

Annual report of the Department of Public Health, Province of Alberta.

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ANNUAL REPORT
OF THE
Department of Public Health
OF THE
PROVINCE OF ALBERTA
1935

PUBLISHED BY ORDER OF THE LEGISLATIVE ASSEMBLY

EDMONTON:
PRINTED BY A. SHNITKA, KING'S PRINTER
1936

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Edmonton, December 15, 1936.

TO HIS HONOUR

W. L. WALSH,

Lieutenant Governor of the Province of Alberta.

SIR,—

I have the honour to transmit herewith the Annual Report of the Department of Public Health for the year 1935.

I have the honour to be, Sir,

Your obedient servant,

WALLACE WARREN CROSS,

Minister of Health.

Edmonton, December 15, 1936.

TO THE HONOURABLE DR. W. W. CROSS,
Minister of Health,
Administration Building, Edmonton, Alberta.

SIR,—

I have the honour to submit herewith the Seventeenth Annual Report of the Department of Public Health.

I have the honour to be, Sir,

Your obedient servant,

MALCOLM R. BOW, M.D., C.M., D.P.H.,
Deputy Minister.



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SEVENTEENTH ANNUAL REPORT OF THE
PROVINCIAL DEPARTMENT OF PUBLIC HEALTH

THE DEPARTMENT

Divisions:

1. Communicable Diseases.
2. Public Health Education.
3. Hospital Inspection.
4. Laboratory.
5. Public Health Nursing.
6. Municipal Hospitals.
7. Social Hygiene.
8. Sanitary Engineering and Sanitation.
9. Dental Hygiene.
10. Mental Health.
11. Institutions: Provincial Mental Hospital, Ponoka.
Provincial Mental Institute, Oliver.
Provincial Training School, Red Deer.
Provincial Auxiliary Hospital, Claresholm.
Central Alberta Sanatorium, Calgary.

A report giving a summary of the work of each of these divisions is included herewith.

THE ADVISORY COMMITTEE OF HEALTH

No meeting of the Advisory Committee of Health was held during the year.

PROVINCIAL BOARD OF HEALTH

Six meetings of the Provincial Board of Health were held during the year.

REGULATIONS PASSED DURING THE YEAR

Regulation 402 of Regulations re Dairy Farms, Milk Plants, Fluid Milk and Table Cream amended on May 21st.

Regulations re Disinfestation by the use of Hydrocyanic Acid Gas passed on June 18th.

Regulations 36 and 42 (a) of Contagious Diseases Regulations amended July 22nd.

Regulations 1359, 1355 and 1372 of Regulations re Disinfestation by the use of Hydrocyanic Acid Gas amended September 23rd.

Food and Drink, new regulations, passed October 29th.

LEGISLATION PASSED DURING THE YEAR

The Public Health Act Amendment Act, 1935.

This Act gives the Lieutenant Governor in Council power to make regulations under The Public Health Act for the prevention, mitigation and suppression of disease in respect of fox ranches and fur farms.

It further empowers the making of regulations prohibiting the use of specified substances for the disinfestation or disinfection of any building except by persons authorized by the Board which may prescribe the method in which such substances may be used.

The Solemnization of Marriage Act, 1925, Amendment Act, 1935.

No clergyman shall solemnize a marriage unless the parties produce:

- (a) The marriage license provided for by this Act, or
- (b) A certificate of the due publication of banns, and in addition a certificate by each party to the intended marriage setting out that the party making the affidavit is not then infected with any venereal disease or with tuberculosis, which affidavit shall be in the form set out.

Except only when it is by this Act expressly provided to the contrary, no marriage license shall be issued until the third day after the day upon which the application, in given form, is delivered to the license issuer.

In any case in which the license issuer is satisfied by such evidence as appears to him to be sufficient that—

- (a) both of the parties to the intended marriage are over the age of twenty-one years, or
- (b) either or both of the parties being under the age of twenty-one years, have been previously married and that there is no legal impediment to the marriage—

the license issuer may issue the license immediately after the making of delivery to him of the necessary affidavit. In case any applicant for a license is under the age of twenty-one years the license issuer may issue the license immediately if one of the parents, or if there be no parent living, the guardian of the applicant, appears before the license issuer in person and there and then gives his consent to the persons to the marriage required by this Act, provided always that the consent to the marriage of any other person required by this Act has been previously given.

No issuer shall issue a marriage license until—

- (a) both of the parties to the intended marriage have made and delivered to him an affidavit in Form "B" in the schedule hereto, and
- (b) each of the parties to the intended marriage has delivered to him an affidavit setting out that the party making the affidavit is not then infected with any venereal disease or with tuberculosis, which affidavit shall be in Form "E" in the schedule to this Act.

A certificate authorizing the publication of banns shall be in Form "D" in the schedule to this Act and shall be under the seal of the Registrar General and shall be issued by him or by some other person appointed by him for that purpose upon the application of either party to the intended marriage or the clergyman who is to publish the banns, and the application shall be made in writing and shall be accompanied by the health certificate required by this Act.

The banns shall be published at least three times, once on the first and twice on the second of two successive Sundays, or once on each of three successive Sundays by a Minister officiating at a public religious service, either at the commencement or during the continuance or at the conclusion of the service, openly and in an audible voice in a Church or other place of public worship being a place which is not ordinarily used for secular purposes, of the religious denomination of which each of the parties to the intended marriage is a communicant, member or adherent situate in the municipality, parish, or pastoral within which each of the parties has residence for the space of fifteen days immediately preceding the first publication of the banns.

In case the parties to the intended marriage do not reside in the municipality, parish or pastoral then the banns shall be published in each municipality, parish or pastoral in which each party resides. "Pastoral" shall mean all or any part of the parish or district assigned to any clergyman by the governing body of the

church to which he belongs or of the parish or defined district within which he ordinarily discharges the duties of his ministry, which lies within the boundaries of any municipality.

Upon completing the publication of any banns the clergyman publishing the same shall complete and sign the certificate of publication of the banns in Form "D" in the schedule supplied to him by the Registrar General, and shall deliver the same to one of the parties to the intended marriage unless he is the clergyman who is to solemnize the marriage, in which case he shall retain the same until the solemnization.

No marriage shall be solemnized upon the publication of the banns, but within sixty days after the second Sunday upon which the banns were published. The Registrar General may in any case in which he deems it convenient and proper so to do, having regard to the circumstances of the case, and upon the production to him of such evidence of the circumstances as he may require, authorize a marriage license issuer to endorse upon the license an authorization in the following form:

"The Registrar General hereby authorizes the solemnization of the marriage to which this license relates at any time after the issuance of the license."

Before issuing any marriage license for the marriage of minors a license issuer shall send by mail a notice in writing to the parents or parent, or guardian of of any party to the intended marriage who is under the age of twenty-one years, setting out the fact that a marriage license has been applied for and the name and address of each party to the intended marriage. A license will not be issued to any person under the age of twenty-one years unless the applicant produces the written consent of his or her parents or parent, or guardian, where such applicant is under the age of eighteen years, or the written consent of his parent if the applicant is over the age of eighteen years and under the age of twenty-one years.

The provisions of the above section do not apply to persons over the age of eighteen years who have been living apart from their parents and supporting themselves for a period of three months immediately preceding the date of the application or to persons who have been previously married.

The Alberta Health Insurance Act.

"Income earner" means any person who is in receipt of any income whether temporary or continuous.

"Resident" means any person who has his home at any material time or who, not having a home, is a sojourner in the medical district for at least three successive months of the immediately preceding six months.

"Elector." An elector shall be a British subject, twenty-one years old and who has resided in the Province twelve months and in the district at least three months immediately preceding taking of the vote.

The Government may appoint a Health Insurance Commission of three members which is given power where a majority of the councils or governing bodies show by resolution that they are in favour of it, or where 25% of the residents petition for same, to call an election in the manner prescribed by The Municipal Hospitals Act, and if the vote carries for a medical district the Commission may make an order forming the district and fix the date.

The Commission shall administer the affairs of the district, collect all moneys, pay out expenses, appoint officers, make regulations and keep books and accounts and have same available for the Provincial Auditor when required.

The Commission may appoint Professional Boards of Reference of three members, all to be members of the profession concerned in the question to be dealt with.

Provision is made for an Advisory Board appointed and paid by the councils or Minister of Municipal Affairs as the case may be.

The member for each municipality or improvement district with the Chairman and Secretary of the Advisory Board shall be a local board for the area.

Upon the formation of any medical district every municipality or improvement district or part of such included in the district shall take a census and ascertain who are residents, income earners or likely to become such, and the secretary of each municipality or district or part thereof shall make an alphabetical index and shall keep same up to date by adding or striking off names as occasion requires.

Every municipality or improvement district shall pay the Commission eleven dollars and twenty-eight cents per annum by quarterly payments for each resident less a discount of two per centum for prompt payment.

The Provincial Treasurer shall pay the Commission three dollars and twenty-eight cents per annum for each resident in the district.

Residents of the district shall pay to the municipality or improvement district as follows:

If employed by salary or wages, a monthly sum of two dollars and one cent.

If casually employed at salary or wages, one cent per hour for every hour employed.

Every income earner other than the wage earners described shall pay to the municipality on demand either the annual sum of thirty-three dollars and eighty-three cents or the monthly sum of two dollars and eighty-two cents.

Every employer of any person at salary or wages shall pay to the Municipality in which the employer resides the monthly sum of eighty-one cents for each such employee. Every employer who casually employs any person who is a resident shall pay monthly to the Municipality the sum of one-half cent for every hour such person has been employed by him.

Subject to the other provisions of the Act every resident of a medical district shall be entitled to receive without charge to him the following benefits:

- (a) Any necessary hospitalization in a public ward;
- (b) Any necessary nursing services;
- (c) Any necessary medical and surgical attention, advice and treatment;
- (d) Any necessary dental attention, advice and treatment;
- (e) The benefit of such laboratory services, such as X-Ray and biochemical services and such hospital facilities as may be requisite for the purpose of diagnosis;
- (f) All such drugs, medical and surgical supplies and appliances as may be prescribed by the medical practitioner under whose care he is for the time being.

Any resident of a medical district who deems himself in need of any of the benefits may consult any medical practitioner or dentist (as the case may be) who carries on his practice in the medical district, and the medical practitioner or dentist so consulted shall be paid by the Commission for his services according to the tariff and subject to the conditions prescribed by this Act or by regulations made pursuant thereto.

In every medical district the Commission may make provision for instituting and carrying on clinics for the promotion of the public health of the district and in general all services pertaining to the maintenance of community health and disease prevention.

DEPARTMENT OF PUBLIC HEALTH

FINANCIAL STATEMENT FOR THE YEAR ENDING MARCH 31st, 1936

Div. Vote.	Salaries.	Expenses.	Revenue.
1. 605. Communicable Diseases	\$ 3,408.34	\$ 20,758.86	\$ 1,154.90
2. 605. Public Health Education	2,000.00	671.87	.....
3. 603. Hospital Inspections	4,137.35	1,607.11	.....
Grants .....	.....	454,456.90	.....
4. 626. Laboratory .....	.....	4,750.00	.....
5. 606. Public Health Nursing and	.....	.....	.....
621. Clinics	45,923.76	23,588.46	4,492.79
6. 608. Municipal Hospitals	4,238.87	855.09	.....
7. 610. Social Hygiene	8,705.69	9,135.13	.....
8. 605. Sanitary Engineering and Sani-	.....	.....	.....
tation	7,746.51	5,522.82	.....
9. 606. Dental Hygiene .....	.....	.....	.....
10. 622. Mental Hygiene	5,959.70	7,743.08	.....
11. Institutions:	.....	.....	.....
614-15. Prov. Mental Hospital, Ponoka	268,416.00	150,495.35	136,601.92
623. Prov. Aux. Hosp., Claresholm	17,548.34	9,512.08	7,251.54
612-25. Prov. Mental Institute, Oliver	85,294.61	39,879.67	44,671.88
613. Prov. Training School, Red	.....	.....	.....
Deer	50,042.91	20,984.24	39,796.54
604. Central Alberta Sanatorium,	.....	.....	.....
Calgary	115,262.85	62,673.94	105,821.93
619. University Hospital .....	.....	20,000.00	.....
12. 607. Vital Statistics	14,716.90	4,434.65	37,078.97
609. Insulin .....	.....	11,151.76	.....
611. Grants to Homes .....	.....	4,000.00	.....
Administration	13,961.64	5,157.96	761.07
Full-Time Health Districts ...	.....	8,166.48	.....
	<u>\$647,363.47</u>	<u>\$865,545.45</u>	<u>\$377,631.54</u>
TOTAL—Public Health Administration			\$1,512,908.92
TOTAL—Public Health Revenue			377,631.54
NET COST—Public Health			<u>\$1,135,277.38</u>

VITAL STATISTICS

Vital statistics registrations during 1935 were as follows: Births, 16,183; Marriages, 6,010; Deaths, 5,729. In all cases where rates are shown, these are based on an estimated population of 770,000 (estimate of the Dominion Bureau of Statistics). In the following table the number of births and the birth rate, the number of marriages and the marriage rate, and the number of deaths and the death rate for each of the years from 1930 to 1935 are shown.

Year.	No. of Deaths.	Death Rate.	Year.	No. of Deaths.	Death Rate.
1930	5,396	8.33	1933	5,346	7.06
1931	5,302	7.24	1934	5,337	6.93
1932	5,521	7.46	1935	5,729	7.40
Year.	No. of Births.	Birth Rate.	Year.	No. of Births.	Birth Rate.
1930	17,649	26.74	1933	16,123	21.33
1931	17,252	23.57	1934	16,236	21.10
1932	16,990	22.96	1935	16,183	21.00
Year.	No. Marriages.	Marriage Rate.	Year.	No. Marriages.	Marriage Rate.
1930	5,334	8.08	1933	5,389	7.10
1931	5,142	7.02	1934	6,053	7.86
1932	5,054	6.83	1935	6,010	7.80

The birth rate for 1935 is the lowest recorded in the history of the Province. The death rate for 1935 is 7.4 as compared with 6.93 for 1934. The marriage rate for 1935 is slightly lower than for 1934.

General Health Conditions.

As already shown in the above tables, there was an increase of 392 deaths in 1935 over the number registered in 1934. The following causes of death showed

increases over the rate for 1934 (special reference is made to these causes of death later in this report): Diseases of the Heart and Arteries, Cancer, Accidental Deaths, Influenza, Tuberculosis, Pneumonia.

The infantile mortality rate also shows a slight increase, while the maternal mortality rate shows a slight reduction. Special reference will be made to these causes of death later in this report.

Forty-three deaths were reported from whooping cough in 1935 as compared with fifty-two in 1934. This disease ranks as one of the most important causes of death during the early years of life. Of the forty-three deaths from whooping cough, forty-one were of children under three years of age, of which twenty-eight were infants under one year.

The combined death rate (deaths per 100,000 population) for diphtheria, scarlet fever, measles and whooping cough is 11 as compared with the rate of 8.6 for 1934. The average death rate for the last six years is 11.

Twenty-eight cases of diphtheria were reported in 1935, with eight deaths resulting therefrom, as compared with 31 cases and 8 deaths in 1934. The death rate from diphtheria in 1935 is practically the same as for 1934, namely, 1.

There has been a marked decline in the number of cases and in the number of deaths reported from diphtheria during recent years. In 1934, 758 cases of diphtheria were reported, with 100 deaths resulting therefrom. Toxoid for immunization against diphtheria is supplied free of charge by the Department, and as the procedure is comparatively simple, there is no reason why every child should not be given protection against this very dangerous disease. Children should be immunized during the pre-school years, as this is the age period of greatest susceptibility to the disease. During 1935, 2,950 children living in 69 of the more outlying districts of the Province were immunized against diphtheria by a specially qualified health inspector, part of whose time is devoted to this work.

Only four cases of smallpox were reported in 1935, and no deaths were reported from this cause. While smallpox was of no consequence in 1935, this disease is one which is of major importance in view of the large number of unvaccinated children and adults in the Province. Smallpox strikes without warning and spreads with remarkable rapidity through unvaccinated communities. Smallpox and diphtheria can be banished from our midst if full advantage is taken of the means of protection provided free by the Department. During the year, 3,917 persons in 69 of the more outlying districts were vaccinated by the health inspector engaged in this work.

Fifty-five cases of typhoid fever and 11 deaths from this cause were reported in 1935, giving a typhoid death rate of 1.4 as compared with .9 for 1934. Typhoid fever was somewhat more prevalent in 1935 than during recent years, and this emphasizes the necessity of being constantly on guard in the supervision of water and milk supplies and in the control of typhoid carriers. It is necessary to again stress the grave risk of using raw water from streams and irrigation ditches for domestic purposes. All such water should be properly chlorinated or boiled before being used.

One hundred and sixty-two cases of poliomyelitis were reported, and 15 deaths occurred from this disease in 1935 as compared with 12 cases and 4 deaths in 1934. Fifty-two of these cases were reported by cities, 19 by towns and villages, and 91 by rural municipalities. There were 85 male and 77 female cases.

The distribution of cases reported by months is as follows: May 1, June 3, July 6, August 26, September 88, October 32, November 3, December 3.

The age distribution is as follows: 0-1, 1; 1-4, 33; 5-14, 87; 15-24, 33; 25-44, 6; 45-59, 1; 60-69, 0; 70 and over, 1.

Convalescent poliomyelitis serum was prepared and distributed by the Provincial Laboratory as in previous years. A special bulletin on poliomyelitis was prepared and distributed to all physicians and local boards of health in the Province.

There was a marked increase in the number of deaths from influenza and pneumonia in 1935 as compared with 1934. The comparative figures for the two years are as follows: 1934—Influenza 141, Pneumonia (all forms) 312; 1935—Influenza 194, Pneumonia (all forms) 450.

Tuberculosis.

Three hundred and twenty-nine deaths were reported from tuberculosis in 1935 as compared with 320 in 1934. Of these 329 deaths, 266 were due to the pulmonary type of the disease. The death rate for all forms of tuberculosis, including the Indian population, was 42 per 100,000 population, and for pulmonary tuberculosis, 34.1. Excluding Indians, the total deaths from all forms of this disease in 1935 numbered 177, giving a death rate of 22.7 per 100,000 population. This is the lowest death rate reported in the Province (Indian population excluded).

The total number of available beds for tuberculous patients in the Province is approximately 300, of which number, 210 are provided in the Central Alberta Sanatorium at Calgary, the balance being located in general hospitals, chiefly in the University and Royal Alexandra hospitals, Edmonton. During the year, 351 tuberculosis patients were admitted to the Sanatorium for treatment, and 603 were admitted to the general hospitals of the Province.

While the tuberculosis death rate has been reduced by approximately one-third since 1926, the prevention and control of this disease remains one of the most serious problems with which we are faced. There is an urgent need for increased Sanatorium accommodation as well as for extension of the service which is concerned with the prevention and control of this disease.

Diseases of the Heart and Circulatory System.

There were 826 deaths from diseases of the heart in 1935. This number represents 14.2% of all the deaths recorded for the year, and gives a death rate of 106 per 100,000 population. Deaths from diseases of the circulatory system numbered 404, or 7% of all the deaths registered, a rate of 58.8 per 100,000 population. Of every 1,000 deaths registered in 1935, diseases of the heart and circulatory system were responsible for 214.

Cancer.

Six hundred and twenty-two deaths were registered as due to cancer in 1935. This is an increase of 50 deaths over the number reported for 1934, giving a cancer death rate of 79 as compared with 74.3 for 1934. Cancer ranks as the second cause of death in the Province, 10.9% of all deaths registered in 1935 being due to this cause.

If cancer were recognized in the earliest stages and promptly and efficiently treated, many of the deaths from this dread disease could be prevented. Early recognition and prompt treatment is therefore a matter of the most vital importance. During 1935 the Department co-operated with the Cancer Committee of the Alberta Medical Association in connection with its educational programme. Nine hundred and eighty-three reports of cancer cases were submitted by physicians and hospitals during the year. It has not been possible, with the staff available, to prepare a report on the classification of cases, which work was undertaken by the Department in previous years.

Deaths by Violence.

Deaths due to violence again ranked as the third cause of death in 1935, 393 deaths being attributed to this cause, an increase of 11 over 1934. This number represents 7% of all deaths registered, giving a death rate of 50.1 per 100,000 population. There were, in addition, 87 suicides during the year, a decrease of 22, or 20.7%, as compared with the previous year.

Highway accidents were responsible for 89 deaths in 1935, and were the chief cause of deaths due to violence. Police reports on highway accidents indicate that the four chief causes of such accidents are intoxication, discourtesy, carelessness and speed. Education and law enforcement are the chief preventive agencies. It is recognized that rigid enforcement of traffic regulations and the imposition of increased penalties for violation of the regulations are likely to be the most effective methods of control. There is a great need for a continuous educational campaign, having as its objective making the highways safe for those using them.

Drownings were responsible for 37 deaths in 1935 as compared with 50 deaths due to this cause in 1934. This is also a cause of death which is almost entirely preventable, and much remains to be done in the education of the public in this connection.

In the following tables the deaths by violence are classified:

TABLE 1

Homicides	25
Attack by venomous animals	1
Food poisoning	1
Accidental absorption of toxic gases	11
Other acute accidental poisoning (except by gas)	4
Conflagration	6
Accidental burns (conflagration excepted)	45
Accidental mechanical suffocation	14
Accidental drowning	38
Accidental injuries by firearms	14
Accidental injuries by cutting instruments	4
Accidental injuries from falling, crushing or landslides	173
Cataclysm	1
Injuries inflicted by animals	18
Hunger or thirst	1
Excessive heat	1
Excessive cold	5
Lightning	5
Accidental electric shocks	2
Other accidents	22
Violent deaths (accident, suicide or homicide), unknown	2
Capital punishment	3
Total	396

TABLE 2

SPECIAL CLASSES OF ACCIDENTAL DEATHS INCLUDED IN ABOVE

Accidents in mines and quarries	36
Accidents caused by machines	21
Railway accidents	10
Street car accidents	5
Automobile and motorcycle accidents	45
Other land transportation	44
Water transportation	10
Air transportation .....	...

Infantile Mortality.

Deaths of children under one year of age show an increase of 45 as compared with 1934, giving an infantile mortality rate of 58. The average rate for the five-year period 1930-1934 is 66. As pointed out in previous years, infantile mortality rates for towns, villages and rural districts are much higher than those for the larger cities. In 1935 the average infantile mortality rate for rural districts was 66 and for the seven cities of the Province 41. Of the 936 deaths of children under one year of age in 1935, 513 occurred within the

first month of life, 380 of which occurred within the first week and 205 on the first day of life. The principal causes of infant deaths registered in 1935 were as follows:

Prematurity	273
Respiratory	156
Gastro-intestinal	70
Acute contagious	124

The fact that the infantile mortality rate in the rural districts is practically 60% higher than the rate in the cities of the Province indicates the urgent need of the extension of full-time preventive health service throughout the rural areas and the smaller urban centres.

Maternal Mortality.

In 1935 sixty-nine deaths from maternal causes were reported as compared with 81 deaths in 1934. The maternal death rate (deaths per 1,000 living births) in 1935 was 4.3 as compared with 4.99, the rate for 1934. The average maternal mortality rate for the last five years was 4.7. It is now generally recognized that maternal death rates could be very materially reduced if the knowledge we now possess in regard to maternal hygiene were fully applied.

Full Time Health Districts.

The work of the two health districts centering on Red Deer and High River, established in 1931, was conducted along much the same lines as in previous years. The staff of these two health units is making available to the residents of the rural areas and smaller urban centres included in these districts health services such as those enjoyed in the larger cities. The value of this service has been proven beyond question, and it is hoped that the time may soon arrive when it will be possible to extend this service to all parts of the Province.

It should be noted that the activities of these health units include health education, sanitation, prevention and control of tuberculosis, the prevention and control of acute communicable diseases, child and maternal hygiene, and the supervision of food supplies. This service is provided by a full-time staff with special qualifications in Public Health work. The following is a brief summary of the work of each of the health units for 1935:

	Red Deer	High River
EDUCATIONAL:		
Lectures	60	16
Attendance	1652	391
Bulletine distributed	5888	7630
Letters	983	3986
Conferences	1009	320
School Health Journal	522	412
Pre and post-natal letters	380	1503
SANITARY INSPECTIONS:		
Private premises	507	451
Public premises	149	4
Dairies and creameries	208	189
Miscellaneous inspections	353	212
Total inspections	1217	896
COMMUNICABLE DISEASES:		
Visits to cases and suspects	294	313
Cases isolated	160	197
TUBERCULOSIS CONTROL:		
Cases and contacts examined	140	63
Home visits	199	29
Tuberculin tests		61
LIFE EXTENSION EXAMINATIONS:		
Adult examinations	51	106
MENTAL HYGIENE:		
Home visits		
IMMUNIZATION:		
Schick tests	1634	99
Toxoid inoculations	316	717
Dick tests		2
Scarlet fever toxoid inoculations		57
Anti-smallpox vaccinations	340	66
Anti-typhoid inoculations	47	

	Red Deer	High River
CHILD HYGIENE:		
Babies and pre-school children examined	460	742
School children examined	1790	406
Inspected for communicable diseases	1626	563
Excluded for communicable diseases	117	56
Weighed and measured	185	395
Follow-up visits	215	54
Number of school visits	436	267
LABORATORY:		
Water samples analyzed	105	32
Milk samples analyzed	159	185
Urinalyses	36	79
Other laboratory procedures	35	47

Public Health Education Work.

It is hardly necessary to point out the importance of education in the field of Public Health. Each year marks an increased demand for health literature, exhibits and demonstrations, and there is no work that gives larger returns. With the limited budget of the Department it has, however, only been possible to provide a limited service.

The chief means by which health educational work is carried on in the Province are as follows: The publication of bulletins dealing with various health questions, lectures, radio talks, movies and health exhibits. One hundred and forty-four lectures were given by the special lecturer in 91 different places to 24,792 persons, 19,670 of whom were of school age. Radio talks were given over station CKUA each week from October to April inclusive, by members of the staff.

Public Health Nursing and Child Welfare.

There are nineteen nurses on the staff of the Department, working under the direction of the Superintendent of the Public Health Nursing Division. Of these, one is in charge of the Child Welfare Clinic serving the Edmonton district, one in charge of the Child Welfare Clinic serving the Calgary district, and one in charge of the clinic serving the Medicine Hat district. Three serve rural municipalities and the urban centres within these municipalities. Thirteen district nurses are stationed in outlying districts in the northern part of the Province.

Three hundred and twenty-nine Child Welfare Clinics were held in Edmonton, Calgary, Medicine Hat and Redcliff, with a total attendance of 13,517 infants and pre-school children.

In the three municipalities served a generalized public health nursing service is given, a report of which will be found in the report of the Public Health Nursing Division.

Of the outlying districts one is served by a district physician and the others by district nurses with special qualifications for this work.

The Travelling Child Welfare Clinic provided service at 23 centres, 47 clinics being held, at which 1,510 infants and pre-school children were examined. A feature of this service this year was the arrangement by which a nutritionist travelled with the nurse conducting the clinics in order that lectures and demonstrations might be given on the essentials of nutrition. We consider this service of great value, and one which should be extended to all sections of the Province in view of the great need for authoritative information and advice on the subject of nutrition.

The Travelling Clinic visited 34 centres in the Province in 1935. This clinic was in the field from May 20th to September 28th. During this time 5,105 persons were examined and 888 operations for the removal of tonsils and adenoids were performed, as well as a considerable number of minor operations. The staff consisted of a surgeon in charge, one physician, two dentists, three

nurses and two truck drivers, and the same high standard of service was provided as in previous years. The dentists on the staff examined 5,044 children, gave treatment to 2,149, and extracted 2,238 teeth.

Social Hygiene.

Four regular clinics are conducted by the Division of Social Hygiene, as well as a clinic at each of the Provincial Gaols. The attendance at all clinics was practically the same as for the previous year. The increase in the attendance in recent years has been largely the result of economic conditions. Many patients who, under ordinary circumstances, were treated by private physicians are now, because of lack of finances, attending the clinics. The total number of cases under treatment at all clinics in 1935 was as follows: Syphilis, 978; gonorrhoea, 1277; and chancroid, 3, making a total of 2,258.

It is a matter of interest that while in 1920, 16% of those admitted to Provincial gaols were syphilitic, in 1935 only 5% were so.

The work in connection with the early detection of neuro-syphilis has continued along the same lines as in previous years. Educational work has been carried on by means of lectures, radio broadcasts, and the distribution of literature. Twenty-four lectures were given during the year to 1,450 people.

Provincial Laboratory.

During 1935, 114,148 examinations were made at the Provincial Laboratory, an increase of 23,786 over 1934. These include examinations of water, ice, sewage, milk, examinations required in connection with communicable diseases, the examination of pathological material submitted by hospitals and physicians, chicken and cattle blood examinations, medico-legal examinations, post-mortem examinations and many others too numerous to mention.

All vaccines and sera used in the prevention and treatment of communicable diseases are distributed from the Provincial Laboratory.

A highly efficient service is rendered by the laboratory staff to local boards of health, hospitals and physicians, and this service is of the first importance in safeguarding the public health.

The commercial value of the work done free of charge by the Provincial Laboratory in 1935 was \$164,329.

Sanitary Engineering and Sanitation.

All plans and specifications submitted to the Provincial Board of Health for waterworks, sewerage and sewage disposal plants were examined and, where approved, certificates were issued for the same as required under The Public Health Act.

During the year, 500 reports on the analyses of water and ice were received from the Director of the Provincial Laboratory. After examination of these reports the action found necessary was taken in remedying conditions requiring attention.

It is necessary, once again, to stress the vital importance of municipalities taking the necessary action to ensure the safety of public water supplies. Raw water from streams and irrigation ditches is unsafe, and municipal authorities should, for their own protection, as well as for the protection of their citizens, take the steps found necessary to provide safe water supplies. The same responsibility rests on municipalities in the safeguarding of municipal milk supplies.

One hundred and four districts in the Province were visited and inspected by the sanitary inspector, and ten lumber, tie, saw-mill and mining camps were inspected during the year.

Dental Hygiene.

Dental treatment was provided for the patients in all Provincial institutions as in previous years, a detailed report of which will be found in the reports of the various institutions. The dental service provided by the Travelling Clinic is outlined in the report on the work of this clinic.

Hospital Inspection.

Eighty-seven approved hospitals in the Province were in receipt of the Government grant in 1935. Sixty private hospitals, largely nursing homes, and 19 baby shelters were licensed under the provisions of The Private Hospitals Act in 1935. All hospitals and baby shelters were inspected during the year.

The number of operations reported by the hospitals in 1935 was 28,756. The number of deaths occurring within forty-eight hours after these operations was 521, giving a mortality rate of 1.8%, as compared with a rate of 1.5% for 1934.

The total capacity of the approved hospitals, including the Central Alberta Sanatorium, was 4,556 beds, divided as follows: General, 2,422; Maternity, 617; Infants, 670; Isolation, 226; Tuberculosis, 313; Pediatric, 308. This represents 1 bed for every 169 of the population, or approximately 6 beds per 1,000 population.

Patients treated during the year numbered 77,338, representing 10% of the population of the Province. The average length of stay in hospital was 10.2 days. The average cost per patient per day for all approved hospitals was \$2.88, as compared with \$2.93 in 1934 and \$2.97 in 1933.

Municipal Hospitals.

There was no change in the number (22) of municipal hospitals in operation in 1935. These twenty-two municipal hospitals provide accommodation for 793 patients, including babies, and 18,881 patients were treated in these hospitals during the year.

Much the same conditions prevailed as in recent years, all hospitals having to face difficult economic conditions. A detailed statement covering all hospitals in receipt of a Government grant will be found in the report of the Hospital Division.

Central Alberta Sanatorium.

The medical staff of the Sanatorium has provided diagnostic service for the tuberculosis clinics held at the Sanatorium, for the Calgary Clinic held weekly, and for the Edmonton Clinic which is held twice a month. Tuberculosis clinics were also held in Lethbridge, Medicine Hat, Drumheller, Vegreville, the Blood Indian Reserve, Cardston, and the Blackfoot Indian Reserve, Gleichen, as well as at High River, Red Deer, Bentley, Lacombe and Innisfail, providing service for the two full-time health districts.

Clinics were held in 8 other towns during the year. Altogether 154 clinics were held, with a total attendance of 1,803, and 121 new cases of tuberculosis were discovered, of which 94 were active cases. There is a great need for the extension of the diagnostic and follow-up service as well as for increased Sanatorium accommodation.

Mental Hygiene Division.

TABLE
MOVEMENT OF PATIENTS—MENTAL INSTITUTIONS—1935

	On Books Jan. 1/35		Admissions 1935		Discharges 1935		Deaths 1935		On Books Dec. 31/35	
	Psychotic	Mental Defectives	Psychotic	Mental Defectives	Psychotic	Mental Defectives	Psychotic	Mental Defectives	Psychotic	Mental Defectives
Oliver	417	33	42	16	17	0	15	0	427	49
Ponoka	1313	74	580	85	459	23	80	0	1405	85
Red Deer	5	200	0	36	0	25	0	2	0	214
Claresholm	98	1	8	1	7	0	1	0	98	2
Total.....	1833	308	630	138	483	48	96	2	1930	350

The preceding table shows that there was an increase in the patient population in Provincial mental institutions of 139 during the year. On December 31st, 1934, there were 2,141 patients in all institutions, and on December 31st, 1935, there were 2,280. As the ratio of patients to population in Alberta is still below that of other provinces as well as that of the United States, a further increase may be expected. Since 1911, when the Provincial Mental Hospital was opened, there has been a steady increase of from 5% to 8% annually in the patient population over the preceding year, and this increase was 6.8% during 1935. During the same period the ratio of hospitalized patients to general population has shown a steady increase from 156 per 100,000 in 1921 to 281 in 1935.

Congestion is apparent in all the mental institutions, and is most acute at Ponoka and Red Deer. Perhaps the greatest single need is a separate admission and active treatment unit at Ponoka. With such an added facility, early mental cases could be cared for in the most suitable surroundings and given the benefit of the most modern methods of treatment. There is also an urgent need for an infirmary unit at Red Deer, as this institution is filled to the limit of its capacity, and there is a long waiting list.

The patient population at the Provincial Mental Institute at Oliver remains more or less stationary. At the beginning of the year there were 450 patients, and at the end of the year there were 476, all male patients.

The Auxiliary Mental Hospital at Claresholm, which was opened in October, 1933, provides accommodation for 100 women patients. This population remains stationary except for deaths, and occasional transfers to other institutions.

The Provincial Training School for Mental Defectives at Red Deer accommodates 210 patients. Seventy-five per cent. of the patients are of the low grade type, and require the maximum of nursing care and supervision. During 1935 there were 36 admissions, 25 discharges, and 2 deaths.

Mental Hygiene Clinics.

In addition to the mental hygiene clinics previously established, one in each of the cities of Edmonton, Calgary, Lethbridge and Medicine Hat, a clinic centre was established in Drumheller during the year, and two clinics were held. Patients are referred to these clinics by physicians, magistrates, welfare and other organizations, and many appear voluntary. These clinics are serving

a most useful purpose, and there is a great need for the extension of this service.

At all clinics a total of 363 new cases were presented, in addition to which 432 follow-up cases were dealt with. Since 1929, when these clinics were first established, a total of 2,133 new cases have been dealt with.

The Eugenics Board.

The work of this Board is carried on under the authority of The Sexual Sterilization Act of 1929. Four meetings of the Board were held during the year, including three sessions at the Provincial Training School and four at the Provincial Mental Hospital. During the year, 220 cases were presented to the Board, making a total of 722 cases presented and approved since the Act was Proclaimed. There were 84 operations during the year, bringing the total operations to date to 395.

Detailed reports of all mental institutions and mental hygiene activities will be found under their respective headings.

General Administration.

