 years	36	17	19
41 "	33	12	21
42 "	37	19	18
43 "	18	9	9
44 "	29	13	16
Total 40-44 years	153	70	83
45 years	36	20	16
46 "	42	21	21
47 "	41	22	.19
48 "	41	18	23
49 "	50	29	21
Total 45-49 years	210	110	100
50 years	36	22	14
51 "	49	24	25
52 "	57	26	31
53 "	60	36	24
54 "	60	29	31
Total 50-54 years	262	137	125
55 years	60	32	28
56 "	54	31	23
57 "	48	25	23
50 "	68	38	30
59 "	73	37	36
Total 55-59 years	303	163	140
60 years	87	56	31
61 "	64	37	27
62 "	91	55	36
63 "	75	45	30
64 "	98	62	36
Total 60-64 years	415	255	160

118 REPORT OF THE DEPARTMENT OF PUBLIC HEALTH

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

Ages	Total	Male	Female
65 years	98	54	44
66 "	72	43	29
67 "	85	48	37
68 "	126	76	50
69 "	7799777	62	45
Total 65-69 years	488	283	205
70 years	116	65	51
71 "	110	71	39
72 "	147	84	63
73 "	113	66	47
74 "	144	77	67
Total 70-74 years		363	267
75 years	147	88	59
76 "	134	67	67
77 "	103	55	48
78 "	131	71	60
79 "	119	63	56
Total 75-79 years	634	344	290
80 years	119	58	61
81 "	93	51	42
82 "	110	48	62
83 "	121	61	60
84 " ,	112	55	57
Total 80-84 years	555	273	282
85 years	98	50	48
86 "	75	37	38
87 "	82	29	53
88 "	74	37	37
89 "	68	29	39
Total 85-89 years	397	182	215
90 years	54	25	29
91 "	44	16	28
92	34	15	19
90	30	9	21
94 "	24	11	13
Total 90-94 years	186	76	110
95 years	21	10	11
96 "	14	5	9
97 "	6	3	3
98 "	8	3	5
99 "	5	1	4
Total 95-99 years	54	22	32
100 years and over	14	4	10
Not stated	3	3	

TABLE XXIX—DEATHS (EXCLUSIVE OF STILLBIRTHS) CLASS-IFIED ACCORDING TO RACIAL ORIGIN OF DECEDENTS, IN THE PROVINCE OF NOVA SCOTIA, 1938

Racial Origin	Total	Male	Female
All origins	6,087	3,264	2,823
English	2,566	1,380	1,186
Irish	698	363	335
Scottish	1,627	824	803
Welsh	16	8	8
French	621	350	271
German	201	118	83
Armenian	1	1	
Austrian	3	2	1
Belgian	6	5	1
Bulgarian			
Chinese	5	5	
Czech and Slovak	3	2	1
Danish	6	5	1
Dutch	61	32	29
Finnish	1	1	20
Greek			
Hindu	2	2	
Hungarian			
Icelandic			
Indian	35	21	14
Italian	13	9	4
Japanese			-
Jewish	16	12	4
Negro	136	77	59
Norwegian.	5	4	1
Polish	8	6	2
Roumanian	1	1	-
Russian	5	5	
Serb and Croat			
Swedish	3	1	2
Swiss	6	3	3
Syrian	9	7	2
Ukrainian (1)	5	3	2
Other.	10	6	4
Not specified	18	11	7

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

Not specified

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TABLE XXX -- DEATHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO BIRTHPLACE OF DECEDENTS, FOR THE PROVINCE AND FOR CITIES AND TOWNS OF 10,000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA, 1938

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		Other	1 6 7	
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		Other		
		Sweden		
		Russia (1)	113	60 61 11
		Roumania		
		Poland	10 10	00 00
	田	Norway	44	
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		New Brunswick	60 60	1-11
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122	REPORT	OF	THE	DEPARTMENT	OF	PUBLIC	HEALTH
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142	REPORT OF TH	HE DEPA	RTMENT OF	PUBLIC	HEALTH
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						107 Bronchopneumonia						108 Lobar pneumonia		109 Pneumonia.		110 Pleurisy		111 Congestion and hae-								112		113 Pulmonary emphy-	

