

and personnel, to make possible an X-ray film of the lungs for every citizen at least once every five years.

(b) Sufficient beds to permit prompt sanatorium treatment for every person with active tuberculosis.

(c) Adequate public health nursing services.

(d) Proper post-sanatorium care.

(e) Social services to make possible a higher standard of living in families represented by tuberculosis.

(f) Rehabilitation of the handicapped patient.

Doctor Brink further states:

If these facilities were available, the road ahead would be clear, and people in all parts of our country would be protected against tuberculosis.

The pioneering period is over. The result of a planned attack on tuberculosis needs no restating here. There is a new spirit abroad among the people in regard to what can be done to prevent disease, and they are demanding an all-out programme which should be the go-ahead signal to all governments and health departments.

One of the handicaps in dealing with tuberculosis is the general conception that the disease is now being defeated. It cannot be considered that a disease which kills nearly 6,000 people each year is under control.

Canada can be proud of the progress which has been made during the past few years in reducing the toll of infant and maternal losses. We must, however, carry on the fight to overcome these unnecessary deaths, and this can be done only through the cooperation of the medical profession, public health officials, Canadian mothers and mothers-to-be, and the public at large.

The maternal mortality rate has decreased from 4.2 per 1,000 live births in 1939 to 2.3 last year. In comparison, I give the figures of 1.8 in Denmark, 2.2 in New Zealand, 2.3 in the United States, 2.8 in England and Wales, 2.9 for the white population of the Union of South Africa, 3.1 in Scotland, and 3.3 in Australia.

In our own country the number of deaths in 1944 was 775. The reasons for the decrease in maternal mortality may be listed as: First, new treatment by penicillin and the sulfa drugs; second, the increased number of births taking place in hospitals; third, education. Better hospital facilities and a continuation of the educational programme would no doubt continue the trend downward in the mortality rates. The toll of infant and maternal losses could be still further reduced through the cooperation of government health officials and the medical profession. While Canada's infant mortality is the lowest in its history, yet it is still high in comparison with other progressive countries. It could be lower still, because today fifty-five per cent of these infant deaths

occur during the first month of life. If mothers received closer supervision and more attention was given to nutrition, many of these lives could be saved. In 1945 Canada lost 3,156 babies because of prematurity. This represents thirty per cent of all infant deaths. Excellent results have been gained in the treatment and handling of premature babies, but such care is not within the reach of many mothers. The infant mortality rate in the Dominion of Canada in 1944 shows an increase in deaths from diarrhoea and enteritis. The deathrate of children under one year, per 1,000 live births, for 1944 gives the following figures. For Canada as a whole the rate was fifty-five. For the provinces the rates were as follows:"

New Brunswick .....	77
Quebec .....	68
Nova Scotia .....	54
Manitoba .....	49
Saskatchewan .....	47
Alberta .....	46
Prince Edward Island .....	45
Ontario .....	43
British Columbia .....	40

The number of infant deaths, that is children under four years of age, was 15,511. New Brunswick had the highest rate, with seventy-seven per 1,000 and British Columbia the lowest with 40 per 1,000. Other countries in the world have attained an infant mortality rate of thirty per 1,000. This should be the objective of all the provinces of Canada. It is unbelievable that the Canadian people can view in a complacent mood the situation regarding preventable diseases. The fact that 1,500 babies died each year, in the ten-year period from 1932 to 1942, is disturbing when one considers that these deaths were due to the four major communicable diseases which cause such a high mortality in children; that is, diphtheria, scarlet fever, measles and whooping cough. In one area in Canada with a population of 1,150,000, there were 518 deaths from diphtheria from 1934 to 1943, while in another area with a population of 1,500,000 there were only forty-three deaths. Why should there be such a contrast? Why should this exist? For years we have been putting the emphasis on curative agencies rather than preventive agencies. There is an urgent necessity for immunization against these scourges of childhood, diphtheria, scarlet fever and whooping cough. These diseases are largely preventable, but they still take a toll of disability and death among Canadian children. The maximum number of cases of poliomyelitis in any one year since 1940 is 1,881, with sixty-eight deaths in 1941. This has been an average of 760 cases a year. In the same period there have been 628 deaths from whooping cough alone in a single year.