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ANNUAL REPORT

of the

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

for the

FISCAL YEAR ENDED
MARCH 31, 1947



OTTAWA
EDMOND CLOUTIER, C.M.G., B.A., L.Ph.,
KING'S PRINTER AND CONTROLLER OF STATIONERY
1948

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ANNUAL REPORT

of the

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

His Excellency Your Excellency:

The undersigned has the honour to present to your Excellency the Annual Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1947.

for the

Respectfully submitted,

PAUL MARTIN,

FISCAL YEAR ENDED

MARCH 31, 1947



OTTAWA
EDMOND CLOUTIER, C.M.G., B.A., L.Ph.,
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MARCH 31, 1947

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MAY IT PLEASE YOUR EXCELLENCY:

The undersigned has the honour to present to your Excellency the Annual Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1947.

Respectfully submitted,

PAUL MARTIN,
Minister of National Health and Welfare.

April 1, 1947.

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To His Excellency Field Marshal the Right Honourable Viscount Alexander
of Tunis, G.C.B., G.C.M.G., C.S.I., D.S.O., M.C., M.L.D., A.D.C., Governor
General and Commander-in-Chief of the Dominion of Canada.

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ended March 31, 1947.

Respectfully submitted,

PAUL MARTIN,
Minister of National Health and Welfare.

April 1, 1947.

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WELFARE BRANCH

National Director of Family Allowances, R. B. CURRY, B.A., LL.B.	Acting Chief, Physical Fitness Division, DORIS W. FLEWER, M.A., B.Paed., B.Ed.
Director, Old Age Pensioners Division, J. W. MacFARLANE	Director, Voluntary War Relief Division, P. L. BROWN, M.C., F.C.C.S., B.D. (S).
Registrar, War Charities Division, L. TAYLOR	

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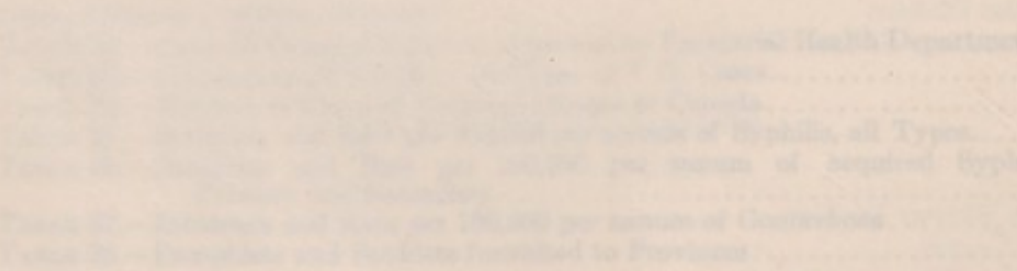
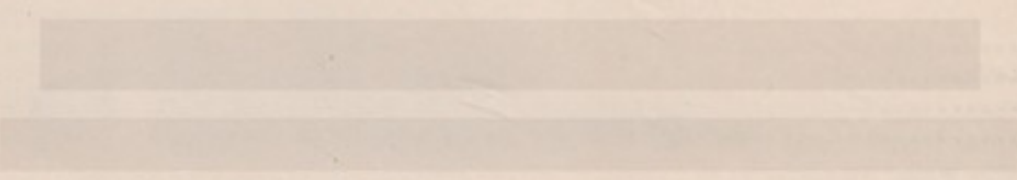
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DEPARTMENT OF NATIONAL HEALTH
AND WELFARE

MINISTER

HONOURABLE PAUL MARTIN, K.C., P.C., M.P., M.A., LL.M., LL.D.

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G. D. W. CAMERON, M.D., C.M., D.P.H.

DEPUTY MINISTER OF NATIONAL HEALTH AND WELFARE (WELFARE)
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HEALTH BRANCH

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Chief, Dental Health Division,
L. V. JANES, D.D.S.

*Chief Dominion Analyst and Director, Food
and Drugs Divisions,*
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R. D. WHITMORE, O.B.E., F.C.I.C.

*Chief, Proprietary or Patent Medicine
Division,*
L. P. TEEVENS.

Chief Laboratory Services,
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J. L. LITTLE, M.D., B.Sc., D.P.H., F.A.C.S

Chief, Venereal Disease Control Division,
B. D. B. LAYTON, M.D.

Chief, Hospital Design Division,
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M.R.A.I.C.

Director, Indian Health Services,
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Chief, Industrial Health Division,
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Chief, Industrial Health Laboratory,
K. KAY, M.A., Ph.D.

Chief, Laboratory of Hygiene,
R. J. GIBBONS, M.A., M.D., D.P.H.