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LIA,		75-79 years	141
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NOVA		60-64 years	118
		55-59 years	14
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TABLE XXXII-CAUSES OF DEATH		Total	2 2 2 2 168 1168 1139
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REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 147
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_	Causes	(b) Ulceration of the intestines 121 Appendicitis 122 Hernia, intestinal obstruction (a) Hernia (b) Intestinal obstruction (c) Intestinal obstruction (d) Intestines (e) Specified as alcoholic (h) Not specified a
	Causes of Death	b) Ulceration of M. he intestines F. rnia, intestinal M. obstruction F. (b) Intestinal ob- M. struction F. her diseases of the M. intestines F. rhosis of the liver M. (a) Specified as M. alcoholic F.
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125 Other diseases of the liver (a) Yellow atrophy of the liver. (b) Others under this title. 126 Biliary calculi. 127 Other diseases of the gall-bladder and biliary passages. 128 Diseases of the pancreas. 129 Peritonitis, cause not specified. Class X.— Diseases of the genito-urinary system. 130 Acute nephritis (including unspecified under 10 years of under 10 years of	age) 131 Chronic nephritis 132 Nephritis, unspecified (10 years and over) 133 Other diseases of the kidneys and ureters
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SEX		3 years							
		5-9 years							
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genital organs (not specified as venereal) (a) Of the ovary,	H	000	Class XI—Diseases of pregnancy, child- birth and the puer-	peral state 140 Abortion with septic conditions.	301	141 Abortion without mention of septic conditions (haemorrhage		142 Ectopic gestation (a) With septic ditions.
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AGE IN THE PROVINCE OF NOVA SCOTIA, 1938—Continued		85-89 years 90-94 years							
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TABLE XXXII-CAUSES OF DEATH		Causes of Death	(b) Without mention of septic conditionsF.	pregnancy (haemor- rhage excluded)	morrhage	(b) Other haemorr- hages	145 Puerperal septicaemia (not specified as due to abortion)	(a) Puerperal septicae- mia and pyaemia. F	(b) Puerperal tetanus

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146 Puerperal albuminuria and eclampsia	ia ed	as septic) F. (a) Phlegmasia alba dolens and throm-		(b) Embolism	(c) Sudden death	149 Other accidents of childbirth F.	(a) Caesarean operationF	(b) Other surgical opera- tions, and instru- mental deliveryF.	(c) Dystocia	(d) Kupture of uterus in parturition	(e) Others under this title	condition of the puerperal state F.	(a) ruerperal diseases of the breastF.

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156 REPORT OF THE DEPARTMENT	OF	PUBLIC	HEALTH
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TAB		Int. List No.	163	171	168			16	16		16	16	100	10	16
TABLE XXXII-CAUSES OF DEATH		Causes of Death	163-Suicides M.	1 F.	163 Suicide by solid or liquid poisons or by	absorption of corro- M.		164 Suicide by poisonous M. F.	by hanging or	:	166 Suicide by drowning M.	167 Suicide by firearms M.	F.	168 Suicide by cutting or M. piercing instruments F.	169 Suicide by jumping M. from high placesF.
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170 Suicide by crushing	171 Suicide by other	means	175 173 Homicide		174 Homicide		175 Homicide by other	Ö		176 Attack by venomous	177 Food poisoning		178 Accidental absorp- tion of toxic gase	179 Other acute acciden- tal poisonings (ex-	cept by gas)	(conflagration ecepted)
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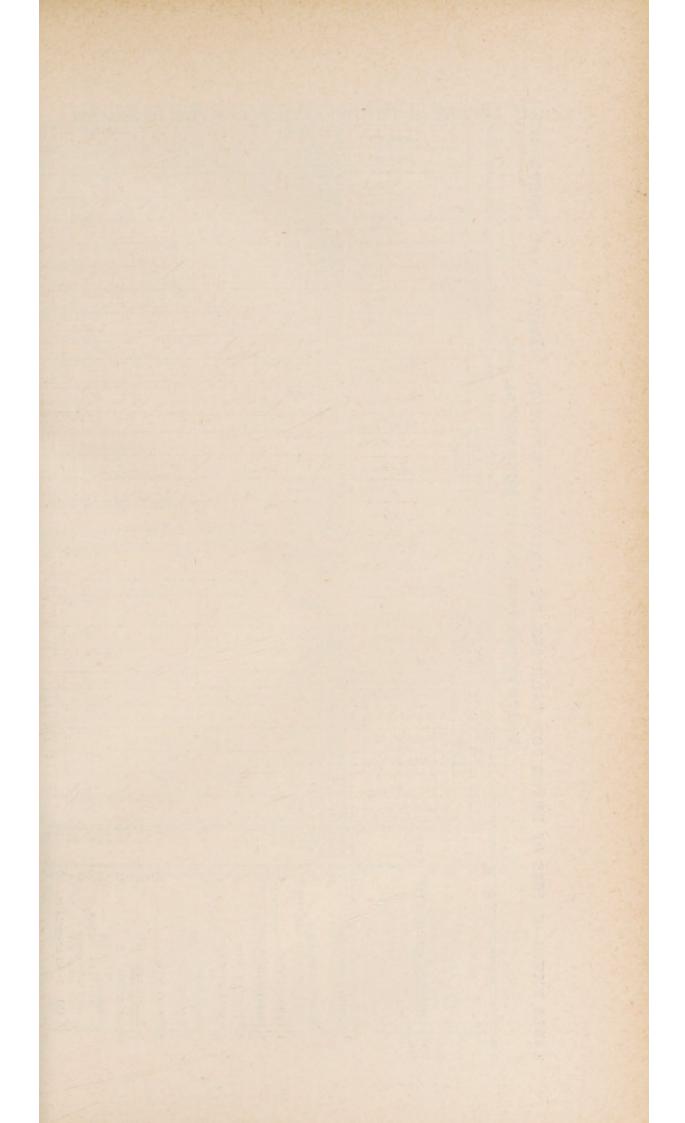
160 REPORT OF THE DEPARTMENT OF PU	UBLIC	HEALTH
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162	REPORT OF	THE	DEPARTMENT OF	PUBLIC HEALTH
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REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 177
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			t Causes of Death	130 Acute nephritis (including unspecified, under 10 M. years of age). F. 132 Chronic nephritis. M. (10 years and over). F. Other diseases of the Kidneys and ureters. F. Diseases of the urinary M. Urethra. M. U
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REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 181
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INTERNATIONAL LIST ABOVE) PROVINCE OF NOVA SCOTIA, 1938			Causes of Death	A Accidents in mines and quarries	B Accidents caused by machines M.	C Railway accidents	D Street car accidents M	E Automobile and motorcycle M. accidents	tation		H Air transportation M.
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TABLE XXXIV-CAUSES OF DEATH BY COUNTIES-Continued.

