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who went to Ontario during the census decade, 30 per cent. stated they were farmers or farm laborers, and yet there was a rural loss of 52,184 in addition to the loss of the total natural rural increase, while even in Quebec, the especial home of the Freuch Canadian peasantry, the annual rural increase for the period was only 0.4 instead of 2.15 per cent., the annual average for the whole province.

To further expose the situation I find that in Cntario in 1914 the population was given at 2,749,840, of which the cities and towns over five thousand in population, held 42'1 of the whole, while 57'8, or 1,587,025, were in the smaller towns, villages and townships, which include about eight hundred municipalities. If each had its medical health officer this would mean one for two thousand. Actually there were in 1916, eight hundred and thirty-seven local boards of health, each with a medical health officer. I find that in the province of Quebec there were ninety-eight cities and towns and ten hundred and ninety-three villages and townships, or roughly, two hundred more than in Ontario. As the rural population in Quebec in 1911 was given as 60 per cent. of a population of 2,022,712. we find that with ten hundred and ninety-three municipalities the population of each is just eleven hundred, in each of which, under the Quebec Health Act, must be a "municipal sanitary authority". It must be remembered, however, that this average does not at all represent the actual situation, since in Ontario there are actually two hundred and sixty villages and towns, the minimum of population being five hundred, while in Quebec the population of the villages must, in many cases, be but a fraction of this. The minimum health unit, however, is that of Nova Scotia, where the Act requires that a health committee must be appointed for each municipal polling subdivision.

In order to complete our statistics, I have endeavoured to find out the distribution of churches and clergy. I find that, roughly, in Canada there are eight thousand Protestant clergy and four thousand Roman Catholic; but it is difficult to ascertain accurately their distribution. I find, however, that Quebec has nine hundred and ninety-four Roman Catholic parishes and that their distribution is largely the same as the municipal subdivisions. In Ontario, as in the other older provinces, every village and many rural communities have churches of some denomination and clergymen ministering to their spiritual needs.

As regards the medical services available I find that there are, in round numbers, seven thousand physicians in Canada, distributed, like the clergy, where they are required.

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