

1871-80 the death-rate in 28 large towns, including London, dealt with by the Registrar-General in his weekly returns, averaged 24.0 per 1,000. During the past five years of the current decade, 1881-85, the rate of mortality in these towns has not exceeded 21.5 per 1,000. This implies that upwards of 110,000 persons have survived during the last five years, in these towns who would have died had the death-rate of 1871-80 since prevailed. In England and Wales during the same period of five years the saving of life, as the result of the reduction of the general death-rate of the country, is estimated by the best English authorities at about 388,000 lives. All this, and more, has been affected by practical sanitary work—means for preventing the spread of epidemics and for providing a pure water supply and by drainage and the cleaning of towns.

But this is not nearly all. It has been estimated from the records of the various benevolent societies in Great Britain and health assurance societies in the United States that there are 730 days of actual sickness, with inability to labor, for every death which takes place in the year; or in other words, for every death there are two constantly sick—365 (days) multiplied by 2 = 730. Some statisticians estimate the sick-rate higher than this. As corroborative evidence, let us take, for example, 100 cases of typhoid fever, one of the severe and common diseases of this country; each patient will probably be sick or incapacitated from labor from 35 to 40 days, if not more, on an average, representing say 3,750 sick or lost days; while probably not more than 5 of the cases will prove fatal. Some authorities estimate from 19 to 20 days of sickness per year for every individual, which would give a much greater sickness rate than the first-mentioned estimate. Now it is universally conceded that the application of sanitary measures reduces the proportion of sickness in a much greater degree than it reduces the mortality—that by preventive measures the people are made healthier in a much greater relative proportion than there is increase in the length of their life—that such measures have a more marked effect in the prevention of sickness than in the prevention of deaths.

There is therefore a still greater pro-

portionate saving in the sick-rate, with all the loss of time from the sickness of working men and women, and the doctors' bills, medicine, nursing, etc.

#### DEATHS AND SICKNESS IN CANADA AS COMPARED WITH ENGLAND.

In the March number of the health Journal, *MAN*, I drew attention to the high rate of mortality during the second half of last year in the 20 cities and towns in Canada which now make monthly returns of deaths to the Department of Agriculture in Ottawa. It was there shown that from the monthly reports the total mortality in the 20 cities and towns, as given in these reports, was at the rate of 37.6 per 1,000 of population per annum, and that the total mortality from zymotic diseases alone was at the rate of 18 per 1,000 of population, per annum. This high rate, as stated, was mainly owing to the small-pox epidemic in Montreal. But eliminating all deaths from small-pox in the Dominion, we find that the mortality from all other causes was 26 per 1,000, and the mortality from all the other zymotic diseases was at the rate of 6.6 per 1,000, of population, per annum. This is an unusually high rate, both as to the totals, and that from zymotics. Then it must not be forgotten that the returns are not yet regarded as absolutely complete. The system is yet in its infancy. Any errors are those of omission. Were the returns complete they would show most likely a still greater mortality. It is not easy to believe, for example, that in Chatham, with 8,000 inhabitants, there were only 39 deaths during the six months; or that there were only 74 deaths in St. Thomas, with 1100 inhabitants; or that the mortality was so low as reported in Guelph, Belleville or even Hamilton. It may be possible that it was so for the six months, a rather short period on which to base estimates, but it is much more likely that there were omissions.

In England, weekly reports (instead of monthly, as in Canada) are issued by the Government Health Department, which give both the births and deaths in each of the 28 largest cities or "towns." Let us contrast the showing of these reports with those in Canada:

During the year 1885, 182,339 deaths were registered in the twenty-eight