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196	REPORT	OF THE	DEPARTMENT	OF PUBLIC	HEALTH
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TABLE XXXIV-CAUSES OF	Causes of Death	107 Bronchopneumonia (a) Bronchopneumonia (b) Capillary bronchitis (c) Capillary bronchitis (d) Poleurisy (e) Pulmonary embolism and thrombosis (e) Others under this title (f) Choronic interstitial pneumonia including occupational of the lung (g) Chronic interstitial pneumonia including occupational of the lung (g) Chronic interstitial pneumonia including occupational of the lung (g) Chronic interstitial pneumonia including occupational of the lung (g) Chronic interstitial pneumonia including occupational of the lung (g) Chronic interstitial pneumonia including occupational of the lung (h) Gangrene of the lung (a) Chronic interstitial pneumonia including occupational of the lung (g) Chronic interstitial pneumonia including occupational of the lung (h) Gangrene of the lung (a) Chronic interstitial pneumonia including occupational of the pharynx of and tonsils (including adenoid vegetations) (h) Diseases of the buccal cavity and annexa, and of the pharynx of the buccal cavity and annexa (h) Diseases of the tonsils (h) Diseases of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the puccal cavity and annexa (h) Diseases of the pharynx of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the pharynx of the tonsils (h) Diseases of the the pharynx of the tonsils (h) Diseases of the the the pharynx of the tonsils (h) Diseases of the the pharynx of the tonsils (h) Diseases of the the the pharynx of the tonsils (h) Diseases of the the the tonsils

