

Death Rates per 100,000 Population

Cause	1933	1936	1939	1940	1941	1942	1943
Whooping cough	5.2	5.4	4.8	5.5	3.8	4.8	.....
Acute poliomyelitis and polioencephalitis	0.7	0.9	0.5	0.4	0.6	0.5	.....
Acute infectious encephalitis	0.5	0.5	0.4	0.6	1.6	0.6	.....
Cerebrospinal meningitis	1.0	0.9	0.7	0.9	1.8	1.3	.....
Influenza	37.7	28.3	35.0	24.5	21.0	10.5	.....
Tuberculosis	65.1	61.4	52.9	50.9	52.8	51.5	.....
Typhoid and paratyphoid fever..	2.7	2.3	1.6	2.0	1.4	0.9	.....

X: Abbreviated from "A" Statistical Survey of Public Health in Canada", 1941-43 added.  
 (1) Not tabulated separately (2) Less than 0.1 per 100,000 population.

On the whole, 1940 showed a decrease in mortality from communicable diseases, in spite of some increase in the number of reported cases. Whooping cough showed an increase and a higher death rate than in previous years. Beneficial results of new methods of treatment were seen in the particularly marked reduction in the death rate from pneumonia.

During the epidemic year, 1941, cases of simple measles were almost double the average over the preceding five years, and the incidence of mumps and rubella was also high. Manitoba and Saskatchewan experienced an epidemic of two virus diseases, poliomyelitis and encephalitis. An epidemic of poliomyelitis also occurred in New Brunswick. The case incidence and the death rate from diphtheria showed an increase, but a marked decrease was seen in the influenza and pneumonia death rates. There was an upward trend in mortality from tuberculosis, diarrhoea and enteritis.

No major epidemics occurred in 1942, with the exception of localised outbreaks of diphtheria and scarlet fever. Increases were seen in the incidence of chicken-pox and whooping cough, and decreases in such diseases as measles, typhoid fever, and influenza. Death rates from tuberculosis and pneumonia continued to decrease.

In December 1943, influenza reached epidemic proportions, with 9,900 cases reported. The first six months of the same year saw 21,300 reported cases of measles. This outbreak, which lasted from March to July, accounted for 47,600 cases. The peak in most provinces occurred in May, when 16,341 cases were reported. In the last three months of that year, there was also an increased incidence concentrated primarily in Quebec and Ontario. But with these two exceptions, influenza and measles, there was, on the whole, an encouraging improvement in the state of health of the people, as reflected by the number of cases of communicable diseases reported. Slight decreases occurred in the number of reported cases of chicken-pox, diphtheria, dysentery, mumps and scarlet fever, while appreciable decreases were apparent for infectious encephalitis, erysipelas and meningitis. No change occurred in the number of typhoid and paratyphoid cases when considered as a group. The number of poliomyelitis cases (infantile paralysis) was more than cut in half from 1942 to 1943, and septic sore throat cases declined more than 35%. On the other hand, a slight increase in the number of tuberculosis cases and whooping cough cases was noted. On the basis of reported cases, the venereal diseases both gonorrhoea and syphilis, increased appreciably.

Death rates from most of the leading causes of death are markedly affected by changes in the age and sex composition of the population. Tuberculosis, still a leading cause of death, affects certain age groups much more than others. The last 10 years have seen a great reduction in the crude death rate from tuberculosis, but in the war years 1941 and 1942, progress

1943  
 60,485  
 4,531  
 30,453  
 48,304  
 18,639  
 2,804  
 19,082  
 327  
 516  
 16,859  
 12,361  
 1,154