

acter, this cannot be done. I will read from the annual report of the Registrar General for England, for 1887, in which he says :

“The Registration Act of England came into force in July, 1837, and was opposed by the clergy and the uneducated masses, and supported by the medical and legal profession, particularly by the former. The Royal College of Physicians and Surgeons issued a circular pledging themselves, and asking all their members to do the same, to give in every instance that might fall under their care, an authentic name of the fatal disease. The immediate benefit of medical knowledge to be derived from this action on their part, was a more accurate knowledge, not only of the comparative prevalence of various mortal diseases as regards the whole of England and Wales, but also of the localities in which they respectively prevail, and the age, sex and condition of life, which each principally effect ; but a far greater benefit than any foreseen by these medical authorities has, in reality, been obtained from it, namely, an addition of more than two years to the average span of life of the inhabitants of England and Wales. That such an addition has, however, been made, and that it has been the result of the Registration Act that came into force in 1837, is beyond all doubt. For it is the registration of deaths and of their causes that has made sanitation possible.”

I am glad the mover of this resolution has relieved me from the necessity of going over the statistics with regard to the death rates of England and Canada ; I am prepared, however, having gone over the same without his knowledge or consent, to verify the figures he has given to this House. Some very interesting things might be stated with regard to the benefits which might accrue from the establishment of a better health board for this Dominion. Previous speakers have stated that we, in Canada, are somewhat behind other countries. That is evidenced by our comparatively high death rate—not so high as some other countries, but the fact that the death rate in Canada exceeds the death rate of populous England, with her great cities, shows that there is something lacking in our sanitary system. The mover of this resolution has correctly stated that in the twenty-eight cities and towns from which we have reports, the average death rate last year was 21 per 1,000, while in England it was only 17·4. Upon the same method of calculation we find that if we take the previous year and compare it with the last year reported upon, if the death rate of Canada was reduced to that of England, we would save annually 20,000 lives. To show that very much can be done towards saving life in this country, we have only to look at the large number of deaths that

are caused by what we term zymotic diseases—all preventable—which principally affect children. The death rate of children in this Dominion is something amazing. The birth rate is not very much behind that of other countries of a similar population. There are over 150,000 children born in Canada every year and over 400 every day in the year. Taking the whole of the twenty-eight cities reported upon last year, we find there were 18,355 deaths reported, of which 9,645 were under the age of five years, proving conclusively that the diseases which attack children are in almost every instance zymotic or preventable diseases were the causes of death; a strong argument, indeed, for the establishment of a sanitary hygienic bureau of some kind. The general impression, of course, is that there are few diseases which it would pay the people to look after very carefully. For years the whole community has been terribly frightened of small-pox, while other diseases, which have every year carried off thousands and tens of thousands, have been considered as of small importance. Taking the public records, it appears that not a single death from small-pox was reported last year, while there were from scarlet fever 51; measles, 140; typhoid, 381; diphtheria, 1,182; or 1,758 deaths from these four preventable diseases in a population in these twenty-eight cities of 700,000. If the deaths were in proportion throughout the rest of Canada, there were 14,000 deaths during the year from those four preventable diseases. A very interesting document came into my hands some time ago prepared by an English authority, entitled “Loss of Wealth by Loss of Health,” and if hon. members were to examine the pamphlet carefully they would come to the same conclusion as that reached by the distinguished author of the pamphlet, that we would not be losing but saving money if we expended a much larger sum for sanitary purposes in this country. Taking England, the writer shows that the average of sickness among working men is two and a-half weeks per year. Taking England and Wales, he places the number of working class families at 4,259,000, the bread-winners of which earn daily wages amounting to £8,819; the loss from sickness, according to this computation, reaches £13,307,000 per annum, or £1,000,000 per day of sickness for these people. Manchester offers a very striking example of what may be done towards protecting the people against disease and saving vast sums on this account. That city has a working population of 92,500, which earn weekly wages of £115,700; therefore the loss to the