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198	REPORT OF	THE	DEPARTMENT	OF PUBLIC H	EALTH
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TE	Annapolis	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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TABLE XXXIV-CAUSES OF	Causes of Death	Class X—Diseases of the Genito-urinary system Elements of age) Chronic nephritis (including unspecified, under 10 years of age) The chronic nephritis (including unspecified, under 10 years of age) Elements of the uninary passages Calculi of the urinary passag
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(a) With senile dementia (70 years and over) (b) Without senile dementia (70 years and over) (c) Premature senility (55 years but under 70 years) (d) Premature senility (55 years but under 70 years) Suicide by solid or liquid poisons or by absorption of corrosive substances. Suicide by poisonous gas. Suicide by hanging or strangulation. Suicide by drowning. Suicide by drowning. Suicide by cutting or piercing instruments. Suicide by other means. Homicide by other means. Homicide by other means. Homicide by other means. Other violent deaths Attack by venomous animals.	179 Other acute accidental polsonings (except by gas)
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202 REPORT OF THE DEPARTME	ENT OF P	UBLIC	HEALTH
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TABLE XXXIV-CAUSES OF	Causes of Death	Conflagration 181 Accidental burns (conflagration excepted). 182 Accidental mechanical suffocation. 183 Accidental injury by firearms. 184 Accidental injury by firearms. 185 Accidental injury by firearms. 186 Accidental injury by fall, crushing or landslide 187 Cataciysm 188 Injuries by animals. 189 Hunger or thirst 190 Excessive heat 191 Excessive heat 192 Lightning (a) Foreign body (b) Others under this title (c) Others under this title (a) Foreign body (b) Others under this title (c) Others under this title (a) Foreign body (b) Others under this title (c) Others under this title (a) Foreign body (b) Others under this title (c) Others under this title (d) Others under this title (e) Others under this title (b) Others under this title (c) Others under this title (d) Capital punishment (e) Capital punishment (e) Capital punishment (e) Capital punishment (e) Capital punishment (f) Capital punishment (g) Capital punishment (h) Capital punishment (c) Capital punishment (c) Capital punishment (d) Capital punishment (e) Capital punishment (f) Capital punishment (g) Capital punishment (h) Capital puni

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208 REPORT OF THE DEPARTMENT OF PUBLIC HEALTH

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168 Suicide by cutting or plercing	169 Suicide by jumping from high places.	171 Suicide by other means	173 Homicide by firearms.	174 Homicide by cutting or piercing M instruments. F 175 Homicide by other means. M	176 Other violent deaths198 176 Attack by venomous animals	177 Food Poisoning	178 Accidental absorption of toxic	179 Other acute accidental poison- lings (except by gas)	Accidental burns (conflag-	A A	184 Accidental injury by firearms	185 Accidental injury by cutting	G A	188 Injuries by animals	189 Hunger or thirst
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		Exc	Lig	Acc	Oth	(8	-	Vio	Class XVIII—III-defined	Bud	Cause of death not specified or ill-defined
	222	191 Excessive heat	192 Lightning	193 Accidents due to electric	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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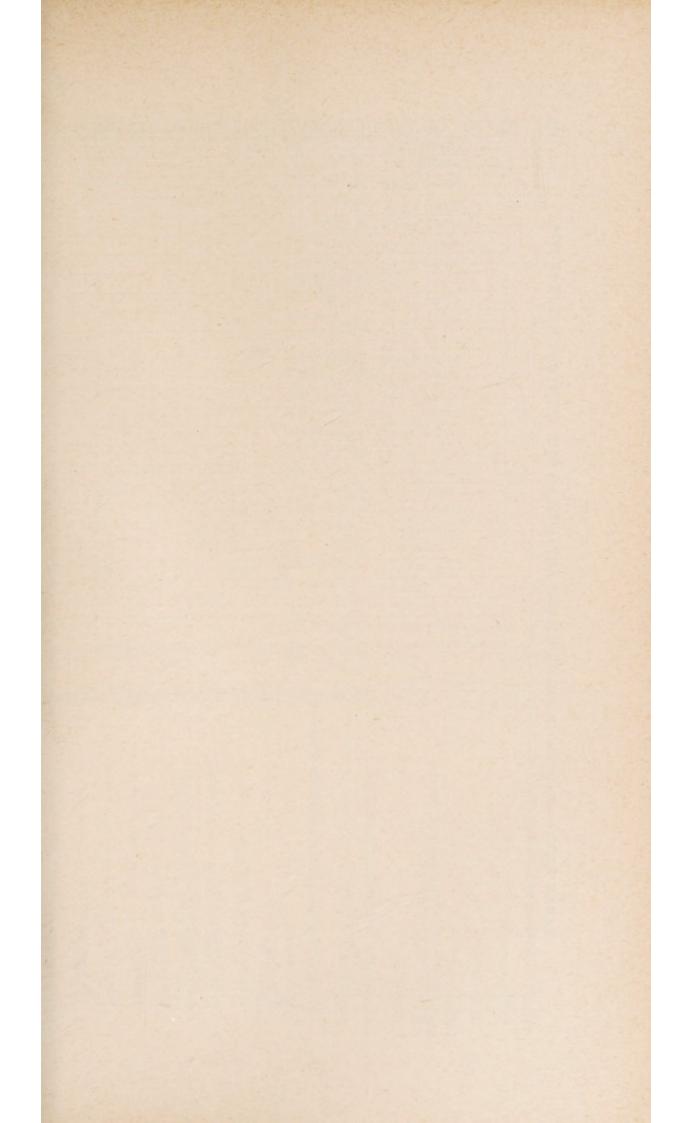
SPECIAL CLASSES OF ACCIDENTAL DEATHS FOR CITIES AND TOWNS OF NOVA SCOTIA, 1938