Chief, Mental Health Division,
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Chief, Narcotic Division,
K. C. HOSSICK.

Chief, Nutrition Division,
L. B. PETT, B.S.A., M.A., Ph.D., M.D.,
F.C.I.C.

Chief, Public Health Engineering Division,
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O.L.S.

*Chief, Quarantine, Immigration Medical Ser-
vice and Treatment of Sick Mariners,*
C. P. BROWN, M.A., M.B., D.P.H.

WELFARE BRANCH

National Director of Family Allowances,
R. B. CURRY, B.A., LL.B.

Director, Old Age Pensions Division,
J. W. MACFARLANE.

Acting Chief, Physical Fitness Division,
DORIS W. PLEWES, M.A., B.Paed., Ed.D.

Director, Voluntary War Relief Division,
P. L. BROWNE, M.C., F.C.G.S., E.D. (F).

Registrar, War Charities Division,
L. TREBERT.

ADMINISTRATION BRANCH

Departmental Secretary,
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Librarian,
MISS M. D. MORTON, B.H.Sc., B.L.S.

Chief, Information Services Division,
C. W. GILCHRIST, O.B.E., E.D.

Chief, Personnel Division,
J. C. RUTLEDGE, B.Com.

Chief, Legal Division,
R. E. CURRAN, B.A., LL.B.

Chief, Purchasing and Supply Division,
M. J. CULLEN.

Acting Chief, Research Division,
MRS. F. E. HURST, M.A.

Chief, Translation Office,
G. A. SAUVE.

Chief Treasury Officer,
T. F. PHILLIPS.

HEALTH BRANCH

Chief, Hospital Design Division,
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Director, Indian Health Services,
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Chief, Industrial Health Division,
F. E. PARKER, M.D.
Chief, Industrial Health Laboratory,
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Chief, Laboratory of Hygiene,
H. J. GIBSON, M.A., M.D., D.P.H.
Chief, Mental Health Division,
C. G. STONOR, M.A., M.D.
Chief, Narcotics Division,
R. C. HOSACK
Chief, Venereal Division,
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Chief, Public Health Engineering Division,
G. H. FRANKSON, M.C., B.A.Sc., D.I.S., O.L.S.
Chief, Quantitative Immunization Medical Services and Treatment of Sick Members,
C. P. BROWN, M.A., M.B., D.P.H.
Chief, Venereal Disease Control Division,
H. D. B. LAYTON, M.D.

Assistant Director of Health Services,
H. A. ANKER, M.D., D.P.H.
C. P. BROWN, M.A., M.B., D.P.H.
F. E. PARKER, M.D.
Chief, Bacteriology Control Division,
F. E. PARKER, M.D.
Chief, Child and Maternal Health Division,
E. CONNOR, M.D., C.M.
Chief, Child Services Health Division,
H. G. BARR, M.B.
Chief, Dental Health Division,
J. V. JAMES, D.D.S.
Chief, Division Analyst and Director, Food and Drugs Division,
C. A. MORGAN, M.A., Ph.D., F.R.S.C.
Chief, Inspection Services,
R. D. WATSON, O.B.E., F.C.I.C.
Chief, Proprietary or Patent Medicines Division,
J. P. TAYLOR
Chief, Laboratory Services,
J. I. POWERS, B.A., M.Sc., Ph.D.
Director, Health Insurance Statistics,
J. I. JAMES, M.D., B.S., D.P.H., F.A.C.S.
Chief, Venereal Disease Control Division,
H. D. B. LAYTON, M.D.

WELFARE BRANCH

Acting Chief, Physical Fitness Division,
DORIS W. PEARCE, M.A. H.P.S., E.D.D.
Director, Voluntary War Relief Division,
T. I. BROWN, M.C., F.C.C.S., E.D. (F)
Registrar, War Graves Division,
J. TAYLOR

National Director of Family Allowances,
H. B. COOPER, B.A., LL.B.
Director, Old Age Pension Division,
J. W. MACKENZIE

INDIAN HEALTH SERVICES

Hospitals—

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS**ADMINISTRATIVE OFFICES**

OTTAWA—JACKSON BUILDING

HEALTH BRANCH**FOOD AND DRUGS LABORATORIES**

Ottawa—35 John Street
 Halifax—Dominion Public Building (P.O. Box 605)
 Montreal—379 Common Street
 Toronto—59 Victoria Street
 Winnipeg—Corner Magnus and Main Streets
 Vancouver—Federal Building

IMMIGRATION MEDICAL SERVICE OFFICES*In Canada—*

Halifax—Immigration Building, Pier 21
 North Sydney—Immigration Building
 West Saint John—Lancaster Hospital
 Quebec West—Immigration Hospital
 Montreal—Immigration Building, 1162 St. Antoine Street
 Vancouver—Immigration Building
 Victoria—Immigration Building

Overseas—

British Isles—London, England—Sackville House, 40 Piccadilly

INDUSTRIAL HEALTH LABORATORY

Ottawa—35 John Street

LABORATORIES OF HYGIENE

Ottawa—35 John Street
 Kamloops, B.C.