A statement of expenditures and revenue for the fiscal year ending March 31st, 1935, is included in this report. An analysis of this statement will reveal that out of a total expenditure of \$1,512,908.92, the sum of \$1,375,518.92 was expended for the maintenance and operation of Provincial institutions, grants to hospitals and homes and other treatment services. Only \$147,390.00, or approximately 9.7% of the total funds, were expended for all other activities, including vital statistics, all clinics, administration, including salaries, and all preventive work. This means that of every dollar expended by the Department in 1935 only 9.7 cents was spent for all purposes other than hospitals, institutions and grants. Until this ratio is changed and more money made available, there is little hope of expanding public health services, notwithstanding the great need of and the insistent demand for such services.

In concluding this brief review of the activities of the Department during 1935, I desire to express my appreciation of the splendid co-operation given by the directors of divisions and the staff generally, including the superintendents of our institutions and all members of institutional staffs.

All of which is respectfully submitted.

MALCOLM R. BOW, M.D., C.M., D.P.H.,
Deputy Minister of Public Health.

Communicable Disease Division

(A. C. McGUGAN, M.D., *Director*)

TABLE 1
COMMUNICABLE DISEASES AS REPORTED FOR 1934 AND 1935

	1934	1935
Acute Anterior Poliomyelitis	12	162
Meningococcic Meningitis	3	1
Chickenpox	2,028	1,807
Diphtheria	31	28
Encephalitis Lethargica	2	2
Erysipelas	54	39
Rubella	32	171
Measles	183	6,503
Mumps	674	1,753
Scarlet Fever	378	642
Smallpox	4	5
Pulmonary Tuberculosis	234	168
Typhoid Fever	57	50
Paratyphoid Fever	3	5
Whooping Cough	1,290	763
Actinomycosis	3	2
Undulant Fever .....	.....	.....
Trachoma	3	.....
Tetanus	1	.....
Tularemia	5	.....
Infectious Mononucleosis .....	.....	1
Rocky Mountain Spotted Fever.....	.....	1

TABLE 2
TOTAL DEATHS DUE TO COMMUNICABLE DISEASES IN THE PROVINCE OF ALBERTA FOR 1934 AND 1935

	1934	1935
Pneumonia (all forms)	312	450
Influenza (all forms)	141	194
Pulmonary Tuberculosis	262	266
Tuberculosis (all other forms)	56	63
Erysipelas	11	15
Scarlet Fever	5	8
Encephalitis Lethargica	1	5
Whooping Cough	52	43
Diphtheria	8	8
Meningococcic Meningitis	5	7
Typhoid Fever	7	11
Poliomyelitis	4	15
Smallpox	1	.....
Measles	1	27

TABLE 3
DEATHS DUE TO COMMUNICABLE DISEASES IN THE CITIES OF EDMONTON AND CALGARY FOR THE YEARS 1934 AND 1935

	Edmonton		Calgary	
	1934	1935	1934	1935
Pneumonia (all forms)	48	55	29	59
Influenza (all forms)	14	19	17	24
Pulmonary Tuberculosis	32	34	11	7
Tuberculosis (all other forms).....	8	12	4	3
Diphtheria .....	.....	2	.....	.....
Whooping Cough	4	.....	.....	1
Poliomyelitis .....	.....	2	2	3
Meningococcic Meningitis .....	.....	2	1	2
Typhoid Fever .....	.....	3	3	1
Erysipelas	3	4	1	3
Scarlet Fever .....	.....	2	.....	.....
Encephalitis Lethargica .....	.....	.....	.....	3
Measles .....	.....	3	.....	.....
Smallpox .....	.....	.....	.....	.....

TABLE 4

DEATHS DUE TO COMMUNICABLE DISEASES IN THE SMALLER CITIES, TOWNS
AND RURAL DISTRICTS FOR 1934 AND 1935

	1934	1935
Pneumonia (all forms)	206	336
Influenza (all forms)	100	151
Pulmonary Tuberculosis	105	94
Tuberculosis (all other forms)	24	27
Diphtheria	8	6
Whooping Cough	40	42
Poliomyelitis	2	10
Meningococcic Meningitis	4	3
Erysipelas	7	8
Typhoid Fever	4	7
Scarlet Fever	5	6
Encephalitis Lethargica	1	2
Measles	1	23
Smallpox	1	.....

TABLE 5

DEATHS OF INDIANS DUE TO COMMUNICABLE DISEASES IN THE PROVINCE
FOR 1934 AND 1935

	1934	1935
Pneumonia (all forms)	44	70
Influenza (all forms)	10	19
Pulmonary Tuberculosis	114	131
Tuberculosis (all other forms)	25	21
Diphtheria .....	.....	.....
Whooping Cough	8	11
Poliomyelitis .....	.....	1
Erysipelas	1	.....
Typhoid Fever .....	.....	1
Scarlet Fever .....	.....	.....
Meningococcic Meningitis .....	.....	.....
Encephalitis Lethargica .....	.....	.....
Measles .....	.....	12
Smallpox .....	.....	.....

TABLE 6

MORBIDITY AND MORTALITY RATES IN THE MORE COMMON COMMUNICABLE
DISEASES FOR THE YEAR 1935

(Estimated population, 770,000)

	Total cases	Total deaths	Morbidity rates per 100,000	Mortality rates per 100,000
Acute Anterior Poliomyelitis	162	15	21	2
Cerebro-Spinal Meningitis	1	.....	.....	1
Pneumonia (all forms)	N.R.	450	.....	58
Influenza (all forms)	N.R.	194	.....	25
Pulmonary Tuberculosis	165	266	21	34
Pulmonary Tuberculosis (Indians excepted) ..	N.R.	135	.....	18
Diphtheria	28	8	4	1
Whooping Cough	763	43	99	6
Smallpox	4	.....	.5	.....
Typhoid Fever	55	11	7	1
Erysipelas	39	15	5	2
Scarlet Fever	642	8	83	1
Encephalitis Lethargica	2	5	.3	.6
Mumps	1,753	.....	228	.....
Measles	6,503	27	845	3

N.R.—Not reportable or not reported.

SMALLPOX

1935	Sex		MONTHS												AGES						TOTAL				
	Male	Female	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	0-1	1-4	5-14	15-24	25-44	45-59		60-over	Not Stated		
Cities:																									
Lethbridge	1									1								1							1
Towns and Villages	1													1											1
Rural Districts	1	1											1											1	2
Totals	3	1								1				1	2			1	1	1				1	4

MENINGITIS

City:																									
Edmonton		1										1													1

ACTINOMYCOSIS

Towns and Villages	1								1																1
Rural Districts	1									1															1
Totals	2								1															1	2

INFECTIOUS MONONUCLEOSIS

City:																									
Edmonton		1																						1	1

ROCKY MOUNTAIN SPOTTED FEVER

Towns and Villages	1									1														1	1
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ENCEPHALITIS LETHARGICA

City:																									
Calgary		1	1	1																			2		2

DIPHTHERIA

1935	Sex		MONTHS												AGES					TOTAL			
	Male	Female	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	0-1	1-4	5-14	15-24	25-44		45-59	60-over	Not Stated
			1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	
Cities:																							
Calgary	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drumheller	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Edmonton	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Medicine Hat	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Towns and Villages	4	10	4	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Rural Districts	4	10	4	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Totals	11	17	4	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

MEASLES

1935	Sex		MONTHS												AGES					TOTAL			
	Male	Female	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	0-1	1-4	5-14	15-24	25-44		45-59	60-over	Not Stated
			771	721	11	27	78	330	719	250	31	7	5	3	8	23	18	208	1216		34	16	
Cities:																							
Calgary	1509	1596	31	92	95	285	955	999	552	55	16	6	2	17	68	878	2058	81	18	1	1	1	1
Drumheller	4	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Edmonton	8	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Lethbridge	3	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Medicine Hat	22	30	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Red Deer	332	355	3	30	53	10	95	333	20	9	20	5	39	70	4	48	530	67	7	2	29	2	29
Wetaskiwin	476	542	36	17	174	91	287	262	92	5	9	16	5	24	13	133	728	86	8	1	49	1	49
Towns and Villages	45	64	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Rural Districts	45	64	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Indian Reserves	3171	3337	83	167	400	720	2058	1894	720	81	55	65	92	173	108	1289	4679	296	51	2	3	80	80
Totals	3171	3337	83	167	400	720	2058	1894	720	81	55	65	92	173	108	1289	4679	296	51	2	3	80	80

MUMPS

1935	Sex		MONTHS												AGES					TOTAL			
	Male	Female	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	0-1	1-4	5-14	15-24	25-44		45-59	60-over	Not Stated
			645	535	40	60	113	146	279	285	113	44	37	17	13	23	57	955	117		40	11	
Cities:																							
Calgary	126	110	16	12	3	3	1	6	21	32	14	8	31	89	1	33	177	18	6	1	1	1	1
Edmonton	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Lethbridge	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Medicine Hat	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Red Deer	38	31	1	7	2	2	4	5	1	13	13	7	8	8	1	1	1	1	1	1	1	1	1
Towns and Villages	124	134	16	10	35	65	72	14	3	5	8	9	12	9	17	179	33	23	2	2	2	2	2
Rural Districts	938	815	73	89	153	214	357	321	139	95	72	42	65	133	1	116	1358	179	76	14	14	9	9
Totals	938	815	73	89	153	214	357	321	139	95	72	42	65	133	1	116	1358	179	76	14	14	9	9

WHOOPIING COUGH

Cities:	123	94	14	22	29	16	18	28	21	21	25	6	7	10	13	75	128	1	1	1	35	217
Calgary	1	1	9	9	10	13	5	1	7	16	27	14	35	44	16	83	90	1	1	5	190	
Drumheller	4	3	3	2	2	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	8	
Edmonton	5	4	6	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Lethbridge	58	62	7	2	14	37	13	13	18	6	3	7	7	7	40	49	7	7	7	24	120	
Medicine Hat	106	109	5	5	1	21	16	13	3	7	27	34	61	27	10	75	121	2	2	6	215	
Red Deer																						
Towns and Villages	396	367	39	43	56	87	56	55	49	50	82	55	103	88	47	276	400	2	2	1	335	
Rural Districts																						
Totals																						763

TUBERCULOSIS

Cities:	19	17	3	3	2	4	4	4	3	4	2	5	1	1	4	11	15	10	1	2	36	
Calgary	1	6	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	7	
Drumheller	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	
Edmonton	5	3	1	1	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	8	
Lethbridge	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Medicine Hat																						
Red Deer																						
Wetaskiwin	22	25	2	3	2	3	5	2	10	7	3	5	2	3	1	2	16	21	4	2	47	
Towns and Villages	29	26	4	4	9	3	2	3	11	6	5	6	1	1	2	1	17	23	9	2	55	
Rural Districts	1	5			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	6	
Indian Reserves, Morley																						
Totals	81	84	12	11	16	15	18	10	26	16	14	12	7	8	3	2	6	52	67	25	3	165

Public Health Educational Division

(F. T. COOK, *Lecturer*)

Health educational work was carried on along the already established lines during the greater part of the year. During the last two months of the year all road work was cancelled owing to the lack of funds for travelling purposes, with the result that lectures given and the total attendance show decreases over recent past years. Other educational activities were carried on according to schedule.

Beginning on October 1st, the radio talks over CKUA and the Foothills Network were given every week instead of every two weeks, as in the past. This added facility now provides for thirty-two quarter-hour talks during seven and a half months of the year. Talks were given on a wide range of subjects by members of the Departmental staff, the heads of institutions and the staff of the Provincial Laboratory. These talks reach a great number of people, and the response has proved very satisfactory.

During the year 144 lectures were given by the lecturer to a total audience of 24,790 people, 19,670 of whom were of school age. The lectures were given in widely scattered areas, including Medicine Hat, Lethbridge, Cardston, Drumheller, Calgary, Edmonton, Lloydminster and Fort Assiniboine.

Health education is receiving the attention of all leading public health authorities, and the demand for this service is steadily increasing. It is generally recognized that where the work of the law, the laboratory and the inspector ends, and when the limits of work for and unto the people are reached, there and then the work by the people themselves, for themselves, must begin. This is well expressed by Iago Galdston, M.D., in the *American Journal of Public Health* as follows: ". . . if we are to succeed in conquering these diseases, it will only be with the conscious co-operation of the individual in the community. We cannot hope for a vaccine to eradicate the various dementias, or for an antitoxin that will immunize an individual against unhygienic and irrational living habits.

"Public health education must therefore prove an important agent in the armamentarium of the public health doctor of today and tomorrow. It is, and will evermore be, the task of health education to impart basic knowledge relative to the prevention of disease and the conservation of well-being. It will also be our task so to fashion our instruction that men will be not only well informed, but also persuaded."

Hospital Inspection Branch and Medical Inspector's Report of Operations

(A. E. BRAITHWAITE, M.D., *Inspector of Hospitals*)

During the year I visited and inspected all of the approved hospitals in the Province. The total number of inspections was 89.

The total number of operations, taken from the weekly hospital operation reports, was 28,756, and the number of deaths following operations was 521.

The following is a list of operations performed and deaths which occurred in the approved, municipal and private hospitals during the year 1935:

	Approved	Deaths	Municipal	Deaths	Private	Deaths
GENERAL:						
Abscess	361	22	125	3	....	....
Adenectomy	3	....	....	....	....	....
Adhesions	220	2	16	1	....	....
Albee's Operation	4	....	....	....	....	....
Amputation	245	2	75	1	1	....
Anus	3	....	....	....	....	....
Appendectomy	4863	76	1298	25	8	2
Arthrodesis	40	....	1	....	....	....
Aspiration	40	1	2	....	....	....
Bone Graft	4	....	1	....	....	....
Bowel	35	21	8	4	1	....
Bronchoscopy	5	1	....	....	....	....
Bunionectomy	13	....	....	2	....	....
Burns .....	....	3	1	1	....	....
Cancer	131	57	20	6	1	....
Carbuncle	15	1	2	....	....	....
Cauterization	43	....	3	....	....	....
Cecopexy	11	3	....	....	....	....
Cholecystectomy	391	17	60	2	1	....
Circumcision	339	....	92	....	....	....
Colostomy	40	4	1	....	....	....
Craniotomy	10	3	....	....	....	....
Curetting	59	1	10	....	....	....
Cysts	8	....	....	....	....	....
Cystectomy	11	....	2	....	....	....
Cystoscopy	406	....	26	....	....	....
Cystotomy	61	3	4	....	....	....
Decompresia	18	5	1	2	....	....
Dilatation	4	....	2	1	....	....
Dislocation	43	1	12	1	....	....
Enterectomy	11	....	3	....	1	....
Epididymotomy	4	....	....	....	....	....
Examination	53	....	29	....	....	....
Excision	239	2	85	....	....	....
Extraction Teeth	431	....	98	....	....	....
Fasciotomy	4	....	....	....	....	....
Fistula	30	1	16	....	....	....
Foreign Body	30	....	9	....	....	....
Fracture	701	5	195	2	....	....
Fulguration	23	....	....	....	....	....
Gastroectomy	2	2	....	....	....	....
Gastroenterostomy	73	4	16	4	....	....
Gastrostomy	3	3	....	....	....	....
Hammer Toe	9	....	....	....	....	....
Hare Lip	21	....	1	1	....	....
Haemorrhoidectomy	273	....	39	....	....	....
Herniotomy	657	15	132	2	4	....
Hydrocele	53	....	8	1	....	....
Ileocolostomy	3	....	....	....	....	....
Incision	393	1	107	....	....	....

	Approved	Deaths	Municipal	Deaths	Private	Deaths
Injection	124		1			
Jejunostomy	23	1				
Laminectomy	3	1		1	1	
Laparotomy	176	7	71	9	6	
Ligation	37	4	2			
Lithotomy	1	1	1			
Lobectomy	3					
Manipulation	260		10			
Nephrectomy	33	10	2	1		
Nephrotomy	4	1				
Orchidectomy	21		1			
Osteoplasty	1		13	1		
Osteomyelitis	95		2		1	
Peritonitis	10	24	2	6		
Phlebectomy	1					
Plaster Cast	117		29			
Plastic	9					
Polypi	8					
Proctoscopy	42					
Prostatectomy	96	11	12	2	1	1
Puncture	38	16	4	1		
Pyloroplasty	9					
Removal	572	2	111	3	10	1
Repair	347	3	100			
Resection	160	10	24			
Sequestrectomy	5		2			
Sinus	28					
Skin Graft	33		1			
Splenectomy	2					
Suturing	276		65		1	
Sympathectomy	2					
Synovectomy	1					
Tenotomy	7		1			
Thoracotomy	9					
Thyroidectomy	380	8	13			
Transfusion	367	1	22			
Tumor	111	10	18	6		
Tuberculosis	16	9	5	3		
Urethrotomy	13		1			
Varicocele	27	1	6			
Vasectomy	39		1			
Wounds	118	6	29	2		
OBSTETRICS:						
Abortion	260	1	67	1	4	
Adhesions	24	2	1	1	4	
Cervix	147	1	22			
Caesarean Section	47	1	8	1		
Cauterization	118		3	1		
Colporrhaphy	35		1			
Colpotomy	6					
Curretage	669	2	97		3	
Dilatation	331	1	26			
Examination	44		36			
Hysterectomy	251	4	56	2	3	
Induction Labor	4	1	7	1		
Insertion Radium	123					
Oophorectomy	81		9			
Ovariectomy	14		5			
Perineorrhaphy	163	2	18		1	
Salpingectomy	347	1	11			
Salpingo-Oophorectomy	31	1	2			
Sterilization	27		6			
Trachelorrhaphy	98		4			
Uterus	96	4	21	1		
EYE, EAR, NOSE, THROAT:						
Abscess	20		3			
Adenoidectomy	70		8			
Antrum	44		1			
Cataract	73	1				
Cautery	6					
Cysts	5					
Dacryocystectomy	2					
Dilatation	7					
Enucleation	47		2			
Esophagoscopy	1					
Examination	6		1			
Foreign Body	15	1	3			
Glaucoma	1		1			
Iridectomy	33		1			
Laryngoscopy	3					

	Approved	Deaths	Municipal	Deaths	Private	Deaths
Mastidectomy	161	1	9	....	1	....
Myringotomy	1	....	....	....	....	....
Myomectomy	4	....	....	....	....	....
Paracentesis	26	....	10	....	....	....
Polypi	13	....	5	....	....	....
Pterygium	11	....	2	....	....	....
Sinus	24	....	1	....	....	....
Submucous Resection	65	....	32	....	....	....
Tonsillectomy	3561	2	848	1	8	....
Tracheotomy	5	5	....	....	....	....
Turbineotomy	27	1	1	....	....	....
Tonsils and Adenoids	2626	....	457	....	15	....
Total number of operations in hospital					28,756	
Total number of deaths from operations					521	
Percentage					1.08	

In addition to the operations classified above, the following operations were performed by the Travelling Clinic:

Tonsils and Adenoids	888
Circumcisions	316
Other Minor Operations	20

Private Hospitals Division

(MARY E. CONLIN, R.N., *Inspector*)

Sixty private hospitals were inspected during the year and licenses issued.

Licenses were issued to thirteen baby shelters in Calgary, five in Edmonton and one in Red Deer. These were inspected four times during the year.

Five institutions in which children are kept were also inspected.

Two hundred and thirty-six cases receiving free insulin through the Department of Public Health were investigated.

Provincial Laboratory

(ALLAN C. RANKIN, C.M.G., M.D., D.P.H., *Provincial Bacteriologist*)

During the past ten years the number of specimens examined in the laboratory has increased gradually from 20,076 in 1925 to a total of 114,148 in 1935, with an increase during the past twelve months of 20,194 specimens. This has been accomplished during some of the later years on lower estimates than those available in 1925, and even during the period covered by this report the funds available generally were only slightly in excess of those available ten years ago. The staff of the department is fully occupied, and carries a very heavy load of routine work in addition to the solution of such public health and other problems as may be called for. A comparison with similar laboratories elsewhere will show a very reasonable cost.

As has been pointed out in previous reports, the laboratory is frequently called upon, and is therefore concerned also with the investigation of infectious diseases of animals. This is a matter which requires some further organization. Either the laboratory should be augmented with respect to the staff and physical plant, or a separate organization should be set up for the purpose. In order to have this work quite adequately carried out, some expenditure of funds is necessary. With the best will and intentions, we find it impossible to give a considerable part of the work the attention necessary.

The Provincial Analyst is responsible for the chemical examination of milk and water. The Department of Pathology is in charge of Dr. J. J. Ower, who, with his staff, is also responsible for the University teaching in that subject. Dr. R. M. Shaw supervises the Department of Bacteriology, and is also associated with the Director in the Department of Bacteriology and Hygiene of the University and the teaching of these subjects to University students.

The staff, though small in relation to the amount of work turned out, are loyal and co-operative under trying circumstances, and it is a pleasure to so record.

TABLE 1

WORK PERFORMED IN THE PROVINCIAL LABORATORY DURING THE YEAR 1935

	Total 1934	Total 1935	Increase	Decrease
Sputum	677	738	61	....
Diphtheria	722	1,008	286	....
Typhoid Fever	264	274	10	....
Milks	2,096	1,953	....	143
Waters	1,141	1,442	301	....
Miscellaneous Examinations	2,590	2,680	90	....
Mothers' Milks	8	8	....	....
Urinalysis	121	157	36	....
Medico-Legal Examinations	18	16	....	2
Bloods for the Wassermann Test	20,316	21,501	1,185	....
Smears for the Gonococcus	3,441	4,027	586	....
Icterus Index Determination	31	25	....	6
Van Den Bergh Determination	4,023	7,142	3,119	....
Pathological Histological Material	3,608	7,294	3,686	....
Blood Smear Examinations	97	84	....	13
Post-mortem Examinations	202	211	9	....
Ascheim Zondek Examinations	95	130	35	....
Cerebro-Spinal Fluid Examinations	1,321	1,634	313	....
Bacteriological Post-mortem Examinations	35	42	7	....
B. Abtrous Examinations	223	251	28	....
B. Tularensis Examinations	136	241	105	....
Chicken Blood Examinations	45,719	61,678	15,959	....
Cattle Blood Examinations	761	318	....	443
Typhoid Vaccine (25 cc. quantity)	132	187	55	....

DEPARTMENT OF PUBLIC HEALTH

	Total 1934	Total 1935	Increase	Decrease
Autogenous Vaccine (25 cc. quantity)	52	43	.....	9
B.C.G. Vaccine (10 cc. quantity).....	255	249	.....	6
Poliomyelitis Convalescent Serum (20 cc. quantity)	86	410	324	.....
B. Abortus Vaccine (5 cc. quantity).....	981	405	.....	576
	<u>89,151</u>	<u>114,148</u>	<u>26,195</u>	<u>1,198</u>

TABLE 2

Table No. 2 shows the number of water and milk, special and blood containers prepared and distributed during the year:

	1934	1935
Water containers	1,422	1,126
Special containers	1,390	1,939
Wassermann containers	14,030	14,799
Chicken Blood containers	45,719	61,678
Total.....	<u>62,561</u>	<u>79,542</u>

TABLE 3

The following table shows the number of cubic centimeters of autogenous and other vaccines prepared and distributed during the year:

	1934	1935
Typhoid Vaccine	3,300 cc.	4,675 cc.
Autogenous Vaccine	1,300 cc.	1,075 cc.
B.C.G. Vaccine	2,550 cc.	2,490 cc.
Poliomyelitis Convalescent Serum	1,720 cc.	8,190 cc.
B. Abortus Vaccine	4,905 cc.	2,025 cc.
Total.....	<u>13,775 cc.</u>	<u>18,455 cc.</u>
Increase in the preparation and distribution of Vaccines and Serums		4,680 cc.

TABLE 4

Table No. 4 shows the detail of some of the work done by the laboratory in relation to the control of infectious diseases:

Diseases	No. of Specimens		Post Offices	Physicians	Month.	Sputum.	Diph.	Typhoid Fever.	Total.
	Posi-tives	Nega-tives							
Pulmonary Tuberculosis	125	613	.....	.....	Jan.	60	48	12	120
					Feb.	61	40	24	125
					Mar.	57	47	19	123
					April	80	55	20	155
Diphtheria	75	933	.....	.....	May	72	58	19	149
					June	76	57	19	152
					July	58	56	26	140
					Aug.	53	59	41	153
Typhoid Fever	58	216	.....	.....	Sept.	52	139	36	227
					Oct.	50	148	34	232
					Nov.	51	196	11	258
					Dec.	68	105	13	186
					<u>738</u>	<u>1,008</u>	<u>274</u>	<u>2,020</u>	

TABLE 5

Table No. 5 shows the number of blood examinations by the complement fixation test for the diagnosis of syphilis:

Bloods received	21,539
Bloods examined	21,501
Bloods positive to reaction	2,511
Bloods negative to reaction	18,990
Bloods unsuitable for examination	38
Male bloods examined	10,097
Female bloods examined	5,407

Out of 21,501 of these, the following details can be given:

Male married	2,719
Male married positive	407
Male married negative	2,313

Male single	6,155
Male single positive	917
Male single negative	5,237
Female married	3,082
Female married positive	376
Female married negative	2,839
Female single	2,166
Female single positive	418
Female single negative	1,787
Bloods received from Calgary and south	5,249
Bloods received from north of Calgary	16,252
Number of blood examinations made in 1934	20,316
Number of blood examinations made in 1935	21,501
Increase in number of specimens examined	1,195
Increase in per cent.	5.83%

TABLE 6

Table No. 6 gives the details of the bacteriological and chemical examination of water performed throughout the year:

Waters	1934	1935
Number of samples of water examined bacteriologically and found fit for human consumption	773	778
Number of samples of water examined bacteriologically and found unfit for human consumption	69	35
Number of samples of water examined bacteriologically and chemically and found fit for human consumption	490	600
Number of samples of water examined bacteriologically and chemically and found unfit for human consumption	72	40
Number of samples of water examined chemically and found fit for human consumption	39	45
Number of samples of water examined chemically and found unfit for human consumption	10	13
Number of samples of ice examined bacteriologically and found fit for human consumption	15	19
Number of samples of ice examined bacteriologically and found unfit for human consumption	2	1
Total	1,470	1,442

TABLE 7

Table No. 7 gives the details of the bacteriological, bacteriological and chemical, and chemical examinations of milk performed throughout the year:

Number of samples of milk examined bacteriologically	1,917	1,707
Number of samples of milk examined bacteriologically and chemically	164	214
Number of samples of milk examined chemically	15	32
Total	2,096	1,953
Number of samples of milk examined showing low butter fat ..	9	23
Number of pasteurized milk samples examined bacteriologically with a bacterial count above 30,000	79	51
Number of non-pasteurized milk samples examined bacteriologically with a bacterial count above 300,000	69	73
Number of pasteurized milk samples examined	618	668
Number of non-pasteurized milk samples examined	1,478	1,285

SERUMS AND VACCINES DISTRIBUTED JANUARY, 1935-DECEMBER, 1935

Smallpox Vaccine—10 points: 2,607 pkgs.	26,070 points
Diphtheria Antitoxin: 1,000 units—575 pkgs.	575,000 units
5,000 units—29 pkgs.	145,000 units
20,000 units—205 pkgs.	4,100,000 units
Total	4,820,000 units
Diphtheria Toxoid: 1 person—2,216 pbgs.	2,216 persons
6 persons—708 pkgs.	4,248 persons
12 persons—1,067 pkgs.	12,804 persons
Total	19,268 persons
Schick Test, 25 persons—206 pkgs.	5,150 persons

Scarlet Fever Antitoxin:		
15 c.c. Vial—168 pkgs.	.....	2,520 c.c.
15 c.c. Syringe—207 pkgs.	.....	3,105 c.c.
2 c.c. Syringe—1,060 pkgs.	.....	2,120 c.c.
Total		7,745 c.c.
Scarlet Fever Toxin:		
1 person—515 pkgs.	.....	515 persons
6 persons—334 pkgs.	.....	2,004 persons
Total		2,519 persons
Dick Test, 10 persons—131 pkgs.	.....	1,310 persons
Tetanus:		
1,500 units—51 pkgs.	.....	76,500 units
5,000 units—13 pkgs.	.....	65,000 units
10,000 units—16 pkgs.	.....	160,000 units
Total		301,500 units
Anti-Meningococcus, 20 c.c. Vial—51 pkgs.	.....	1,020 c.c.
Pertussis:		
5 c.c.—308 pkgs.	.....	1,540 c.c.
20 c.c.—76 pkgs.	.....	1,520 c.c.
Total		3,060 c.c.
Staphylococcus Toxoid, 2 c.c. Vial—279 pkgs.	.....	558 c.c.
Staphylococcus Antitoxin:		
25 c.c. Vial—12 pkgs.	.....	300 c.c.
5,000 units—9 pkgs.	.....	45,000 units
10,000 units—1 pkg.	.....	10,000 units
Total		55,000 units

COMMERCIAL VALUE OF WORK IF MINIMUM CHARGE WERE MADE

Sputum	738	\$ 1.00	\$ 738.00
Diphtheria	1,008	1.00	1,008.00
Typhoid Fever	274	1.00	274.00
Milks	1,953	3.00	5,859.00
Waters	1,442	10.00	14,420.00
Miscellaneous Examinations	2,680	3.00	8,040.00
Mothers' Milks	8	2.00	16.00
Urinalysis	157	3.00	471.00
Medico Legal Examinations	16	5.00	80.00
Bloods for the Wassermann Test	21,501	3.50	75,253.50
Smears for the Gonococcus	4,027	1.00	4,027.00
Icterus Index Determination	25	1.00	25.00
Van Den Bergh Determination	7,142	1.00	7,142.00
Pathological Histological Material	7,294	5.00	36,470.00
Blood Smear Examinations	84	2.00	168.00
Acheim Zondek Test	130	5.00	650.00
Cerebro-spinal Fluid Examinations	1,634	2.00	3,268.00
Post-mortem Examinations (Bacteriological)	42	5.00	210.00
B. Abortus Examinations	251	1.00	251.00
B. Tularensis	241	1.00	241.00
Chicken Blood Examinations	61,678	.05	3,083.90
Cattle Blood Examinations	318	.20	63.60
Typhoid Vaccine (25 c.c. quantity)	187	1.00	187.00
Autogenous Vaccine (25 c.c. quantity)	43	5.00	215.00
B.C.G. Vaccine (10 c.c. quantity)	249	3.00	747.00
Poliomyelitis Serum 20 c.c. quantity)	410	2.50	1,025.00
B. Abortus Vaccine (5 c.c. quantity)	405	1.00	405.00
Total	113,937		\$164,328.00

Post-mortem Examinations not included.

Public Health Nursing Division

(KATE S. BRIGHTY, R.N., *Superintendent*)

The total number of districts served by Public Health Nurses in the Province are as follows: Edmonton, Calgary, Medicine Hat-Redcliff, Vegreville, Stanmore, Drumheller, Notikewin, Valley View, Kinuso, Fawcett, Peers, Pandryl, Smith, Vauxhall, Worsley, Tangent, Lindale, Hines Creek, Blueberry Mountain, Fort Assiniboine, Plamondon.

There are 22 members on the permanent nursing staff, and 7 additional nurses who served on the temporary staff during the summer months.

The following nurses received appointments during the year: Miss Jeanne Morton, Miss Marjorie Maynes, Miss Alvine Cyr, Miss Evelyn M. Waddell, Miss Millicent Leppington, Miss E. Irene Stewart, Miss Janet Munroe, and Miss M. Ethel Jones.

Miss Marie Garde, Miss Millicent Leppington, and Miss Monica English resigned from the staff during the year.

Edmonton, Calgary, Medicine Hat and Redcliff centres are devoted entirely to infant and pre-school age clinics, with follow-up work in the homes. These clinics are used as teaching centres for medical students, student nurses and students in home economics.

In the City of Edmonton, 92 clinics were held during the year with an average attendance of 54, the total attendance being 4,943, and the number of home visits 4,332. For a period of six weeks in the early fall, the Edmonton clinic was closed owing to the danger of an epidemic of infantile paralysis.

In the City of Calgary, 111 clinics were held with an average attendance of 61 and a total attendance of 6,807. A total of 3,393 home visits were made. In May the Calgary City Health and School Health services were amalgamated. The infant and pre-school work in Calgary continues under the supervision of Miss Marian F. Lavell, Provincial Public Health Nurse, with the same set-up records as used heretofore.

In Medicine Hat and Redcliff, 126 clinics were held during the year with a total attendance of 1,767 and 1,728 home visits.

A regular weekly clinic has been inaugurated in Vegreville, 24 clinics being held during the year with an attendance of 254.

Wherever a nurse is established her office is used as a centre from which the various travelling services of the Department, especially in connection with child hygiene, tuberculosis and mental hygiene, may be extended, the Public Health Nurse frequently doing follow-up work in connection with individual cases.

The municipal districts served from the Vegreville, Drumheller and Stanmore centres are given a generalized public health nursing service. On January 1st a new public health centre was established at Drumheller to serve that city and adjacent industrial areas. Miss Ethel Jones, Public Health Nurse, received the appointment. A modified bedside nursing service is given by the nurse who is stationed at Stanmore. The following is the statistical report of the work in these districts:

STATISTICAL REPORT

First inspections	3,150	With defective vision	376
Second inspections	188	With defective hearing	86
Classroom inspections	111	With throat symptoms	581
Not vaccinated	1,896	With adenoid symptoms	16
Number with defects	1,984	With carious teeth	1,225
Number of vaccinations	102	Surgical treatments	40
Diphtheria toxoid	686	Medical treatments	12
Glasses fitted	26	Dental treatments	84
Glasses refitted	13	Schoolroom talks	104
Interviews	237	Home visits	419

Following requests received from the Parents-Teachers' Association and the School Board of Raymond, a survey of the school children was undertaken. During the survey an outbreak of scarlet fever was discovered by the Public Health Nurse, and the school and all places of public assembly were closed to children.

During Exhibition Week in Edmonton a Public Health Exhibit was shown. One of the staff was in charge of the Emergency Hospital, which is now housed in the Women's Building on the Exhibition grounds.

In August a Public Health Nurse attended the fair at Vermilion, providing first aid service and showing a small health exhibit assembled for this purpose.

In October the Town of Camrose conducted a publicity week featuring a pre-school age clinic, at which 87 children were given complete physical examinations. One of our Public Health nurses assisted the local physicians in this work.

In November a Public Health nurse assisted at a tuberculosis clinic held in Leduc, at which forty suspects and contacts were examined.

Six new district nursing centres were opened early in the New Year, serving the following outlying districts: Smith, Tangent, Blueberry Mountain, Lindale, Hines Creek and Fort Assiniboine. A district nurse was appointed to serve in the district of Notikewin following the resignation of the Provincial physician stationed at that point.

Miss Hilda Fairhurst was appointed by the Department of Municipal Affairs to serve Local Improvement District No. 96 with Vauxhall as the centre, and Miss Firmande Primeau was appointed by the same Department to serve the Plamondon district. The work of each of these nurses has at the request of the Department of Municipal Affairs been supervised by the Public Health Nursing Branch.

A nurse was stationed in the Village of Enchant, serving that village and the adjoining district for a short period during the summer.

The following is the statistical report for the above mentioned group:

STATISTICAL REPORT (DISTRICT NURSING)

Home visits	3,121	Number vaccinated and inoculated	1,192
Office consultations	6,741	Pre-natal consultations	733
Number of dressings	1,706	Child welfare consultations	222
Number of medical cases	4,233	Child welfare visits	331
Number of surgical cases	766	Deaths (under 1 year)	24
Number of obstetrical cases	213	Deaths (over 1 year)	32
Number of abortions	28	Indigent cases sent to city	202
Number of pre-natal visits	319	Dental extractions	246
School children inspected	114	Visits to Indian Reserves	29

In each of the new districts established the people of the district have complied with the requirements of the Department, providing a cottage of not less than three rooms as a residence and office for the nurse. Particularly good work has been done this year in the construction and maintenance of these cottages, each nurse being comfortably housed. The nurse's cottage serves as a teaching centre for the community served.