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	A Accidents in mines and quarries B Accidents caused by machines C Rallway accidents D Street car accidents F Automobile and motorcycle accidents F Other land transportation H Air transportation H Air transportation H Air transportation M Air transportation
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	A Accidents in mines and quarries B Accidents caused by machines C Railway accidents D Street car accidents F Automobile and motorcycle accidents F Other land transportation G Water transportation
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SPECIAL CLASSES OF ACCIDENTAL DEATHS (Included also under the numbers of the International List) PROVINCE OF NOVA SCOTIA, 1938

	CAUSE OF DEATH	Male	Female
A	A.—Accidents in mines and quarries	40	
186	Accidental injury by fall, crushing or land- slide	37	
194	Other accidents	3	······································
185 H	Accidents caused by machines Accidental injury by cutting or piercing	1	
	instruments	1	
186	C.—Railway accidents Accidental injury by fall, crushing or land-	8	1
100	slide	8	1
I	E.—Automobile and motorcycle accidents	57	18
183	Accidental drowning Accidental injury by fall, crushing or land-	3	3
194	SlideOther accidents	52	15
183	F.—Other land transportation Accidental drowning	1	
186	Accidental injury by fall, crushing or land- slide	3	
-	G.—Water transportation	20	1
181	Accidental burns (conflagration excepted)	1	
183 186	Accidental drowning Accidental injury by fall, crushing or land- slide	18	1



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		Causes of Death	Tuberculosis of the meninges and central M. nervous system nervous system peritoneum Tuberculosis of the intestines and M. Tuberculosis of the bones and joints M. (a) Of bones. Tuberculosis of the skin and sub-cutaneous M. Tuberculosis of the lymphatic system (b) Of joints. Tuberculosis of the lymphatic system (bronchial, mesenteric, and retroperitoneal glands excepted) Tuberculosis of the genito-urinary Tuberculosis of the genito-urinary System System Tuberculosis of other organs Tuberculosis of other organs Tuberculosis of other organs Tuberculosis of other organs Tuberculosis of other organs F. Tuberculosis of the genito-urinary F. System System Tuberculosis of the genito-urinary F. F.
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	Causes of Death	ass II—Cancer and other Tumours. ancer and other malignant tumours. ancer of the buccal cavity and phary ancer of the digestive tract and peritoneum. (a) Of the stomach and duodenum. (b) Of the liver and biliary ducts. (c) Of the pancreas. (d) Of the peritoneum. (f) Of the peritoneum. (g) Of other organs.
	Causes of Death	Class II—Cancer and other Tumours. Cancer and other malignant tumours. Cancer of the buccal cavity and phary concum. (a) Of the oesophagus. (b) Of the stomach and duodenum. (c) Of the rectum. (d) Of the pancreas. (e) Of the peritoneum. (f) Of the peritoneum. (g) Of other organs.
		Class II—Cancer and other Tumours. 45 Cancer and other malignant tumours. 46 Cancer of the buccal cavity and phary toneum. (a) Of the stomach and duodenum. (b) Of the rectum. (c) Of the pancreas. (d) Of the pancreas. (e) Of the peritoneum. (f) Of the peritoneum. (g) Of other organs.
	List No. Causes of Death	Class II—Cancer and other Tumours. 45 Cancer and other malignant tumours. 46 Cancer of the buccal cavity and phary toneum. (a) Of the stomach and duodenum. (b) Of the liver and biliary ducts. (c) Of the pancreas. (d) Of the pancreas. (e) Of the peritoneum. (f) Of the peritoneum. (g) Of other organs.

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240 REPORT OF THE DEPARTMENT OF PUBLIC HEALTH