PUBLIC HEALTH ENGINEERING—DISTRICT OFFICES

Halifax—211 Industrial Building
 Saint John—119 Custom House, P.O. Box 296
 Montreal—379 Common Street
 St. Catharines—9 James Street
 Port Arthur—273 Ray Boulevard
 Winnipeg—P.O. Box 4710, Postal Station "B"
 Regina—P.O. Box 487
 Edmonton—302 Williamson Building
 Vancouver—321 Federal Building, P.O. Box 1012

QUARANTINE STATIONS

Halifax—Rockhead Hospital
 West Saint John—Lancaster Hospital
 Quebec West—Immigration Hospital
 Victoria—William Head

INDIAN HEALTH SERVICES

Hospitals—

Maliseet, N.B.—Tobique Indian Hospital
 Manitowaning, Ont.—Manitowaning Indian Hospital
 Ohsweken, Ont.—Lady Willingdon Indian Hospital
 Port Arthur, Ont.—Squaw Bay Indian Hospital
 Norway House, Man.—Norway House Indian Hospital
 The Pas, Man.—Clearwater Lake Indian Hospital
 Selkirk, Man.—Dynevour Indian Hospital
 Pine Falls, Man.—Fort Alexander Indian Hospital
 Hodgson, Man.—Fisher River Indian Hospital
 Fort Qu'Appelle, Sask.—Fort Qu'Appelle Indian Hospital
 Edmonton, Alta.—Charles Camsell Indian Hospital
 Gleichen, Alta.—Blackfoot Indian Hospital
 Brouck, Alta.—Peigan Indian Hospital
 Cardston, Alta.—Blood Indian Hospital
 Morley, Alta.—Stoney Indian Hospital
 Sardis, B.C.—Coqualeetza Indian Hospital
 Nanaimo, B.C.—Nanaimo Indian Hospital
 Prince Rupert, B.C.—Miller Bay Indian Hospital

Nursing Stations—

Eskasoni, N.S.	Lac La Ronge, Sask.
Fort George, P.Q.	Hobbema, Alta.
Gypsumville, Man.	Wabasca, Alta.
Sandy Bay, Man.	Port Simpson, B.C.
Broadview, Sask.	

Medical Stations—

Shubenacadie, N.S.	Driftpile, Alta.
Bersimis, P.Q.	Gleichen, Alta.
Caughnawaga, P.Q.	Edmonton, Alta.
Abitibi, P.Q.	Duncan, B.C.
James Bay, Ont.	Lillooet, B.C.
Caradoc, Ont.	Kamloops, B.C.
Tyendinaga, Ont.	New Westminster, B.C.
Port Arthur, Ont.	Vancouver, B.C.
Birtle, Man.	Fort Norman, N.W.T.
Prince Albert, Sask.	Whitehorse, Yukon.

WELFARE BRANCH

FAMILY ALLOWANCES REGIONAL OFFICES

Charlottetown—59 Queen Street
 Halifax—Industrial Building
 Fredericton—City Hall
 Quebec—15 Boulevard des Capucins
 Toronto—122 Front Street West
 Winnipeg—Lindsay Building
 Regina—Saskatchewan Motors Building, Broad Street
 Edmonton—10209, 100th Avenue
 Victoria—Weiler Building

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

(3) THE Administration Branch in which would be centred the various
transactive activities of the Department.

During the fiscal year 1947, the first complete year of the
Department's operation, the following Division of the
Department to the Health Branch was transferred from the
Welfare Branch to the Health Branch.

REPORT OF THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

Honourable Paul Martin, K.C., P.C., M.P., LL.M., LL.D.
Minister of National Health and Welfare,
Ottawa.

Sir,—We have the honour to present the Annual Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1947, the second complete year of the Department's operation.

INTRODUCTION

ORGANIZATION OF DEPARTMENT

The Department of National Health and Welfare was established under the authority of The Department of National Health and Welfare Act (Chapter 22, 8 George VI) which was assented to on July 24, 1944, and came into force by proclamation dated October 13, 1944.