In connection with Travelling Child Welfare Service, 47 clinics were held with a total attendance of 697 infants and 813 pre-school children. The service of this clinic was augmented by the appointment of a dietitian, whose services were very generously loaned to the Department by the University of Alberta Hospital. Nutrition discussions were held, consisting of one hour talks on the "Essentials of Normal Nutrition," followed by a free discussion of local problems. Individual consultations were held following the discussions. Planning and budgeting advice was also given when desired. It is considered that this type of service given for the first time in the Province is one of great value, and one which should be provided as a permanent feature of our child welfare work.

Number of points visited	23	Individual interviews	811
Attendance nutrition talks	312	Special diets advised	188

The Travelling Clinic visited 34 centres in the following order: Iron Springs, Enchant, Grassy Lake, Etzikom, Manyberries, Winnifred, Jenner, Cessford, Youngstown, Benton, New Brigden, Monitor, Metiskow, Gilt Edge, McLaughlin, Dewberry, Ardmore, Glendon, Ashmont, Lake Isle, McKay, Carrot Creek, Mosside, Fort Assiniboine, Neerlandia, Breton, Winfield, Dovercourt, Bergen, Abee, Boyle, Plamondon, Lac La Biche, and Wandering River.

The staff consisted of a surgeon in charge, a physician, two dentists, three nurses and two truck drivers. The following is the statistical report:

Children examined	5,105	Strippings	206
Recommended for T. & A's	1,990	Minor operations	20
Recommended for circumcision or strippings	575	Number of anaesthetics	1,258
Referred to physician	115	Number of anaesthetics for teeth only	378
Referred to hospital	32	Number vaccinated	1,185
Referred to Mental Hygiene Clinic	11	Number prescribed for (other than goitre)	146
T. & A. operations	888	Number goitre prescriptions	273
Number adult consultations	72		
Circumcisions	10		

DENTISTS' REPORT

Number of children examined	5,044
Number given treatment	2,149
Number of fillings (number of teeth)	651
Number of extractions (number of teeth)	2,238
Prophylaxis (number of children)	4

The pre-natal, post-natal and pre-school letters published by the Canadian Welfare Council were distributed by this office as in previous years, 4,419 sets of these letters being mailed during the year.

Health educational work has also been carried on by means of radio talks, public addresses, through the circulation of the Alberta Mother's Book, and other publications. Each nursing district has been visited by the Superintendent during the year.

Our sincere thanks are extended to the physicians who so generously gave of their time in connection with the work of the Child Welfare Clinics. I also wish to extend my appreciation to the various service clubs and philanthropic agencies for their splendid co-operation at all times.

Hospitals Division

(W. B. MILNE, C.A., *Supervisor of Municipal Hospitals and Secretary of the Department*)

The total number of hospitals approved under the provisions of The Hospitals Act of the Province of Alberta, as at the 31st of December, 1935, was 87.

The total grant paid to hospitals and homes for the year 1935 amounted to \$482,396.00.

The approved hospitals had a total bed capacity of 4,556, divided as follows: General, 2,422; maternity, 617; infants, 670; paediatrics, 308; isolation, 226; tuberculosis, 313.

On the basis of an estimated population in the Province of 770,000, we had one hospital bed for every 171 of the population, or 5.8 beds per thousand population; 77,338 patients were treated during the year and received 972,222 days' treatment. This means that in 1935 hospital treatment was provided for 10 per cent. of the population, or 1 in every 10 persons.

There was an average daily admission of patients to hospital of 211.9. The average number of days spent in hospital by each patient was 12.5.

If the isolation and Sanatorium cases and orthopaedic, S.C.R. and tuberculosis cases in the University Hospital were eliminated, this would be reduced to an average of 11.1. The average number of patients in hospital daily was 2,666.3, or 1 in every 288.8 of our population. Each bed provided accommodation for 21 patients during the year.

The nursing staff of the approved hospitals consisted of 524 graduate nurses, 669 pupil nurses and 228 other attendants.

There were 10 nurses' training schools in the Province, and the number of nurses who graduated during the year was 189. There were 14 dietitians employed.

During the year 9,567 maternity cases were cared for. These cases comprised 10.03 per cent. of the total cases admitted.

Living births were: Male 4,488; female, 4,339, making a total of 8,827. Multiple births totalled 79, and there were 235 stillborn.

The maternal deaths reported were 36, thus giving a total death rate of .36 per cent. of total maternity cases admitted, and 3.9 per thousand living births.

The living births in Alberta for 1935 were 16,183. Of this number, 54.5 per cent. took place in the Government approved hospitals.

The approved hospitals reported that 22,995 general anaesthetics were administered, and 4 deaths occurred from these.

There were 349 autopsies performed. Infections developed in hospital totalled 134, divided into: Medical 22, surgical 69; obstetrical: mothers 29, infants 14.

The number of communicable disease cases treated, excluding typhoid fever and tuberculosis, totalled 1,182. Typhoid fever numbered 73 and tuberculosis 940 (pulmonary 719, other forms 221).

Amongst other cases treated in hospital, there were 1,347 cardiac, 701 rheumatic, 533 goitre, 597 venereal, and 1,092 malignant.

There were 346 deaths within ten days of surgical operations, and 488 within 48 hours after admission. Communicable diseases accounted for 114 deaths.

The approved hospitals reported 144,050 laboratory examinations and 30,951 X-ray examinations.

The total operating expenditure of approved hospitals for the year 1935 was \$2,591,635.43, divided as follows: Administration, \$272,022.68; professional care, \$996,104.09; kitchen and dining room, \$593,500.89; general house and property, \$524,413.54; maintenance, \$205,594.23.

Earnings of these hospitals amounted to \$3,401,836.04.

On referring to the details of the earnings, a difference will be noted in the total amount shown as paid by Government grant and the amount stated previously in this report. This is accounted for by the fact that homes have not been included in this report, and quite a number of the hospitals presented financial statements covering a fiscal year which differs from the calendar year.

Of the earnings shown, \$474,174.50 was from Government grant; municipal and other grants, which included amounts paid by municipalities to take care of deficits, amounted to \$273,413.58. Patients' fees earned amounted to \$2,148,058.12; donations of cash and services were \$167,446.65; taxes for municipal hospital purposes were \$283,016.99; the sundry earnings amounted to \$55,726.20.

The average cost per patient day was \$2.88. Excluding the Isolation, Junior Red Cross, Sanatorium, University Hospital and hospitals operating incurable wards, the average cost was \$2.85. The average earnings per patient day was \$3.78; the average cost was divided as follows: Administration, 10.6%; professional care, 38.4%; kitchen and dining room, 22.8%; house and property, 20.2%; maintenance, 8%.

The statistical and financial information given in this report has been obtained from financial and statistical returns received from the approved hospitals for the year 1935.

The following statements are submitted giving the details of each approved hospital in the Province:

No. 1—Bed capacity, number of patients, number of days, nursing staff, etc.

No. 2—Nursing statistics, cases treated, anaesthetics, autopsies, etc.

No. 3—Expenses of administration, professional care, kitchen and dining room, house and property, maintenance, reserves and capital repayments.

No. 4—Revenues.

No. 5—Costs per patient day and earnings per patient day with percentage of costs under the different divisions of expenses.

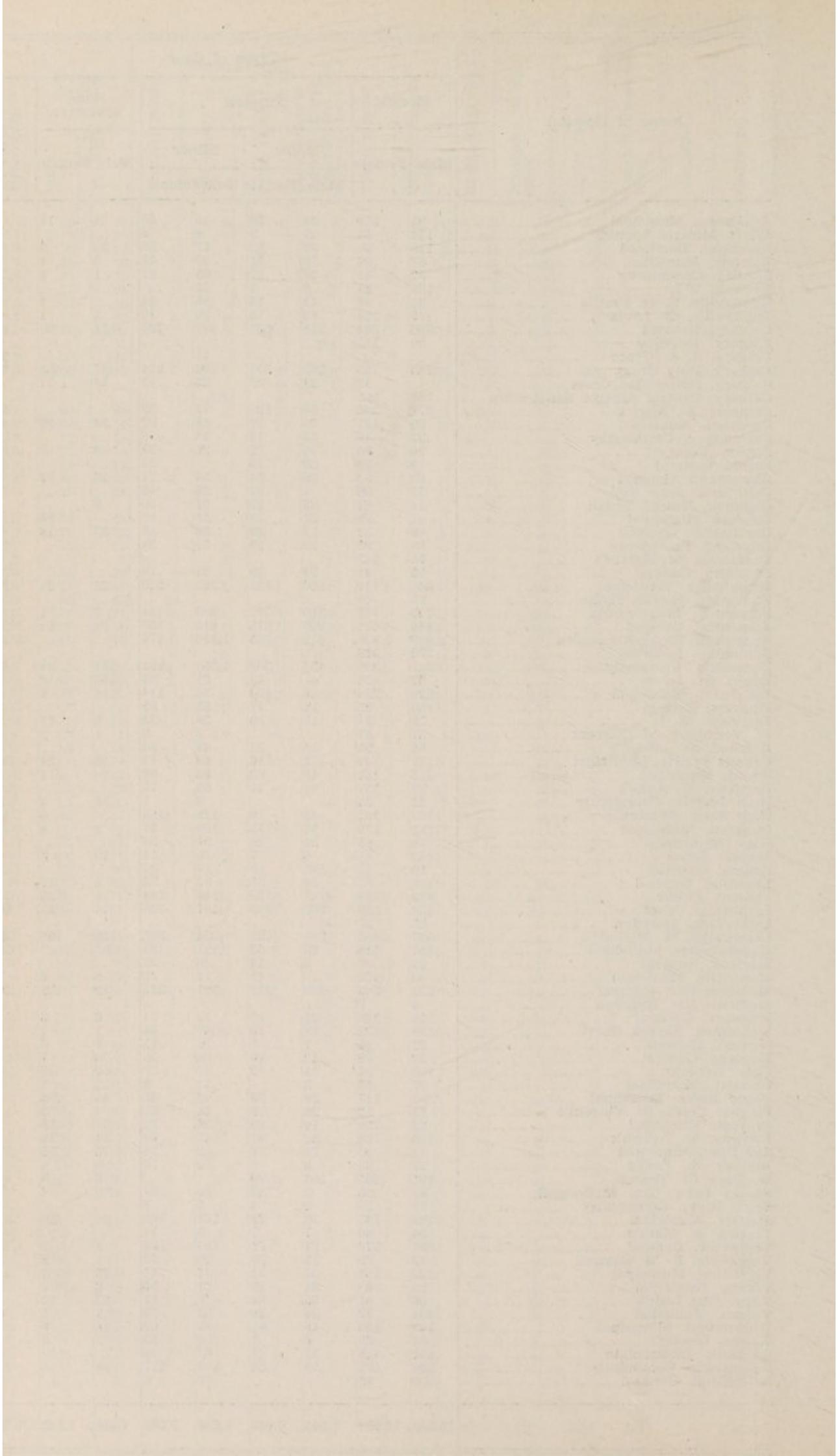
MUNICIPAL HOSPITALS

The statistics of Municipal Hospitals will be found with the other approved hospitals of the Province.

The number of Municipal Hospitals is the same as in 1934, there being 22 in operation as at December 31st, 1935.

The Myrnam Municipal Hospital District was established in 1935, but not ratified until 1936.

Edson, St. John's	26	5	5	1	37	4	8	20	5	383	311	7,615	11.3	20.8	5	1	No	No
Elk Point, Municipal	12	4	4	1	20	1	2	13	4	371	565	8,487	9.0	23.2	5	3	No	No
Empress, Cottage	12	4	5	1	22	1	8	17	5	238	240	3,482	7.4	9.5	3	No	No	
Fairview, W. I.	7	3	3	1	14	1	2	3	3	131	145	2,079	7.5	5.7	2	1	No	No
Fort Vermilion, St. Theresa	6	1	2	1	10	3	2	3	2	35	23	912	15.7	2.5	1	2	No	No
Galahad, St. Joseph's	10	6	4	4	24	4	8	8	4	451	166	2,349	11.6	33.4	4	1	No	No
Grande Prairie, Municipal	28	9	12	1	52	4	4	36	12	595	12,223	11.6	6.4	9	2	No	No	
Hanna, Municipal	28	7	10	4	51	4	4	41	10	372	459	8,616	10.3	23.6	8	4	No	No
Hardisty, St. Anne's	16	4	4	4	24	4	4	12	4	204	342	5,089	9.3	14.0	4	1	No	No
High Prairie, Community	4	2	3	3	9	2	1	3	3	52	73	1,132	9.0	3.1	2	1	No	No
High River, Municipal	26	12	7	4	49	4	38	7	408	564	9,134	9.4	25.0	8	No	No		
Innisfail, Municipal	30	8	8	4	46	4	8	38	8	348	528	10,814	12.3	29.6	5	3	No	No
Islay, Municipal	11	4	4	4	19	4	4	15	4	231	280	3,475	6.8	9.5	3	1	No	No
Jasper, Seton	10	3	3	1	18	3	4	6	3	164	77	3,097	12.8	8.4	3	2	No	No
Killam, General	6	4	3	1	14	2	3	6	3	77	126	1,670	8.2	4.6	3	1	No	No
Lacombe, General	10	4	4	1	18	5	2	7	4	174	270	3,455	8.8	9.4	4	1	No	No
Lamont, Public	50	8	8	7	78	9	22	39	8	815	1,125	21,804	11.2	59.7	4	11	Yes	Yes
Lethbridge, Galt	66	20	16	6	108	26	14	52	16	1,350	1,805	32,062	10.1	87.8	10	10	Yes	8
Lethbridge, Isolation	55	29	21	12	14	14	18	14	21	23	21	1,010	22.9	2.7	1	30	Yes	8
Lethbridge, St. Michael's	34	14	10	2	62	5	47	47	10	1,270	1,458	24,554	9.0	67.2	32	8	No	No
Lloydminster, Municipal	9	6	6	3	23	1	2	15	6	660	893	19,020	12.2	52.1	10	6	No	No
Macleod, General	9	6	6	3	24	4	3	15	6	153	220	4,182	11.2	11.4	3	3	No	No
Mannville, Municipal	84	22	22	9	141	16	10	93	22	986	1,456	26,063	10.6	71.4	7	7	Yes	10
Medicine Hat, General	13	6	6	1	30	4	6	14	6	174	230	3,805	9.6	10.4	2	2	No	No
Medicine Hat, Isolation	15	5	5	1	28	3	2	18	5	254	356	6,885	11.2	18.8	4	4	No	No
Mundare, General	5	3	3	1	14	4	2	5	3	54	68	1,536	12.6	4.2	3	3	No	No
McLennan, Sacred Heart	16	4	4	1	16	4	2	10	3	108	67	1,301	7.5	3.5	1	2	No	No
Nanton, General	6	4	4	1	14	2	5	3	4	214	245	3,197	6.9	8.7	3	1	No	No
Nordegg, General	6	3	3	1	14	2	2	9	4	69	118	1,803	9.7	4.9	2	1	No	No
Olds, General	6	3	3	1	14	2	2	12	4	193	293	5,777	11.8	15.8	5	1	No	No
Onoway, Municipal	13	8	8	4	25	5	9	7	4	147	197	2,864	8.3	7.8	4	1	No	No
Peace River, Municipal	15	5	5	1	28	3	2	18	5	254	356	6,885	11.2	18.8	4	4	No	No
Pincher Creek, St. Vincent's	5	3	3	1	14	4	2	5	3	54	68	1,536	12.6	4.2	3	3	No	No
Provost, Municipal	16	4	4	1	16	4	2	10	3	108	67	1,301	7.5	3.5	1	2	No	No
Radway, St. Joseph's	6	4	4	1	14	2	5	3	4	214	245	3,197	6.9	8.7	3	1	No	No
Red Deer, Municipal	6	3	3	1	14	2	2	9	4	69	118	1,803	9.7	4.9	2	1	No	No
Rimbey, St. Paul's	6	3	3	1	14	2	2	9	4	69	118	1,803	9.7	4.9	2	1	No	No
St. Paul, St. Theresa	6	3	3	1	14	2	2	9	4	69	118	1,803	9.7	4.9	2	1	No	No
Smoky Lake, Geo. McDougall	14	6	6	2	22	3	3	13	6	133	245	2,234	6.0	6.1	4	3	No	No
Spirit River, Community	6	2	2	1	8	2	2	6	2	36	60	653	6.8	1.7	2	2	No	No
Stettler, Municipal	20	5	10	2	37	4	3	20	10	405	621	8,991	8.7	24.6	8	3	No	No
Trochu, St. Mary's	12	7	4	2	25	7	6	8	4	110	147	2,803	10.9	7.6	2	3	No	No
Vegreville, General	31	12	10	5	60	7	14	29	10	596	752	11,349	8.4	31.0	6	3	Yes	4
Vegreville, R. M. Boswell	14	6	4	4	24	3	3	14	4	109	204	3,160	10.0	8.7	4	1	No	No
Vermilion, Municipal	16	10	8	4	38	30	8	30	8	290	425	8,776	12.2	24.0	6	1	No	No
Viking, Municipal	7	7	6	4	20	14	6	14	6	195	271	4,323	9.2	11.8	4	1	No	No
Vilna, Our Lady's	15	4	4	3	19	4	4	7	4	139	209	2,914	8.3	7.9	3	1	No	No
Vulcan, Municipal	7	4	4	3	27	4	4	21	6	205	267	4,149	8.9	11.3	6	1	No	No
Wainwright, Municipal	18	4	4	4	26	2	2	20	4	318	372	5,458	7.9	15.0	5	1	No	No



No.	Name	Age	Sex	Religion	Marital Status	Occupation	Income		Remarks
							Monthly	Annual	
1	John Doe	35	M	Catholic	Married	Teacher	1500	18000	
2	Jane Smith	28	F	Protestant	Single	Nurse	1200	14400	
3	Robert Brown	42	M	Methodist	Married	Engineer	2000	24000	
4	Mary White	30	F	Baptist	Married	Homemaker	800	9600	
5	William Black	55	M	Presbyterian	Widowed	Retired	1000	12000	
6	Elizabeth Green	25	F	Anglican	Single	Student	500	6000	
7	James Taylor	40	M	Evangelical	Married	Farmer	1100	13200	
8	Sarah Wilson	38	F	Quaker	Married	Librarian	900	10800	
9	Michael King	32	M	Seventh Day Adventist	Married	Software Engineer	1800	21600	
10	Anna Lee	45	F	Unitarian	Widowed	Accountant	1300	15600	
11	David Clark	20	M	Presbyterian	Single	Student	400	4800	
12	Linda Evans	33	F	Methodist	Married	Marketing	1400	16800	
13	Richard Hall	50	M	Anglican	Married	Business	1600	19200	
14	Patricia Young	27	F	Baptist	Single	Teacher	1100	13200	
15	Christopher King	48	M	Evangelical	Married	Construction	1700	20400	
16	Michelle Scott	31	F	Seventh Day Adventist	Married	Healthcare	1200	14400	
17	Kevin Adams	22	M	Unitarian	Single	Student	300	3600	
18	Stephanie Baker	36	F	Presbyterian	Married	Education	1000	12000	
19	Gregory Nelson	52	M	Methodist	Widowed	Retired	900	10800	
20	Rebecca Hill	29	F	Anglican	Married	Finance	1300	15600	
21	Anthony Green	41	M	Baptist	Married	Engineering	1500	18000	
22	Christina White	24	F	Evangelical	Single	Student	450	5400	
23	Timothy Black	37	M	Seventh Day Adventist	Married	IT	1400	16800	
24	Angela Gray	43	F	Unitarian	Married	Management	1600	19200	
25	Jonathan King	26	M	Presbyterian	Single	Student	350	4200	
26	Victoria Lee	34	F	Methodist	Married	Education	1100	13200	
27	Benjamin Clark	58	M	Anglican	Widowed	Retired	800	9600	
28	Olivia Evans	21	F	Baptist	Single	Student	250	3000	
29	Isaac King	46	M	Evangelical	Married	Business	1500	18000	
30	Grace Hill	39	F	Seventh Day Adventist	Married	Healthcare	1200	14400	
31	Samuel Green	23	M	Unitarian	Single	Student	200	2400	
32	Madeline White	35	F	Presbyterian	Married	Education	1000	12000	
33	Lucas Black	51	M	Methodist	Widowed	Retired	900	10800	
34	Chloe Gray	28	F	Anglican	Married	Finance	1300	15600	
35	Henry King	44	M	Baptist	Married	Engineering	1500	18000	
36	Isabella White	25	F	Evangelical	Single	Student	400	4800	
37	Robert King	49	M	Seventh Day Adventist	Married	IT	1400	16800	
38	Amelia Hill	32	F	Unitarian	Married	Management	1600	19200	
39	William King	27	M	Presbyterian	Single	Student	300	3600	
40	Charlotte Lee	36	F	Methodist	Married	Education	1100	13200	
41	George Clark	53	M	Anglican	Widowed	Retired	800	9600	
42	Lucy Evans	20	F	Baptist	Single	Student	200	2400	
43	Frank King	47	M	Evangelical	Married	Business	1500	18000	
44	Joseph Hill	38	F	Seventh Day Adventist	Married	Healthcare	1200	14400	
45	Harold Green	22	M	Unitarian	Single	Student	250	3000	
46	Elizabeth King	40	F	Presbyterian	Married	Education	1000	12000	
47	Arthur Black	54	M	Methodist	Widowed	Retired	900	10800	
48	Anna King	29	F	Anglican	Married	Finance	1300	15600	
49	Charles White	42	M	Baptist	Married	Engineering	1500	18000	
50	Madison Gray	24	F	Evangelical	Single	Student	450	5400	

No. 4—REVENUE OF ALBERTA HOSPITALS, 1935

Name of Hospital	Grants		Patients' Fees	Donations, Cash and Services	Tax Requisitions	Sundry Earnings	Total Earnings
	Alberta Government	Municipal and others					
Athabasca, Municipal	\$ 3,288.00		\$ 10,107.48	\$ 3,634.49	\$ 9,570.92	\$ 916.53	\$ 23,882.93
Banff, Mineral Springs	2,510.00		16,545.62			1,051.32	23,741.43
Barrhead	3,009.50		14,596.05				17,605.55
Bassano, Municipal	2,321.50		8,436.05	726.00	7,046.85	2,414.13	20,944.53
Bentley, Community	1,011.00		6,052.00	76.00			7,139.00
Berwyn, W.I.	790.00		3,220.60	9.75	1,658.34	15.75	5,694.44
Bonnyville, K.H.P.	1,383.50		4,599.00	5,572.50		279.66	11,834.66
Bonnyville, St. Louis	2,203.00		6,355.00	5,017.87		93.37	13,575.87
Calgary, General	34,232.50	\$ 32,969.64	148,452.89				215,748.40
Calgary, Isolation	2,524.50	21,799.40	429.70				24,753.60
Calgary, Smallpox		328.96					328.96
Calgary, S. A. Grace	2,807.00	750.00	4,711.42				8,268.42
Calgary, Holy Cross	25,471.50	3,200.00	162,647.10	33,316.78			224,635.38
Calgary, Junior Red Cross	8,149.00		7,358.79	983.73			15,507.79
Camrose, St. Mary's	4,033.00		25,212.98				30,229.71
Cardston, Municipal	2,640.00		5,699.95		9,357.47	1,312.31	19,609.73
Carmangay	675.50		3,381.85				4,057.35
Castor, Rosary	1,673.00		6,416.25	1,745.24			9,834.49
Cereal, General	819.00		2,307.00			497.72	3,623.72
Clareholm, General	1,947.00		10,497.89	20.00		36.25	13,051.14
Cold Lake, John Neil	1,313.00	550.00	8,609.59	123.45		306.41	11,509.95
Coleman, Miners' Union	1,465.50	1,157.50	1,421.21	297.00		8,881.78	12,065.49
Consort, Municipal	2,205.50		6,000.30		6,632.56	76.50	14,914.86
Coronation, General	1,744.50		8,740.50	100.00		83.25	10,668.25
Daysland, Providence	1,186.00		10,116.49	734.29			12,036.78
Desmarais, St. Martin's	250.00	3,568.75		76.57			3,895.32
Didsbury, General	1,241.50	600.00	7,476.95	151.11			9,469.56
Drumheller, Municipal	11,176.50		20,076.68		47,410.12	2,648.60	81,311.90
Edmonton, Beulah Home	2,467.50	3,180.25	4,241.62	2,793.68		551.08	13,234.13
Edmonton, General	19,358.00	7,650.00	121,956.78	591.29			149,556.07
Edmonton, Misericordia	19,101.50	8,930.35	106,286.49				166,204.00
Edmonton, Royal Alexandra	53,636.00	71,145.81	280,460.56	31,885.66			405,242.37
Edmonton, Isolation	10,695.50	32,572.93	46,847.29				90,115.72
Edmonton, University	82,946.00	38,261.25	362,570.02				483,777.27
Edson, St. John's	3,807.50	2,500.00	20,067.10	4,327.31			30,701.91
Elk Point, Municipal	4,243.50		10,259.70		10,282.68		24,785.88
Empress, Cottage	1,741.00		9,523.45	84.50			11,348.95
Fairview, W.I.	1,039.50		5,406.75				6,460.66
Galahad, St. Joseph's	1,174.50		4,147.96	2,037.12		14.41	7,359.58
Grande Prairie, Municipal	6,111.50		16,094.70	25.00	25,948.25	422.24	48,601.69

DEPARTMENT OF PUBLIC HEALTH

No. 4—REVENUE OF ALBERTA HOSPITALS, 1935—Continued

Name of Hospital	Grants		Patients' Fees	Donations, Cash and Services	Tax Requisitions	Sundry Earnings	Total Earnings
	Alberta Government	Municipal and others					
Hanna, Municipal	\$ 4,308.00		\$ 14,048.28	\$ 10.00	\$ 25,981.54	\$ 2,644.26	\$ 46,992.08
Hardisty, St. Anne's	2,544.50		16,214.50	1,200.00			19,959.00
High Prairie, Community	566.00		1,878.00				2,444.00
High River, Municipal	4,567.00		13,687.05		18,500.00	1,791.91	38,545.96
Innisfail, Municipal	5,407.00		14,494.79		14,621.00	877.00	35,399.79
Islay, Municipal	1,737.50		3,579.75		8,000.00	76.78	13,394.03
Jasper, Seton	1,549.00	\$ 2,500.00	11,151.50	2,744.39			17,944.89
Killam, General	835.00		2,979.65	1,625.95			5,440.60
Lacombe, General	1,727.50		8,965.20	171.27			11,074.09
Lamont, Public	10,902.00	14,426.50	53,647.47			1,389.00	80,364.97
Lethbridge, Galt	16,031.00	1,738.43	78,905.17	25.00			96,699.60
Lethbridge, Isolation	505.00	1,722.62	956.00				3,183.62
Lethbridge, St. Michael's	11,954.50		75,576.69	13,956.00		3,679.25	105,166.44
Lloydminster, Municipal	5,054.50	4,082.50	40,382.00	170.00		510.44	50,199.44
Macleod, General	880.00		4,311.70			11,354.70	16,546.40
Manville, Municipal	2,091.00		4,510.50	1,079.68	8,831.00	135.01	15,567.51
Medicine Hat, General	13,031.50	8,868.97	66,159.98			979.20	90,119.33
Medicine Hat, Isolation	112.50	1,188.72					1,301.22
Mundare, General	1,902.50		5,598.48	5,043.90		740.24	13,285.12
McLennan, Sacred Heart	3,442.50		19,462.40	5,420.00		424.00	28,748.90
Nanton, General	768.00		4,868.00				5,636.00
Nordegg, General	650.50		9,989.50			140.00	10,780.00
Olds, General	1,598.50		9,915.35	10.00			11,523.85
Onoway, Municipal	901.50		1,538.75		5,646.10	43.17	8,129.52
Peace River, Municipal	2,888.50		12,401.90	14.88	12,567.39	719.60	28,592.27
Pincher Creek, St. Vincent's	1,432.00		7,804.95	666.64			9,903.59
Provost, Municipal	2,785.50		7,474.14		11,759.00	136.51	22,155.15
Radway, St. Joseph's	2,464.00		10,618.10	3,990.93		546.54	17,619.57
Red Deer, Municipal	3,172.00		16,995.15		1,338.24	2,305.62	23,831.01
Rimbeey, St. Paul's	1,942.50		8,181.60	3,260.29			13,384.39
St. Paul, St. Theresa	2,769.50		11,059.45	6,532.36			20,361.31
Smoky Lake, Geo. McDougall	1,117.00	4,208.25	2,529.02			77.67	7,931.94
Spirit River, Community	326.50						326.50
Stettler, Municipal	4,495.50		13,375.64		14,272.80	787.82	32,931.76
Trochu, St. Mary's	1,401.50	300.00	4,840.50	3,397.40			9,939.40
Vegreville, General	5,674.50		24,927.50	8,692.45		120.00	39,414.45
Vegreville, R. M. Boswell	1,580.00	5,012.75	3,036.92			22.55	9,652.22
Vermilion, Municipal	4,388.00		9,557.40		11,518.00		25,609.29
Viking, Municipal	2,161.50		5,912.22		7,428.74		15,792.68
Vilna, Our Lady's	1,457.00	200.00	5,357.75	2,110.35		201.00	9,326.10

Vulcan Municipal	2,074.50	5,800.00	15,597.37	388.23	23,860.10
Wainwright, Municipal	2,729.00	9,414.75	8,328.62		20,472.37
Wayne, General	1,447.50	4,635.07		2,908.00	8,990.57
Westlock, Immaculata	2,310.50	11,204.50		175.16	16,811.76
Wetaskiwin, Community	3,631.00	18,237.98		5.00	21,873.98
Willington, General	466.50	1,899.90		2,300.00	7,181.83
	\$ 474,174.50	\$ 2,148,058.12	\$ 283,016.99	\$ 55,726.20	\$ 3,401,836.04

ALBERTA GOVERNMENT GRANT:

Edmonton, University:

General Grant

Special Grant

\$62,946.00

20,000.00

\$82,946.00

MUNICIPAL GRANTS:

Calgary General is the amount charged to the Calgary mill rate.

Calgary Isolation is the amount charged to the Calgary mill rate.

Edmonton Royal Alexandra, City funds to make up deficit.

Edmonton Isolation, City funds to make up deficit.

Edmonton University:

City of Edmonton

University of Alberta

Municipal District

\$15,457.50

17,500.00

5,303.75

38,261.25

TAX REQUISITION:

Lloydminster Municipal (Alberta Board)

21,000.00

SUNDRY EARNINGS:

Daysland, Providence, includes Revenue from incurable wards.

Macleod, General, includes Revenue from incurable wards.

No. 5—COST OF ALBERTA HOSPITALS, 1935

Name of Hospital	Per Patient per Day Exclusive of Capital and Reserve	Percentage of Cost					Earnings, including grants and contri- butions from Municipalities per patient per day \$3.65
		Adminis- tration %	Professional Care %	Kitchen and Dining Room %	House and Property %	Maintenance %	
Athabasca, Municipal	\$2.47	11.0	40.1	20.0	24.0	4.9	\$3.65
Banff, Mineral Springs	3.26	5.1	28.1	41.2	20.3	5.3	4.72
Barrhead	1.96	3.1	36.1	28.8	21.0	21.0	2.92
Bassano, Municipal	3.86	12.5	34.8	19.1	27.9	5.7	4.51
Bentley, Community	2.15	4.3	55.7	29.5	7.0	3.5	3.53
Berwyn, W.I.	2.76	9.6	49.3	17.2	14.5	9.4	3.60
Bonnyville, K.H.P.	4.00	3.5	41.7	22.6	8.8	23.4	4.27
Bonnyville, St. Louis	1.75	2.7	46.5	20.2	22.5	8.1	3.08
Calgary, General	2.93	8.6	36.9	23.2	26.5	4.8	3.15
Calgary, Isolation	3.92	20.8	31.1	21.3	20.0	6.8	4.90
Calgary, S. A. Grace	1.77	9.7	30.9	26.6	14.4	18.4	1.47
Calgary, Holy Cross	2.91	12.9	33.5	23.7	23.2	6.7	4.40
Calgary, Junior Red Cross	1.68	2.5	48.5	33.4	13.4	2.2	1.88
Camrose, St. Mary's	2.81	12.9	33.9	24.5	23.9	4.8	3.74
Cardston, Municipal	3.10	9.5	44.8	26.7	12.7	6.3	3.71
Carmangay	2.42	2.1	51.8	37.5	6.4	2.2	3.00
Castor, Rosary	3.15	5.3	34.7	24.1	18.6	17.3	2.94
Cereal, General	2.15	4.1	52.3	29.3	9.5	4.8	2.21
Clareholm, General	2.64	3.0	50.6	17.5	19.9	9.0	3.35
Cold Lake, John Neil	2.77	1.3	42.7	20.9	24.1	11.0	4.38
Coleman, Miners' Union	3.71	7.1	33.1	26.3	19.9	13.6	4.11
Consort, Municipal	2.28	8.6	46.9	23.1	19.2	2.2	3.38
Coronation, General	2.17	5.3	38.3	29.4	24.7	2.3	3.05
Daysland, Providence	4.78	5.0	22.3	32.3	30.1	10.3	5.07
Desmarais, St. Martin's	6.33	2	36.8	17.0	27.6	18.4	6.61
Didsbury, General	3.21	6.8	42.4	19.7	21.7	9.4	3.81
Drumheller, Municipal	2.95	8.8	40.3	22.2	20.0	8.7	3.64
Edmonton, Beulah Home	2.30	18.6	24.2	20.1	22.0	15.1	2.68
Edmonton, General	3.97	10.0	37.2	22.2	17.2	13.4	3.86
Edmonton, Misericordia	4.24	22.2	31.6	20.4	14.5	11.3	4.35
Edmonton, Royal Alexandra	2.99	12.4	39.3	19.7	23.4	5.2	3.77
Edmonton, Isolation	2.89	15.8	32.4	21.8	25.3	4.21	4.21
Edmonton, University	3.25	9.1	46.5	21.5	15.9	7.0	4.38
Edson, St. John's	2.34	3.7	40.5	27.8	23.6	4.4	4.03
Elk Point, Municipal	2.09	11.0	34.5	21.7	20.5	12.3	2.92
Empress, Cottage	2.02	6.4	47.4	26.2	17.4	2.6	3.26
Fairview, W.I.	2.88	2.8	49.6	29.4	9.9	8.3	3.10
Fort Vermillion, St. Theresa	5.15	9.0	19.3	14.8	20.4	36.5	5.92
Galahad, St. Joseph's	2.77	9.2	38.2	18.9	23.6	10.1	3.13

Grande Prairie, Municipal	2.73	12.8	39.2	25.3	15.4	7.3	3.94
Hanna, Municipal	2.73	14.1	34.0	22.3	24.5	5.1	5.45
Hardisty, St. Anne's	1.86	3.7	32.5	29.5	23.4	10.9	3.92
High Prairie, Community	1.92	9	25.3	53.4	8.6	11.8	2.15
High River, Municipal	2.73	9.4	37.8	24.5	19.6	8.7	4.22
Innisfail, Municipal	1.88	12.7	39.1	23.5	20.0	4.7	3.27
Islay, Municipal	3.14	10.5	37.0	20.2	20.8	11.5	3.56
Jasper, Seton	3.15	2.3	29.9	39.5	25.3	3.0	5.79
Killam, General	2.30	4.6	35.9	22.3	16.3	20.9	3.25
Lacombe, General	2.70	5.0	49.3	24.1	16.2	5.4	3.20
Lamont, Public	2.39	11.4	32.5	22.4	24.5	9.2	3.67
Lethbridge, Galt	2.54	9.5	36.1	25.6	20.7	8.1	3.01
Lethbridge, Isolation	2.25	5.5	47.8	31.4	10.2	5.1	3.15
Lethbridge, St. Michael's	2.22	8.8	41.1	27.1	20.9	2.1	4.39
Lloydminster, Municipal	3.22	7.7	36.6	27.2	21.7	6.8	4.96
Macleod, General	1.38	7.1	30.8	34.4	16.1	11.6	1.51
Manville, Municipal	2.72	9.8	35.0	22.1	15.7	17.4	3.72
Medicine Hat, General	2.07	9.8	37.5	24.4	26.8	1.5	3.45
Medicine Hat, Isolation	5.65	2.3	54.4	24.3	14.5	4.5	5.78
Mundare, General	2.01	5.5	41.8	24.8	26.0	1.9	3.49
McLennan, Sacred Heart	3.09	2.7	30.9	26.0	17.2	23.2	4.18
Nanton, General	2.43	3.5	39.4	4.19	9.0	6.2	3.67
Nordegg, General	8.20	.3	64.0	22.4	4.6	8.7	8.28
Olds, General	2.67	6.5	44.2	24.5	14.0	10.8	3.60
Onoway, Municipal	3.29	8.2	48.3	26.1	12.4	5.0	4.50
Peace River, Municipal	2.91	13.4	34.3	19.5	20.7	12.1	4.94
Pincher Creek, St. Vincent's	2.94	1.6	36.8	14.1	18.5	2.90	3.45
Provost, Municipal	2.79	7.9	36.6	29.1	20.8	5.6	3.97
Radway, St. Joseph's	2.80	5.6	31.2	22.4	17.7	23.1	3.57
Red Deer, Municipal	2.91	9.5	40.7	18.2	20.2	11.4	3.75
Rimbey, St. Paul's	2.00	4.2	39.5	19.7	26.6	10.0	3.44
St. Paul, St. Theresa	2.78	13.2	34.0	20.4	22.9	9.5	3.67
Smoky Lake, Geo. McDougall	4.08	2.3	44.3	22.3	27.0	3.6	3.55
Stettler, Municipal	2.32	12.4	39.9	21.3	18.0	8.4	3.66
Trochu, St. Mary's	2.95	6.4	41.7	22.0	21.2	8.7	3.54
Vegreville, General	2.39	2.7	42.4	26.2	20.1	8.6	3.47
Vegreville, R. M. Boswell	3.30	2.7	52.2	15.6	21.7	7.8	3.05
Vermillion, Municipal	2.06	8.2	35.7	25.7	22.3	8.1	2.92
Viking, Municipal	2.76	13.0	42.1	22.2	17.6	5.1	3.65
Vilna, Our Lady's	2.56	7.0	38.0	25.3	21.8	7.7	3.20
Vulcan, Municipal	3.46	11.2	36.1	25.7	22.5	4.5	5.75
Wainwright, Municipal	2.55	11.9	44.2	25.3	14.7	3.9	3.75
Wayne, General	2.10	12.4	34.5	28.1	17.3	7.7	3.10
Westlock, Immaculata	2.05	2.4	42.4	24.3	22.8	8.1	3.63
Wetaskiwin, Community	2.64	12.0	41.0	21.5	16.2	9.3	3.01
Willington, General	1.87	4.7	46.3	33.5	14.7	.8	7.69
Average	\$2.88	10.6	38.4	22.8	20.2	8.0	\$3.78
Eliminating Isolation, Junior Red Cross, Sanatorium, University, and hospitals operating Incurable Wards	\$2.85						

Division of Social Hygiene

(HAROLD ORR, O.B.E., M.D., D.P.H., *Director*)

The educational work by lecture, radio broadcast and distribution of literature has been continued. The beneficial results of the efforts of the branch during the past sixteen years are now quite definitely apparent in the marked reduction in the incidence of syphilis. Our gaol population is a controlled one; there have been blood tests of all admissions since 1920, and these prove that whereas in 1920 nearly 16% of all persons admitted to gaol were syphilitic, there has been a gradual reduction until in 1935 only 5% were syphilitic. Since it is conceded that the gaol population of a country is more highly syphilized than the normal civil population, in the proportion of about three to one, it would appear that the incidence of syphilis in this Province has now reached a very low point.

