at very young ages and for women in the child-bearing period, but was less for adult males, and older persons.

INFANT MORTALITY

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The infant mortality rate (deaths of children under one year) from 1926 to 1942 shows a continuous improvement with the exception of the year 1937. There has not, however, been much progress during the war years, and the preliminary rate for 1943 was the same as for 1942, when there were 54 deaths per 1000 infants. The leading cause of death among infants under one year in Canada is prematurity. The downward trend from this cause since 1931 continued strongly through 1941 and 1942, but rose in 1943. The second most important cause of death is pneumonia, and there has been little improvement during the last 10 years or in the war years.

Diarrhoea and enteritis are diseases of infancy especially susceptible to social control, and the reduction in deaths from these causes since 1931 has been marked, though irregular, with a rapid fall from 1937 to 1940. In 1941 and 1942 the death rate rose, although the rates were still below the level of 1939. There was a further fall in 1943. Recent surveys have demonstrated that the death rate from congenital debility is greatly affected by the nutrition of the mother during pregnancy. The death rate from this cause has continually improved since 1926, and the improvement has continued during the war years, with the rate for 1942 well below any previously recorded.

It is significant that of all the causes of infant deaths, two which are much affected by the state of health of the mother during pregnancy, congenital debility and prematurity - show the most favourable record during the war years. This would appear to show an improvement in nutrition during wartime. For other causes of death, where the causation is more complex, the picture is less favourable. In spite of the fact that high infant mortality rates are in a large part a result of poverty, there is a tendency for infant deaths to increase in prosperous times, possibly for the reason that more mothers are employed. It is important to note that the infant motality rate in Quebec which was 94.5 deaths per 1,000 births in 1933 and 76 deaths per 1,000 births in 1941, dropped to 70 deaths per 1,000 births in 1942. Unfortunately, the Maritime province have not shared to the same extent in the general progress.

MATERNAL MORTALITY

The improvement in recent years in maternal mortality has been striking, and was particularly rapid during the war years. The preliminary figure for 1943 was 2.7 deaths per 1,000 live births. In view of the severe strain on hospital and medical facilities, and the greatly increased numbers of births among a highly mobile population, this record of progress is especially gratifying. In the three years preceding the war, the reduction in maternal mortality was 25% and in the first three war years, it was 30%. It would seem that a new phase in the history of maternal mortality was inaugurated in 1937. For many years the maternal death rate had shown little sign of improvement in Canada but in the seven years between 1936 and 1943 it was halved. A similar change took place in other countries, and it is generally believed that the introduction of the sulfa drugs played a major role in this striking change. However, Dr. Ernest Couture of the federal Department of Health and Welfare, writing in the Canadian Journal of Public Health, Points out that the improvement has been greatest in the death rate from toxaemias and considers that improved nutrition has been an important factor in reducing maternal mortality. He also attaches some importance to recent