On the same date an Order in Council was passed appointing the Honourable Brooke Claxton, K.C., P.C., M.P., B.C.L., D.C.M., as Minister of National Health and Welfare. This was followed by the appointment by Order in Council on November 3 of G. B. Chisholm, C.B.E., M.C., E.D., M.D., as Deputy Minister of National Health and Welfare (Health) and of G. F. Davidson, B.A., M.A., Ph.D., as Deputy Minister of National Health and Welfare (Welfare).

Steps were immediately taken toward the organization of the Department under three branches:—

- (1) The Health Branch—which had been in existence for many years as a component of the former Department of Pensions and National Health, and which included the following Divisions:

- Food and Drugs Division
- Narcotic Division
- Proprietary or Patent Medicine Division
- Public Health Engineering Division
- Quarantine, Immigration Medical Service, and Treatment of Sick Mariners
- Laboratory of Hygiene
- Child and Maternal Hygiene Division
- Industrial Hygiene Division
- Medical Investigation Division
- Venereal Disease Control Division
- Nutrition Division
- Physical Fitness Division (later transferred to the Welfare Branch).

- (2) The Welfare Branch—to be responsible for, among other things, the administration of The Family Allowances Act which had been assented to on August 15, 1944.

- (3) The Administration Branch—in which would be centred the administrative activities of the Department.

During the fiscal year 1945-46, which was the first complete year of the Department's operation, authority was given for the addition of the following Divisions to the Health Branch:

Advertising and Labels Division
 Blindness Control Division
 Civil Service Health Division
 Dental Health Division
 Directorate of Health Insurance Studies
 Hospital Design Division
 Indian Health Services (transferred from the Department of Mines and Resources as of November 1, 1945)
 Mental Health Division
 Tuberculosis Control Division.

To the Welfare Branch were added the following Divisions:

Physical Fitness Division (transferred from the Health Branch as of July 1, 1945)
 Old Age Pensions Division (transferred from the Department of Finance as of September 1, 1945)
 Women's Voluntary Services Division (transferred from the Department of National War Services as of January 1, 1946).

SOME HIGHLIGHTS OF THE FISCAL YEAR 1946-47

Following the appointment of Dr. Chisholm as Secretary of the Interim Commission of the World Health Organization, G. D. W. Cameron, M.D., C.M., D.P.H., formerly Director of Health Services for the Department, was appointed Deputy Minister of National Health and Welfare (Health) on July 24, 1946.

On October 30, 1946, authority was given for the establishment of a Division of Civil Aviation Medicine, to be responsible for providing medical advice and assistance for civil aviation personnel and for advising the Department of Transport on all problems connected with the health of travellers by air.

On December 12, 1946, the Honourable Brooke Claxton, upon his appointment as Minister of National Defence, left the Department and was succeeded as Minister of National Health and Welfare by the Honourable Paul Martin, K.C., P.C., M.P., LL.M., LL.D., formerly Secretary of State.

In accordance with a recommendation made by the Rockefeller Foundation (International Health Division) following a survey of epidemiological services in Canada, authority was obtained on January 17, 1947, for the establishment in the Department of a Division of Epidemiology. The purpose of the Division (which will absorb the former Tuberculosis Division) will be to investigate public health problems in which epidemiological techniques are used, to perform the functions of co-ordination, standardization and general exchange of administrative ideas in consultation with the Provinces, national agencies and groups, and to assist in the provision of a professional information service to the Provinces. Preparatory work related to the establishment of this new Division and of the Civil Aviation Medicine Division was carried on during the remainder of the fiscal year.

Upon completion of the work of the Women's Voluntary Services Division the Order in Council establishing the Division was revoked as of January 21, 1947, and the Division ceased to exist.

To the Welfare Branch of the Department were added on February 1, 1947, the Voluntary War Relief Division and the War Charities Division, which formerly were part of the Department of National War Services.

During the year the Department of National Health and Welfare was the main agency through which Canada continued to play important roles in the spheres of global health and welfare. Canada was the first nation to deposit the Instrument of Ratification to the Constitution of the World Health Organization, and representatives of the Department contributed fully to the establishment of that body, serving on its Interim Commission and on three of its committees. (See pages 67 and 68.) Officers of the Department represented Canada on a number of other United Nations Organizations including the Social Commission, the International Children's Emergency Fund and the Economic and Social Council.

Close liaison was maintained during the year, through the Dominion Council of Health and by conferences initiated by the Department, of health and welfare workers in the federal, provincial and municipal fields.