The following figures briefly indicate the work done in the various clinics during the year:

PROVINCIAL CLINIC, 9912 103rd Avenue, Edmonton

Number of Patients	762
Sexes of Patients: Male	563
Female	199

CLASSIFICATION OF THEIR DISEASES

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	235	328	.....	563
Female	132	67	.....	199
Totals.....	367	395	.....	762

Number and results of Wassermann tests: 2890 tests, of which 809 were positive.

Number and results of Cerebrospinal fluid tests: 117 tests, of which 33 were positive.

PROVINCIAL CLINIC, 713 3rd Street East, Calgary

Number of Patients	1141
Sexes of Patients: Male	850
Female	291

CLASSIFICATION OF THEIR DISEASES

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	266	584	.....	850
Female	131	160	.....	291
Totals.....	397	744	.....	1141

Number and results of Wassermann tests: 2,196 tests, of which 497 were positive.

Number and results of Cerebrospinal fluid tests: 44 tests, of which 9 were positive.

PROVINCIAL CLINIC, General Hospital, Medicine Hat

Number of Patients	27
Sexes of Patients: Male	21
Female	6

CLASSIFICATION OF THEIR DISEASES

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	9	11	1	21
Female	6	.....	.....	6
Totals.....	15	11	1	27

Number and results of Wassermann tests: 131 tests, of which 73 were positive.

Number and results of Cerebrospinal fluid tests: 6 tests, of which 6 were positive.

PROVINCIAL CLINIC, Galt Hospital, Lethbridge

Number of Patients	104
Sexes of Patients: Male	83
Female	21

CLASSIFICATION OF THEIR DISEASES

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	53	28	2	83
Female	17	4	.....	21
Totals.....	70	32	2	104

Number and results of Wassermann tests: 241 tests, of which 49 were positive.
 Number and results of Cerebrospinal fluid tests: 17 tests, of which 2 were positive.

PROVINCIAL CLINIC, High Prairie—January to May, 1935

Number of Patients	19
Sexes of Patients: Male	13
Female	6

CLASSIFICATION OF THEIR DISEASES

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	6	7	.....	13
Female	5	1	.....	6
Totals.....	11	8	.....	19

Number and results of Wassermann tests: 38 tests, of which 5 were positive.

PROVINCIAL GAOL, LETHBRIDGE

Number of Patients	82
Sexes of Patients: Male	82

CLASSIFICATION OF THEIR DISEASES

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	36	46	.....	82

Number of results of Wassermann tests: 376 tests, of which 58 were positive.
 Number and results of Cerebrospinal fluid tests: 8 tests, all of which were negative.

PROVINCIAL GAOL, Fort Saskatchewan

Number of Patients	123
Sexes of Patients: Male	60
Female	63

CLASSIFICATION OF THEIR DISEASES

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	38	22	.....	60
Female	44	19	.....	63
Totals.....	82	41	.....	123

Number and results of Wassermann tests: 1,277 tests, of which 125 were positive.

CASES REPORTED BY DOCTORS IN THE PROVINCE

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	30	59	1	90
Female	14	11	.....	25
Totals.....	44	70	1	115

RECAPITULATION

Of patients treated by the staff of the Division of Social Hygiene during the year 1935:

	Syphilis.	Gonorrhoea.	Chancroid.	Totals.
Male	643	1026	3	1672
Female	335	251	.....	586
Totals.....	978	1277	3	2258

TOTAL: 2,258.

INCIDENCE OF VENEREAL DISEASE IN OUR GAOL POPULATION

Provincial Gaol, Lethbridge:

Number of Male admissions, 1,044.	
Number of Male Patients	82, or 7.85% of all admissions.
No. of cases of Syphilis	36, or 3.45% of all admissions.
No. of cases of Gonorrhoea.....	46, or 4.4% of all admissions.

Provincial Gaol, Fort Saskatchewan:

Number of Male admissions, 1,099.	
Number of Male Patients	60, or 5.45% of all admissions.
No. of cases of Syphilis	38, or 3.45% of all admissions.
No. of cases of Gonorrhoea.....	22, or 2% of all admissions.
Number of Female admissions, 115.	
Number of Female Patients	63, or 54.7% of all admissions.
No. of cases of Syphilis	44, or 38.2% of all admissions.
No. of cases of Gonorrhoea.....	19, or 16.5% of all admissions.

Sanitary Engineering Division

(D. B. MENZIES, B.Sc., C.E., *Provincial Sanitary Engineer*)

On April 1, 1935, the vacancy created through the resignation of Mr. R. B. Owens, as Provincial Sanitary Engineer was filled by the appointment of the writer to that position. During the remainder of the year an attempt was made to visit as many municipalities in the Province as possible, with a view to acquainting himself with the work directly related to the Sanitary Division of the Department of Health over which he has assumed control.

Because of economic conditions and because of the fact that the staff of this Division was reduced during the year, the work carried out was less than that of the preceding year. Very little sewerage or waterworks construction was carried out throughout the Province. The following Provincial Board of Health certificates were issued as required under Sections 10 to 15 (inclusive) of The Public Health Act:

Edmonton, No. 386/35—Storm Sewer Construction. Estimated cost, \$16,800.00.
Calgary, No. 387/35—Sewer Extensions. Estimated cost, \$5,520.82.

Plans of new hospitals as well as proposed changes in existing institutions were considered by the Division, and recommendations in connection with the same were made where necessary.

Progress with respect to the betterment of dairy conditions and in the methods of handling milk products has been very encouraging. This has, in a large measure, been due to an effort on the part of the Department inspectors to educate the different health boards and dairymen throughout the Province concerning the requirements of the Provincial Department of Health Regulations respecting Dairy farms, Milk plants, Fluid milk and Table cream. Approximately 3,500 dairy cattle were tuberculin tested during the year, which represented about 9% of the dairy cattle in the Province providing milk for table use. Particularly noteworthy in improvement was the City of Lethbridge, the quality of the milk and the general cleanliness of the barns and dairy facilities having been markedly bettered during the year.

Some towns and villages have made little effort toward providing better milk supplies, essentially because public opinion has not been strong enough to insist upon improvements. It is unfortunate in the case of some of the towns in the Province that the Boards of Health and the people generally do not appreciate the efforts being made by one or two dairymen in their municipality. By giving their support in eliminating unfair competition from cow owners with make-shift dairy facilities and unsanitary barns and who make a practice of selling milk during the summer months when feed is cheap, much more could be accomplished in improving the quality of the local milk supply.

During the year the inspection staff of the Division was reduced to one full-time inspector and one part-time inspector, whose time was divided between sanitary matters and purchasing duties for the different Provincial institutions.

In 1935, 104 health districts were visited and inspected, both as a result of complaints and in the course of general routine inspection. Because it will be impossible to give each city, town or village in the Province an inspection during the coming year, the policy of the Department will naturally have to be

to provide inspections where specific requests were made. Ten inspections of lumber and tie camps were also made by the Department inspector. Requests from towns and villages for assistance from the Department in selecting waste disposal grounds, cemeteries, etc., were, on the whole, quickly acceded to. Assistance was also rendered various municipalities by the inspectors in the control of communicable diseases.

During the year 500 reports on the analyses of water and ice made by the Director of the Provincial Laboratory were received by the Department, and in the case of contaminated samples suggestions were sent out as to the methods by which the wells or other sources of water supply could be cleared up so as to reduce to a minimum the possibility of the spread of water-borne disease. Regulations concerning the control of hydrocyanic acid gas as a means of disinfestation were drawn up by the Department. Food and drink Regulations were brought into effect in accord with the Department's policy of revising its different sets of Regulations, some of which have become considerably out of date. Amendments were also made to a number of other Regulations.

Continuing its policy of advising residents of rural districts in regard to modernization of their homes, considerable literature and a number of plans in connection with well construction, sewage disposal, house and school heating, etc., were mailed out upon request to individuals interested in the above problems.

Growth in many Alberta towns has brought them to the position where their populace must soon consider the installation of water and sewer systems. Once economic difficulties can be overcome, there should be quite a boom in this type of construction throughout the Province. It is certainly to be hoped that before long these municipalities will be able to provide the forementioned utilities so necessary to modern civilization.

Dental Hygiene Division

(A. E. HEACOCK, L.D.S., D.D.S.)

Dental service was provided for the four Provincial institutions. There is a full-time dentist on the staff of the Provincial Mental Hospital at Ponoka. The four institutions served by this division are The Central Alberta Sanatorium, the Provincial Mental Institute, the Provincial Auxiliary Mental Hospital, and the Provincial Training School for mental defectives.

The number of new patients admitted to the Sanatorium makes it advisable to visit that institution at frequent intervals, and an endeavour is made to do this at least every six weeks. During the summer months when the travelling operating clinic was in the field, Dr. Gordon Sutherland, of Edmonton, did part-time duty at the Sanatorium.

The travelling clinic was in the field from May 17th to October 2nd, and visited 34 centres. The value of this service becomes apparent when personal contact is made with people living in remote districts far removed from medical and dental services. Dr. H. A. Gilchrist was again a member of the clinic staff.

During the winter months a series of radio broadcasts over CKUA was given by Dr. Gilchrist.

A summary of the dental work done during the year will be found in the reports of the various institutions and in that of the Nursing Branch.

Mental Health Division

(C. A. BARAGAR, M.D., *Commissioner of Mental Institutions
and Director of Mental Health*)

Separate reports are submitted for each branch of this division:

Eugenics Board,

Mental Health Clinics,

Provincial Hospital, Ponoka, including Provincial Auxiliary Hospital,
Claresholm,

Provincial Mental Institute, Edmonton,

Provincial Training School, Red Deer.

The institutional population again shows a definite increase. On January 1st, 1935, this stood at 2,141, males 1,365, females 776, and on December 31st, 1935, at 2,280, males 1,447, females 833, an increase of 139—males 82, females 57.

From the time the first Provincial Mental Hospital was opened in 1911 there has been a steady increase in population of from 5% to 8% annually over the preceding year, which means on an average a progressive absolute increase in numbers each year.

During the same period the ratio of hospitalized mental patients to population has shown a steady increase from 156 per 100,000 in 1921, to 283 in 1935. While this is serious and should inspire serious thought with respect to prevention, it need not cause undue alarm, as even yet Alberta stands second lowest in this respect among the provinces of Canada. This latter fact suggests that further increases may be expected, there being no reason to suppose that Alberta is in reality more favoured than the majority of the other provinces with respect to the incidence of mental disease and mental defect.

Admission rates as well as residence rates have arisen in recent years. In 1935 there were 768 admissions to all mental institutions as compared with 756 in 1934. The rise in admission rates in 1934 and 1935 is due in part to the greater number of early, mild or temporary cases seeking such assistance as the mental hospitals are able to provide, as shown by the rising proportion of voluntary admissions; and in part to the greater number of mental defectives who are being forced into the institutions for one reason or another. Largely on account of this last group, the acceleration in discharges is not keeping pace with the acceleration in admissions.

Congestion continues to prevail at all institutions, particularly at the Provincial Mental Hospital and the Provincial Training School, at both of which the acute stage was reached some time ago. This congestion results in the reduction below the minimum required of cubic air space in some wards, in the reduction of the ratio of staff to patients below the accepted standard, and seriously interferes with effective supervision and control, and the effective application of therapeutic and sanitary measures.

The needs of the mentally sick cannot be fully served without a separate admission and active treatment unit at the Provincial Mental Hospital. For

such a unit there is an urgent need, and so also for infirmary units at the Provincial Mental Institute and the Provincial Training School. These three additional units would do much to relieve the present congestion, and provide in a measure for future needs. The addition of an active treatment unit at Oliver, thus converting that institution into an active hospital, would do much to relieve the heavy pressure of admissions at Ponoka.

The pressure of urgent applications and the growing accumulation of defectives at Ponoka especially, make the provision of more accommodation for such cases of prime importance. At the same time, the provision of more adequate training facilities for the higher grades of defectives would enable them to become more self-supporting within or without the training school. Such training is, in fact, the only type of training suitable for their needs.

The problem of mental deficiency becomes more acute year by year. From the institutional point of view it is an important factor in the overcrowded conditions prevailing in the institutions. Many of the defectives admitted to the Mental Hospital rightly belong to the Training School, but cannot be admitted owing to the already overcrowded conditions prevailing at that institution. An institution designed for the care of defective delinquents would greatly ease the situation from the institutional point of view, and would also conform to the most advanced practice relative to the mental defective problem.

Relative to the question of overcrowded conditions in mental institutions, the proper institutional care of the quieter type of senile patients is presenting itself as a new problem. In Alberta, as in the other prairie provinces, an ever-increasing percentage of the general population is falling into the older age groups, and this trend will continue for a long time. This will result in a steady increase in this type of patient. An institution specially adapted for their care would give considerable relief to other institutions.

The facilities provided by the psychopathic ward, University Hospital, which was closed in 1933, has been greatly missed. Its functions not only as a suitable centre for the observation and treatment of mild, borderline and doubtful cases and even more active cases, but as a teaching centre cannot be adequately filled in any other way.

In addition to the mental hygiene clinics previously established at Edmonton, Calgary and Medicine Hat, a new clinic centre was established during 1935 in Drumheller, where two clinics were held. Splendid co-operation has been given in connection with this work in all clinic centres. During the year 363 new cases have been dealt with at all clinics.

As has been pointed out in previous reports, this work could be extended with great benefit to the general public. In addition to the service given to the public and to the medical profession, the work of the clinics has already demonstrated its economic value. Many cases are presented at these clinics who would, in the ordinary course of events, have to be admitted to mental institutions if the advice and instruction of the psychiatrists in charge were not available.

The report of the Eugenics Board shows that a total of 220 cases were presented to and passed by the Board in 1935, and that 84 operations were performed.

Radio talks over CKUA were given during the year by various members of the institutional staff on subjects related to mental health. It is gratifying to note the increased interest of the public in mental hygiene, and also the more intelligent conception of the nature of mental illness. This is in part the result of educational work.

May I again commend to your attention the splendid work that is being done by the superintendents of the service and the members of their respective staffs.

TABULATED SUMMARY

A.—INSTITUTIONS—MOVEMENT OF PATIENTS

Institution	In Residence Jan. 1/35			Admissions 1935			Discharges 1935			Deaths 1935			In Residence Dec 1/35		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Oliver	450	.....	450	58	.....	58	17	.....	17	15	.....	15	476	.....	476
Ponoka	809	578	1387	400	265	665	300	182	482	48	32	80	861	629	1490
Red Deer	106	99	205	16	20	36	11	14	25	1	1	2	110	104	214
Claresholm .....	.....	99	99	.....	9	9	.....	7	7	.....	1	1	.....	100	100
Totals.....	1365	776	2141	474	294	768	328	203	531	64	34	98	1447	833	2280

ADMISSIONS—BROAD DIAGNOSTIC DIVISIONS

	Psychotic			Not Psychotic			Mentally Defective			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Oliver	42	.....	42	16	.....	16	.....	.....	.....	58	.....	58
Ponoka	286	199	485	67	28	95	47	38	85	400	265	665
Red Deer .....	.....	.....	.....	.....	.....	.....	16	20	36	16	20	36
Claresholm .....	.....	9	9	.....	.....	.....	.....	.....	.....	.....	9	9
Totals.....	328	208	536	83	28	111	63	58	121	474	294	768

B.—CLINICS SUMMARY

	1934			1935			Total since 1929
	Clinics	New Cases	Follow- ups	Clinics	New Cases	Follow- ups	
Edmonton	46	87	91	50	103	124	761
Calgary	23	78	248	23	86	228	701
Lethbridge	11	82	93	12	90	65	374
Medicine Hat	4	79	18	3	61	5	172
Peace River	7	102	.....	.....	.....	.....	102
Drumheller .....	.....	.....	.....	2	23	10	23
Totals.....	91	428	450	90	363	432	2133

The follow-ups include also interviews regarding Provincial Mental Institution cases or ex-cases in the majority of cases.

Eugenics Board, Province of Alberta

(J. M. MACEachran, M.A., Ph.D., *Chairman*)

During the year 1935 there were four meetings of the Eugenics Board. On each of these occasions the Board met at the Provincial Mental Hospital, and on two of them, in March and May, it convened as well at the University Hospital, Edmonton. In May the Board also met at the Provincial Training School, Red Deer.

A total of 220 cases were presented and passed at the four sessions of the Board. Of these, 123 were males cases and 97 were female cases. This brings the total number of cases presented and passed, to the end of 1935, to 722. During the year 84 operations were performed, 33 males and 51 females. Of these, all but three were performed at the surgical centre, the Provincial Mental Hospital. There have been 395 cases operated on since The Sexual Sterilization Act was passed in 1928. All of the operations performed during 1935 were done by Dr. Robert O'Callaghan and Dr. L. C. Conn, surgical consultants to the Mental Hospital service.

The follow-up reports for 1935 have been satisfactory, although the amount of follow-up work done has been inadequate. With the present personnel and the increase in other phases of Mental Hygiene work, it is practically impossible to do follow-up work on Eugenics Board cases. The reports available, however, would not indicate any adverse effects from the sterilization operation.

In view of the importance of follow-up work, it is strongly recommended that an additional social worker be appointed to give special attention to that phase of the work.

Mental Health Clinics

During the year 1935 the various Mental Hygiene services were carried on successfully, and a further extension of the service was made, in that a clinic centre was established in Drumheller, where two clinics were held. It did not prove possible to hold a second series of clinics through the Grande Prairie and Peace River districts, but plans are under way to attempt this again in the early fall of 1936.

In previous years a separate report was made for each of the clinics, as well as a consolidated report covering all the work. For 1935 there will not be separate reports prepared for each clinic, but a consolidated report covering all the clinic work, which will include remarks on the clinic work at each centre.

The clinic in Edmonton has been in charge of Dr. W. J. McAlister, Superintendent of the Provincial Mental Institute. Dr. C. A. Baragar attended some of the clinic sessions, and kept in close touch with the work done. Late in 1935 the clinic quarters were moved from the outdoor clinic building to the Civic Block, where accommodation was provided in the Child Welfare Clinic rooms. Our thanks and appreciation are given to Dr. Jenkins, Medical Officer for Edmonton, for his co-operation and assistance in making this move, and in placing the services of one of his nurses at our disposal for the clinics, and for making appointments. We wish to express our thanks as well to Miss Emerson, Miss Christianson and Miss Griffiths, of the Child Welfare Clinic and city health services, and to Miss Chisholm, who has assisted at the clinics, all of whom have helped and co-operated with us. Previous to the move, Miss Young, of the University Hospital Outdoor Clinic, gave us her usual able assistance at that centre.

In new cases handled, 1935 shows an increase of 16 cases over 1934. The clinics continued to be held one afternoon a week, and at the time of the change of quarters the clinic afternoon was changed from Tuesday to Monday, as this fitted in better with other activities. The amount of preparatory and follow-up work done has not been wholly adequate, as the one social worker is unable to spend much time working with the cases of any one clinic. With general headquarters moved from Edmonton to Ponoka, the time available for extra-clinic work has been further reduced.

The Calgary clinic carried through quite a successful year in 1935. The number of new cases handled showed an increase of 8, although there was a slight falling off in the amount of follow-up work done. The clinics continued to be held every other Wednesday, and the clinic sessions were quite uniformly busy.

Dr. C. A. Baragar and Dr. Geo. A. Davidson each took approximately half of the clinics. During the year there were twenty-three clinics held, which was the same number as were held in 1934.

Clinic quarters were changed from the Police Building to the City Hall in the late summer of 1935. This was because of the general changes made in health services in Calgary at that time. The Child Welfare Clinic rooms were moved to the top floor of the City Hall, and our clinic moved with them.

During 1935, as in previous years, the assistance of Miss Lavell and Miss Craig, of the Child Welfare and Pre-school Clinic, proved invaluable.

During 1935 there were 12 clinics held in Lethbridge, and a total of 90 new cases seen. The clinics continued to be held every fourth Friday in the Nursing Mission, and once again we are indebted to Miss Tilley, in charge of the Mission, for her constant and able assistance.

Dr. C. A. Baragar and Dr. Geo. A. Davidson took charge of the clinic sessions, one or the other going to Lethbridge for each clinic. The social worker was present at every clinic here, as at the other points, to assist and for mental testing work, when required. The clinics at Lethbridge proved to be among the busiest of those held in 1935.

Three clinics were held in Medicine Hat during 1935, and 61 new cases were dealt with. The Medicine Hat clinics were two-day clinics in each case, and one day of each clinic was spent in the schools, dealing with school cases exclusively. This feature of our clinic services at this centre seems to work out satisfactorily, and to be of real assistance to teachers and pupils. On the occasion of one of the three clinics, weather conditions prevented a number of cases from outside the city coming in, which cut down somewhat on the work for that trip.

All of the doctors have been most co-operative, also the hospital and school authorities. Miss Hagerman, Public Health Nurse, and Miss Smith, of the School Health service, have very ably assisted us, and have handled appointment lists and made arrangements for seeing patients.

Drumheller was established as a clinic centre in 1935, and two clinics were held, both in charge of Dr. C. A. Baragar. At the two clinics 23 new cases were dealt with. Of these, 5 have been before the Eugenics Board, after being seen at the clinic, and all have been sterilized. It is planned to hold clinics in Drumheller, probably every four to six months.

Miss Ethel Jones, Public Health Nurse, gave us very able assistance in our work in Drumheller, in arranging for accommodation at the hospital for the examination of cases, and later in her own office rooms, in making appointments and in carrying through of necessary arrangements for the Eugenics Board cases. The doctors, too, have been co-operative and helpful in making the clinics a success.

The tables which follow are largely self-explanatory. Notes have been appended to several of them to cover certain points. A definite attempt has been made to prevent the tables from being too cumbersome and involved, and cases have been grouped under general rather than too detailed headings, presenting, it is felt, a better general picture.

It may be noted that 42 cases, or 11.6% of the total new cases, were in the pre-school group; 168 cases, or 46.3%, were between 7 and 18 years; and 153 cases, or 42.1%, were 19 years or over.

TABLE No. 1
SUMMARY OF CASES PRESENTED AND FOLLOW-UP WORK

Place	1934				1935				Total New Cases Since 1929
	Clinics	New Cases	Follow-ups, Interviews	Total Load	Clinics	New Cases	Follow-ups, Interviews	Total Load	
Edmonton	46	87	91	178	50	103	124	227	761
Calgary	23	78	248	326	23	86	228	314	701
Lethbridge	11	82	93	175	12	90	65	155	374
Medicine Hat	4	79	18	97	3	61	5	66	172
Drumheller	7	102	.....	102	2	23	10	33	23
Peace River	.....	.....	.....	.....	.....	.....	.....	.....	102
Totals	91	428	450	878	90	363	432	795	2133

NOTE: The follow-ups and interviews given here include interviews on Provincial Mental Institution cases, which, in the majority of cases, are follow-ups, or reports, or institution cases or ex-cases.

TABLE No. 2
AGE AND SEX CLASSIFICATION, 1935

Age Group	Edmonton		Calgary		Lethbridge		Medicine Hat		Drumheller		Totals		Percentages					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
0-4	2	0	5	4	2	3	2	1	3	1	0	1	12	8	20	5.71	5.23	5.50
5-9	10	6	10	8	7	5	10	2	12	2	0	2	39	21	60	18.56	13.73	16.50
10-14	15	9	14	8	5	0	11	6	17	5	1	6	50	24	74	23.80	15.70	20.35
15-19	14	12	4	12	5	6	4	0	4	2	2	4	29	32	61	13.80	20.93	16.78
20-24	2	3	2	5	5	2	3	1	4	1	3	4	13	14	27	6.19	9.15	7.43
25-29	2	4	3	2	5	2	7	1	2	3	1	2	12	11	23	5.71	7.19	6.33
30-34	5	1	1	0	4	4	8	0	8	0	3	3	10	16	26	4.76	10.46	7.15
35-39	7	3	3	1	4	5	2	0	0	0	0	0	15	6	21	7.14	3.92	5.78
40-44	1	2	0	0	0	0	8	1	3	4	0	0	8	7	15	3.81	4.37	4.13
45-49	0	1	1	0	3	3	6	1	2	3	0	0	5	6	11	2.38	3.92	3.03
50-54	0	0	2	1	3	5	0	0	1	1	0	1	7	3	10	3.33	1.96	2.75
55-59	1	0	0	0	1	2	3	0	0	0	0	0	2	2	4	0.95	1.31	1.10
60 and over	1	0	0	0	0	3	0	2	2	0	0	0	7	2	9	3.33	1.31	2.48
Unknown	1	0	0	0	0	1	1	0	0	0	0	0	1	1	2	0.48	0.65	0.55
Totals	62	41	103	45	41	86	58	32	90	33	28	61	12	11	23	210	153	363

TABLE No. 3

CLASSIFICATION ACCORDING TO INTELLIGENCE QUOTIENT, 1935—I.Q.'s OF 75 AND LESS

I.Q.	Edmonton		Calgary		Lethbridge		Medicine Hat		Drumheller		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-25	2	5	1	1	3	1	4	0	0	0	1	1
26-50	6	8	3	2	2	0	2	2	0	2	7	2
51-75	17	18	9	13	8	2	10	3	5	8	1	5
Totals	25	31	13	16	13	3	16	5	5	10	8	16

NOTE: Total number of new cases in 1935 was 363. Thus, of the total, 127 cases, or approximately 35%, graded with I.Q.'s below 75.

TABLE No. 4
AGENCIES REFERRING CASES, 1935

Agency	Edmonton	Calgary	Lethbridge	Medicine Hat	Drumheller	Totals
Schools	1	27	1	26	1	56
Doctors, including M.H.O.'s and Clinics.....	28	23	35	32	7	125
Provincial Child Welfare, Childrens' Aid, Juvenile Court	45	20	7	1	0	73
Police, Provincial Gaols, other Courts.....	0	0	22	0	0	22
Parents, Relatives, Friends	6	8	17	2	1	34
Homes: As Mountview, Beulah, Kiwanis and Woods	1	4	0	0	0	5
Provincial Health Department, some branch	8	2	1	0	14	25
Relief Department	4	1	0	0	0	5
Self	1	1	2	0	0	4
Municipal Councils	2	0	0	0	0	2
Other Agencies	7	0	5	0	0	12
Totals	103	86	90	61	23	363

NOTE: It may be noted that in the second group listed above the most of the patients were referred by doctors in private practice. In the third group most of the cases were referred by the Child Welfare Department and City Childrens' Aid Officers.

TABLE No. 5a
CLASSIFICATION OF CASES, 1935

Pre-school Age	Edmonton	Calgary	Lethbridge	Medicine Hat	Drumheller	Totals
Examination and report	1	5	0	2	0	8
Mental Deficiency	1	4	2	3	0	10
Mental Deficiency with Epilepsy	1	0	0	0	1	2
Epilepsy, no Mental Deficiency	0	0	3	0	0	3
Behaviour Problem	2	5	2	0	0	9
Syphilis, under treatment	0	2	0	0	0	2
General Backwardness	0	1	1	2	0	4
Cerebral Diplegia	0	1	1	0	0	2
Bilateral Cong. Cataract	0	1	0	0	0	1
Stammering	0	1	0	0	0	1
Totals	5	20	9	7	1	42

TABLE No. 5b
CLASSIFICATION OF CASES, 1935

School Age Cases (7 to 18 years) Condition	Edmonton	Calgary	Lethbridge	Medicine Hat	Drumheller	Totals
Behaviour problem without Deficiency (I.Q. over 75)	15	10	6	9	2	42
Mental Deficiency without other specific problem	12	7	2	2	2	25
Mental Deficiency with behaviour problem, including theft	17	8	4	2	4	35
Mental Deficiency with Sex Delinquency.....	6	2	0	0	0	8
Mental Deficiency with Physical Defect.....	2	2	0	1	0	5
Mental Deficiency with Cerebral Diplegia....	2	0	0	0	1	3
Mental Deficiency with Speech Defect.....	0	0	0	0	1	1
Examination and report, no specific problem	1	0	2	0	0	3
Backward in school without Deficiency.....	2	3	0	13	0	18
Definite Delinquency without Deficiency.....	2	5	2	0	0	9
Epilepsy	1	1	1	0	0	3
Psychotic, Pre-psychotic	1	1	0	0	0	2
Enuresis	0	2	0	0	0	2
Nervousness, Stammering	0	3	1	0	0	4
Freidreicks Ataxia	0	0	1	1	0	2
Chronic Encephalitis	0	0	1	0	0	1
Other Conditions	0	1	2	1	1	5
Totals.....	61	45	22	29	11	168

TABLE No. 5c
CLASSIFICATION OF CASES, 1935

Adult Cases (over 18 years) Condition	Edmonton	Calgary	Lethbridge	Medicine Hat	Drumheller	Totals
Mental Deficiency with Sex Delinquency.....	3	2	0	0	4	9
Mental Deficiency with Behaviour Problems	6	2	3	2	2	15
Mental Deficiency with Physical Deformity	1	0	0	0	1	2
Psychopathic Personality, Personality Defect	3	0	3	0	0	6
Psychoneurosis-Hysteria	6	2	9	11	1	29
Psychosis (other than G.P.I.)	9	5	13	5	1	33
Syphilis, G.P.I.	0	1	1	1	0	3
General Arteriosclerosis, Disseminate Sclerosis	0	0	2	1	0	3
Encephalitis	0	0	1	0	0	1
Epilepsy	2	5	9	1	2	19
Tabes Dorsalis	0	0	2	0	0	2
Delinquency without Mental Deficiency.....	0	0	4	0	0	4
Physical Conditions	1	2	5	1	0	9
Other Conditions	6	2	7	3	0	18
Totals	37	21	59	25	11	153
Grand Totals, Tables A, B and C....	103	86	90	61	23	363

TABLE No. 6
CAUSES OF MENTAL DEFICIENCY, 1935

Causes	Edmonton	Calgary	Lethbridge	Medicine Hat	Drumheller	Totals
Some positive heredity known.....	23	12	4	2	8	49
Sickness, injury, Epilepsy	5	4	3	0	0	12
Unknown	28	13	9	8	8	66
Totals	56	29	16	10	16	127

TABLE No. 6a
MAJOR CLASSIFICATION OF MENTAL DEFICIENCY CASES, 1935

Complication	Edmonton	Calgary	Lethbridge	Medicine Hat	Drumheller	Totals
Behaviour problem other than sex de- linquency	23	14	8	5	6	56
Sex problem	10	4	1	0	4	19
Psychoneurotic reaction, Instability	5	1	3	1	1	11
Epilepsy	4	3	1	1	1	10
Freidreichs Ataxia	0	0	1	1	0	2
Cerebral Diplegia	2	1	1	0	1	5
General Retardation, no specific problem.....	9	5	1	2	1	18
Physical Disability	3	1	0	0	2	6
Totals	56	29	16	10	16	127

TABLE No. 7
CHIEF RECOMMENDATIONS AS TO TREATMENT

Recommendations	Edmonton	Calgary	Lethbridge	Medicine Hat	Drumheller	Totals
Admission to Provincial Mental Hospital or Institute	10	8	17	2	1	38
Admission to Provincial Training School or similar institution	22	10	3	2	6	43
Treatment by own doctor or other clinic...	6	7	18	9	2	42
Treatment given, including direct treatment for Epilepsy	0	2	5	1	2	10
Continue home, institution, or school life, with return visits to clinics.....	13	11	7	15	0	46
Change in home routine and care, home discipline, re-education	9	14	10	8	2	43
Modified school programme, or special class, including vocational training	2	12	3	14	1	32
More social contacts and wider interests, re-establishment of self-confidence.....	4	0	3	6	0	13
Sterilization and supervision	7	6	0	0	8	21
Placement under careful supervision and control	14	7	4	1	0	26
Return to clinic for further examination.....	5	3	9	0	0	17
Other recommendations, usually a discussion of situation with patient	11	6	11	3	1	32
Totals	103	86	90	61	23	363

Provincial Mental Hospital, Ponoka, Alberta

The movement of patients is set forth in Table 1.