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242	REPORT OF THE	DEPARTM	ENT OF	PUI	BLIC	HEALTH
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242		REPORT OF THE	DEPARTMENT OF PUBLIC HEALTH
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F		Causes of Death	(a) Diseases of the buccal cavity and annexa (b) Diseases of the tonsils (c) Others under this title 117 Ulcer of the stomach (a) Ulcer of the stomach (b) Ulcer of the stomach (c) Other diseases of the stomach (d) Ulcer of the stomach (e) Ulcer of the stomach (f) Ulcer of the stomach (g) Ulcer of the stomach (h) Ulcer of the stomach (h) Ulcer of the interitis (2 years and over) (a) Diarrhoea and enteritis (b) Ulcerution of the intestines
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121 Appendicitis	122 Hernia, intestinal obstruction	(a) Hernia	(b) Intestinal obstruction.	123 Other diseases of the intestines		olic	(b) Not specified as alcoholic	125 Other diseases of the liver.	(a) Yellow atrophy of the liver	(b) Others under this title	126 Biliary calculi	of the gall-bladder and ges. pancreas	129 Peritonitis, cause not specified	Class X—Diseases of the genito-urinary system	130 Acute nephritis (including unspecified, under 10 years of age) 131 Chronic nephritis
123	123			12:	12			12			120	12	129		131

244 REPORT	OF THE	DEPARTMENT	OF PUBLIC	HEALTH
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Class XI—Diseases of pregnancy, child-birth and the puerperal state			00 ::	(a) Abortion (b) Self-induced abortion	6	(b) Without mention of septic condition her accidents of pregnancy (haemorrhag			as	due to abortion). (a) Puerperal septicaemia and pyaemia			bolism or sudden death (not specified	a) Phlegmasia alba dolens and throm-	b) Embolism		Caesarean operation[ental delivery Other surgical operations and Instrum		Others under this title	. :
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0	140 Abortion with septic conditions	-	141 Abortion without mention of septic condi- tions (haemorrhage included)		142 Ectopic gestation	(b) Without mention of septic conditions 143 Other accidents of pregnancy (haemorrhage	excluded) 144 Puerperal haemorrhage		145 Puerperal septicaemia (not specified as		(b) Puerperal tetanus	100	0			0			C	2
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246 REPORT OF THE DEPARTMEN	NT OF PUBLIC HEALTH
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	-		(a) Puerperal diseases of the breast. (b) Others under this title. Class XII—Diseases of the skin and cellular tissue. 152 Carbuncle. 153 Other diseases of the skin and annexa of the cellular tissue. Class XIII—Diseases of the bones and organs of locomotion. 154 Osteomyelitis. 155 Other diseases of the bones (tuberculos excepted). 156 Other diseases of the joints and other organs of locomotion. (a) Of the joints (tuberculosis and rheumatism excepted). (b) Of other organs of locomotion.
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ass XIV—Congenital malforn ongenital malformations (stillb excluded) (a) Congenital hydrocephalus.	(b) Spina bifida and meningocele	heart manormaco (d) Monstrosities (e) Others under this title	S	ger	jury at birth	(b) Without mention of caesarean operation her diseases peculiar to early infa (under 3 mos)	(b) Icterus of the new-born
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TABLE		Causes of Death	(e) Others, including lack of careM.	(f) No cause given no doctor in M.			162 Senility.	senile dementia (70 years and		(b) Without senile dementia (70 years M. and over). (c) Premature senility (55 years but M. under 70 years).	Class XVII-Violent or accidental deathsT.	uicides	suicide by solid or liquid poisons or by	164 Suicide by poisonous gas
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166 Suicide by drowning.		1		-	1		1			1		-	1	1				KI	RI
167 Suicide by firearms		5										1 1						510	epc
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169 Suicide by jumping from high places.	, vic										-							OF	OF
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171 Suicide by other means M								:							1			L	IE
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TABLE XXXVII-Continued

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72 Leukaemia, and aleukaemia	(b) Aleukaemia M. (Hodgkin's disease)F. 73 Diseases of the spleenM.	74 Other diseases of the	- 13	4 4	75 Alcoholism	3	0	76 Chronic poisoning by M. other organic substances	346	3	5 6
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			A:	hronic poisoning by mineral substances. (a) Lead (including occupational). (b) Occupational, except lead. (c) Others under thitile. Slass VI—Diseases the nervous system and of the organs of special sense. Encephalitis (non epidemic). Simple meningitis
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282 REPORT OF THE DEPARTMENT OF PUBLIC HEALTH

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REPORT OF THE DEPARTMENT OF PUBLIC HEALTH

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	171 Suicide by other means M.		Homicides	173 Homicide by Greerme M		174 Homicide by cutting M.	or piercing instrumentsF.	175 Homicide by other M.	means F.	3 3 3 1	F. 12 3 2	76 Attack by venomous M.		77 Food poisoning M.		78 Accidental absorption M.		79 Other acute accidental. M.	poisonings (except by	:	80 Conflagration			flagration excepted)F.	cal

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	_		CA List No.	183 Accidental drowning	184 Accidental injury by	firearms 185 Accidental injury by	0	ir ir	186 Accidental injury by fall, crushing or land	-	187 Cataclysm	188 Injuries by	cs	189 Hunger or thirst	190 Excessive cold		191 Excessive heat.