Departmental officials had the privilege of personal consultation with a number of outstanding health and welfare authorities. Australia's Director-General of Social Services, Mr. F. H. Rowe, spent some time in the Dominion, during which he reviewed operation of the Family Allowances plan and federal and provincial measures in the fields of health, social welfare and veterans' legislation, and provided to officers of the Department a detailed account of Australian social services. The Dominion Council of Health had the benefit of attendance at one of its meetings of the Chief Medical Officer of the British Ministry of Health, Sir Wilson Jamieson.

On the initiative of the Honourable Paul Martin, a conference was called in January, at Ottawa, of leading scientists, physicians and cancer control workers from all over the Dominion for the purpose of mobilizing a nation-wide attack on the problem of cancer. From this conference emerged the National Cancer Institute of Canada, a central co-ordinating agency to formulate and direct a national cancer control program. At a meeting on February 15, presided over by the Honourable Paul Martin, the Trustees of the King George V Silver Jubilee Cancer Fund authorized a grant of \$450,000 to the National Cancer Institute of Canada. The Institute made plans for grants from this fund in support of research projects in medical schools and by top-ranking scientists in the field of cancer research. (See page 65 to 67.)

In the health field the Department performed its statutory functions during the year in respect of:—

Immigration Medical, Quarantine and Sick Mariners Services;

Food and Drug control, establishing and maintaining standards for imported and domestic consumables and pharmaceuticals;

Narcotic Drug control, directing preventive and inspection services to restrain the illegal importation, manufacture and distribution of narcotic drugs and to curb their anti-social use;

Public Health Engineering, ensuring sanitary conditions of international boundary waters, guarding against pollution of shellfish areas, preserving the purity of consumables on trains, ships and aeroplanes, maintaining environmental sanitation in national parks and at federal projects, including highway and airport development, drainage and land-clearance undertakings;

Indian Health Services, providing hospital, medical, nursing, dental and related care to Indians, Eskimos and nomads;

Civil Service Health, extending consultative, counselling, examination and first aid facilities to federal employees;

Laboratory of Hygiene, performing scientific study of the strength, purity and safety of chemical, biological, serological and other products for medicinal use; identifying disease germs; conducting research, including studies of transmission of plagues by rodents and ticks.

Leadership and assistance were also extended to the Provinces by the following Divisions:—Industrial Health, Mental Health, Dental Health, Nutrition, Child and Maternal Health, Hospital Design, Blindness Control, Venereal Disease Control, and Information Services.

Through its Welfare Branch the Department continued to carry out the government's statutory responsibilities in the following fields:—

Family Allowances, consisting of direct grants, based on age and number in family, to all eligible children under 16 years of age;

Old Age Pensions, a Dominion-Provincial plan for payment, subject to a means test, of pensions to the aged and the blind, the federal contribution being 75 per cent of the pensions;

Physical Fitness, a program carried out through the Provinces to encourage and promote fitness and to stimulate participation in all forms of recreational activity.

To help meet the serious shortage of professionally trained social workers, \$100,000 was provided, by way of scholarships and assistance to the seven Schools of Social Work, toward encouraging the training of greater numbers of students in the field. An increase of over 50% in enrolment in the seven Schools during the year indicates the effectiveness of the grant.

To many voluntary agencies operating in the health and welfare fields the Department continued to give encouragement and practical assistance in the form of grants. The amounts of such grants are shown at pages 147.

HEALTH BRANCH

DOMINION COUNCIL OF HEALTH

In Canadian health activities the key co-ordinating and guiding agency is the Dominion Council of Health. Because the Council is intimately acquainted with health problems throughout Canada it proposes remedial programs and formulates in principle many of the policies followed by this Department. The experience and advice of the Council are a major element in the effective planning and implementation of federal health activities insofar as they affect the Provinces.

The duties of the Dominion Council of Health as prescribed by Order in Council P.C. 583 of February 19, 1946, are the consideration of matters relating to the promotion or preservation of the health of the people of Canada, the initiation of relevant recommendations and proposals to the Minister of National Health and Welfare and other appropriate authorities, and the furnishing of advice to the Minister of National Health and Welfare with reference to the statutory duties of the Department, including the requirement of co-operation with the provincial authorities.

The Dominion Council of Health, under the Department of National Health and Welfare Act, 1944, is comprised of the Deputy Minister of National Health as Chairman, the Chief Executive Officer of the Department of Health of each Province and five additional persons appointed for three-year terms by the Governor in Council and representing English-speaking women, French-speaking women, labour and agriculture, with the fifth person appointed to act as scientific adviser to the Council.