PATIENT POPULATION CHANGES

At the beginning of 1935 there were in residence 1,386 patients—808 male and 578 female. This was a gain of 160 patients over the previous year—that is, at January 1st, 1934. On December 31st, 1935, the population was 1,490, which represented another actual gain of 104 patients during 1935. As no further accommodation had been provided during the year, it was necessary to transfer patients to other hospitals to make room for new cases. The total number of cases transferred was 54 and, despite this, our actual population had increased by 104 at the end of the year. Overcrowding became more obvious and acute during the year, and it has become very imperative that new buildings be constructed somewhere throughout the Province to take care of the increased population.

ADMISSION OF PATIENTS

The total number of admissions for the year was 665—400 of whom were male and 265 female. First admissions totalled 501 (75.3%), re-admissions 133 (20%), and transfers 31 (4.7%). First admissions by voluntary application totalled 129 (25.7%). The balance of 372 (74.3%) were committed by other methods, the majority, however, coming by Warrant of the Attorney General. As in former years, a large number of these were admitted for special treatment for neuro-syphilis, drug addiction and for observation, and were classified "without psychosis."

The nationalities, giving figures and percentages, are as follows for the greater bulk of the cases: Canadian born, 293 (44.1%); natives of Great Britain or British Possessions, 115 (17.2%); natives of the U.S.A., 109 (16.3%); from other countries, 148 (22.4%).

SEPARATIONS OF PATIENTS

During the year 562 patients were discharged from the hospital, according to Section on "Discharges," Table 1.

The discharge rate, apart from transfers, deportations, deaths and elopements, was 63.3% of the total admission rate. The death rate, based on the total number under treatment and observation, was 3.89%. There was very little change in the death rate over the previous year, and once again the institution should consider itself fortunate considering the increased hazards from additional overcrowding. As in previous years, broncho-pneumonia and tuberculosis were the chief causes of death.

ACCIDENTS

Despite the overcrowding, there has been comparatively little increase in the number of accidents, considering as well the rise in population. One nevertheless constantly worries due to the alarming potentialities in view of the increased number of disturbed cases. There were 13 major accidents resulting in fractures among the male patients and 6 fractures among the female

patients. Unfortunately, there was one suicidal death each on both the male and female sides, both deaths being caused by strangulation. It is the experience of this hospital, as well as the recognized experience of all mental hospitals, that suicidal deaths cannot be eliminated, no matter how closely patients are supervised.

The accident report forms, which were introduced some years ago, continue to form a very valuable adjunct to the observation and treatment of the patients. These forms, besides bringing to the attention of the medical staff accidents of various descriptions which might conceivably go unnoticed or uninvestigated, help to avoid awkward situations where unfortunate results might occur.

ELOPEMENTS

It is regrettable that there was a sharp rise in the number of male elopements. Thirty-one male patients managed to effect their escape. Once again this might, in part, be due to the intense overcrowding and the high admission rate and increase in population. It is absolutely essential for the morale of the institution to grant privileges to patients. In a large body of cases suffering from mental disorder it is not always possible to judge them correctly, and, to those working in these institutions, it is not surprising that some errors in judgment result in unsuitable cases being given certain liberties. Special efforts have been made to overcome the increase in elopements.

GENERAL HEALTH

Until the winter set in, the general health of the patient and staff population was very good. Once again there were no serious epidemics, and it might be considered a tribute to the nursing care that there was not more serious illness in view of the overcrowding. The patients continue to receive typhoid inoculations on admission. Dr. McGugan once again helped a great deal. Physical examinations and X-ray plates of the chests on all new members of the staff continued to be done routinely.

CLINICAL WORK

There is no change from previous years in the method of working up the new cases. Once again the admission rate was so high that it was necessary for each member of the medical staff, as well as the stenographic staff, to work under high pressure in order to bring about the early presentation of cases to conference. Once again so much time was devoted to the routine investigation of cases that it was impossible to do much psychotherapy or spend very much time with the individual patient. At no time does the work slacken up sufficiently to permit of much relaxation.

Staff conferences were held as usual four times a week—two conferences being devoted to new cases and two to the review of cases for consideration of re-diagnosis, discharge, parole or for some other specific reason.

During the fall, staff medical meetings were held regularly on Monday evenings. The physicians in the surrounding districts were invited to attend the meetings, and came frequently. The members of the medical staff, in pairs, presented a series of papers on current physiological investigations. Medical journals were reviewed as well.

The malarial treatment of neuro-syphilitics was carried out as usual. There was a generous number of such cases treated.

As in previous years, the Superintendent conducted about half the mental hygiene clinics at Calgary, Lethbridge, Medicine Hat and other points, as well as giving several radio talks. Visits were also paid to the Claresholm institution for discussion of problems there.

DENTAL CLINIC

No department of the hospital seems to work more smoothly than the dental department. As has been mentioned from time to time, Dr. S. M. Snedden carries out the work most efficiently, and one never hears any complaints from the patients as to the nature of the work or the manner in which it is done. One might reasonably expect that, from time to time, in this particular branch of work, patients would register complaints, but such has not been our experience. The routine examination of new patients and regular periodic examinations of patients on the chronic wards is carried out. The following is a summary of the amount of work done:

Full upper and lower dentures	58	Fillings	312
Partial upper dentures	8	General anaesthetic	2
Full upper dentures	6	X-rayed	14
Partial lower dentures	2	Gold crowns	4
Full lower dentures	5	Gold inlays	1
Re-setting dentures	3	Extractions	1104
Repaired dentures	29	Abscessed teeth	51
Treatments	540	Examinations and treatments	1881
Prophylactic treatments	59		

The hospital was favoured by a visit from the Edmonton Dental Society and several dentists in the neighbouring district, in October. Visits were paid to the wards, following which Drs. Baragar, Davidson and Snedden addressed the society.

X-RAY DEPARTMENT

In the early part of the year the work was done very efficiently by Miss Jessie Nikiforuk, graduate of the Lamont Hospital. Miss Hilda Bennett, Assistant Superintendent of Nurses, returned in the fall and took over the supervision of the department, as in former years. The type of work done by Miss Bennett and Miss Nikiforuk was highly satisfactory. The following is an account of the plates which were taken:

Chest	241	Kidney and Bladder	4
Teeth	70	Lumbar Vertebrae	4
Head	38	Cervical Spine	4
Pelvis	18	Ribs	3
Barium G.I.T.	22	Leg	3
Ankle	21	Tibia	3
Shoulder	19	Mandible	2
Hand	14	Gall Bladder	2
Foot	11	Abdomen	2
Hip	9	Maxilla	1
Forearm	7	Femur	1
Elbow	5	Mastoid	1
Wrist	5	Antrum	2
Knee	5		

HYDROTHERAPY

Mr. A. W. Gill continues to supervise the hydrotherapy on the male side and, as usual, gave very efficient service. Prolonged baths, massage, wet packs and electrical cabinets made up the chief items of treatment. This department has been used extensively lately in conjunction with the occupational department which was opened recently in the male reception block.

OCCUPATIONAL THERAPY

This department continues to thrive in the hospital. Miss Crysler, with Miss Watt's assistance, directed the activities most efficiently. There was a decided increase in the number of patients who passed through this department.

The book binding department continued to operate very satisfactorily.

We were very fortunate in acquiring a printing press, which was installed in one section of the hydrotherapeutic suite on a male ward. Work was begun immediately in respect to printing of various hospital forms as well as announce-

ments of hospital activities. There is little doubt but what the prediction that it would pay for itself in a few years will more than come true.

Strenuous efforts continue to be made towards getting each patient outside for a portion of the day, especially in the summer time. Groups of patients are taken to the soft ball grounds; walking parties and work parties go out daily. The amount of activity in this respect is limited only by the number of staff available.

Exhibits of the work done in the occupational department were sent to the Edmonton Exhibition, the Canadian National Exposition at Toronto and to the local fair at Innisfail. Very favourable comment was made on the work, and items appeared throughout Canada in various newspaper dailies.

RECREATION AND ENTERTAINMENT

Once again it is necessary to express regrets over the fact that no talking picture machine has been installed. The patients continually enquire as to the possible date when pictures might again be expected, and it would seem highly advisable that something be done as soon as possible towards the installation of a machine. It is still hoped that alterations will be made in the recreational hall for a talking machine and for a stage and dressing rooms.

Patients' dances were held regularly, fortnightly. The value of these dances can hardly be estimated, and the patients always look forward to them with a great deal of anticipation, and in many respects it is an inducement for them to try their best to warrant permission to attend the dances.

There was somewhat less activity as far as the Dramatic Society was concerned, but a Christmas play was prepared and presented under the direction of a committee composed of various members of the hospital staff.

The Annual Sports' Day was held on June 20th. Unfortunately, the weather was again somewhat uncertain, but the patients seemed to enjoy the day nevertheless. As usual, many of the residents of the town of Ponoka came and rendered valuable assistance.

Despite the severity of the winter, the skating rink was very popular, and sufficient enthusiasm was shown by the staff to enable the rink committee to purchase an electric machine for playing records, a loud speaker being placed at the side of the rink. It was much enjoyed by rink fans.

The hospital football team functioned to a lesser extent than in other years. There would appear to be steadily decreasing numbers of available players, and one might predict that, in the not too distant future, association football will gradually die out in this community. The players made a very creditable showing nevertheless, and the Snell Shield, with several other cups, were retained at the hospital.

Staff dances were held as usual, and were both very successful and popular. The annual "At Home" was held Friday, December 27th, 1935. Both children and adults enjoyed the evening immensely, and this event continues to be one of the most enjoyable and most desirable of the hospital functions. It appears to be the one evening in the year when members of the staff and their families are enabled to meet and enjoy one another's company.

Tennis was again very popular in the early part of the year, but the enthusiasm diminished comparatively early in the summer. The new courts, in the area set aside for them in front of the Nurses' Home, were commenced and, from all appearances, they will prove most attractive in the near future.

Interest in Badminton seemed definitely on the wane.

There was again some interest shown in ladies' basketball.

RELIGIOUS SERVICES

Services of the various denominations were held regularly as in past years, and the hospital is very grateful to the clergymen who have taken part. Thanks also is due to the clergymen for visiting the sick patients and responding to requests from relatives to see many of our patients.

SOCIAL SERVICE

As mentioned in previous reports, the work has been done very efficiently by Mr. Kibblewhite. As the numbers of admissions and discharges increase, and as the work of the Eugenics Board becomes more extensive, it is necessary that a great deal more work be done by this department. Although the urgent work is attended to promptly, a great deal more could be done in the nature of follow-up work if more staff were available for this work.

SURGICAL SERVICE

Dr. L. C. Conn, of Edmonton, and Dr. Robert O'Callaghan, of Calgary, continued to pay regular visits to the hospital as honorary surgeons. Considering the number of operations that have been done, there has been little or no difficulty experienced with the cases post-operatively, and due notice should be taken of the success of the service. It is a great source of comfort to know that there are available two such reputable and experienced surgeons, and they have been of invaluable assistance to us.

During the year 67 major operations were performed and 35 minor operations, a total of 102 operations. A summary of the work done is attached:

Operation	Male.	Female.	Total	Operation	Male.	Female.	Total
Vasectomy	33	.....	33	Repair	1	.....	1
Salpingectomy .....	.....	50	50	Laparotomy	2	.....	2
Herniotomy	7	.....	7	Tonsillectomy	2	.....	2
Appendectomy	1	.....	1	Incision and drainage of abdomen	1	.....	1
Thyroidectomy	1	.....	1	Curettage	1	.....	1
Halstead	1	.....	1	Cauterization	1	.....	1
Cystotomy	1	.....	1				

NURSES' TRAINING SCHOOL

The third annual graduation exercises of the attendants and nurses were held May 14th, 1935. Eight nurses received their diplomas in psychiatric nursing and 7 attendants received certificates. As usual, these groups had completed three years of training. The work of the training school is carried out very efficiently.

The post-graduate course was held as formerly, and 7 nurses received their certificates following the year's work.

Medical and nursing staffs gave their services willingly, as formerly. They are to be complimented for their continued co-operation.

Eight nurses were granted two years' leave of absence without pay in order to affiliate with the training schools in the general hospitals in Edmonton and Calgary.

The following constitutes the allotment of our nurses-in-training to the various affiliated schools: Calgary General, 2; Holy Cross, Calgary, 1; Misericordia, Edmonton, 1; Royal Alexandra, Edmonton, 2; University, Edmonton, 2.

The number of affiliated students to date, therefore, is 13.

TEACHING OF MEDICAL STUDENTS

Medical students continued to come to this hospital for special instruction in psychiatry and experience in mental hospital routine. The medical staff have been very co-operative, and have given lectures and clinics to the various groups. The students regularly express their appreciation of the efforts of

the staff in this respect. There seems little doubt but what this has been a decided step in advance, and one can reasonably expect that the students will be very much better off for a sojourn in the hospital.

LIBRARIES

During the year about 500 books were added to the patients' library. As formerly they were purchased out of the library fund, which is kept up through the efforts of the occupational staff by holding teas and food sales. The library has become very popular with the patients. The circulation has increased to about 300 books per month. It is very interesting to note that non-fiction is very popular which, in the first instance, would seem contrary to expectation, considering the popularity of fiction with the population at large.

Several new volumes have been added to the medical library. The popularity of this department is maintained.

VISITORS

Regular visits to the hospital were made by the Commissioner of Mental Institutions, as well as by various members of the Department of Health. The Honourable W. W. Cross, Minister of Health, and several other members of the new government, visited the hospital soon after the election, and the interest which they showed in the institution was very much appreciated.

As in former years, numerous visits were paid to the patients by relatives and interested parties. In so far as it is possible and time permits, the relatives are interviewed by the physician in charge of the patient concerned and, in a great many instances, the Superintendent devotes considerable time to the personal discussion of cases. Time and pressure of work alone determine the amount of attention which can be given to numerous interested persons who come to the hospital.

The Eugenics Board held meetings at regular intervals and somewhat oftener than in previous years. Although not constituting an official visiting committee, they have always shown a great deal of interest in the activities of the institution, and it is always with pleasure that the staff look forward to their visits.

MEDICAL MEETINGS

There were several medical meetings held in the fall at which some prominent member of the medical profession in the Province spoke and a member of the hospital staff presented certain cases. Dr. Hepburn of Edmonton addressed the staff on October 17th, and Dr. Mooney of Edmonton delivered a paper on November 28th. Both papers were very much enjoyed.

ACCOMMODATION AND ALTERATIONS

Despite the continued overcrowding, no additional accommodation has been provided. All available space on the ward and, in many cases, in corridors, is being used for the patients. Owing to the transfer of quiet cases to the other institutions in the Province, the situation on the chronic wards becomes more acute as more disturbed cases accumulate annually. There is a definite need and necessity for additional accommodation. As this institution and its services appears to have reached its capacity in so far as reasonable efficiency is concerned, any new buildings which are to be constructed will, no doubt, have to be placed on the grounds of other institutions. The amount of maintenance for our buildings is increasing, and there is daily need of many urgent repairs.

DEPARTMENT ACTIVITIES

Laundry.—This department continues to work under great pressure. It is necessary for the staff to work diligently and efficiently, with the assistance of a great many patients, in order to get through their daily work.

The inadequacy of the equipment was recognized, and extensive alterations and additions were made to the laundry with a view to installing additional equipment with which to carry on.

Tailor Shop.—Mr. W. G. Potter continues to direct the activities of this department, which makes patients' shirts, night shirts, suits, attendants' uniforms, and does much repair work. Several patients are employed in this department, which operates very quietly and efficiently.

Occupational Carpenter Shop.—Mr. George Watt supervises this department. The ward furniture is repaired here, and many new articles are manufactured. Much carpenter work, fencing and building repair is also done on the grounds by this department, which forms an indispensable part of the service.

Sewing Room.—Miss Naunton was placed in charge of this department, and gave immediate and satisfactory service. Patients' dresses, night dresses and nurses' uniforms continue to be made here. Miss Naunton is to be commended for the work she has done. The patients' dresses show clearly the amount of personal attention which is given to the work. Evidences of the old system whereby female patients' dresses were made without regard to style and fitting have practically disappeared.

The Stores.—This department continues to operate so quietly that one is hardly aware of its existence and is likely to overlook its importance, and neglect to give the credit which is rightfully due to it.

Kitchens and Dining Rooms.—Considering the tremendous number of meals which are prepared daily and the quantities of material which are necessary in the preparation of meals, there are very few complaints, and one does not hesitate in stating that meals for the patients and staff of this hospital are equal, and in many respects much superior, to those in other institutions of various types. The staff are to be commended all the more so because of the fact that, despite the increase in population in the hospital, no additional provision has been made in the kitchens.

Gardens and Grounds.—Extensive alterations have been made. Trees, shrubs, hedges and flower gardens have been planted. The hospital was fortunate in securing fine gravel from a nearby gravel pit with which the roads and footpaths were covered. Apart from the added beauty of the grounds, the planting of trees has diminished materially the amount of dust and refuse which has been such a regular annual nuisance during windstorms, which are common, especially in the spring of the year, in this locality. Visitors to the hospital express agreeable surprise at the beauty of the grounds as a whole. An effort has been made to allow the patients to take advantage of the lawns and the walks by arranging daily walking parties.

Farm.—Mr. McKinnon still directs the activities on the farm. Vast quantities of vegetables are grown annually, and the outlay for the purchase of these is at a minimum as a result of this department.

The dairy cattle are also under Mr. McKinnon's supervision. Although the milk supply has never been over-abundant, fortunately there has never been what could be considered a serious shortage.

Chicken Ranch.—Mr. C. W. Carlton was appointed charge of this department in the early spring. He has carried on the work creditably and, apart from keeping the institution well supplied with fresh eggs and poultry, he was able to raise sufficient turkeys to meet the needs of the Christmas and New Year season. Many improvements have been made in the buildings on the poultry farm.

STAFF CHANGES

The year was marked by a great many changes in the staff. As noted above, Mr. Carleton took over the supervision of the chicken ranch.

During the summer, Mr. D. J. Smith, Superintendent of Building Maintenance, took an extended leave of absence due to ill-health. His work was creditably carried on by Mr. Peffers, his former assistant. Much regret was felt when Mr. Smith left, and he had the best wishes of the staff for improvement in his health.

Miss Hilda Bennett, the Assistant Superintendent of Nurses, who had spent a year in post graduate work in Toronto, returned to the hospital.

Miss Lynch, Superintendent of Nurses, left shortly afterwards to pursue a post-graduate course in nursing in connection with McGill University in Montreal.

During Miss Bennett's absence, Miss C. N. Jackson carried on the work of the Training School in a very creditable manner.

Mr. A. G. Willson, the Business Superintendent, resigned in the fall. The vacancy was filled by Mr. J. D. J. McDonald, who immediately entered into the spirit of the institution and gave his whole-hearted co-operation. Although his new duties were very heavy and extensive, the efficiency of his department was maintained at a high level.

Miss Gertrude Watt, who had assisted Miss Crysler for some years and was a valued member of the staff, resigned to return to her home in the east.

There were a great many changes in the medical staff.

Dr. D. B. Roxburgh left early in the year to pursue a post-graduate course in pathology at the Mayo Clinic in Rochester. Miss Craig, who had assisted him, took over his duties in so far as her training permitted, and deserves much credit for the success with which she has carried on the department.

Dr. W. H. Cassels, who had been in charge of the female side of the hospital for some years, left to take post-graduate work in anaesthesia in Madison General Hospital, Wisconsin.

Dr. A. D. MacPherson, who for some years had been assistant physician on the male side of the hospital, and had been conducting the infirmary service and more latterly the surgical service in connection with the Eugenics department, left in June to take one year's post-graduate internship in the Vancouver General Hospital.

The hospital was fortunate in acquiring the services of Dr. R. K. Thomson, who had had extensive post-graduate work in the University Hospital in Edmonton, and who had spent one year in the hospitals in London in the post-graduate study of medicine.

Dr. M. Carnat, University of Alberta graduate, with post-graduate training in the Royal Alexandra Hospital in Edmonton, was also added to our staff.

Dr. Mary McLeay, graduate of the McGill University, with post-graduate training in the Vancouver General Hospital, worked on the staff as summer relief. Her services were very satisfactory. She was very interested in the work, and it was with regrets that her resignation was accepted. A lady

physician is a decided asset in a large mental hospital, and Dr. McLeay seemed unusually well equipped and suited to this type of work.

During the fall, Dr. Angus McGugan was transferred to the hospital. Apart from the fact that his services on the ward as a ward physician proved very satisfactory, his experience in epidemiology, pathology and public health work proved of great assistance to us. Many occasions arose on which his special knowledge was of great value.

Late in the year Dr. Baragar, Commissioner of Mental Institutions, transferred his office to the hospital. His work as Commissioner of Institutions was, therefore, carried on from this point. His services were immediately placed at our disposal, and his inspiring counsel and advice in all situations in which experience and ability count for so much were invaluable.

The most momentous event in regard to staff changes was that of Dr. Davidson's resignation and departure for the coast.

Although having been associated with him as senior medical officer on his staff, I should be in a position to express an opinion as to the esteem in which he was held in the institution and the type of service he rendered, I feel scarcely equal to the occasion. He was a man of outstanding personality, ability and medical and psychiatric experience. These attributes made an indelible imprint on the institution as a whole. They are reflected in all departments. It is well recognized that the institution made vast strides during his superintendency. The staff and patients were exceedingly fond of him, and held him in the deepest respect. One feels that the institution might have suffered an irreparable blow at his withdrawal from the service. It is sincerely hoped and expected that he will have unqualified success in his new field of activity.

The departure of his family from the environment is not without its regrets as well.

CONCLUSION

One does not hesitate to state that the past year has been successful in the operation of the hospital as a whole, and definite progress has again been made.

From the patients' standpoint, overcrowding dominates the picture, and one might expect to be excused if it appears that the gravity of this situation has been exaggerated. It is of vital importance that something be done immediately to relieve the congestion on the chronic wards especially. It will no doubt eventually come to the point where one will have to protest to some extent against the admission of any but the most urgent cases. This would obviously be a step backward.

Staff changes are also of major importance. It is hoped that such a complete turnover will not be necessary in the near future. Staff which have received their training and have become acquainted with the patients and problems in this particular institution are of prime necessity.

Once again the officials and employees of the hospital are to be thanked and complimented for their continued co-operation. The patients, for whose care the institution was designed, ultimately profit by such a healthy situation.

Might I express, on behalf of Dr. Davidson, his pleasure and appreciation for the co-operation received from the Minister of Health, the Deputy Minister of Health, and the Commissioner of Mental Institutions.

Attached is the report from Dr. W. L. Valens, Medical Officer in charge of the Provincial Auxiliary Hospital, Claresholm, covering the activities in that institution.

TABLE No. 1
MOVEMENT OF PATIENT POPULATION DURING 1935

	Male	Female	Total	Male	Female	Total
In Residence Jan. 1, 1935				808	578	1386
Returned from leave of absence				1	....	1
Admissions:						
First Admissions:						
(a) Voluntary	75	54	129			
(b) Certificates	32	54	86			
(c) Warrant	195	69	264			
(d) Order	10	12	22			
Re-admissions:						
(a) Voluntary	22	15	37			
(b) Certificates	10	16	26			
(c) Warrant	36	29	65			
(d) Order	3	2	5			
Transfers	17	14	31			
				400	265	665
				1209	843	2052
Discharges:						
(a) As recovered	41	51	92			
(b) As improved	95	50	145			
(c) As unimproved	25	13	38			
(d) As without psychosis	98	48	146			
(e) Transferred to other hospitals	35	19	54			
(f) Deported to other countries	6	1	7			
Deaths	48	32	80			
				348	214	562
In Residence Dec. 31, 1935	858	627	1485			
On leave of absence	3	2	5			
Total patients at end of year				861	629	1490

TABLE No. 2
SHOWING THE PSYCHOSES IN THOSE ADMITTED DURING 1935

Psychoses	Male	Female	Total
1 Traumatic psychoses	1	...	1
2 Senile psychoses	18	13	31
3 Psychoses with cerebral arteriosclerosis	16	6	22
4 General paralysis	26	5	31
5 Psychoses with cerebral syphilis .....	...	...	...
6 Psychoses with Huntington's Chorea .....	...	...	...
7 Psychoses with brain tumour	2	1	3
8 Psychoses with other brain or nervous diseases:			
(a) Chronic encephalitis	2	3	5
(b) Tumour	1	1	2
(c) Neuro-syphilis	1	...	1
9 Alcoholic psychoses:			
(a) Delirium tremens	1	...	1
(b) Acute hallucinosis	3	...	3
(c) Chronic alcoholism	2	...	2
(d) Dipsomania .....	...	1	1
10 Psychoses due to drugs and other exogenous toxins	1	1	2
11 Psychoses with pellagra .....	...	...	...
12 Psychoses with other somatic diseases:			
(a) Diabetes .....	...	1	1
(b) Exophthalmic goitre .....	...	1	1
(c) Lung abscess .....	...	1	1
(d) Toxic infection .....	...	1	1
(e) Peptic ulcer .....	...	1	1
(f) Cardio-renal disease	1	...	1
(g) Exhaustion delirium	1	1	2
(h) Pulmonary tuberculosis	1	...	1
(i) Pneumonia .....	...	1	1
(j) Delirium of puerperal state .....	...	1	1
13 Manic-depressive psychoses:			
(a) Manic phase	20	27	47
(b) Depressive phase	14	25	39
(c) Mixed type	1	2	3
14 Involuntional meiancholia	4	8	12
15 Dementia Praecox (Schizophrenia):			
(a) Paranoid type	35	20	55
(b) Catatonic type	78	25	103
(c) Hebephrenic type .....	...	1	1
(d) Simple type	1	4	5
(e) Undefined	9	4	13
16 Paranoia and paranoid conditions	11	3	14
17 Epileptic psychoses	7	7	14
18 Psychoneuroses and neuroses	3	1	4
19 Psychoses with psychopathic personality	2	...	2
20 Psychoses with mental deficiency	18	22	40
21 Undiagnosed psychoses	6	11	17
22 Without psychoses:			
(a) Epilepsy	2	4	6
(b) Alcoholism	9	...	9
(c) Drug Addiction	13	7	20
(d) Psychopathic personality	2	...	2
(e) Mental deficiency	47	38	85
(f) Formerly manic-depressive	2	...	2
(g) Formerly schizophrenia .....	...	1	1
(h) Mild depressive state .....	...	1	1
(i) Schizoid make-up	1	...	1
(j) Post-traumatic constitution	1	...	1
(k) Psychoneuroses	6	3	9
(l) Disseminated sclerosis	1	...	1
(m) Neuro-syphilis	29	8	37
(n) For eugenics operation .....	...	2	2
(o) Undefined .....	...	1	1
(p) Committed following criminal charge .....	...	1	1
(q) Investigator	1	...	1
Total	400	265	665

TABLE No. 3
 MARITAL CONDITION OF PATIENTS ADMITTED DURING 1935 WITH REFERENCE TO PRINCIPAL PSYCHOSES

	M. F. T.		Single		Married		Widowed		Separated		Divorced	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Psychoses												
1 Traumatic psychoses	1	1	1	1	1	1	3	7	1	1	1	1
2 Senile psychoses	18	13	8	1	9	6	5	11	1	1	1	1
3 Psychoses with cerebral arteriosclerosis	16	6	22	5	5	8	4	12	2	2	4	1
4 General paralysis	26	5	31	11	11	12	3	15	2	1	3	2
5 Psychoses with cerebral syphilis												
6 Psychoses with Huntington's Chorea												
7 Psychoses with brain tumour	2	1	3			2		2	1	1		
8 Psychoses with other brain or nervous disease:												
(a) Chronic encephalitis	2	3	5	1	1	1	3	4				
(b) Tumour	1	1	2	1	1	1	1	2				
(c) Neuro-syphilis	1		1	1	1							
9 Alcoholic psychoses:												
(a) Delirium tremens	1	1	1						1	1		
(b) Acute hallucinosis	3	3	3	3	3	2		2				
(c) Chronic alcoholism	2	1	1	1	1	1	1	1				
(d) Dipsomania												
10 Psychoses due to drugs and other exogenous toxins	1	1	2	1	1							
11 Psychoses with pellagra												
12 Psychoses with other somatic diseases:												
(a) Diabetes												
(b) Exophthalmic goitre	1	1	1			1	1	1				
(c) Lung abscess												
(d) Toxic infection												
(e) Peptic ulcer												
(f) Cardio-renal disease	1	1	1			1	1	1				
(g) Exhaustion delirium	1	1	2			1	1	2				
(h) Pulmonary tuberculosis	1	1	1						1	1		
(i) Delirium of puerperal state												
(j) Pneumonia												
13 Manic-depressive psychoses:												
(a) Manic phase	20	27	47	6	4	11	19	30	2	3	5	1
(b) Depressive phase	14	25	39			12	22	34	2	3	5	2
(c) Mixed type	1	2	3			1		1				2
(d) Simple	4	8	12			4	8	12				
14 Involitional melancholia	35	20	55	20	4	24	12	13	25	1	1	3
15 Dementia Praecox (Schizophrenia):	78	25	103	64	14	78	14	11	25			
(a) Paranoid type				1	1	1						
(b) Catatonic type				1	3	4						
(c) Hebephrenic type	1	4	5	6	2	8	3	1	4			
(d) Simple	9	4	13	6	2	8	3	1	4			
(e) Undefined	11	3	14	2	2	2	9	1	10			
16 Paranoia and paranoid conditions	7	7	14	7	4	11	7	3	3			
17 Epileptic psychoses	3	1	4	2	2	2	1	1	1			
18 Psychoneuroses and neuroses	2			1	1	1	1	1	1			
19 Psychoses with psychopathic personality				1	1	1	1	1	1			

20 Psychoses with mental deficiency.....	18	22	40	16	6	22	2	12	14	1	1	1	1	1	2	2
21 Undiagnosed psychoses	6	11	17	4	4	2	2	9	11	.....	.....	.....	.....	.....	.....	.....
22 Without psychoses:																
(a) Epilepsy	2	4	6	1	.....	1	1	4	5	.....	.....	.....	.....	.....	.....	.....
(b) Alcoholism	9	.....	9	3	.....	3	4	4	4	.....	.....	.....	.....	.....	.....	.....
(c) Drug addiction	13	7	20	7	.....	7	6	1	7	.....	.....	.....	.....	.....	.....	.....
(d) Psychopathic personality	2	.....	2	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(e) Mental deficiency	47	38	85	41	30	71	5	5	10	.....	.....	.....	.....	.....	.....	.....
(f) Formerly manic-depressive	2	.....	2	1	.....	1	1	1	1	.....	.....	.....	.....	.....	.....	.....
(g) Formerly Schizophrenia .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(h) Mild depressive state .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(i) Schizoid make-up .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(j) Post-traumatic constitution	1	.....	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(k) Psychoneuroses	1	.....	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(l) Disseminated sclerosis	6	3	9	1	1	2	4	2	6	.....	.....	.....	.....	.....	.....	.....
(m) Neuro-syphilis	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(n) For eugenics operation	29	8	37	16	3	19	8	3	11	.....	.....	.....	.....	.....	.....	.....
(o) Undefined .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(p) Committed following criminal charge .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(q) Investigator	1	.....	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	400	265	665	235	75	310	136	146	282	16	21	37	12	20	32	1 3 4

DEPARTMENT OF PUBLIC HEALTH

TABLE No. 4
AGES OF PATIENTS ADMITTED DURING 1935

Ages	First Admissions		Re-admissions		Male	Female	Total
	Male	Female	Male	Female			
Under 15 years	1	3	...	1	1	4	5
15 to 19 years	16	12	9	6	25	18	43
20 to 24 "	32	28	8	9	40	37	77
25 to 29 "	43	27	13	10	56	37	93
30 to 34 "	53	25	10	10	63	35	98
35 to 39 "	40	22	11	5	51	27	78
40 to 44 "	26	17	6	11	32	28	60
45 to 49 "	22	13	9	9	31	22	53
50 to 54 "	24	15	10	8	34	23	57
55 to 59 "	19	9	7	7	26	16	42
60 to 64 "	12	6	2	...	14	6	20
65 to 69 "	12	5	...	...	12	5	17
70 and over	12	7	3	...	15	7	22
Total	312	189	88	76	400	265	665

TABLE No. 5
NATIVITIES OF PATIENTS ADMITTED DURING 1935

Nativities	Male			Total	Nativities	Male			Total
	Female	Female	Total			Female	Female	Total	
Canada	169	124	293	Holland	1	...	1	1	
England	38	34	72	Hungary	3	1	4	4	
Scotland	16	11	27	Italy	1	...	1	1	
Ireland	3	5	8	Jugo-Slavia	2	...	2	2	
Wales	4	2	6	Lithuania	1	...	1	1	
Other British Possessions	2	...	2	Norway	7	2	9	9	
U.S.A.	65	44	109	Poland	21	12	33	33	
Austria	22	6	28	Roumania	1	3	4	4	
Belgium	1	...	1	Russia	10	7	17	17	
Bulgaria	1	...	1	Sweden	9	2	11	11	
China	2	...	2	Switzerland	2	2	4	4	
Czecho-Slovakia	7	3	10	Syria	1	...	1	1	
Denmark	2	2	4	Ukrainia	2	3	5	5	
Finland	1	...	1	Total	400	265	665	665	
Germany	6	2	8						

TABLE No. 6
PLACE OF RESIDENCE OF PATIENTS ADMITTED DURING 1935

Place of Residence	Male			Total	Place of Residence	Male			Total
	Female	Female	Total			Female	Female	Total	
Acadia Valley	1	1	2	Chinook	2	...	2	2	
Aerial	1	1	2	Clairmont	2	...	2	2	
Andrew	1	2	3	Clandonald	1	1	2	2	
Arrowwood	1	1	2	Claresholm	1	1	2	2	
Athabasca	2	1	3	Clive	1	...	1	1	
Banff	2	...	2	Cochrane	1	...	1	1	
Ballantine	1	1	2	Cold Lake	1	1	2	2	
Barnwell	1	1	2	Coleman	1	1	2	2	
Barons	1	1	2	Conklin	1	...	1	1	
Barrhead	2	...	2	Conrich	1	1	2	2	
Battle Ridge	1	1	2	Corbett Creek	1	...	1	1	
Beaumont	1	1	2	Coronation	1	1	2	2	
Beaver Crossing	1	1	2	Coutts	1	...	1	1	
Bellevue	2	1	3	Craigend	1	...	1	1	
Belloy	1	1	2	Craigmyle	2	...	2	2	
Beverly	2	2	4	Crossfield	3	2	5	5	
Bingley	1	1	2	Daysland	2	2	4	4	
Black Diamond	1	1	2	Deep Creek	1	...	1	1	
Blackfalds	1	1	2	Delburne	1	1	2	2	
Blackfoot	1	1	2	Desjarlais	1	...	1	1	
Blackie	2	...	2	Diamond City	1	...	1	1	
Blairmore	2	...	2	Didsbury	3	1	4	4	
Bloomsbury	1	1	2	Dixonville	1	1	2	2	
Bon Accord	1	1	2	Dodds	1	...	1	1	
Bonnyville	2	...	2	Donalda	2	1	3	3	
Bow Island	2	...	2	Donnelly	1	1	2	2	
Boyle	1	1	2	Dorenlee	2	...	2	2	
Briar Ridge, B.C.	1	1	2	Dovercourt	1	...	1	1	
Brightview	1	1	2	Drayton Valley	1	1	2	2	
Brooks	1	1	2	Drumheller	6	8	14	14	
Bruce	1	1	2	Duhamel	1	...	1	1	
Bulwark	1	1	2	Edmonton	69	48	117	117	
Byemoor	1	1	2	Eckville	1	1	2	2	
Calgary	73	43	116	Edgerton	...	2	2	2	
Calmar	1	1	2	Edson	...	1	1	1	
Camrose	2	2	4	Elnora	3	...	3	3	
Carbon	1	1	2	Elkpoint	1	...	1	1	
Cardston	1	1	2	Embarras Portage	...	1	1	1	
Carrot Creek	1	1	2	Enchant	...	1	1	1	
Carstairs	1	1	2	Entwistle	...	1	1	1	
Castor	2	...	2	Evansburg	1	...	1	1	
Cereal	1	1	2	Evarts	2	...	2	2	
Cheadle	1	1	2	Fairview	1	...	1	1	

