to offer any cure by way of a plan. We are engaged, through our Committee on Economics, in studying the problem in all its ramifications, and, in due season, the report of the Committee will be made available. Meanwhile, it is well for the profession in Canada to thoroughly understand and appreciate that, while we are observing a policy of watchful waiting and intelligent study, we are not making any attempt, nationally or provincially, to steer the profession or the public into a plan which neither the profession nor the public may find satisfactory. There are many amongst us who argue that the medical profession should of itself evolve a plan for State Medicine or Health Insurance; that such a plan is long overdue; that, if we do not evolve a plan, the public will do it for us. In the opinion of the writer, there is no necessity for the profession to be panicry or uneasy in regard to these contentions. At the same time, common sense would dictate that it behoves us to receive and appraise in an unprejudiced manner any suggestions which are offered from this or any other country dealing with the distribution of medical services.

The Canadian Medical Association, with a history dating back to Confederation, may be trusted to safeguard the interests of the people whom it serves and the profession of which it is constituted in a manner in keeping with the highest ideals and traditions of this young nation of which we are all so proud.

T. C. ROUTLEY.

**VITAL STATISTICS OF CANADA: 1932**

The Preliminary Report, Vital Statistics of Canada, 1932, has been published by the Dominion Bureau of Statistics. This report contains a mass of material in the form of tables, which is of interest to the medical profession. The birth rate of Canada has fallen consistently during recent years, reaching its lowest rate of 22.4 in 1932. This is true of all provinces, with the exception of the Maritimes, where the rates for 1932 are above the average of recent years. There were 2,807 twins and 18 triplets born in 1932. The percentage of illegitimate births has increased slightly, while that of the still-births is practically constant.

The infant death rate for 1932 is 73.2, the lowest rate on record, and, for the first time, the rate for every province is below 100. The Province of Quebec is highest, with 94.2, and British Columbia is lowest, with 46.8. These rates indicate a satisfactory health condition in so far as mortality is concerned, and there is not, as yet, any evidence as to any ill effects of the depression on the lives of infants. More infants die in September than in any other month; this is accounted for by the 2,840 deaths from diarrhoea and enteritis, a large percentage of which occur in September. Prematurity was responsible for 3,957 of the 17,219 infant deaths and comes first as a cause of infant mortality.

A maternal death rate of 5.0 per 1,000 live births is another lowest rate on record. The fact that the rate was below the average of recent years in all provinces suggests that the reduction is significant and represents a real gain in this field which had failed to record progress for many years. Abortion is a major contributing factor to maternal mortality. Out of 1,180 maternal deaths, abortion is given as the cause in 152. Septicæmia remains first on the list, however, having been responsible for 282 deaths.

The general mortality rate of 9.9 per thousand population is the lowest rate ever recorded. The age-distribution of the population influences this rate considerably and partially accounts for our finding the Western provinces with the lowest rate, and the Maritimes with the highest. With a falling birth-rate, the time is not far distant when the changing age of the population will be reflected in a rise in the general death rate. That many Canadians attain a good age is shown by the 4,264 deaths, ages 85-89; 1,546, ages 90-94 years; 413, ages 95-99; and 64, 100 years and over.

The table of deaths from certain specified causes shows that, out of a total of 104,190 deaths, diseases of the heart were responsible for 15,320; cancer, 10,014; tuberculosis, 7,103; pneumonia, 7,024; and nephritis, 5,631. The deaths from the communicable diseases were comparatively few; typhoid fever, with 336
deaths, of which 204 occurred in Quebec, indicates the widespread application of sanitary measures to water and milk supplies. British Columbia had 16 out of the 17 smallpox deaths, the penalty for neglecting vaccination. The campaign against diphtheria is showing results, but nevertheless, 398 deaths are recorded from diphtheria.

Deaths from appendicitis continue to increase, and in 1932, 1,453 deaths are recorded from this disease. There were 6,629 deaths from violence, of which number 1,021 were suicides and 1,602 from traffic accidents. Of the latter, 1,116 were automobile fatalities.

The record for 1932 is a satisfactory one. We have been fortunate in that we have escaped any widespread epidemic. Whether or not the national health is being affected by the depression we do not know, but there is no evidence in the mortality tables to indicate that such is the case. We would not expect to find that evidence so soon, because it will take years for the effects to show themselves. Further, most of the ill results will be seen, not in the death rates but in lower standards of personal physical and mental health for which we have no measure.

The 1932 preliminary report makes its appearance in a new and satisfactory form. The table showing, by provinces, deaths from cancer, classified according to site, is one of real value which must be studied to be appreciated. The special tables for cities and towns allow for instructive comparison which should cause some questioning of the public health organizations in certain communities.

The value of provincial co-operation to secure national vital statistics is seen in this report, and the Bureau of Statistics are to be congratulated upon their promptness in getting out this annual review.

G. F.

Editorial Comments

The New Clinico-Pathological Museum of the University of Manitoba Medical School

A remarkable departure in teaching museums has just been instituted at the Winnipeg Medical School under the direction of Professor William Boyd, assisted by an enthusiastic band of medical students. In it the principle of correlation of pathological specimens with the etiological clinical and historical data bearing upon and pertinent to a given case or condition, as first presented by Sir Jonathan Hutchinson in his great "Clinical Museum," and carried out in our own day on a magnificent scale in the Wellcome Museum of Medical Science at London, has been applied with singular success. This has been done by means of a novel method of installation which places both the material and its catalogues in readily accessible form at the level of the eye of the observer, so that "he who runs may read." It is the old "Library Museum" idea carried out in an original and highly spectacular fashion and with a degree of convenience to the student not, we believe, previously achieved.

An essential feature of the new arrangement has been the use of the watchglass method for pathological specimens, practically all the new material being so mounted, while most of the old collection has been removed from the old museum jars, cut down to show the lesion, and similarly enclosed under the convex glasses so employed. This form of mounting has made possible the introduction of a new type of display-stands, made after the pattern of magazine racks in a library. These almost entirely replace the familiar upright cases formerly in use, which have been largely discarded, only a few being retained for large specimens or others which do not lend themselves to watchglass treatment. In their places are now seen shining rows of low white desk-shaped stands, within the sloping interior of which are exhibited, each under their special sections, the distinctive pathological lesions, and, grouped in close juxtaposition with these, pictorial and other matter illustrating the clinical aspects and historical evolution of the disease-concept in each unit of the display.

Here we find, in the words of an eye-witness, coloured pictures of gross specimens from pathological atlases mounted under old x-ray plates and passe-partoutéd; plates from Christeller's Atlas of microscopic sections through whole organs similarly mounted; pictures of clinical types, such as those in Byrom Bramwell's Clinical Atlas, and pictures and photographs taken from life in the wards, illustrating gaits and postures characteristic of certain nervous diseases and the symptomatology of other disorders; x-ray negative prints showing pathognomonic appearances such as lipiodol in bronchiectasis, carcinoma of the pylorus, etc.;