Since its formation in 1919 the Dominion Council of Health has been the national health forum through which new ideas, new techniques and new approaches tried in one Province have been passed on for the betterment of health and living conditions in other parts of the Dominion. Through the deliberations of the Council it has been possible to eliminate overlapping and duplication of services provided by the Dominion and the Provinces. Besides enabling senior health officers in Canada to discuss mutual problems, the Dominion Council of Health has been largely responsible for the development of many well integrated and co-operative health programs by the provincial and federal governments, and for the establishment by the federal government of services for the benefit of provincial health departments.

During the year the Council held its forty-ninth and fiftieth meetings. Many administrative problems common to both federal and provincial health authorities were discussed and, where possible, appropriate action recommended to overcome them. Matters dealt with included the lack of uniformity in residence requirements among the Provinces with respect to the various forms of public assistance; the provision of emergency medical care for visitors to national parks; the sanitary control of materials used in the manufacture of mattresses and other bedding; and more effective ways of controlling the spread of venereal diseases. In addition, two conferences, one of the mental health directors and the other of the health education directors of the federal and provincial departments, were convened on the recommendation of the Council. Both conferences, in addition to submitting to the Council valuable suggestions and recommendations relating to their respective fields of activity, provided further opportunities for ensuring co-operation and integration of effort by health departments throughout Canada.

GENERAL HEALTH ADMINISTRATION

In addition to the work done by the various Divisions of the Health Branch a number of general health administration projects were carried out by senior officials of the Department in close collaboration with provincial authorities. Two instances are cited below:

1. Last summer, following an urgent request from the Deputy Minister of Health for British Columbia for assistance in the epidemiological study and control of an outbreak of salmonellosis, which had already claimed eight lives in the city of Vancouver, an Assistant Director of Health Services of the Department proceeded by plane to that city. There, with federal, provincial and municipal health authorities working closely together, a study was made of the incidence statistics and a control program was devised and put into effect.

2. In response to a request from the Deputy Minister of Health for Prince Edward Island a two months study was conducted last fall of the bacteriological and sanitary quality of milk throughout the Province. The provincial Department of Health provided laboratory facilities, staff and equipment, this Department making available a mobile bacteriological laboratory and the services of a public health engineer who surveyed dairies, pasteurization plants and representative samples of dairy farms. As a result of the report submitted by this Department following an analysis of the results of the survey it is anticipated that appropriate legislative action will be taken to bring into force the recommendations made.

Numerous other examples might be cited of the emphasis which continued to be placed during the past year on the closest possible co-operation and collaboration with provincial authorities in endeavouring to solve the many health problems which arise.

Details of the work of the various Divisions of the Health Branch follow:

BLINDNESS CONTROL DIVISION

Blindness is not a notifiable condition, therefore the exact number of blind in Canada is not known. However, calculations based on the number who are forty years of age and over, as shown by pension records, and the number under forty registered with the Canadian National Institute for the Blind indicate that there are in Canada approximately 14,000 blind persons.

The Blindness Control Division is responsible for maintaining medical examination facilities throughout Canada for those applying for benefits under the Old Age Pensions Act on grounds of blindness. For details relating to the payment of such pensions, see "Old Age Pensions and Pensions for Blind Persons", pages 76 and 77.

The necessary eye examinations are carried out on request by the Department by 104 ophthalmologists in various centres across Canada. Reports covering such eye examinations are forwarded directly to the Division where they are ruled upon with respect to eligibility for pension. The Division arranges for re-examinations where circumstances warrant. From the inception of the Act to March 31, 1947, the number of those rejected on original application totalled 2,623. Some of these later became pensioners as their eye condition progressed.

The Division notifies the various Departments of Health of cases requiring treatment among those applying for pension. As a result of this an increasing number are being brought to treatment where the conditions are judged to be remedial.

The Division also carries out educational work on eye care through the medium of films and literature.

The number of blind pensioners per 1,000 population varies from 1.58 in New Brunswick to approximately .40 in the three western Provinces. See Table 1, (page 95).

The activities of the Division are summarized as follows:

Total number of pensions in force as of March 31, 1946....		6,945
Total new applications.....		1,136
1. Examined by C.N.I.B. and accepted	173	
2. Examined by C.N.I.B. and rejected	23	
*3. Total reported on by C.N.I.B.		196
4. Total number examined and accepted.....		874
5. Referred for examination	974	
6. Referred for re-examination	153	
7. Total number referred for examination or re-examination.		1,127
8. Total number rejected after examination or re-examination		353
9. Total number accepted after examination or re-examination		701
10. Total number rejected on pathology (Items 2 and 8)....		376
11. Total number accepted on pathology (Items 1 and 9)....		874
Total number of pensions in force as of March 31, 1947.....		7,311

Because of the high death rate in the older age groups and through the removal of some from the pension rolls for financial or other reasons, the total number of applicants accepted for pension during the fiscal year did not result in a corresponding increase in the grand total. While during the year 874 were granted pensions because of blindness the total of those in receipt of pensions increased by only 366.