TABLE No. 7
DISCHARGES, CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES AND CONDITION ON ADMISSION FOR THE YEAR 1935

	Psychoses		Recovered		Improved		Unimproved		T.
	M.	F.	M.	F.	M.	F.	M.	F.	
1 Traumatic	1	1	1	1	1	1	1	1	1
2 Senile	1	2	1	3	1	2	1	1	1
3 With cerebral arteriosclerosis	4	3	3	4	1	2	1	1	1
4 General paralysis	18	6	1	1	18	5	23	23	23
5 With cerebral syphilis	1	1	1	1	1	1	1	1	1
6 With Huntington's Chorea	2	2	2	2	2	2	2	2	2
7 With brain tumour	4	2	4	6	4	4	4	4	4
8 With other brain or nervous diseases	2	1	1	3	1	1	1	1	1
9 Alcoholic	2	1	1	2	1	1	1	1	1
10 Due to drugs and other exogenous toxins	1	1	1	2	1	2	1	1	1
11 With pellagra	2	4	2	6	2	4	2	4	2
12 With other somatic diseases	34	41	16	75	16	26	42	3	3
13 Manic-depressive	2	3	13	5	1	3	4	1	1
14 Involutional melancholia	59	26	13	85	38	13	51	8	12
15 Dementia Praecox (Schizophrenia)	13	4	17	17	6	2	7	2	9
16 Paranoia and paranoid conditions	4	3	1	7	3	2	3	1	1
17 Epileptic	3	1	1	4	2	1	3	1	1
18 Psychoneuroses and neuroses	1	1	1	2	1	1	2	1	1
19 With psychopathic personality	13	10	6	23	4	5	9	3	4
20 With mental deficiency	3	6	3	9	3	3	4	2	2
21 Undiagnosed	98	48	146	146	146	146	146	146	146
22 Without psychoses	265	163	428	428	94	50	147	28	41
Total	265	163	428	52	97	50	147	28	41

TABLE No. 9

Register No.	Sex.	Age.	Time in Hospital.			Cause of Death.
			Years.	Months.	Days.	
5887	M	66	....	2	10	Arteriosclerosis and exhaustion.
5848	F	44	2	3	10	Broncho-pneumonia; burns about buttocks and legs.
6919	M	40	....	1	8	Right brain (cerebellar) tumour.
6793	F	49	....	3	29	Broncho-pneumonia.
909	M	71	18	11	12	Cardiac failure; coronary sclerosis and myocardial infarction.
4451	F	70	5	8	16	Tuberculosis; broncho-pneumonia.
6801	M	65	6	4	6	Fracture of rib with puncture of lung.
2424	M	38	12	9	6	Broncho-pneumonia.
7021	M	75	....	....	6	Broncho-pneumonia.
5208	M	58	3	9	29	Bilateral broncho-pneumonia.
6628	F	43	....	7	27	Broncho-pneumonia; general paresis.
5752	M	85	2	6	22	Bilateral broncho-pneumonia.
1705	M	65	15	5	27	Chronic myocarditis.
7026	M	78	....	....	18	Broncho-pneumonia.
3177	F	87	9	10	5	Epithelioma (face), cancerous.
6792	F	49	....	5	24	Lobar pneumonia.
7094	M	37	....	....	1½	Surgical shock; herniotomy, double congenital (direct).
2514	M	40	12	7	16	Pulmonary haemorrhage following lung infection; epilepsy.
5874	F	70	2	5	....	Myocarditis; senile psychosis.
6413	M	83	1	1	25	Broncho-pneumonia.
4414	F	40	5	1	21	Pulmonary tuberculosis.
7068	M	55	....	1	7	Tabo-paresis; exhaustion.
5291	F	73	3	9	16	Senile psychosis with exhaustion.
6221	M	63	1	7	1	Broncho-pneumonia.
7154	M	62	....	....	12	Broncho-pneumonia.
6685	M	78	....	9	18	Arteriosclerosis; chronic myocarditis with coronary disease.
7113	F	59	....	1	2	Brain tumour (non-cancerous).
7159	F	49	....	....	19	Streptococcal septicaemia.
4411	F	52	6	1	26	Pulmonary tuberculosis.
7171	F	75	....	....	15	Broncho-pneumonia.
6722	F	50	....	9	14	Cerebral haemorrhage.
6847	F	44	....	6	21	Dissecting aneurysm of aorta; essential hypertension and arteriosclerosis.
7198	M	42	....	....	28	Broncho-pneumonia; chronic nephritis.
7048	F	79	....	3	20	Cerebral thrombosis; general arteriosclerosis; exhaustion.
6297	M	61	1	7	29	Chronic myocarditis.
5107	M	26	4	5	11	Status epilepticus and early broncho-pneumonia.
5385	M	61	....	....	25	Tuberculous broncho-pneumonia.
7239	F	53	....	....	12	Broncho-pneumonia; auricular fibrillation; rheumatic carditis.
5305	M	52	3	11	7	Broncho-pneumonia; general paresis.
899	M	44	19	4	27	Idiopathic epilepsy and exhaustion.
5769	F	57	2	11	11	Chronic myocarditis; obstructive jaundice.
4972	M	46	4	11	....	Suffocation by strangulation, self-inflicted.
6574	M	60	1	2	6	Broncho-pneumonia; arteriosclerosis.
5048	M	61	4	8	15	Heat stroke.
7309	F	58	....	....	17	Pre-senile psychosis; exhaustion.
6556	M	87	1	3	5	Broncho-pneumonia; generalized arteriosclerosis and gangrene.
4425	F	83	6	4	8	Senility with exhaustion; fractured femur.
4778	M	41	5	5	14	Broncho-pneumonia; otitis media with extra dual abscess.
5344	M	53	4	....	....	Pulmonary tuberculosis.
6006	F	42	2	6	9	Septicaemia of unknown origin; manic-depressive psychosis.
7290	F	39	....	2	2	Exhaustion from acute mania.
6846	M	63	....	10	10	Broncho-pneumonia.
5785	F	41	3	....	26	Bilateral pulmonary tuberculosis.
6184	M	34	2	1	27	Brain abscess.
3942	F	50	7	10	3	Bilateral pulmonary tuberculosis.
2774	F	54	12	1	29	Broncho-pneumonia.
7337	M	65	....	1	25	Cerebral haemorrhage; apoplexy.
5725	M	36	3	1	27	Schilder's disease; chronic myocarditis; chronic nephritis.
7423	M	60	....	....	7	Pulmonary tuberculosis.
7310	M	40	....	2	21	General paresis; exfoliating dermatitis and exhaustion.
3637	F	41	8	9	3	Rheumatoid arthritis.
7104	F	22	....	6	25	Pulmonary tuberculosis.
969	M	42	19	5	....	Pulmonary tuberculosis.
6380	M	74	1	9	26	Senile psychosis with exhaustion.
7471	M	61	....	....	13	Broncho-pneumonia; cerebral arteriosclerosis.
7424	F	68	....	1	24	General arteriosclerosis with exhaustion.
3153	M	62	10	7	11	Strangulated inguinal hernia.
7481	M	18	....	....	26	Peritonitis.

Register No.	Sex.	Age.	Time in Hospital.			Cause of Death.
			Years.	Months.	Days.	
7500	F	36	....	....	13	Lung abscesses.
7509	M	51	....	....	11	Perforated gastric ulcer; general peritonitis.
7073	M	23	....	9	2	Suffocation during epileptic seizure.
2877	M	81	11	9	25	Broncho-pneumonia; arteriosclerosis.
977	M	33	17	11	20	Psoas abscess; pulmonary tuberculosis.
5528	M	78	3	10	11	Arteriosclerosis and exhaustion.
7517	F	56	....	....	17	Cerebral haemorrhage; arteriosclerosis.
739	M	54	20	8	7	Pulmonary tuberculosis.
4517	M	58	6	6	....	General paresis with exhaustion; hypostatic congestion.
4370	M	77	6	11	4	Intestinal obstruction; peritonitis.
281	F	78	23	4	11	Carcinoma of liver.
7531	F	41	....	....	24	Suicide by hanging.

PROVINCIAL AUXILIARY HOSPITAL, CLAREHOLM, ALBERTA

Movements of Patients.—On January 1st, 1935, 100 patients were in residence. During the year 8 patients were received from the Provincial Mental Hospital, and 1 was admitted directly to this hospital. Five patients were transferred to the Provincial Mental Hospital, 2 were discharged, and 1 died.

Accidents and Elopements.—There were no elopements during the year, and no accidents of a serious nature occurred.

General Health.—There was little illness among the staff or patients. This was probably due to the fact that the majority of the patients spent quite a large proportion of the time in the open air.

Dentistry.—The necessary dental work for the patients was carried out by Dr. S. N. Snedden and Dr. A. E. Heacock. The former visited the hospital in June and the latter in December.

Occupational Therapy.—In addition to the employment provided for patients in doing the routine work of the hospital, e.g., ward and dormitory, laundry, sewing room, kitchen and dining room, a special occupational therapy class was operated. During the summer many patients found interesting and beneficial employment working about the grounds and in the garden. A strenuous effort was made to provide a congenial occupation for every employable patient in residence.

Lectures.—Upon the request of various local clubs and organizations the Medical Officer was pleased to deliver several talks on certain aspects of mental health during the year.

Library.—Numerous additions were made to our library, many of the books being donated by interested citizens of this community, to whom we are very grateful. At the end of the year there were 180 books available for the use of the patients.

Religious Services.—Rev. R. W. Dalglish and Rev. Canon W. J. Merrick alternated in providing a special Sunday afternoon service in the hospital each week. These services were well attended and greatly enjoyed by the patients.

Recreation and Entertainment.—Once every two weeks during the year a special matinee was provided in the Rex Theatre, Claresholm, for all patients who desired to attend. Those who for any reason were unable to walk were driven to the theatre by automobile. This outing was eagerly awaited by the large majority of the patients, and was thoroughly appreciated by all who attended.

Rev. Canon Merrick entertained the patients with some lantern slides and a lecture on March 26th.

On July 23rd our Annual Sports Day was held on the hospital grounds. Prizes were provided for the various events and refreshments were served.

The Claresholm Horticultural Society's show was held in Claresholm on August 15th. The hospital entered an exhibit of flowers and vegetables. An exhibit of goods from our occupational therapy department was also arranged, and many of the articles were sold to the public. All patients who cared to do so visited the show prior to its official opening as guests of the society.

Rev. Ristesund presented an entertainment for the patients in the hospital with moving pictures on November 15th.

A Christmas concert was held in the hospital on December 23rd. The staff, assisted by talent from Claresholm and Granum, provided the programme. The hospital was appropriately decorated for Christmas. The presents were distributed from the Christmas tree on Christmas morning, and following this the special turkey dinner was served.

In addition to the above, the staff arranged several entertainments for the patients during the year, e.g., at Easter, May 24th, July 1st, and Hallowe'en.

Visitors.—The Deputy Minister of Health visited this hospital on September 14th. The Commissioner of Mental Institutions and Director of Mental Health and the Medical Superintendent visited the hospital periodically. In addition to the relatives and friends of our patients, many people of this district have been welcome visitors. We gratefully acknowledge the many donations of reading material received from residents of this community.

Alterations.—A small greenhouse was built and proved to be of real value to the hospital. It assisted in providing a source of flowers and fresh vegetables during the winter months.

Garden and Grounds.—With the assistance of our patients, 5,000 caraganas, 200 ash, 200 elm and 200 spruce were planted, and various other steps were taken with the view to beautifying the hospital property. An ample supply of vegetables was produced in our garden and provided for our requirements in this regard for the entire year.

Conclusion.—There has been displayed much tangible evidence of the fact that a feeling of good will, interest, and sympathetic understanding has been engendered and developed between the hospital and the citizens of the town and neighbouring territory. As it is believed that this happy relationship is of importance, no effort will be spared in cherishing and, if possible, developing more fully this attitude.

TABLE No. 1
MOVEMENT OF PATIENT POPULATION DURING 1935

	Male	Female	Total	Male	Female	Total
In Residence January 1, 1935				99		99
Admissions:						
First Admissions:						
(a) Voluntary		1	1			
(b) Certificate						
(c) Warrant						
(d) Order						
(e) Transfers		8	8			
Re-admissions:						
(a) Voluntary						
(b) Certificate						
(c) Warrant						
(d) Order						
(e) Transfers						
Total				9		9
Total				108		108
Discharged during the year:						
(a) As recovered						
(b) As improved		2	2			
(c) As unimproved						
(d) As without psychosis						
(e) Transferred to other hospitals		5	5			
(f) Eloped						
(g) Deported to other countries						
(h) Deaths		1	1			
Total				8		8
In Residence at end of year				100		100

TABLE No. 2
SHOWING THE DIAGNOSIS OF THOSE IN RESIDENCE DECEMBER 31, 1935

	Male	Female	Total
1 Traumatic psychoses			
2 Senile psychoses		2	2
3 Psychoses with cerebral arteriosclerosis		1	1
4 General paralysis		1	1
5 Psychoses with cerebral syphilis			
6 Psychoses with Huntington's Chorea			
7 Psychoses with brain tumour			
8 Psychoses with other brain or nervous diseases:			
(a) Chronic encephalitis		1	1
(b) Disseminated sclerosis			
(c) Tuberculosis meningitis			
(d) Undefined			
9 Alcoholic psychoses:			
(a) Delirium tremens			
(b) Chronic alcoholism			
(c) Deterioration			
10 Psychoses due to drugs and other exogenous toxins			
11 Psychoses with pellagra			
12 Psychoses with other somatic diseases:			
(a) Post-infectious			
(b) Diabetes			
13 Manic-depressive psychoses:			
(a) Manic phase		1	1
(b) Depressive phase		2	2
(c) Mixed			
(d) Circular			
14 Involutional melancholia		2	2
15 Dementia praecox (Schizophrenia):			
(a) Paranoid		30	30
(b) Catatonic		21	21
(c) Hebephrenic		9	9
(d) Simple		2	2
(e) Mixed			
16 Paranoia and paranoid conditions		7	7
17 Epileptic psychoses		2	2
18 Psychoneuroses and neuroses:			
(a) Hysterical type			
(b) Psychasthenic type			
(c) Neurasthenic type			
(d) Anxiety state			
19 Psychoses with psychopathic personality			
20 Psychoses with mental deficiency		15	15
21 Undiagnosed psychoses			
22 Without psychoses:			
(a) Epilepsy		2	2
(b) Alcoholism			
(c) Drug addiction			
(d) Psychopathic personality			
(e) Mental deficiency		2	2
(f) Psychoneuroses			
(g) Hysterical episodes			
(h) Organic nervous disease			
(i) Disseminated sclerosis			
(j) Sacro-iliac arthritis			
(k) Neuro-syphilis			
(l) Sex perversions			
(m) For consideration by Eugenics Board			
Total		100	100

TABLE No. 3
RECORD OF DEATHS DURING 1935

Register No.	Sex.	Age.	Time in Mental Hosp.			Cause of Death.
			Years.	Months.	Days.	
4172	F	57	6	2	11	Pneumonia (hypostatic).

Provincial Mental Institute, Edmonton

(W. J. McALISTER, M.D., *Medical Superintendent*)

GENERAL REMARKS

A survey of the work of the institute during the year 1935 does not reveal any marked change in administration or institute activities from that of the previous year. At the beginning of the year we had a total population of 450. Total admissions were 58—32 being first admissions and 26 transfers from Ponoka. This gave us a grand total on our books during the year of 508 patients. Total discharges numbered 32. Of these, 15 died during the year. As in previous years, the mortality was for the most part from our senile population, no less than 8 being over 70 years of age. The grand total of patients in hospital at the end of the year was 476. There was one case of suicide; apart from this, no serious problems of administration were met with. Our budget was again kept down to the absolute minimum. As a result, a number of activities had to be curtailed. However, we did not permit this to interfere to any marked degree with the maintenance of the usual standard of efficiency in general administration.

INSTITUTIONAL ACTIVITIES

Occupational Therapy.

Active occupational work was again stressed both for those who were deteriorated mentally as well as for those who were capable of more constructive work. It might be interesting to note that of the total population (476) at the end of the year, 362, or approximately 75%, were employed either within or without the institute. Of this number 243, or 67%, were ward workers, the majority of whom were only capable of such simple tasks as making beds, blocking the floors, etc., a striking illustration of the economically inefficient type of patient comprising the majority of our population. One hundred and nineteen patients were employed in departmental work and an equal number were allowed institutional parole. As there were only three elopements from this number, our record in this respect was, I consider, remarkably good. Two of these cases were returned to the institution and one made his way to his home in Manitoba, where eventually he was re-admitted to the Brandon Hospital.

Special work was carried on in the occupational therapy room with selected patients, and approximately \$200.00 worth of material was disposed of, either during exhibition week or from orders taken as a result of our exhibit there.

Religious Services.

Religious services were held for both Protestant and Catholic denominations throughout the year. No special services were held for other denominations, although some of the patients were visited from time to time by pastors of the churches to which they claimed adherence.

Staff Training.

A series of lectures were given to the attendant staff. Examinations were held and results recorded of those who were successful in these examinations. The staff as a whole exhibited quite a keen interest in this feature of their

work, and I feel the lectures have helped materially in increasing their efficiency and their general knowledge of mental problems and psychiatric nursing.

Recreation.

Patients.—This again was adversely affected, as no steps were taken to recontinue our moving picture activity. In view of its real therapeutic value, some definite action should be taken towards the resumption of this form of entertainment at the earliest opportunity. This is all the more urgent considering the enforced inactivity during the winter months and the limited means at our disposal for entertainment and recreation.

Advantage was freely taken of the skating rink. It appealed particularly to a considerable number of our younger mentally defective type of patients. It was, of course, of no value as a means of recreation and exercise to the large number of our deteriorated vegetative type of psychotics.

Extra Institutional Work.

No new activity was undertaken in this respect during the year. The Superintendent was in attendance at the regular weekly Mental Hygiene Clinic, and in addition was available for such work as lectures on mental deficiency and the investigation of certain police and other problem cases.

I am sure that in the work of the Mental Hygiene Clinic more could be accomplished if certain social agencies, which now do not, availed themselves to a greater extent of the facilities which the clinic offers in the investigation of the many psychiatric problems which come before them. But to facilitate this and make the clinic worth while, it will be necessary to make available the services of a social worker to a far greater extent than has been done heretofore. What we really need is a full-time social worker for Edmonton and district for the purpose of organizing clinical material, for visitation, and for the investigation of such problem cases which might be brought to our notice, and which would not for various reasons be dealt with by any of our social groups.

Health.

I am very pleased to report that the general health of the patients was remarkably good. Apart from mild invasions of the so-called "flu," there was nothing serious in the way of epidemic disease. The incidence of tuberculosis was not high, and our active sick ward population consisted mainly of recoverable cases of minor surgery and disease.

The establishment during 1934 of a full time nurse continued to be a source of satisfaction in the organizing and carrying out of a proper routine in the care and treatment of the infirmary and hospital type of patient. At the present time, however, our nurse is also responsible for the ward as well as the hospital. This interferes to a considerable extent with her actual nursing duties. As our population has now passed the 500 mark, and as a consequence we have a greater number of cases of acute illness, I am convinced the nurse should be assigned to sick ward duties only, and an additional charge attendant be employed for the routine ward duty. Some thought should also be given to the employment of a second nurse; one who would be available for night duty or for relief.

Dental Services.

Efficient and satisfactory services were rendered by Dr. Heacock in his routine visits to the institute. A large number of extractions under general anaesthesia were completed, and other routine work carried out with complete satisfaction to the management.

Institutional Progress.

To help relieve the serious overcrowding at Ponoka, a new wing was undertaken towards the end of the year. This was for the accommodation of approximately 50 disturbed patients. Transfers of these cases, of course, did not take place during the year of this report. In addition to this new wing, the balconies adjoining the sick ward and dormitory of No. 11 building were closed in and heated.

A forward step was taken when the administration of the Oliver farm was transferred from the Department of Agriculture to the Department of Health and incorporated as a department of the institute. It was felt that through a closer co-ordination of services as between the institute and the farm, a greater contribution could be made by the latter towards the work of the institute as a whole.

Institutional Requirements.

There is nothing to add to what has already been said on previous occasions on this point. We still continue as a custodial institution for chronic male patients. Our accommodation is now taxed to the limit, and any further progress must necessitate an additional building programme. As soon as this is decided upon, consideration should be given to a proper hospital wing and such modern equipment as is required to bring our institution up to a proper standard of administration. I have in mind particularly an X-ray machine, additional laboratory equipment and other necessary features associated with a more active treatment hospital.

Finances.

There was a decrease of three cents per patient day in the expenditure as compared with 1934. The net expenditure was held to within \$500.00 of that of the previous year in spite of the fact that there was an increase of approximately 9,000 hospital days. This result reflects very creditably upon our office executive, Mr. Murray, and his staff.

Conclusion.

I wish to thank all members of the staff for the way they have co-operated in successfully carrying on the various departmental activities. There have been many difficulties, but one and all have faced these cheerfully with the hope that many, if not all, of our problems will be satisfactorily adjusted as soon as our government is in a financial position to effect the same. I refer particularly to the restoration of our statutory increases and the elimination of the so-called voluntary contribution. This works a real hardship on those of our staff whose salaries are already very modest. Considering the arduous and responsible type of work in which they are engaged, I feel that it is unfair to ask them to continue the work indefinitely under these and other handicaps, viz., lack of transportation, unsatisfactory working hours, unnecessary charges for services, etc.

I also wish to thank the other Departments of the government for their active and willing co-operation in the work of administration. I refer particularly to the Department of Public Works and the various branches within that Department.

There have been many visitors, official and non-official, and all have spoken very highly of the way in which our patients are supervised and cared for and of the general appearance of the buildings and grounds.

TABLE No. 1
MOVEMENT OF POPULATION

	Males	Females	Total
Patients on Books Jan. 1st, 1935:			
(a) In Hospital	444	....	444
(b) On Probation	6	....	6
Total	450	....	450
Admissions during Year:			
(a) First Admissions	32	....	32
(b) Re-admissions .....	....	....	....
(c) Transfers	26	....	26
Total	58	....	58
Total Received during Year:			
(a) Transfers	26	....	26
(b) Re-admissions .....	....	....	....
(c) By Warrant	5	....	5
(d) By Voluntary	10	....	10
(e) By Certificate	17	....	17
Total	58	....	58
Total on Books during Year	508	....	508
Discharged during Year:			
(a) As Recovered .....	....	....	....
(b) Improved	6	....	6
(c) Unimproved	4	....	4
(d) Without Psychosis .....	....	....	....
(e) Transfers	7	....	7
(f) Died during year	15	....	15
Total	32	....	32
Patients on Books End of Year:			
(a) In Hospital	466	....	466
(b) On Probation	6	....	6
(c) On Parole	1	....	1
(d) Elopements	3	....	3
Total	476	....	476
Total Admitted Since Opening	721	....	721
Total Discharged Since Opening	182	....	182
Total Died Since Opening	92	....	92

TABLE No. 2
NUMBER OF OFFICERS AND EMPLOYEES

	Males	Females	Total
Medical Superintendent	1	....	1
Medical Officer	1	....	1
Dentist (part time)	1	....	1
Administrative Assistant	1	....	1
Bursar	1	....	1
Storekeeper	1	....	1
Stenographer .....	....	1	1
Night Supervisor	1	....	1
Graduate Nurses .....	....	1	1
Other Female Nurses .....	....	....	....
Male Attendants	41	....	41
Social Workers .....	....	....	....
Teachers .....	....	....	....
Occupational Therapist	1	....	1
Kitchen and Bakery	3	....	3
Laundry	1	1	2
Gardeners and Assistants	3	....	3
Engineers and Mechanics	9	....	9
Other Male Employees	6	....	6
Other Female Employees .....	....	....	....
Total	71	3	74

TABLE No. 3

PSYCHIATRIC AND INDUSTRIAL CLASSIFICATION OF PATIENTS

	Males	Females	Total
Patients Insane	428	.....	428
Epileptic (not insane)	4	.....	4
Mental Deficiency (not insane)	41	.....	41
Alcoholics (not insane) .....	.....	.....	.....
Drug Addicts (not insane) .....	.....	.....	.....
Neurosyphilitics (not insane) .....	.....	.....	.....
All other types (not insane)	3	.....	3
Total Population	476	.....	476
Industrial Workers	29	.....	29
Garden Workers	49	.....	29
Internal Workers	264	.....	264
External Workers	26	.....	26
Doing no work	98	.....	98
On Probation, Parole, etc.	10	.....	10
Total Population	476	.....	476

TABLE No. 4

NATIVITY OF PATIENTS IN RESIDENCE

	Males	Females	Total		Males	Females	Total
Canada	160	.....	160	Japan	2	.....	2
Australia	1	.....	1	Norway	16	.....	16
Austria	33	.....	33	Poland	4	.....	4
Belgium	3	.....	3	Roumania	4	.....	4
China	3	.....	3	Russia	23	.....	23
Denmark	4	.....	4	Scotland	18	.....	18
England	58	.....	58	Sweden	9	.....	9
Finland	6	.....	6	Switzerland	3	.....	3
France	2	.....	2	United States	69	.....	69
Germany	12	.....	12	Wales	5	.....	5
Holland	2	.....	2	Other Countries	13	.....	13
Hungary	1	.....	1	Unascertained	12	.....	12
Ireland	9	.....	9	Total	476	.....	476
Italy	4	.....	4				

TABLE No. 5

CITIZENSHIP OF PATIENTS IN RESIDENCE

	Males	Females	Total
Citizens by Birth	160	.....	160
Citizens by Naturalization	22	.....	22
Aliens	195	.....	195
Unascertained	6	.....	6
British Birth out of Canada	93	.....	93
Total	476	.....	476

TABLE No. 6

DENTAL REPORT

	Males	Females	Total
Patients Examined	437	.....	437
Patients Treated	275	.....	275
Prophylactic Treatments	118	.....	118
Fillings	117	.....	117
Extractions	310	.....	310
New Dentures	5	.....	5
Dentures Repaired	5	.....	5
General Anaesthetics for Extractions	29	.....	29

TABLE No. 7
AGE AT ADMISSION AND PRINCIPAL PSYCHOSES

Psychoses	Total		Under 15 years		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 Traumatic
2 Senile
3 Cerebral Arteriosclerosis
4 General Paralysis
5 With Cerebral Syphilis
6 With Huntington's Chorea
7 With Brain Tumour
8 With Other Brain Diseases
9 Alcoholic
10 Due to Drugs
11 With Pellagra
12 With Other Somatic Diseases
13 Manic Depressive
14 Involuntal Melancholia
15 Schizophrenia
16 Paranoia and Paranoid Conditions
17 Epileptic Psychoses
18 Psychoneuroses and Neuroses
19 With Psychopathic Personality
20 With Mental Deficiency
21 Undiagnosed Psychoses
22 Without Psychoses:
A
E
F
Total	476	476	5	5	25	25	55	55	78	78	82	82	56	56

TABLE No. 7(a)
AGE AT ADMISSION AND PRINCIPAL PSYCHOSES

Psychoses	40 to 44		45 to 49		50 to 54		55 to 59		60 to 64		65 to 69		70 & Over		Unascertained		
	M.	F.	M.	F.	M.	F.											
1 Traumatic																	
2 Senile																	
3 Cerebral Arteriosclerosis																	
4 General Paralysis																	
5 Cerebral Syphilis	3	3	3	3	1	1	2	1	1	3	1	1	9	5	1	1	
6 Huntington's Chorea																	
7 Brain Tumour																	
8 Other Brain Diseases																	
9 Alcoholic	2	2	1	1	1	1	1	1	1								
10 Due to Drugs																	
11 Pellagra																	
12 Somatic Disease	2	2	2	2	1	1	1	5	1	1	2	2					
13 Manic Depressive	1	1															
14 Involutional Melancholia																	
15 Schizophrenia	21	21	15	15	7	7	7	3	1	1	1	1					
16 Paranoia and Paranoid Conditions	15	15	8	8	16	16	16	8	2	2	2	2					
17 Epileptic Psychoses																	
18 Psychoneuroses and Neuroses																	
19 Psychopathic Personality																	
20 Mental Deficiency	2	2	1	1	1	1	1	3	1	1							
21 Undiagnosed																	
22 Without Psychoses:																	
A	1	1															
E	4	4	2	2	3	3	1	1	1								
F																	
Total	51	51	34	34	34	34	23	23	8	8	5	5	14	14	6	6	

TABLE No. 8
DEGREE OF EDUCATION OF FIRST ADMISSIONS WITH PRINCIPAL PSYCHOSES

Psychoses	Total		Illiterate		Reads and Writes		Common School		High School		University		Unascertained.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 Traumatic	13	13	2	2	4	4	6	6	1	1	1	1	1	1
2 Senile	11	11	3	3	4	4	3	3	1	1	1	1	1	1
3 Cerebral Arteriosclerosis	13	13	1	1	7	7	5	5	1	1	1	1	1	1
4 General Paralysis	1	1			1	1								
5 With Cerebral Syphillis														
6 With Huntington's Chorea														
7 With Brain Tumour	3	3					3	3						
8 With Other Brain Diseases	5	5	1	1	1	1	1	1	1	1	1	1	1	1
9 Alcoholics														
10 Due to Drugs														
11 With Pellagra														
12 With Other Somatic Disease														
13 Manic Depressive	18	18			4	4	11	11	2	2			1	1
14 Involutional Melancholia	1	1					1	1						
15 Schizophrenia	263	263	13	13	112	112	101	101	12	12	4	4	21	21
16 Paranoia and Paranoid Conditions	63	63	3	3	20	20	31	31	6	6			3	3
17 Epileptic Psychoses	9	9	3	3	4	4	2	2						
18 Psychoneuroses and Neuroses	2	2			1	1	1	1						
19 Psychopathic Personality	26	26	4	4	12	12	7	7	2	2			1	1
20 With Mental Deficiency														
21 Undiagnosed Psychoses														
22 Without Psychoses:														
A	4	4	1	1	2	2	1	1					1	1
E	41	41	13	13	19	19	8	8					1	1
F	3	3			1	1	2	2						
Total	476	476	43	43	192	192	183	183	24	24	5	5	29	29

TABLE No. 9
ENVIRONMENT OF FIRST ADMISSIONS WITH PRINCIPAL PSYCHOSES

Psychoses	Total		Urban 2,500 and over		Rural		Unascertained.	
	M.	F.	M.	F.	M.	F.	M.	F.
1 Traumatic	.....	.....	.....	.....	.....	.....	.....	.....
2 Senile	13	13	3	3	9	9	1	1
3 Cerebral Arteriosclerosis	11	11	3	3	8	8	.....	.....
4 General Paralysis	13	13	5	5	8	8	.....	.....
5 Cerebral Syphilis	1	1	1	1	.....	.....	.....	.....
6 Huntington's Chorea	.....	.....	.....	.....	.....	.....	.....	.....
7 With Brain Tumour	3	3	1	1	1	1	1	1
8 Other Brain Diseases	5	5	1	1	4	4	.....	.....
9 Alcoholics	.....	.....	.....	.....	.....	.....	.....	.....
10 Due to Drugs	.....	.....	.....	.....	.....	.....	.....	.....
11 With Pellagra	.....	.....	.....	.....	.....	.....	.....	.....
12 Other Somatic Disease	18	18	2	2	16	16	.....	.....
13 Manic Depressive	1	1	1	1	.....	.....	.....	.....
14 Involutional Melancholia	263	263	70	70	175	175	18	18
15 Schizophrenia	63	63	13	13	49	49	1	1
16 Paranoia and Paranoid Conditions	9	9	1	1	7	7	1	1
17 Epileptic Psychoses	.....	.....	.....	.....	.....	.....	.....	.....
18 Psychoneuroses and Neuroses	2	2	1	1	1	1	.....	.....
19 Psychopathic Personality	26	26	6	6	20	20	.....	.....
20 With Mental Deficiency	.....	.....	.....	.....	.....	.....	.....	.....
21 Undiagnosed	.....	.....	.....	.....	.....	.....	.....	.....
22 Without Psychoses:	.....	.....	.....	.....	.....	.....	.....	.....
A	4	4	2	2	2	2	2	2
E	41	41	12	12	27	27	.....	.....
F	3	3	1	1	2	2	.....	.....
Total	476	476	123	123	329	329	24	24

TABLE No. 10
ECONOMIC CONDITION OF FIRST ADMISSIONS WITH PRINCIPAL PSYCHOSES

Psychoses	Total		Dependent		Living on Daily Earnings		Comfortabl. Ample for 4 months		Unascertained	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 Traumatic	13	13	6	6	4	4	1	1	2	2
2 Senile	11	11	4	4	5	5	2	2	1	1
3 Cerebral Arteriosclerosis	13	13	6	6	4	4	2	2	1	1
4 General Paralysis	1	1	1	1						
5 With Cerebral Syphillis										
6 With Huntington's Chorea										
7 With Brain Tumour	3	3	1	1	1	1	1	1		
8 With Other Brain Diseases	5	5	3	3	1	1	1	1		
9 Alcoholics										
10 Due to Drugs										
11 With Pellagra										
12 With Other Somatic Diseases										
13 Manic Depressive	18	18	7	7	10	10	1	1		
14 Involuntal Melancholia	1	1	1	1						
15 Schizophrenia	263	263	87	87	154	154	6	6	16	16
16 Paranolia and Paranoid Con- ditions	63	63	18	18	42	42	3	3		
17 Epileptic Psychoses	9	9	8	8	1	1				
18 Psychoneuroses and Neuroses										
19 With Psychopathic Personality	2	2			2	2				
20 With Mental Deficiency	26	26	15	15	9	9	2	2		
21 Undiagnosed										
22 Without Psychoses:										
A	4	4	2	2	1	1	1	1		
E	41	41	37	37	2	2	1	1	1	1
F	3	3	3	3						
Total	476	476	199	199	236	236	21	21	20	20

TABLE No. 11
USE OF ALCOHOL BY FIRST ADMISSIONS WITH PRINCIPAL PSYCHOSES

Psychoses	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 Traumatic	13	13	26	3	3	6	6	6	12	2	2	4	2	2	4
2 Senile	11	11	22	11	8	19	8	8	16	1	1	2	2	2	4
3 Cerebral Arteriosclerosis	13	13	26	1	1	2	11	11	22	1	1	2	2	2	4
4 General Paralysis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5 Cerebral Syphilis	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6
6 Huntington's Chorea	5	5	10	3	3	6	2	2	4	2	2	4	1	1	2
7 Brain Tumour	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6
8 Other Brain Diseases	5	5	10	5	5	10	2	2	4	5	5	10	1	1	2
9 Alcoholic	18	18	36	2	2	4	11	11	22	3	3	6	2	2	4
10 Due to Drugs	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2
11 With Pellagra	18	18	36	2	2	4	11	11	22	3	3	6	2	2	4
12 With Other Somatic Diseases	1	1	2	31	31	62	160	160	320	25	25	50	47	47	94
13 Manic Depressive	63	63	126	9	9	18	32	32	64	14	14	28	8	8	16
14 Involutional Melancholia	9	9	18	2	2	4	6	6	12	2	2	4	1	1	2
15 Schizophrenia	26	26	52	8	8	16	12	12	24	4	4	8	2	2	4
16 Paranoid and Paranoid Condi- tions	4	4	8	1	1	2	3	3	6	3	3	6	1	1	2
17 Epileptic Psychoses	41	41	82	19	19	38	17	17	34	17	17	34	5	5	10
18 Psychoneuroses and Neuroses	3	3	6	1	1	2	2	2	4	2	2	4	1	1	2
19 Psychopathic Personality	26	26	52	8	8	16	12	12	24	4	4	8	2	2	4
20 Mental Deficiency	4	4	8	1	1	2	3	3	6	3	3	6	1	1	2
21 Undiagnosed	41	41	82	19	19	38	17	17	34	17	17	34	5	5	10
22 Without Psychoses:	3	3	6	1	1	2	2	2	4	2	2	4	1	1	2
A	4	4	8	1	1	2	3	3	6	3	3	6	1	1	2
E	41	41	82	19	19	38	17	17	34	17	17	34	5	5	10
F	3	3	6	1	1	2	2	2	4	2	2	4	1	1	2
Total	476	476	952	78	78	156	270	270	540	56	56	112	72	72	144