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192 Lightning	109 Assidents due to	200	e	194 Other accidents						195 Violent deaths of which		30		198 Capital punishment M.		Cli			199 Sudden death		200 Cause of death not	
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SCOTIA,		September	16	7	98	28	36	16	4	115	16	10	20	20	43	11	4	11	4	15	462	
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PROVINCE	MO	May	12	5	46	10	28	12	5	62	10	5	19	15	16	1	20	7	2	7	268	
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		February	9	4	84	111	26	12	4	67	4	4	16	20	27	6	00	2	1	6	312	
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BY		Total	134	00	815	224	342	139	85	880	143	85	223	244	299	98	36	85	89	175	4,089	
TABLE XXXVIII-MARRIAGES		COUNTIES (Including Cities and Towns)	Annonalie	Anticonich	Cana Reton	Colchester	Cumberland	Dieby	Gushoro	Halflav	Hante	Inverness	Kings	Linenhira	Picton	Oueens	Richmond	Shelhume	Viotoria	Yarmouth	Total	

290	REPORT	OF THE	DEPARTMENT	OF I	PUBLIC	HEALTH
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SCOTIA,	Women	41 to 50		00	10	00	9	00	00	21	5	9	1	9	9	4	1	1	1	9	91
	Jo	81 to 40	9	00	62	=	22	00	9	75	6	4	14	11	21	60	00	5	4	15	287
NOVA	Ages	26 to 30	12	13	132	36	35	23	11	177	20	18	26	31	20	6	5	00	00	22	636
OF		21 40 25	62	24	365	94	141	53	28	358	70	32	93	88	124	36	18	24	19	73	1703
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TABLE XXXIX-MARRIAGES ACC		Counties (Including Cities and Towns)	Annacolis	Antigonish	Cape Breton.	Colchester	Cumberland	Digby	Guysboro	Halifax	Hant	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth	Total

TABLE XL-MARRIAGES REPORTED IN RURAL AND URBAN PARTS OF COUNTIES, NOVA SCOTIA, 1938.

COUNTIES	Total	Rural	Urban
Total for the Province	4089	1529	2560
Annanalia	134	119	15
Annapolis	58	36	22
Cape Breton	815	107	708
Colchester	224	76	148
Cumberland	342	94	248
Digby	139	114	25
Guysboro	85	69	16
Halifax	880	219	661
Hants	143	73	70
Inverness	85	68	17
Kings	223	116	107
Lunenburg	244	128	116
Pictou	299	63	236
Queens	86	47	39
Richmond	36	36	
Shelburne	82	59	23
Victoria	39	39	
Yarmouth	175	66	109

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	Divord	Spinsters	60		
tween	and	Divorced Women	4		
Marriages between	Widowers and	swobiW	76		
farriag	Wid	Spinsters	153		
M .	and	Divorced Women	22		
	lors	swobiW	79		
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=			British Columbia	4 4 11 11 11 11 11 11 11 11
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N			Prince Edward Island	8888
LIII	-		Total Grooms	23 33 36 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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TABLE XLIII- MARRIAGES			Bridegroom Bridegroom	Canada Prince Edward Island Now Scotia New Brunswick Ouebec Ontario Manitoba Saskatchewan Alberta British Isles Frovince not specified Province not specified Froughand Fredand Fredand Scotland Fredand Scotland Fredand Scotland Fredand Scotland Fredand Scotland Fredand Scotland Fredand Scotland Fredand Scotland Fredand Scotland Fredand Other Europe Austria Belgium Denmark Finland France
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Holland	Hungary	Italy	Norway.	Poland	Roumania	Russia (1)	Sweden	Other	Asia	China	Japan	Other	United States.	Various	Not specified	Total Brides

(1) Including the Ukraine.