Statistics covering expenditures for eye examinations, by months and by Provinces, are contained in Tables 2 and 3 (page 95).

*Items 1, 2 and 3 refer to cases previously examined by the ophthalmologists of the Canadian National Institute for the Blind whose findings are concurred in by their Oculist-in-Chief. The Department does not require a further examination in these cases unless there is an element of doubt.

CHILD AND MATERNAL HEALTH DIVISION

During the year the Child and Maternal Health Division continued its efforts toward lowering child and maternal mortality and morbidity. The Division's activities were mainly educational in nature and involved co-operation with various provincial and other agencies. The Division endeavoured to fulfil its objectives through:—

1. Education

- (a) Preparation and distribution of literature, films, broadcasts, lectures to public health, medical and nursing associations, and to voluntary agencies.
- (b) Carrying out demonstrations and surveys in the field.
- (c) Lending assistance to educational centres and social welfare agencies.

2. Studies regarding:

- (a) Conditions in Canada and other countries.
- (b) Technical aspects of child and maternal health.
- (c) The main agencies concerned with maternal and child health in the United States (Children's Bureau, municipal health organizations in such cities as New York, Chicago, Cleveland, and the Rochester Child Health Project).

3. Bibliographies pertinent to child and maternal health. (These studies and bibliographies are of benefit to various provincial agencies, official and other.)
4. Assistance in organizing health services in the Provinces.
5. Association with various Committees, the Chief acting as secretary:—
 - (a) Two Scientific Advisory Committees for consultation with the Division, one on obstetrics, and the other on paediatrics.
 - (b) Sub-committee of the Dominion Council of Health on Minimum Standards for Hospital Maternity Services.
 - (c) Sub-committee of the Canadian Public Health Association on the Coding and Classification of Stillbirths.
6. Co-operation with other Divisions of the Department (Nutrition, Mental Health, Dental Health and Information Services)

PROFESSIONAL STAFF

The professional staff of the Division, which had formerly consisted of the Chief and Nurse-Sociologist, was enlarged by the addition during the year of a specialist in paediatrics and a nurse well trained in the care of infants and children. The increase in staff made it possible to meet more of the many requests for assistance and to intensify research on child and maternal health conditions in Canada and other countries. Particular attention was paid to procedures and results obtained in areas with outstanding health organizations and low mortality and morbidity rates in order to study the possibility of introducing similar measures in Canada.

EDUCATIONAL ACTIVITIES

The Division continued the preparation and distribution of literature, films, radio material, lectures, etc., to public health, medical and nursing associations, to voluntary agencies and to individuals interested in child and maternal health questions.

The *Canadian Mother and Child* continued to be much in demand with approximately 10,000 copies distributed monthly in answer to requests. Over 700,000 copies have been distributed to date, mainly through provincial Departments of Health.

From educationalists came a steady demand for the publication entitled *A Study in Maternal, Infant and Neonatal Mortality* which presents data in graphic form and attempts to account for variations in such mortality rates in Canada for the period 1926-45. This study, together with a similar presentation of information regarding morbidity, is of use to medical schools and to various professional study groups.

Preparation of pamphlets on *Poliomyelitis* and on *Good Posture in the Young Child* was commenced. The latter includes appropriate exercises which should favour the physical development of children. Because of the lack of material relating to preschool age problems, compilation was also commenced of a booklet entitled *The Child from One to Six*.

The Child and Maternal Health Division contributed articles to *Canada's Health and Welfare* and to the journals of the Canadian Public Health Association and the Canadian Medical Association.

The Chief of the Division actively participated in meeting of several health and medical associations, and addressed some of them. On invitation the Chief lectured at McGill University on the *Problem of Prematurity*, and

at the University of Montreal on the *General Programme of Child and Maternal Hygiene*. In addition, the Chief and members of the staff addressed many groups of public health workers, nurses, etc. throughout Canada.

WETZEL GRID

During the year a study was made of the Wetzel Grid which is a means of evaluating the physical status and growth of children from birth to the age of eighteen years. The Grid, developed by Dr. Norman C. Wetzel of Cleveland, Ohio, is based on twenty-two years of study and six million records and has proven of value in many institutions and public health centres. The Division distributed some 5,000 Grids to various authorities throughout the country in the hope of encouraging its adoption. Of interest is the fact that a health unit in British Columbia is undertaking a study of some 6,000 children using the Wetzel Grid as a basis. At one centre in Saskatchewan the Division is co-operating in a study of emotional factors which may influence growth.