TABLE No. 12
MARITAL CONDITION OF FIRST ADMISSIONS WITH PRINCIPAL PSYCHOSES

Psychoses	Total		Single		Married		Widowed		Separated		Divorced		Unascertained	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 Traumatic	13	13	5	5	5	5	2	2			1	1		
2 Senile	11	11	8	8	2	2	1	1						
3 Cerebral Arteriosclerosis	13	13	2	2	10	10	1	1						
4 General Paralysis	1	1			1	1								
5 Cerebral Syphilis														
6 Huntington's Chorea														
7 Brain Tumour	3	3	1	1	2	2								
8 Other Brain Diseases	5	5	2	2	2	2	1	1						
9 Alcoholic														
10 Due to Drugs														
11 With Pellagra														
12 Other Somatic Diseases	18	18	5	5	11	11	2	2						
13 Manic Depressive	1	1	1	1										
14 Involuntional Melancholia	263	263	215	215	35	35	3	3	3	3	3	3	7	7
15 Schizophrenia	63	63	38	38	20	20					2	2		
16 Paranoia and Paranoid Conditions	9	9	7	7	2	2								
17 Epileptic Psychoses														
18 Psychoneuroses and Neuroses	2	2	1	1	1	1								
19 Psychopathic Personality	26	26	23	23	2	2	1	1						
20 Mental Deficiency														
21 Undiagnosed														
22 Without Psychoses:														
A	4	4	3	3	1	1								
E	41	41	39	39	2	2								
F	3	3	3	3										
Total	476	476	353	353	96	96	11	11	3	3	6	6	7	7

TABLE No. 13
INCREASE OF PATIENTS DURING THE YEAR WITH PRINCIPAL PSYCHOSES

Psychoses	Total			1st Admission			Re-admission			Transfer		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 Traumatic			6	6		6						
2 Senile	6		6									
3 Cerebral Arteriosclerosis	5		5	3		3				2		2
4 General Paralysis	2		2	1		1				1		1
5 Cerebral Syphillis												
6 Huntington's Chorea												
7 Brain Tumour												
8 Other Brain Diseases												
9 Alcoholic												
10 Due to Drugs												
11 With Pellagra												
12 Other Somatic Diseases												
13 Manic Depressive												
14 Involuntional Melancholia	1		1	1		1						
15 Schizophrenia	21		21	5		5				16		16
16 Paranoia and Paranoid Conditions	6		6	2		2				4		4
17 Epileptic Psychoses	1		1	1		1						
18 Psychoneuroses and Neuroses												
19 Psychopathic Personality												
20 Mental Deficiency												
21 Undiagnosed												
22 Without Psychoses:												
A	1		1	1		1						
D	1		1	1		1						
E	13		13	10		10				3		3
F	1		1	1		1						
Total	58		58	32		32				26		26

TABLE No. 14
DECREASE OF PATIENTS DURING THE YEAR WITH PRINCIPAL PSYCHOSES

Psychoses	Total		Discharged		Improved		Unimproved		Transfer		Death	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 Traumatic	5	5									5	5
2 Senile	2	2			1	1					1	1
3 Cerebral Arteriosclerosis	2	2			1	1			1	1		
4 General Paralysis												
5 Cerebral Syphilis												
6 Huntington's Chorea												
7 Brain Tumour												
8 Other Brain Diseases												
9 Alcoholic												
10 Due to Drugs												
11 With Pellagra												
12 Other Somatic Diseases	1	2			1	1						
13 Manic Depressive	2	1							1	1		
14 Involutional Melancholia	1	1										
15 Schizophrenia	9	9			2	2		1	2	2	5	5
16 Paranoia and Paranoid Conditions	3	3							1	1		
17 Epileptic Psychoses	1	1										
18 Psychoneuroses and Neuroses												
19 Psychopathic Personality												
20 Mental Deficiency												
21 Undiagnosed												
22 Without Psychoses:												
D	1	1					1	1				
E	4	4					2	2				
F	1	1			1	1			2	2		
Total	32	32			6	6	4	4	7	7	15	15

TABLE No. 15
CAUSE OF DEATH, PRINCIPAL PSYCHOSES, AGE AT DEATH, DURATION OF HOSPITAL LIFE

Psychoses	Total			Cause of Death	Duration of Hospital Life			
	M.	F.	T.		Age	Years	Months	Days
2 Senile	5	.....	5	Chronic Myocarditis	76	4	6	19
				"	78	3	.....	3
				"	77	10	5	8
				"	84	1	5	10
3 Cerebral Arteriosclerosis	1	.....	1	Cerebral Haemorrhage	76	.....	.....	27
13 Manic Depressive	1	.....	1	Chronic Thrombosis	72	4	4	1
14 Involuntional Melancholia	1	.....	1	Pulmonary Tuberculosis	70	21	9	22
15 Schizophrenia	5	.....	5	Suicide by Hanging	53	.....	.....	2
				Chronic Myocarditis	45	19	5	9
				"	42	15	3	18
				Pulmonary Tuberculosis	30	4	6	8
16 Paranoia and Paranoid Conditions	1	.....	1	Cerebral Haemorrhage	53	18	9	24
17 Epileptic Psychoses	1	.....	1	Uraemia Chronic Nephritis	50	15	7	12
				Pulmonary Tuberculosis	51	4	3	12
				General Exhaustion	73	17	11	3
Total	15	.....	15					

TABLE No. 16
RELIGION OF PATIENTS IN RESIDENCE

	Males	Females	Total
Baptists	17	....	17
Episcopalians	68	....	68
Jews	7	....	7
Presbyterians	60	....	60
Roman Catholics	123	....	123
United Church	48	....	48
Other Denominations	131	....	131
Unascertained	22	....	22
Total	476	....	476

TABLE No. 17
OCCUPATION OF PATIENTS IN RESIDENCE

	Males	Females	Total
Professional	2	....	2
Commercial	10	....	10
Agricultural	168	....	168
Mechanics Outdoor	19	....	19
Mechanics Sedentary	31	....	31
Domestic Service .....	....	....	....
Education	3	....	3
Miners, Engineers, Carpenters, Painters	31	....	31
Labourers	162	....	162
No Occupation	34	....	34
Unascertained	16	....	16
Total	476	....	476

PROVINCIAL MENTAL INSTITUTE, EDMONTON
EXPENDITURE ENDING MARCH 31st, 1936

Administration:		
Salaries		\$ 7,724.71
Telephones and telegrams		28.79
Travelling expenses		111.84
Printing, stationery and office supplies		221.55
Postage		110.00
Repairs, renewals and sundry		16.20
		<hr/>
Less Sundry Revenue		\$ 8,213.09
		11.70
		<hr/>
		\$ 8,201.39
Professional Care of Patients:		
Salaries		\$50,594.60
Medical and surgical supplies		1,082.68
Clothing		3,047.24
Travelling expenses		220.92
Amusement and reading material		454.76
Tobacco, pipes and matches		1,157.58
Repairs, renewals and sundries .....		.70
		<hr/>
		\$56,558.48
Less Sundry Revenue		1,773.63
		<hr/>
		\$54,784.85
Occupational Activities:		
Salaries		\$ 1,212.00
Kitchen and Dining Room:		
Salaries		\$ 6,069.92
Food		21,412.34
Vegetables supplied from garden		2,197.56
Crockery, cutlery and kitchen equipment		202.76
		<hr/>
		\$29,882.58
Less Sundry Revenue		3,822.06
		<hr/>
		\$26,060.52

DEPARTMENT OF PUBLIC HEALTH

General House:	
Salaries	\$ 2,169.96
Repairs, renewals to equipment	1,618.55
Laundry and cleaning supplies	2,339.88
Sewing room supplies	89.24
Miscellaneous	334.02
	<u>\$ 6,551.65</u>
Less Sundry Revenue	1,935.17
	<u>\$ 4,616.48</u>
Transportation:	
Salaries	\$ 1,152.00
Gasoline and oil	326.96
Repairs and renewals	1,046.41
Insurance and miscellaneous	92.54
	<u>\$ 2,617.91</u>
Garden and Grounds:	
Salaries	\$ 4,034.64
Plants and seeds	26.24
Repairs and replacements	164.48
Feed	10.23
Miscellaneous	297.37
	<u>\$ 4,532.96</u>
Less Vegetables supplied Institution	2,197.56
Less Sundry Revenue	57.60
	<u>\$ 2,277.80</u>
Stores:	
Salaries	\$ 1,320.00
Inventories:	
Stock on hand March 31st, 1935	\$10,917.95
Stock on hand March 31st, 1936	10,548.63
	<u>\$ 369.32</u>
Net Expenditure	\$101,460.27
Hospital Days	169,770
Cost per Patient per Day .....	.59 ³ / ₄ c

PROVINCIAL MENTAL INSTITUTE, FARM
BALANCE SHEET, MARCH 31st, 1936

DEBIT		CREDIT	
Printing and stationery	\$ 30.00	Services and supplies to staff	\$ 3,383.28
Travelling expenses	98.24	Feed	1,121.16
Freight, express, cartage	148.06	Milk and cream	5,418.74
Heating	368.85	Live stock	4,169.46
Telegrams and telephones	3.42	Inventory, 1936	\$18,146.37
Repairs and replacements	1,281.39	Inventory, 1935	15,500.05
Fees and commissions	161.20		2,646.32
Threshing twine	84.88		
Veterinary services and supplies	191.05		
Laundry and cleaning	93.13		
Food	857.69		
Feed and seed	1,269.15		
Unclassified	81.90		
Gas and oil	719.43		
Insurance	78.00		
Salaries	11,016.78		
Credit balance	255.79		
	<u>\$16,738.96</u>		<u>\$16,738.96</u>

Provincial Training School, Red Deer

(D. L. McCULLOUGH, B.A. (Sen. Mod.), M.B., D.P.H., D.P.M.,
Acting Medical Superintendent)

INCREASE IN POPULATION

At the end of the year there were 214 patients in residence as against 205 at the beginning of the year, accommodation having been increased to 216 by the addition of six baby cots on the infirmary. Details as to the sex, age, mental rating, race, religion, economic status, etc., of those admitted, together with other statistical information of a general nature, is given in the appended tables, to which reference may be made. The following supplementary comments, however, may be of interest.

ADMISSIONS

The 36 admissions for the year consisted of 30 first admissions and 6 re-admissions. Of the 30 first admissions, 29 were voluntary and only 1 a Court Commitment case. Six of these cases had been temporarily admitted to Ponoka until there was accommodation here. Nine of the applications originated with the Department administering The Child Welfare Act. In sixteen cases applications had been made direct to the Training School by the parents. Five emanated from other sources—the Mental Hygiene Clinics, the Attorney General's Department, and City and Municipal Councils. Fourteen, or almost 50%, of these cases passed through the Mental Hygiene Clinics. One name had been on the admission waiting list for five years, another for ten years. This latter case was 17 years of age when application was first made. When admitted, she was married and the mother of four children. One of these is mentally defective and two are probably subnormal. The defective child will undoubtedly have to be admitted to the Training School.

DISCHARGES

Twenty patients were discharged. Two were high grade girls first discharged in 1934, re-admitted early in 1935, and later in the year again discharged to new positions. Both had been delinquent before admission, and had been sexually sterilized before discharge in 1934. At the end of the year one was entirely self-supporting and behaving well. The other is still out, but may have to be recalled. Three other patients were discharged for the first time in 1935, but later in the year readmitted; 1 because work had come to an end and she was no longer needed, another because of her lack of ability, and a male patient because of his moodiness and lack of initiative. All three had been sterilized before discharge, and gave no trouble in that respect whilst out. The latter of these girls was discharged for a second time in December to make a fresh start. Two others were high grade girls going out to work for the first time, 1 always very temperamental, the other sexually delinquent before admission. Both have been sterilized.

The main group consisted of 12 patients discharged into the care of their own parents. When last heard from, all but two were getting on well. Only four had been sterilized. Parents refused their consent in three cases, but the patients will be well supervised. One case was a high grade delinquent boy

who eloped soon after admission, and was discharged at the urgent request of his parents. Four, mere children, were too young for sterilization.

From a consideration of these facts it is obvious that gross admission rates and discharge rates are of little or no value in estimating the work of the Training School, or as an indication of the problems that have to be dealt with.

TRANSFERS

One of the 5 cases transferred to the Provincial Mental Hospital, Ponoka, was actively psychotic. One was a powerfully built, bad tempered, deteriorating, male epileptic, hard to control, a danger to other patients and to the female staff. One was a strongly built female idiot, who was becoming bad tempered and dangerous to the smaller children. Two were male patients addicted to homosexual practices.

DEATHS

Only two deaths occurred: 1 in Ponoka following an operation for bilateral congenital hernia; the other the result of Bright's disease in a low grade idiot.

AWAITING ADMISSION

Seventy-one applications for admission were received for the year, 16 of whom were admitted. This brings the number on the active waiting list to 230. Twenty-two suspected cases of mental deficiency were reported, bringing the number of suspects to 604. Mental defectives (not insane) in Ponoka, Oliver and Claresholm at the end of the year totalled 135. Adding the number of patients in the Training School to the above figures, the total number of cases of known or suspected mental defect in the Province now amounts to 1,287.

At a conservative estimate there are 5,600 defectives (i.e., idiots, imbeciles and morons) in the Province, of whom possibly 1,200 should be receiving institutional training. Judging by numbers alone, the Training School is certainly not meeting the needs of the Province, to say nothing of the social, educational, moral and humanitarian aspects of the situation.

PATIENTS IN RESIDENCE

Nine patients were sterilized during the year. Of the 75 Training School patients sterilized since 1929, 39 have been discharged and 36 are in residence. These 36, with 6 others sterilized before admission, represent over 20% of the resident population. Three of the discharged patients have since been happily married.

Reference to Table 11 shows that 30% of the patients are either physically or mentally helpless, many of them both, and over 20% are epileptic. About 30% of the patients are regularly employed in some capacity in the various sections and departments, and about 20% attend one or other schoolroom.

HEALTH OF PATIENTS

Apart from two widespread and quite severe epidemics of influenza, mainly of abdominal type, in May and October, the health of the patients was on the whole good. There were three appendectomies, however, and a suprapubic cystotomy, the latter to remove a glass tube which had been inadvertently left in the patient's bladder, and after an interval of 18 years was causing severe cystitis and pyelitis. A mild erysipelas was the only case of notifiable disease. Fifteen of the new admissions under 12 years of age, found to be Shick-positive, were given three doses of toxoid each. Two hundred and thirty doses of typhoid vaccine were given. Dr. Wannop and Dr. Heacock both visited. All necessary teeth extractions, fillings and prophylaxis were attended to. Fifteen patients

had full refractions and 5 were provided with glasses. Eight patients had tonsils and adenoids removed.

PATIENTS' ACTIVITIES

The additional skating rink built in the fall of 1934 proved a valuable acquisition. Apart from the skating, keeping the rink clean provides much exercise for boys at a time when suitable outdoor work is hard to find. The smaller children and the girls having the older rink to themselves, get more opportunity for regular exercise during the winter months.

During the summer the new rink was greatly appreciated as a tennis court by the staff.

In spite of the wet season which prevented the usual sports being held in May and July, 104 patients benefited by a week in camp during July and August. A number of cripples also went for the day. On wet days the log shack built the previous fall was a veritable godsend. Fifty patients were allowed home for varying periods at Easter, midsummer or Christmas. Two girls were sent to camp at one of the beaches, and paid for by their charge nurse. One high grade boy motored through the mountains and into B.C. with one of the attendants. Frequently during the year patients were taken down town and to various entertainments by different members of the staff. Seventy-three were admitted free to the Red Deer Fair. Twenty-two girls were admitted at a reduced rate to a film presentation of "Anne of Green Gables." A number of girls spent the afternoon and were entertained to supper at St. Joseph's Convent in June, and again attended the Convent pupils' Christmas concert.

The Scouts, Cubs, Guides and Brownies met regularly and happily, and made good progress. In April on the occasion of Lord and Lady Baden Powell's visit, 8 Scouts travelled to Calgary by truck, camped out overnight, and were in the review the following day. The Cubs in March had a rally at the Training School with the Red Deer Cubs, and acquitted themselves very creditably in the competitions.

The five Sunday School groups, with an average attendance of about 70, and the Sunday services by the visiting clergymen were held regularly.

Owing to pressure of work the Girls' Clubs, conducted by the Matron, met only infrequently after the summer holidays, and the elementary nursing classes for the high grade girls had to be given up.

Cooking classes were extended, and 5 groups, a total of 38 patients as against 25 the previous year, completed courses of six or eight classes each.

Steady progress was maintained in the schoolrooms, with 22 pupils in the sense training room and 19 in the grade school.

In September several changes were made in the occupational classes. Mr. Millen McAfee, a very capable and highly qualified instructor, was placed in charge of the 18 or more boys in the junior carpentry class, and the class hours, previously 3:00 to 4:00 p.m., were extended from 1:30 to 4:00 p.m. This permitted the playground supervisor to take over a group of 14 younger girls, the majority of whom had hitherto been unprovided for, for elementary sewing from 3:00 to 4:00 p.m., with surprisingly good results. This in turn allowed the two teachers to divide the older, higher grade girls into two manageable groups of 14 each. Mr. Markwick, the carpenter, being thus relieved of the junior boys, was able to give the whole afternoon, all winter, to the older boys comprising the senior carpentry class.

The result of these changes was immediate and striking, not only in the quality and output of work, but in the discipline and happiness of the 70 or more patients comprising these 5 groups.

The usual displays of fancy work and carpentry were made in July at the Edmonton Exhibition and Red Deer Fair. A special exhibit was made at the Women's Institute Convention held in Edmonton in May. Sales of work were held in May and December.

As the only possible solution for the overcrowding in the gymnasium, the patients' concert at Christmas was held both afternoon and evening—in the afternoon for the school children and less capable patients, and in the evening for the workers and a number of visitors from town. The Red Deer Rotary Club, Red Deer, again donated many toys for the Christmas tree, and fruit from the T. Eaton Co.

STAFF CHANGES AND ACTIVITIES

Apart from two appendectomies and several tonsillectomies, the health of the staff was good. Two newcomers, who were Shick-positive, were given toxoid, and all, without exception, had typhoid vaccine. Many enjoyable picnics and parties were put on by the Civil Service Association, and this contribution to the happiness of the staff as a whole and their loyalty to the Training School, I again gratefully acknowledge.

I would also like to put on record my sincere appreciation of the very valuable service rendered to the patients by those who have undertaken the various Scout, Cub, Guide, Brownie and Sunday School activities, and to thank all those (and they are many) who in their own off-duty time and out of their own pockets have taken patients out for treats.

Nine of the staff resigned, 5 to get married and 4 for other fields. One was retired on account of age. There were no dismissals. The new staff are all of a splendid type, and give promise of maintaining at a high level the standards and traditions of the Training School in caring for the mentally subnormal.

In May, 7 nurses and 1 attendant passed their first year examinations, 2 nurses passed their second year, 5 nurses and 1 attendant passed their third year. These latter are the first to complete our own course of training.

In September, at the suggestion of Dr. Baragar, the whole course of lectures and training was re-drafted, and with the help of outside lecturers greatly extended. Dr. R. Parsons (Surgery), Dr. C. R. Bunn (Medical Diseases), Dr. MacGregor Parsons (Pediatrics and Obstetrics), Dr. H. L. Nix (Anatomy and Physiology), and Dr. G. M. Little (Communicable Diseases, First Aid, Hygiene and Public Health and Bacteriology), all from Red Deer, and Mr. T. A. Stewart (Materia Medica and Chemistry), from Ponoka, willingly undertook the subjects assigned to them, and without honorarium of any kind. Freed from lecturing in these subjects, the Medical Superintendent has been able to give fuller instruction in all mental subjects, viz., Anatomy and Physiology of the Nervous System, Diseases of the Nervous System, Mental Deficiency, Psychology, Psychiatry and Mental Hygiene. The practical instruction by the Matron and Surgery Nurse has also been considerably increased. The instruction now given will involve 152 hours of lectures instead of 78, and 78 hours of practical instruction as against 38.

INSTITUTIONAL ACTIVITIES AND PROGRESS

Many visitors have been shown through the Training School. Clinics have been given to the post-graduate nurses from Ponoka, to a number of final year

Med students, and to some 40 or more teachers gathered for the Public School Teachers' District Convention in Red Deer. Talks have been given to various groups in Red Deer and district, and one radio address, all dealing with mental deficiency or the work of the Training School. A number of psychiatric cases have been seen in consultation with local practitioners.

For lack of time out-patient work, if not neglected, has certainly not been encouraged. It is regrettable that this wide and promising field is not being developed. The need is certainly great.

No major construction was undertaken, but a number of minor changes and additions were made. The roof of the main building was repaired and restained. Two much needed ventilators were built into the roof of the cottage and the roof repaired. The sills of the front steps leading to the main entrance having given way, the steps were jacked up, rebraced and the posts placed in cement bases. Part of the main building basement was boarded off as a storeroom for laundry supplies and a hoist installed. The outer wooden casing of one of the laundry tumblers was rebuilt. The Scout shack commenced in the fall of 1934 was roofed and floored. The tennis court was levelled, fenced in, and two-by-fours embedded edgewise in the cinders to mark the courts. Removing a door and cutting an arch in one of the walls in the staff quarters of the cottage made it possible to erect and put into use the old billiard table, originally the gift of the Red Cross Society in 1918, and for the past five years lying idle. A new section was added to the north garage to accommodate the new 1½ ton Ford truck, which was too large for the old garage. Where possible patients helped the carpenter in these changes, and got much valuable training. Even more plastering and cementing had to be done than in the previous year owing to the age of the main building, the settling of the new wing, and the destructiveness of one or two disturbed patients. The boiler room staff installed a new soap steamer in the laundry, the heavy duty extractor sent to replace the small cuff and collar extractor, and a new turbine pump in the pump-house.

Excellent crops were harvested from the farm and garden, whilst the grounds and cemetery plots were well cared for. Details of the crop yields and the production of eggs and pork are given in Table 19.

Tables 17 and 18 show the steady increase year by year in the number of articles laundered, made in the sewing room or repaired. As the work of the laundry increases, the lack of adequate drying facilities becomes more acutely felt. The kitchen, too, has to meet a yearly increasing demand with a range that is of inadequate size. I cannot speak too highly of the way in which all departments and the wards have met the heavy and increasing demands of the past few years, occasioned just as much by the increasing age of the patients as by their increase in numbers from 186 to 216 during the past five years.

RECOMMENDATIONS AND COMMENTS.

More accommodation is urgently needed. Even with six new baby cots, there were only 30 new admissions last year as against 71 fresh applications for admission. There were, in addition, 52 first admissions of mental defectives made to Ponoka, who were not insane, and should therefore have been sent to Red Deer for training.

As I have already discussed this question in my last annual report and advanced what seems to me the best solution of the problem, further comment is hardly necessary. The longer this problem is left unfaced, the older and more fixed in their ways, as a group, will the cases awaiting admission become.

They will therefore be less likely to respond to treatment, treatment in turn will have to be much more prolonged, and if the patients become seriously delinquent, may even have to be lifelong, either here or in some other more appropriate institution. The importance of the age factor in treatment I discussed fully in my Annual Report for 1933.

Apart from the need for more accommodation for new cases, more room is needed for the patients we already have. Overcrowding leads to restlessness, irritability, and prevents progress. The problem in the gymnasium and school rooms has been met for the present, but in time will crop up again. But more urgent still is the need for separating from each other the various large groups of cripples, low grades, school children and workers. To this problem I have also previously drawn attention.

I would like here to protest against the tendency in certain quarters to regard the Training School as a place of detention for persistently delinquent high grade defectives. The Training School is not equipped either as regards type of building or staff for the adequate supervision of such cases. Nor is it fair to subject the harmless, well behaved, but easily led type of defective to the deteriorating influence of such delinquents. I believe the majority of the parents of these more stable patients would hotly resent their children being subjected to such influences and quite rightly so. As for the delinquents themselves, it is neither kind nor wise to place them where younger and less capable minds are a constant temptation to victimization. Either they should be placed with others of their own kind in a separate unit or institution, or placed with an older, less impressionable group whose opinions and attitudes would mould them to a more normal type of conduct, or best of all, placed in a suitable home or admitted to the Training School at the earliest possible age, if found to be in undesirable surroundings or in need of adequate control. The aim of the Training School is not merely to develop the intellectual faculties such as they are, but to make every patient happy by being habitually useful and well behaved. Such habits are most easily formed whilst the patient's mind and character are still plastic and modifiable.

Turning from the larger field to the more material requirements of the institution, the following are our needs: a larger kitchen range, a mechanical drier for the laundry (this might involve building a small addition to the laundry), enlargement of the carpenter's shop (an additional storey), and replacement of the fence around the low-grade boys' playground. It is doubtful if we can patch the present fence to last another season. An implement shed will be necessary for the farm machinery, and the old horse barn, as previously reported, cannot last much longer. If a new barn were built, the lumber from the old one could be used for the implement shed. The entrance to the root-house will have to be dismantled and rebuilt. Another tubular fire-escape would be advisable.

In conclusion, I would like to record my sincere thanks to the Bursar, the Matron and all other members of the staff for another year of splendid co-operation and service; to Mr. T. A. Stewart and the various doctors in Red Deer for their ready help and splendid contribution to the training of the nurses; to Mr. Kibblewhite for his helpful field reports and case summaries, as well as to the Minister for his very active interest on the occasion of his visit in the Fall, and the Deputy Minister, the Commissioner, and Dr. McAlister for their help and support on all occasions.

TABLE 1
MOVEMENT OF FEEBLE-MINDED POPULATION

Defectives on books of institution at January 1st, 1935:				Male	Female	Total
In the Provincial Training School				106	99	205
ADMISSIONS:				Male	Female	Total
1. First admissions, voluntary	13	10	23			
2. Readmissions	1	5	6			
3. Transfers, P.M.H., Ponoka	2	4	6			
4. First admissions, Court Order	—	1	1			
Total number of admissions				16	20	36
Total number of defectives on the books during 1935.....				122	119	241
OUTGOING:				Male	Female	Total
1. Paroles	8	12	20			
2. Transfers, P.M.H., Ponoka	3	2	5			
3. Deaths	1	1	2			
Total number of outgoing				12	15	27
Defectives on books of institution at December 31st, 1935				110	104	214

TABLE 2
RESPONSIBILITY FOR MAINTENANCE OF PATIENTS IN RESIDENCE
AT DECEMBER 31, 1935

	In Residence	Percentage
Wards of the Province of Alberta	41	19.15
Wards of the Municipal Districts of Alberta	142	66.35
Wards of the Department of Municipal Affairs of Alberta	25	11.68
Private cases in residence during 1935	1	.47
Wards of the Department of Pensions and Health, Ottawa ..	2	.93
Wards of the Dominion Government	2	.93
Wards of the Official Guardian	1	.47
Total.....	214	

TABLE 3
MENTAL STATUS OF FIRST ADMISSIONS, READMISSIONS AND TRANSFERS

Mental Status	First Admissions			Readmissions			Transfers			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	4	3	7	—	—	—	1	1	—	4	4	8
Imbecile	2	1	3	—	1	1	1	1	2	3	3	6
Moron	4	7	11	1	3	4	1	2	3	6	12	18
Borderline	2	—	2	—	1	1	—	—	—	2	1	3
Dull	1	—	1	—	—	—	—	—	—	1	—	1
Totals.....	13	11	24	1	5	6	2	4	6	16	20	36

TABLE 4 (a)
NATIVITY OF ADMISSIONS AND OF PARENTS OF ADMISSIONS

Nativity	Parents			Parents of Male Patients			Parents of Female Patients		
	Male	Female	Total	Fathers	Mothers	Total	Fathers	Mothers	Total
Alberta	13	13	26	2	3	5	1	1	2
Other Provinces	1	2	3	3	6	9	2	3	5
England	—	—	—	3	1	4	3	1	4
Scotland	—	1	1	1	2	3	3	3	6
United States	1	3	4	1	1	2	2	4	6
Holland	—	—	—	1	—	1	—	—	—
Sweden	—	—	—	—	—	—	1	1	2
Austria	—	—	—	—	—	—	2	2	4
Russia	—	—	—	—	—	—	2	2	4
Ukrania	—	—	—	1	1	2	—	—	—
Unascertained	1	1	2	4	2	6	4	3	7
Totals	16	20	36	16	16	32	20	20	40

TABLE 4 (b)

NATIVITY OF PATIENTS AND OF PARENTS OF PATIENTS

Nativity	Patients			Parents of Male Patients			Parents of Female Patients		
	Male	Female	Total	Fathers	Mothers	Total	Fathers	Mothers	Total
Alberta	81	75	156	4	8	12	1	5	6
Other Provinces	13	14	27	23	23	46	33	31	64
British Isles	3	4	7	34	30	64	24	28	52
United States	9	9	18	12	17	29	18	15	33
Germany .....	.....	.....	.....	4	2	6	.....	.....	.....
Austria .....	.....	.....	.....	4	5	9	8	7	15
Russia	1	1	2	5	5	10	2	3	5
Norway .....	.....	.....	.....	4	4	8	3	2	5
Sweden .....	.....	.....	.....	2	2	4	1	2	3
Denmark .....	.....	.....	.....	3	2	5	1	1	2
Holland	1	.....	1	2	1	3	.....	.....	.....
Unascertained	2	1	3	13	11	24	13	10	23
Totals	110	104	214	110	110	220	104	104	208

TABLE 5 (a)

AGE OF ADMISSIONS CLASSIFIED WITH REFERENCE TO MENTAL STATUS

Age Group	Idiot			Imbecile			Moron			Borderline			Dull		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-4	2	.....	2	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....
5-9	1	2	3	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
10-14	1	1	2	.....	1	1	3	1	4	.....	.....	.....	1	.....	1
15-19 .....	.....	.....	.....	1	1	2	2	5	7	1	1	2	.....	.....	.....
20-24 .....	.....	1	1	.....	.....	.....	1	3	4	1	.....	1	.....	.....	.....
25-29 .....	.....	.....	.....	.....	.....	.....	2	2	.....	.....	.....	.....	.....	.....	.....
Totals	4	4	8	3	3	6	6	12	18	2	1	3	1	.....	1

TABLE 5 (b)
AGE OF TOTAL POPULATION CLASSIFIED WITH REFERENCE TO MENTAL STATUS

Age Group	Idiot			Imbecille			Moron			Borderline			Dull			Backward			Total
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
0-4	2	.....	2	.....	2	.....	1	.....	1	.....	1	.....	1	.....	1	.....	.....	.....	3
5-9	3	4	7	6	2	8	4	1	5	1	1	2	1	2	3	.....	.....	.....	25
10-14	5	7	12	11	8	19	6	5	11	3	3	3	1	1	1	.....	.....	.....	46
15-19	11	8	19	8	8	16	8	9	17	.....	1	1	1	1	1	.....	.....	.....	55
20-24	11	7	18	7	8	15	3	4	7	2	.....	2	.....	.....	.....	.....	.....	.....	42
25-29	2	5	7	5	11	16	1	4	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	28
30-34	1	3	4	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
35-39	.....	.....	.....	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
40-up	.....	.....	.....	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Totals	35	34	69	43	39	82	22	26	48	6	3	9	3	2	5	1	.....	.....	214

TABLE 6
ENVIRONMENT OF ADMISSIONS

Environment	Idiot			Imbecile			Moron			Borderline			Dull		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Urban	3	2	5	1	2	3	6	3	9	2	1	3	1	1	1
Rural	1	2	3	3	3	6	9	9	2	1	3	1	1	1	1
Totals	4	4	8	3	3	6	6	12	18	2	1	3	1	1	1

TABLE 7
RELIGION OF ADMISSIONS

Religion	Idiot			Imbecile			Moron			Borderline			Dull		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
United Church	1	1					1	1							
Church of England				1	1		1	3	4	1	1				
Roman Catholic	1	1	2	1	1		2	2	4						
Greek Catholic	1	1		1	1					1	1				
German Lutheran				1	1										
Presbyterian				1	1		2	5	7				1	1	
Hebrew	1	1													
Salvation Army										1	1				
Swedish Mission	1	1													
Unascertained	2	2		1	1		2	2							
Totals	4	4	8	3	3	6	6	12	18	2	1	3	1	1	1

TABLE 8
ECONOMIC CONDITION OF FAMILIES OF ADMISSIONS CLASSIFIED WITH REFERENCE TO MENTAL STATUS

Economic Condition	Idiot			Imbecile			Moron			Borderline			Dull		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Marginal	2	3	5	2	3	5	3	6	9	2	1	3	1	1	1
Dependent	2	1	3	1	1	1	3	6	9						
Totals	4	4	8	3	3	6	6	12	18	2	1	3	1	1	1

TABLE 9 (a)
DISCHARGES CLASSIFIED WITH REFERENCE TO MENTAL STATUS AND CHRONOLOGICAL AGE

Age Group	Idiot			Imbecile			Moron			Borderline			Years of Residence
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
5-9	1	1								1	1		0/3 yrs.
				1									0/10 yrs.
10-14				1									0/3 yrs.
					1	3							1/8 yrs.
15-19													0/11 yrs.
				1									3/11 yrs.
					1								2/5 yrs.
						1	3						11/7 yrs.
								1					2/9 yrs.
									1				4/10 yrs.
									1	3			1/6 yrs.
										1			0/1 yrs.
											1		0/3 yrs.
20-24						1	1				1	3	2/7 yrs.
								1					3/2 yrs.
									1				10/7 yrs.
										1			2/4 yrs.
											1	4	0/1 yrs.
									1				0/3 yrs.
30-34									1	1			3/0 yrs.
Totals	1	1	1	4	3	7	2	6	8	1	3	4	53/3 yrs.

TABLE 9 (b)
TRANSFERS CLASSIFIED WITH REFERENCE TO MENTAL STATUS AND CHRONOLOGICAL AGE

Age Group	Idiot			Imbecile			Moron			Borderline			Years of Residence
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
15-19										1	1		2/8 yrs.
20-24		1	1										11/9 yrs.
				1	1								9/7 yrs.
								1	1				3/3 yrs.
55-59													12/4 yrs.
Totals		1	1	2	2			1	1	1	1		39/7 yrs.

TABLE 10
DEATHS

Causes of Death	Idiot			Moron			Age	Years of Residence
	M.	F.	T.	M.	F.	T.		
Surgical Shock							37/3	3/5 yrs.
Chronic Nephritis with Generalized Oedema		1	1				27/8	16/2 yrs.
Totals		1	1					19/7 yrs.

