

**17.—Deaths in Urban Centres of 10,000 Population or Over,<sup>1</sup>  
Average 1946-50 and 1951—concluded**

Province and Urban Centre	Average 1946-50	1951	Province and Urban Centre	Average 1946-50	1951
	No.	No.		No.	No.
<b>Ontario—concl.</b>			<b>Saskatchewan—</b>		
Peterborough.....	359	370	Moose Jaw.....	237	292
Port Arthur.....	304	331	Prince Albert.....	134	122
St. Catharines.....	345	358	Regina.....	493	545
St. Thomas.....	239	238	Saskatoon.....	435	488
Sarnia.....	229	248			
Sault Ste. Marie.....	289	285	<b>Alberta—</b>		
Stratford.....	241	215	Calgary.....	1,094	1,146
Sudbury.....	294	307	Edmonton.....	1,037	1,152
Timmins.....	202	220	Lethbridge.....	167	184
Toronto.....	7,820	7,700	Medicine Hat.....	139	140
Trenton.....	99	90			
Waterloo.....	88	97	<b>British Columbia—</b>		
Welland.....	134	110	New Westminster.....	257	238
Windsor.....	1,047	1,093	North Vancouver.....	184	214
Woodstock.....	157	162	Penticton.....	..	..
			Trail.....	69	70
<b>Manitoba—</b>			Vancouver.....	3,903	3,975
Brandon.....	195	210	Victoria.....	749	750
St. Boniface.....	179	189			
Winnipeg.....	2,254	2,346			

<sup>1</sup> As at the 1951 Census.

**Causes of Death.**—Table 18 shows the deaths in Canada, grouped according to the International Abbreviated List of 50 Causes. About 80 p.c. are due to the following groups of causes: diseases of the heart and arteries, cancer, accidents, diseases of early infancy, the respiratory diseases—tuberculosis, pneumonia and influenza—and nephritis.

The rise in the average age at death has already been noted (p. 188). Causes of death that affect children and young adults mainly have declined. Diphtheria, for example, has been almost wiped out and tuberculosis has been greatly reduced. On the other hand, the ageing of the population increases the proportion of deaths from certain causes that affect older people. Thus, cancer and the diseases of the cardio-vascular-renal systems now account for a substantially larger proportion of all deaths than formerly.

These trends indicate the remarkable success that has attended the attack by health authorities on the infective and contagious diseases which in the past have constituted such a great hazard in the younger and early adult years of life. They have similarly served to emphasize the emergence of the chronic and degenerative conditions of later life as the targets towards which the public health programs of the future will be directed. In effect, Canada has shared the experience of most western nations in exchanging a high mortality in younger life for high morbidity in older age groups.