		Not stated		-	1	:			1				-
		Other Sects		- 67	-	-	1 1	-	1	1	-		
1	· ·	No Religion		-	-		1 1	-	1	:	-		-
38.		Oriental Religions											
1938.		United Church	188	109		1	4		-				6
SCOTIA		United Brethren			1	-		-	:		10		
0		Unitarians			1	3		1		-			
Sc		Salvation Army	1	67	-		1	1					, :
NOVA		Roman Catholics	16	29	*******					63			00
N		Protestants			****			-					1
S.		Presbyterians	40	20				-	-				5
CONTRACTING PARTIES,	de	Pentecostal		1	. :					1			
AR	Bri	Mormons		:		1		1		-			
P	of	Mennonites				1		1		:			
T. C.	no	Lutherans	14	16	-	1	1						43
E .	atic	16WS			-					:	1	16	
C	nin	Holiness Movement		1	-					1			
RA	non	Greek Orthodox			1			1			61		
EN	Denomination of Bride	Greek Catholics	00	1	1	1		1		:		1	
0	-	Friends			1					-			
0		Evangelicals		:	-					- 1			
OF		Disciples	1		1	-		00		-		-	
S		Church of Christ		1	-		1	-		1		:	
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N		Brethren	9 00		_	00	: 00	-		1	1 1		6
NOMINATIONS		Baptists	9 88	4		-							
DEN		Anglicans	1 871	95	-	1	60						13
I		Adventists	co -	-	:	1		1		-		:	
TAGES		Total Grooms	10	691	1	00	10	5		60	00	16	84
TABLE XLIV-MARRIAGES-DE		Denomination of Groom	Adventists.	Baptists	Brethren	Christians Science	Church of Christ	Disciples	Friends	Greek Catholics.	Greek Orthodox	Jews	Lutherans. Mennonites

-	1		RIMENT OF PUBLIC HEALTH	011
		Not Stated		
	Other Sects		2 12	
	No Religions			
	Oriental Religions			
	United Church	82 43 2 1 1 517	911	
		United Brethren		-
		Unitarians		
	17-11	Salvation Army	2 1 6 4	20
		Roman Catholics	29 2 1019 2 2 56	5 1235
		Protestants	10	10
	0	Presbyterians	111 2 2 1 1 1	301
	rid	Pentecostal	9	12
	B	Mormons		-
	of	Mennonites		
	on	Lutherans	П П 6	100
9-13	ati	16Ws		91
	in	Holiness Movement		3 16
per	non	Greek Orthodox		CO 1
Continued	Denomination of Bride	Greek Catholics		
ont	-	Friends		Sil-ha
0		Evangelicals		2
A		Disciples		4 0
XLIV		Church of Christ		1 1
M		Christian Science		C 2
8		AND ADDRESS OF THE PARTY OF THE		00 0
TABLE		Christians		67 5
LA		Brethren	15 431 6 1	0
		Baptists	2 2 3	720
		Anglican	1 46 1 1 1 1 2	745 Mo
-3		Adventists	61 60	10
		Total Grooms	113 361 1159 21 2 2 2 2 11 116 116 116	4,089 10
		Denomination of Groom	Mormons Pentecostal Presbyterians Protestants Roman Catholics Salvation Army Unitarians United Brethren Oriental Religions (1) No Religion Other Sects Not stated	Total brides. 4,089 10 745 720 2 3 2 1 4

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

TABLE XLV—MARRIAGES—LITERACY OF BRIDEGROOMS AND BRIDES IN NOVA SCOTIA, CLASSIFIED BY BIRTHPLACE, 1938

1938							
	Bri	degro	oms	Brides			
BIRTHPLACE	Total	Illiterate	Per cent Illiterate	Total	Illiterate	Per cent Illiterate	
Total	4089	72	1.8	4089	23	0.6	
Canada	3659	67	1.8	3819 35	18	0.5	
Prince Edward Island Nova Scotia	$\frac{36}{3391}$	64	1.9		18	0.5	
New Brunswick	121	2	1.7	82			
Quebec Ontario	40 47	1	2.5	26 23			
Manitoba	8			7			
Saskatchewan	6			5 9			
Alberta British Columbia British Columbia	4			4			
Province not Specified	1						
British Isles	135			58			
England	96			37			
Ireland	9 26			17	······		
Scotland	3		*********	3			
Other	1						
British Possessions	111	1	0.9	107	2 2	1.9	
Newfoundland	98	1	1.0	102	2	2.0	
Other	13			5			
Europe	60	2	3.3	27	2	7.4	
Austria	1	1	100.0	1			
Belgium Denmark	6						
Finland	2						
France Germany	9						
Holland	1			1			
Hungary	6			5		20.0	
Italy Norway							
Poland	12	1	8.3	4	1	25.0	
Roumania	4			2			
Sweden	3			4			
Other	9			4			
Asia	5	1	20.0	2	1	50.0	
China Japan	1						
Other	4	1	25.0	2	1	50.0	
United States	112	1	0.9	60			
	1000			1	1		
Various	*******			-			

⁽¹⁾ Including the Ukraine.