TABLE 11
SOME OF THE TYPES IN RESIDENCE

Classification	Idiot			Imbecille			Moron			Borderline			Backward			Total			%	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Infirmary Type:																				
(a) Physically helpless	13	7	20	2	2	4	1	1	2	.....	.....	.....	.....	.....	.....	16	10	26	12.15
(b) Mentally helpless	16	18	34	2	3	5	.....	1	1	.....	.....	.....	.....	.....	.....	18	22	40	18.69
M.D. and Epileptic	13	14	27	8	3	11	2	5	7	.....	.....	.....	.....	.....	.....	23	22	45	21.03
M.D. and Psychoathic	.....	.....	.....	3	1	4	1	2	3	1	.....	1	.....	.....	.....	5	3	8	3.74
M.D. and Psychotic	.....	.....	.....	.....	.....	.....	.....	1	4	5	.....	.....	.....	.....	.....	2	4	6	2.80
Mongols and Mongoloid	2	3	5	5	1	6	1	.....	1	.....	.....	.....	1	.....	1	8	4	12	5.60
Totals	44	42	86	20	10	30	6	13	19	1	.....	1	1	.....	1	72	65	137	64.01

DEPARTMENT OF PUBLIC HEALTH

TABLE 12
APPLICATIONS AWAITING ADMISSION

	Male	Female	Total		Male	Female	Total
Applications dated 1924-25	7	7	14	Applications dated 1932	5	10	15
Applications dated 1926	8	8	16	Applications dated 1933	6	13	19
Applications dated 1927	2	6	8	Applications dated 1934	15	18	33
Applications dated 1928	6	3	9	Applications dated 1935	31	24	55
Applications dated 1929	11	6	17				
Applications dated 1930	17	12	29	Totals	112	118	230
Applications dated 1931	4	11	15				

TABLE 13
REPORTED SUSPECTS

	Male	Female	Total		Male	Female	Total
Reported prior to 1924	135	89	224	Reported during 1931	17	4	21
Reported during 1924	20	10	30	Reported during 1932	7	12	19
Reported during 1925	17	14	31	Reported during 1933	9	12	21
Reported during 1926	30	20	50	Reported during 1934	7	12	20
Reported during 1927	12	17	29	Reported during 1935	12	9	21
Reported during 1928	18	18	36				
Reported during 1929	29	26	55	Totals	335	264	599
Reported during 1930	22	20	42				

TABLE 14
SUMMARY OF REPORTED DEFECTIVES

	Male	Female	Total
Discharges, etc. (1923-1935)	51	53	104
Applicants (Table 12)	112	118	230
Suspects (Table 13)	335	264	599
In residence at Red Deer	110	104	214
Oliver	41		41
Ponoka	49	41	90
Claresholm		4	4
Totals	698	584	1282

TABLE 15
EUGENICS SUMMARY

	Male	Female	Total
A—Training School Cases:			
Presented and approved	36	48	84
Operated	28	47	75
Total Operated Upon	28	47	75
Paroled, transferred, etc.	15	27	42
Readmitted	13	20	33
In residence	1	2	3
In residence	14	22	36
B—Sterilized Prior to Admission		18	18
Paroled, transferred, etc.		12	12
In residence		6	6
C—Total Number in Residence Operated Upon	14	28	42
Percentage of Population—19.63%.			

TABLE 16
STAFF

	Male	Female	Total		Male	Female	Total
Medical Superintendents	1		1	Kitchen Staff	3	3	6
Bursars	1		1	Dining Room Staff	2	2	4
Dentists, part time	1		1	Maids	3	3	6
Graduate Nurses		3	3	Laundry Room Staff	3	3	6
Other Nurses		12	12	Sewing Room Staff		2	2
Teachers of Grade Subjects	1	1	2	Gardeners	1		1
Teachers of Special Subjects	2	2	4	Farmers	1		1
Matrons	1	1	2	Boiler Room Staff	6		6
Attendants	5		5	Maintenance Staff	3		3
Social Workers, voluntary	1		1				
Stenographers	2	2	4	Totals	21	34	55
Clerks	1		1				

TABLE 17

SEWING ROOM—SUMMARY OF ARTICLES MADE AND REPAIRED IN 1935

Articles	Quantity	Articles	Quantity
Aprons: Gingham, White, Burlap, Rubber	253	Diapers	149
Bags, Laundry	5	Garters, pairs	140
Bibs	24	Handkerchiefs	110
Bureau scarves, table centres, etc.	72	Hats	12
Bloomers	182	Kneelers	65
Bedjackets	62	Nightgowns	153
Brassieres	15	Mitts	55
Blouses	50	Pillows	3
Chemise	136	Pillow cases	230
Combinations	33	Pants	3
Cloths, table	33	Press and mangle sheets	24
wash	82	Petticoats	27
Curtains, scrim and rubber	26	Rompers	10
Covers, bedpan	37	Sheets, cotton	201
billiard, chair, chester- field, cushions	17	rubber	16
ice cap, mattress, dress- ing, truck	111	Sleeves, canvas	26
Caps, nurses	17	Ties	34
Dresses	159	Towels, dish	217
Total number of articles manufactured		hand	100
Total number of articles repaired		Miscellaneous	69
			2,958
1934—Total number of articles manufactured			43,272
Total number of articles repaired			3,204
			42,495
1933—Total number of articles manufactured			2,729
Total number of articles repaired			40,941
			2,758
1932—Total number of articles manufactured			38,371
Total number of articles repaired			2,988
			30,848

TABLE 18

LAUNDRY

1935—Total number of articles laundered	326,911
1934—Total number of articles laundered	300,618
1933—Total number of articles laundered	308,460
1932—Total number of articles laundered	286,660
1931—Total number of articles laundered	255,489

TABLE 19

FARM AND GARDEN PRODUCE FOR HOME CONSUMPTION

Product	Poundage		
	1933	1934	1935
Beans, French	1,100	.....	1,265
Beans, Windsor	570	.....	.....
Beets	4,370	3,280	4,550
Cabbage, Dutch	5,200	3,000	8,000
Cabbage, Red	190	150	260
Carrots	8,726	8,000	8,500
Cauliflower	1,070	340	1,620
Celery	1,080	.....	1,150
Corn on the Cob	1,075	.....	.....
Cucumbers	367	289	254
Lettuce	1,417	1,675	1,427
Onions, common	3,170	2,200	2,500
Onions, pickling	180	185	170
Parsnips	4,780	3,840	5,200
Potatoes	102,000	45,695	108,000
Peas, green	1,095	935	1,480
Radish	597	661	423
Rhubarb	2,499	1,365	2,695
Spinach	1,381	1,015	1,430
Swiss Chard	1,097	1,635	1,355
Tomatoes	601	680	421
Turnips	9,400	9,200	10,100
Vegetable Marrow	625	.....	.....

FARM PRODUCE

	1933	1934	1935
Eggs	399¾	361	356¾ doz.
Chicken, killed, dressed	.....	.....	429 lbs.
Hay, timothy	3	4	10 tons
Oat bundles	5,500	5,660	2,500
Pork, killed, dressed	4,435	5,660	4,468 lbs.

NURSERY STOCK—Nil

DEPARTMENT OF PUBLIC HEALTH

PROVINCIAL TRAINING SCHOOL, RED DEER

STATEMENT OF MAINTENANCE COST FOR THE YEAR ENDED MARCH 31st, 1936
PUBLIC HEALTH SECTION

		Cost per Patient Day
Administration:		
Salaries	\$ 5,936.04	
Telegrams and telephones	63.35	
Printing and stationery, office supplies	259.40	
Travelling expenses	171.66	
Postage	110.00	
Repairs and replacements to office equipment	14.29	
Miscellaneous	57.89	
	<u>\$ 6,612.63</u>	.085
Professional Care of Patients:		
Salaries	\$24,942.28	
Printing and stationery	128.52	
Postage	110.00	
Travelling expenses	312.46	
Medical services	234.50	
Medical supplies	855.93	
Telegrams and telephones	44.75	
Entertainment	349.65	
Books and binding	26.61	
Clothing	1,520.94	
Equipment, repairs and replacements	13.66	
School of nursing	97.51	
Miscellaneous	57.99	
	<u>\$28,694.80</u>	
Deduct: Revenue from clothing charges	\$1,679.80	
Less: Charges not collected	1,097.35	
	<u>\$ 582.45</u>	
Manual sales to nurses	58.30	
	<u>640.75</u>	
	<u>\$28,054.05</u>	.362
Occupational Activities:		
Salaries	\$ 3,613.84	
Patients' Trust Account	359.63	
Equipment	27.66	
Supplies	74.28	
Travelling expenses	102.74	
	<u>\$ 4,178.15</u>	.054
Kitchen and Dining Room:		
Salaries	\$ 4,844.66	
Equipment	87.50	
Crockery and Cutlery	101.30	
Cleaning material	131.56	
Food and confections	14,845.06	
Miscellaneous .....	.15	
	<u>\$20,010.23</u>	
Deduct: Revenue—Staff Board Account	7,588.13	
	<u>\$12,422.10</u>	.160
General House:		
Salaries	\$ 6,380.46	
Equipment, repairs and replacements	224.35	
Bedding and linen	1,042.94	
Laundry and cleaning material	1,016.24	
Sewing room supplies	59.72	
Miscellaneous	3.73	
	<u>\$ 8,727.44</u>	
Deduct: Revenue, staff rooms, uniform, laundry	4,566.21	
	<u>\$ 4,161.23</u>	.054
Transportation:		
Salaries	\$ 210.00	
Gasoline, oil and supplies	161.64	
Repairs and replacements	20.01	
Insurance on vehicles	23.77	
Depreciation and trade-in loss	341.67	
Licenses and miscellaneous	38.89	
	<u>\$ 795.98</u>	.010

Farm, Gardens and Grounds:

Salaries	\$ 2,616.00	
Equipment, repairs and replacements	151.61	
Feed and seed	108.06	
Live stock	56.00	
Miscellaneous	7.96	
	<u>\$ 2,939.63</u>	
Deduct: Produce supplied School	2,820.60	
	<u>\$ 119.03</u>	.002
Stores Expense:		
Salaries	\$ 1,140.00	
Equipment	16.46	
Miscellaneous	30.20	
	<u>\$ 1,186.66</u>	.015

PUBLIC WORKS SECTION

Upkeep of Buildings:

Travelling expenses	\$ 34.30	
Salaries	6,636.72	
Repairs, replacements and material	1,554.97	
Telegrams and telephones	324.05	
Freight, express and cartage	42.05	
Insurance on buildings	597.20	
	<u>\$ 9,189.29</u>	
Deduct: Revenue, staff car stall rentals	70.00	
	<u>\$ 9,119.29</u>	.118

Power House:

Salaries	\$ 7,610.48	
Travelling expenses	80.67	
Freight, express and cartage	1,015.76	
Telegrams and telephones	16.65	
Repairs, replacements and material	593.37	
Water rates	2,248.33	
Light and power (purchased)	1,475.17	
Fuel (consumed)	3,926.47	
Miscellaneous	67.00	
	<u>\$17,035.90</u>	
Deduct: Revenue; coal sales, etc.	262.56	
	<u>\$16,773.34</u>	.216

COST OF OPERATION:

Public Health Department	\$57,529.83	.742
Public Works Department	25,902.63	.334
	<u>\$83,432.46</u>	<u>\$1.076</u>
Deduct:		
Revenue received from patient day rates	\$38,211.00	
Less: Uncollected charges	11,155.55	
	<u>\$27,055.45</u>	<u>.349</u>
Net Operating Cost	<u>\$56,277.01</u>	<u>\$0.727</u>

Number of Patient Days for Period, 77,473.

Central Alberta Sanatorium, Calgary

(A. H. BAKER, M.D., *Medical Superintendent*)

Sanatorium and hospital beds for treatment are a primary requisite of any satisfactory anti-tuberculosis plan. The number of available beds has remained stationary this year. The largest group, comprising 210, is at the Sanatorium, while the University and Royal Alexandra Hospitals at Edmonton have 22 and 38 beds respectively.

The Superintendents of these hospitals have kindly furnished information regarding their work.

	University Hospital	Royal Alexandra	Central Alberta Sanatorium
Patients at Jan. 1st, 1935	18	12	202
Admitted during 1935	56	68	149
Patients at Dec. 31st, 1935.....	20	31	206
Hospital days for year	6,437	8,437	72,993
Total hospital days, 87,867.			

In addition to this, many of the hospitals of the Province have had a considerable number of tuberculous patients under treatment.

In spite of the fact that the beds set apart for tuberculosis have been continuously filled, there has been a waiting list of patients, so that once more it must be emphasized that more beds are needed for institutional treatment.

High School Summary, Drumheller.

A survey among pupils of the high school age group was carried out. A number of parents who did not see fit to have their children examined have since requested this service.

Three hundred and sixty-one pupils were tested with tuberculin; those who reacted, thereby showing evidence of having been infected with tuberculosis, were X-rayed. Any of these latter having radiological evidence of possible lung disease were thoroughly examined.

There were 94, or 26%, who showed evidence of tuberculous infection. These numbers, although small, agree with the results of similar efforts in corresponding population groups in showing that the majority of young people reach the high school group without becoming infected with tuberculosis; on the other hand, it must be noted that 26% of this high school age group had already been infected, so that it is evident that at some time they had been in more or less intimate contact with either human or bovine tuberculosis.

Few of these children, if any, will develop actual tuberculous disease, but it must be remembered that only those who have been infected become sick, and that as long as those now sick are allowed to spread infection, just so long will the rising generation contribute its quota of casualties.

This survey was made possible through the co-operation of several interests. The school boards and teachers assisted; the Drumheller Municipal Hospital did the X-ray work; the Kinsmen Club provided the X-ray films; Miss Ethel Jones, Public Health Nurse, made all preliminary arrangements, assisted with the examinations, and since that time has done very effective follow-up work.

Diagnostic Clinics.

These have been held chiefly at points where X-ray equipment has been available, but in some instances it has been necessary to use the portable equipment provided by the Department. Nearly all examined have been X-rayed.

For three months, Miss Shandruk, a graduate of the University Hospital, was employed to work among that portion of the Ukranian population living between Lamont and Mannville, and south of the North Saskatchewan River. Clinics were organized and educational work carried on.

New points visited this year were Innisfail, Willingdon, Lamont, Mundare, Myrnam, Innisfree, Mannville and Leduc.

The following table briefly summarizes the work carried out:

Date	Place	New Exams.	New Cases Tb. Act.	New Cases Tb. Inact.	Review Cases	Total
Jan. 22-23	Lethbridge	24	2	.....	7	31
Jan. 23-24	Drumheller	24	.....	1	3	27
May 21-22	Lethbridge	23	2	1	19	42
May 28-30	Drumheller	42	4	.....	6	48
June 4- 5	Drumheller	21	1	.....	.....	21
June 11-13	Medicine Hat	18	2	.....	23	41
July 3- 4	High River	41	1	1	22	63
July 16	—Red Deer	.....	.....	.....	.....	.....
July 17	—Bentley	.....	.....	.....	.....	.....
July 18	—Lacombe	.....	.....	.....	.....	.....
July 19	—Innisfail	.....	.....	.....	.....	.....
July 22-23	Lamont	41	4	4	1	42
July 24-25	Mundare	55	1	2	1	56
Aug. 27-28	Willingdon	53	3	4	12	65
Aug. 29	—Myrnam	42	1	.....	1	43
Sept. 10-11	Lethbridge	18	1	.....	17	35
Oct. 15-16	Vegreville	42	.....	2	38	80
Oct. 17-18	Innisfree	23	3	.....	2	25
Oct. 18	—Mannville	24	1	1	.....	24
Nov. 5- 7	Medicine Hat	18	4	1	24	42
Nov. 12-13	Drumheller	37	2	1	11	48
Nov. 21-22	Leduc	32	.....	1	9	41
Nov. 26-28	Gleichen Indian Reserve	30	13	.....	145	175
Nov. 26-28	Gl. Ind. Res. Staff, etc.	6	.....	.....	6	12
	Edmonton Clinic	124	17	1	138	262
	Calgary Clinic	121	13	4	120	241
	Central Alberta Sanatorium	123	12	1	75	198
		1025	94	27	778	1803

Total number of contacts examined:

New cases	482	
Review cases	281	
	763	42.3%
No. of contacts in new cases Tb. active	29	30.8%
No. of contacts in new cases Tb. inactive	14	52%

Work Among the Indians.

The survey conducted for several years on the Blood Indian Reserve in the schools near Cardston was not repeated this year. Dr. Mullen, formerly of the Sanatorium staff, now lives in Cardston, and has carried out this work most efficiently.

At Gleichen two schools on the Blackfoot Indian Reserve have again been examined. The number of children found with active tuberculosis again emphasizes the fact that the Indian Reserves have much tuberculosis, and that the Provincial Anti-tuberculosis work must reckon with this situation.

More definite anti-tuberculosis measures are needed among the Indians if this source of infection is to be reduced.

Non-Departmental Tuberculosis Agencies.

The Kinsmen Club of Edmonton continued its support in providing a tuberculosis nurse in that city. Miss Davidson's annual report reveals the splendid extent of this year's effort: Total number of visits made, 2,964; visits to positive cases, 1,384; visits to contacts, 562.

In Calgary the Tuberculosis Society has maintained a full-time anti-tuberculosis nurse for the city. A summary of Miss Acton's annual report shows the total number of visits made to be 1,482.

The Lethbridge Nursing Mission continues its valuable anti-tuberculosis work in that city. I am indebted to Miss A. M. Tilley, Superintendent, for the following report: There were 24 families on the visiting list throughout the year; cod liver oil, milk and other nourishment are being supplied continuously where needed; clinics were arranged as noted in the clinic summary.

Central Alberta Sanatorium.

The medical work of this institution has increased. Ninety-two patients were receiving artificial pneumothorax treatment at December 31st, 1935, as compared with 61 twelve months earlier. This was an increase of 50%. Total pneumothorax treatments numbered 3,874, an increase of 1,607, or approximately 70%.

X-ray films sent in for interpretation numbered 471, which was an increase of 100%.

In the X-ray Department, 4,271 examinations were carried out: Radiographs 1,105, an increase of 36%; fluoroscopic examinations, 3,083; other special examinations, 83.

The reporting of clinic examinations and X-ray interpretations to the family physicians has involved reports on over 2,000 patients. The clinic work, added to the treatment of Sanatorium patients, has kept the medical staff fully occupied.

Type of Patient Admitted.

Eighteen per cent. of those admitted were discharged, either as non-tuberculous or, in a few instances, as having inactive tuberculosis.

Seventy-eight per cent. of the active pulmonary cases were far advanced.

Seventy-eight per cent. of the active pulmonary cases had tubercle bacilli in their expectoration.

Ten per cent. of the total were readmissions.

Condition of Patients Discharged.

Of those patients admitted with active tuberculosis and treated for more than one month, 72% were improved, 4% unimproved, and 24% died.

Over one-half of the patients discharged as unimproved or dead were in the institution less than one month.

Dental Work.

The work of this department has again been carefully carried on by Dr. A. E. Heacock, Provincial Dentist. All patients are examined shortly after admission and necessary work attended to, to make possible proper mastication of food. During the year 431 patients were examined and 329 received treatment. All extractions, ordinary fillings and prophylactic work are done without charge.

Administration.

The average patient day strength was 200. The per diem cost, including all clinic services, for the fiscal year ending March 31st, 1936, was \$2,368.

Nursing Service.

On October 1st, Miss Eleanor McPhedran was retired. Miss McPhedran had occupied the position of Matron since the Sanatorium was opened in October, 1920. During these fifteen years her work was characterized by loyalty and efficiency in the responsibility of providing proper care for the patients. Previous to her retirement, presentations were made by patients and staff in recognition of her great help, and as an expression of good wishes for the future.

Dietary Department.

Meals served numbered 309,194, at a food cost of \$38,335.65. The average food cost per meal was 12.31 cents.

Staff Changes.

Dr. L. M. Mullen, Staff Physician, resigned April 30th, to enter private practice. His sterling qualities endeared him to patients and staff. His successor is Dr. H. H. Stephens, graduate of the University of Alberta.

Mr. James Cowie, gardener since 1921, was retired in October. It was under his skilled direction that the grounds were transformed from a treeless, grassless state into a beautiful garden.

Mr. A. Stewart, laundry foreman, was likewise retired in October after several years of very satisfactory service.

School.

A number of patients have availed themselves of the opportunity of studying by following the courses furnished by the Department of Education. We are indebted to Mr. G. F. McNally, Deputy Minister of Education, for helpful suggestions. It is expected that several will write Departmental examinations. Others are following commercial courses. There is still a great need of a teacher to assist those who, through sickness, have been deprived of the opportunity of attending school.

Alberta Hospital Association Visit.

We were pleased to have a visit in November from the Alberta Hospital Association. Luncheon was served, after which a tour of inspection took place.

Entertainment.

The Entertainment Committee purchased a sound machine. Regular movies are conducted which give necessary recreation and pleasure to all.

Concerts, whist drives, lectures, auto drives, band concerts and tournaments have all been thoroughly enjoyed. The Calgary Exhibition and Stampede again furnished the patients with passes. Likewise throughout the entire year the theatres have generously entertained as their guests patients who were able to attend.

To our many friends who have so generously contributed to the pleasure of both patients and staff, the institution expresses its deep appreciation.

Divine Services.

No record of the year's work would be complete without a just tribute to the gentlemen who have ministered to the spiritual need of the patients. Regular

services have been held by Rev. Father MacDonald, the Venerable Archdeacon Swanson, Rev. Mr. Aldridge, and Rev. W. H. Werning. Others have assisted them, and to one and all it is a pleasure to acknowledge our indebtedness.

Acknowledgment.

Acknowledgement is made of the kind consideration given by the Hon. George Hoadley and the Hon. Dr. W. W. Cross, Ministers of Health during the year. The staff, one and all, have worked conscientiously and efficiently throughout the year, and my thanks are due to them for their valuable assistance.

STATISTICAL REPORT, 1935

TOTAL NUMBER OF PATIENT DAYS		INFIRMARY DAYS		
D.P.N.H.	1,917	D.P.N.H.		1,689
Civilian	71,076	Civilian		56,917
	72,993			58,606
		D.P.N.H.	Civilian	Total
Patients in Sanatorium Jan. 1, 1935		10	192	202
Patients treated in 1935		15	336	351
Remaining in Sanatorium Jan. 1, 1936		4	202	206

Classification on Admission of 149 patients who entered the Sanatorium in 1935, is as follows:

Non-Tuberculous	24
Tuberculosis—Inactive	3
Non-Pulmonary Tuberculosis	6
Pulmonary Tuberculosis—Minimal	5
Mod. Adv.	19
Far Adv.	92
	149

Number with positive sputum on admission	91
Number developing positive sputum here	10
Number with sputum persistently negative	47
No report	1
	149

Number of cases of Active Pulmonary Tuberculosis with negative sputum: 14; 12%.

READMISSIONS

Non-Tuberculous	2
Tuberculosis Inactive	1
Active Tuberculosis	13
	16

Total number Readmissions 16
Readmission formed 10.6% of the cases of Active Tuberculosis.

LABORATORY REPORT

Sputum Examinations:		
In-Patients	2,241	
Out-Patients	161	
Staff	3	
		2,405
Other Examinations:		
Urinalyses	1,568	
Blood Counts	996	
Blood Sedimentations	620	
Guinea Pig Inoculations	42	
Guinea Pig Autopsies	45	
Miscellaneous	197	
		3,468
		5,873

X-RAY REPORT

Radiographic:			
Chest	979	Knee	3
Sinuses	5	Ankle	3
Pelvis	1	Colon	8
Spine	17	Gall Bladder	9
Wrist	1	Gastrointestinal	48
Shoulder	1	Dental	16
Hand	2	Jaw	3
Skull	1	Ribs	1
Hips	3	Oesophagus	1
G.U. Tract	3		1,105
Fluoroscopic:			
Gas	2,628	Barium Enema	18
Chest	214	Lipiodol in Bronchi	16
Gastrointestinal	206	Bismuth in Sinus	1
			3,083

Special Examinations:

Lipiodol in Chest	15	Barium Meals	48	
Lipiodol in Abdominal Sinus	1	Barium Enemata	8	
Bismuth in Thoracic Sinus	1	Gall Bladder Dye	9	
Diodrast (Kidney)	1			83
				4,271
Films sent in for reading				471

OPERATING ROOM REPORT

Pneumothorax Cases:	
Under treatment January 1st, 1935	58
New cases begun during 1935	58
Number discontinued during year	24
Under treatment at end of year	92
Number unsuccessfully tried	30
Pneumothorax refills	3,874
Intravenous Injections:	
Calcium Chloride	882
Sanocrysin	60
Saline and Glucose	42
Neo Salvarsan	2
Neo Skiodan	1
Carbon	16
Blood Transfusion	1
Other Treatments:	
Thoracoscopy	1
Phrenic Crush	2
Pneumolysis	10
Lumbar Puncture	9
Aspiration from pleural cavity, air and fluid	83
Aspiration with irrigation and refill	123
Aspiration of Abscess	26
Lipiodol in Bronchi	9
Dilation of Sinus	2
Dilation of Urethral Stricture	24
Basal Metabolism	2
Removal of Scar	1
Removal of Gland	1
Abdominal Paracentesis	3
Pelvic Examination	1
Plaster Cast to Leg	2
Plaster Jacket	3
Plaster Boot	2
Plaster Shell to Body	5

HELIO THERAPY REPORT

Alpine Lamp Treatment:		Men	Women	Total
Number under treatment during 1935		23	27	50
Total treatments given		2,659	2,398	5,057
Solar Laryngoscopic		No. Treated	Treatments	Total Time
Air Baths	14	1,214	57	hours
Sun Baths	159	11,472	8,610	hours
	35	912	714½	hours

DENTAL REPORT

Patients examined	431	Extractions	109
Patients treated	329	New Dentures	7
Prophylactic treatments	211	Dentures Repaired	3
Fillings	413	Bridges	1

DONATIONS AND ENTERTAINMENTS

CONCERTS—Melody Makers (arranged by Mr. Farish); South Calgary Young Peoples' Society; Hudson's Bay Choir; Murdoch's School of Dancing (arranged by Red Cross Society); Elk's Band; Salvation Army Band.

PARTIES—Garden Party; Hallowe'en Party.

WHIST DRIVES—Recreation Committee; Military Chapter I.O.D.E.

TOURNAMENTS—Cribbage Tournament, Recreation Committee; Billiard Tournament, Recreation Committee; Croquet Tournament, Recreation Committee.

PASSES—The various Moving Picture Houses; Calgary Exhibition and Stampede; Football games.

DRIVES—Mr. N. Christie; T. Eaton Company.

BOOKS—Herald Lending Library; Mrs. Lee Redman; Dr. A. Couillard; Anonymous Friends.

MAGAZINES AND PAPERS—Rotary Club; Senator P. Burns; Canadian Bag Company; Red Deer Advocate Publishing Co.; Western Catholic Publishing Co.; The Sign Publishing Co.; Ukrainian Papers; Anonymous Friends.

MISCELLANEOUS—Riedel Apiary, Honey.

DONATIONS—CHRISTMAS, 1935

CHEQUES—Samaritan Club; Claresholm Branch Canadian Legion; Edmonton Life Insurance Girls' Club; Miss Wilda Huxley (ex-patient).

GIFTS FOR PATIENTS—Calgary Branch Red Cross Society; Catholic Women's League; Children's Hospital Aid; Ladies of Ste. Famille; Military Chapter I.O.D.E.; Mrs. R. Dawson; M. P. Thompson.

CANDY, CIGARETTES, ICE CREAM, ETC.—Ontario Laundry Company; Military Chapter I.O.D.E.; Union Milk Co.; Starr's Ambulance; Hon. R. B. Bennett; Leyden Funeral Home; Park Memorial.

CLASSIFICATION OF DISCHARGED PATIENTS, 1935

	On Admission.		Residence		On Discharge						
	No.	Total %	T.B. %	Not over 31 days	Over 31 days	A.	AA.	Q.	I.	U.	D.
I. No Disease	8			5	3					3	
II. Undiagnosed	0										
III. Non-Tuberculous	20			8	12				5	5	2
IV. T.B. Inactive	3			2	1					1	
Total	31	21.3		15	16				5	9	2
V. T.B. Pulmonary—											
(1) Clinical (no bacilli found):											
Minimal	A	6		1	5		3		2		
	B	0								1	
	C	1			1						
Mod. Adv.	A	14			14	1	1	8	3		1
	B	1			1			1			
	C	0									
Far Adv.	A	2			2		1	1			
	B	1		1							
	C	1			1						1
Total	26	18.0	25.0	2	24	1	5	10	5	1	2
(2) Positive (bacilli found):											
Minimal	A										
	B										
	C										
Mod. Adv.	A	6			6			1	4	1	
	B	2			2			2			
	C	1		1							
Far Adv.	A	21		1	20			8	8	1	3
	B	27			27			5	9	1	12
	C	19			17			4	7		6
Apparently Hopeless		2		2							
Total	78	53.7	75.0	6	72			20	28	3	21
Total Pul. Tb. Active ..	104	71.7	100	8	96	1	5	30	33	4	23
VI. T.B. Non-Pul.	10	7.0		1	9		3	3	1	1	1
Total "Treated" Patients					121	1	8	33	39	14	26
Patients not here over 31 days									1	17	6
Grand Total	145					1	8	33	40	31	32

Explanation of Abbreviations and Terms Used: The standard of classification is that of the National Tuberculosis Association. Minimal, Moderately Advanced and Far Advanced, refer to anatomical extent of disease, while "A", "B" and "C" signify symptoms in order of increasing severity. "A" Arrested; "A.A." Apparently Arrested; "Q" Quiescent; "I" Improved; "U" Unimproved; "D" Dead.

N.B.—Only those in residence over 31 days are classed as "Treated."

CLASSIFICATION ON ADMISSION OF 145 DISCHARGED PATIENTS

No Disease	8
Undiagnosed	0
Non-Tuberculous	20
Tuberculosis—Inactive	3
Tuberculosis—Pulmonary, Active	104
Tuberculosis—Non-Pulmonary	10
	145

CLASSIFICATION OF 96 "TREATED" CASES OF PULMONARY TUBERCULOSIS

On Admission	Total	On Discharge		Died
		Benefited	Non-Benefited	
Minimal	6	5	1	
Moderately Advanced	23	21	1	1
Far Advanced	67	43	2	22
	96	69	4	23

DIAGNOSIS OF NON-TUBERCULOUS CASES

Actinomycosis	1	Pulmonary Abscess	3
Adhesive Pleuritis	1	Raynaud's Disease	1
Bronchial Asthma	1	Silicosis	1
Carcinoma	3	Spontaneous Pneumothorax	1
Debility	5	Vascular Hypertension	1
Dorsal Scoliosis	1		
Infected Tonsils	1		20
I.—SEX:		II.—SOCIAL:	
Male	80	Single	66
Female	65	Married	76
	145	Widowed	3
			145

III.—AGE ON ADMISSION:

	Active T.B.	Non-T.B. and T.B. Inactive	Total
From 1 to 9 years	1	3	4
From 10 to 14 years	1	...	1
From 15 to 19 years	12	2	14
From 20 to 30 years	54	6	60
From 30 to 39 years	21	10	31
From 40 to 49 years	12	8	20
From 50 to 59 years	11	2	13
From 60 to 69 years	2	...	2
	114	31	145

IV.—RELIGION:

Baptist	7	Presbyterian	12
Congregational	1	Roman Catholic	42
Church of England	22	Salvation Army	1
Greek Catholic	11	Seventh Day Adventist	1
Greek Orthodox	1	United	25
Lutheran	15	First Christian Church	1
Mennonite	3	Non-Sectarian	1
Nazarene	1		
Pentecostal	1		145

V.—OCCUPATIONS—WOMEN:

	Active T.B.	Non-T.B. and T.B. Inactive	Total
Clerk	2	1	3
Housewife	30	6	36
Housework	7	...	7
Laundry Worker	1	...	1
Nurse	2	1	3
Nurse-in-Training	3	...	3
Student	5	2	7
Teacher	1	...	1
Waitress	2	...	2
No occupation .....	...	2	2
	53	12	65

VI.—OCCUPATIONS—MEN:

	Active T.B.	Non-T.B. and T.B. Inactive	Total
Baker	1	...	1
Barber	1	...	1
Blacksmith	1	...	1
Brakesman	1	...	1
Carpenter	3	...	3
Clerical Worker	2	...	2
Cook .....	...	1	1
Dental Mechanic .....	...	1	1
Delivery Man	1	...	1
Druggist	1	...	1
Farmer	22	7	29
Hotel Clerk	1	...	1
Janitor	1	...	1
Labourer	8	5	13
Medical Orderly	1	...	1
Mechanic	2	...	2
Machinist .....	...	1	1
Miner (Coal)	2	2	4
Salesman (Store)	1	...	1
Student	6	1	7
Teacher	1	...	1
Trapper	1	...	1
Truck Driver	2	...	2
Well Driller	1	...	1
Waiter	1	...	1
No occupation (Child) .....	...	1	1
	61	19	80

VII.—NATIVITY:

	Active T.B.	Non-T.B. and T.B. Inactive	Total
Alberta	32	9	41
Canada	26	4	30
Austria .....	.....	1	1
Czecho-Slovakia .....	.....	1	1
Belgium .....	.....	1	1
England	11	4	15
Finland	2	.....	2
France	1	.....	1
Galicia	1	.....	1
Germany	1	.....	1
Ireland	1	.....	1
Lithuania	1	.....	1
Norway	2	1	3
Poland	6	5	11
Russia	5	2	7
Scotland	5	.....	5
South Africa	1	.....	1
Sweden	3	1	4
United States	15	2	17
Wales	1	.....	1
	<u>114</u>	<u>31</u>	<u>145</u>

VIII.—LENGTH OF RESIDENCE IN ALBERTA:

	Active T.B.	Non-T.B. and T.B. Inactive	Total
Born in Alberta	32	9	41
Under 1 year	3	2	5
1 to 2 years	3	.....	3
3 to 5 years	16	.....	16
6 to 9 years	12	8	20
10 to 14 years	13	2	15
15 to 19 years	7	3	10
20 to 30 years	27	5	32
Over 30 years	1	2	3
	<u>114</u>	<u>31</u>	<u>145</u>

IX.—RACIAL ORIGIN:

	Active T.B.	Non-T.B. and T.B. Inactive	Total
Austrian	1	.....	1
Belgian	1	.....	1
Metis	4	.....	4
Dutch	2	1	3
English	21	6	27
Finnish	2	.....	2
French	14	1	15
German	9	3	12
Hungarian .....	.....	1	1
Irish	14	2	16
Negro	1	.....	1
Norwegian	9	1	10
Polish	4	7	11
Russian	5	.....	5
Scotch	16	4	20
Swedish	3	1	4
Ukrainian	6	3	9
Welsh	1	.....	1
Not known	1	1	2
	<u>114</u>	<u>31</u>	<u>145</u>

RESIDENCE OF 145 PATIENTS DISCHARGED IN 1935

CITIES:

Calgary	34	Medicine Hat	1
Edmonton	16	Wetaskiwin	1
Lethbridge	6		

TOWNS:

Camrose	1	Edson	1
Claresholm	1	Okotoks	2
Coronation	1	Vermilion	1

VILLAGES:

Craigmyle	1	Oyen	3
Delia	1	Provost	1
Falher	1	Banff National Park	1
Islay	1	Waterton National Park	1
Millet	1	Transients	4
Mundare	1	Non-residents	2

LOCAL IMPROVEMENT DISTRICTS:

No. 68	1	No. 641	1
No. 130	1	No. 736	1
No. 276	6	No. 766	1
No. 376	1	No. 826	1
No. 496	2	No. 886	1
No. 555	1	No. 1113	1
No. 604	1		

MUNICIPAL DISTRICTS:

No. 34	1	No. 459	1
No. 92	1	No. 486	3
No. 158	1	No. 487	1
No. 189	1	No. 514	1
No. 219	1	No. 515	1
No. 220	2	No. 516	2
No. 249	1	No. 543	1
No. 250	1	No. 544	1
No. 271	1	No. 550	1
No. 278	1	No. 551	1
No. 306	1	No. 552	1
No. 307	1	No. 553	1
No. 365	1	No. 577	2
No. 366	1	No. 578	2
No. 395	1	No. 580	2
No. 427	1	No. 610	1
No. 453	1		
No. 456	1		
No. 458	2		

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