At a meeting of the National Council on Physical Fitness an explanation of the Wetzel Grid by the Paediatric Specialist of the Division aroused considerable interest in the possibility of its use as a means of evaluating physical fitness programs.

FILMS

The interest aroused through showing of the film *The Birth of a Baby* indicated the desirability of further films of this nature. In collaboration with the National Film Board preparation of a technicolor sound film was well under way at the year end. The film will deal with the value of good prenatal care, skilled attention at birth and proper child care through the first year of life.

Two film strips were prepared, one on maternal care and the other on the care of the infant, for use in connection with educational activities at prenatal and well-baby clinics and elsewhere.

CO-OPERATION WITH THE PROVINCES

In addition to the preparation and distribution of publications, films, etc., to and through provincial health departments, it was possible during the year to meet certain specific requests for assistance. To aid in strengthening a health unit in British Columbia the Nursing Specialist of the Division was, on request, engaged in field work there for three months.

Another request came from Saskatchewan to assist in planning a Mothers' Milk Service in Regina—a project which will be carried out in co-operation with the Provincial Health Department, the Saskatchewan Branch of the Canadian Red Cross Society and specialists in paediatrics. The intention is to provide mothers' milk to premature and debilitated infants, and to arouse more general interest in the value of breast feeding. This undertaking was adopted as a demonstration which might serve as a basis for similar activity throughout the country.

A visit by the Chief and the Specialist in Paediatrics to the Provinces of Quebec, New Brunswick, Nova Scotia and Prince Edward Island, yielded excellent first hand information with reference to the poliomyelitis epidemic, and various child and maternal health problems. One outcome of this trip was the defining of a plan which, with the co-operation of the Chief Health Officer and health personnel of a Province, can be put into effect to good advantage in areas with high infant mortality rates.

MATERNAL MORTALITY AND MORBIDITY

The Canadian maternal mortality rate has reached the creditably low figure of 1.8* per thousand live births. This indicates that more emphasis might now be placed on seeking a reduction in morbidity. Experience in other countries gives definite proof that such can be lessened if effective attention is given to the problem. Along that line action should be taken to decrease the number of miscarriages (conservatively estimated at 30,000 per year) and the number of stillbirths (7,214* in 1946, or 22.1* for every 1,000 live births).

Damage to the health of Canadian mothers following sepsis and haemorrhage concerned with childbirth has been reduced and can be further reduced through the increased use of such drugs as sulfa, penicillin, etc., and the administration of transfusions.

INFANT MORTALITY AND MORBIDITY

The infant mortality rate in Canada in 1946 reached a new low of 47* per 1,000 live births. This represented the death of 15,281* infants under the age of one year. This rate, although representing real progress in Canada, is far from ideal when compared with the figures of other countries as indicated below:

Country	Infant Mortality (1945) per 1,000 Live Births
New Zealand	28
Australia	29
Sweden	30
United States	38
Switzerland	38
England and Wales.....	45
Denmark	48
Canada	51

Prematurity resulted in 3,403* deaths during 1946, representing 22%* of all infant deaths or 38%* of all deaths occurring during the first month of life. It is encouraging to note that increased interest is being devoted to the problem. Reference has already been made to a program underway in Saskatchewan for the care of prematures. A few hospitals (notably the Royal Victoria Hospital in Montreal and the Hospital for Sick Children at Toronto) have special services for prematurely born babies.

To meet the need for simple portable incubator units which can be easily constructed at low cost, the Division prepared and distributed blueprints of a unit which will meet all requirements of home care of the premature infant or of transportation to the hospital.

Many other conditions accounting for infant deaths, such as respiratory diseases (2,314* deaths under one year of age in 1946) and diarrhoea and enteritis (1,391* deaths under one year of age in 1946) clearly indicate that increased efforts are required to lessen the number of infant deaths.

Although preventive measures against diphtheria and whooping cough are available to the public free of charge, a considerable number of children die each year from these diseases. Some authorities are of the opinion that benefits are derived from immunization against scarlet fever. In 1946 there were in all age groups 2,535* cases of diphtheria, 7,671* of whooping cough and 9,208* of scarlet fever.

Some school medical officers report that over 60 per cent of children entering school for the first time show one or more physical or mental defects—further indication of the urgent need for intensified educational programs and increased research.

*Preliminary figures.

CIVIL SERVICE HEALTH DIVISION

The function of the Civil Service Health Division is to provide on a national scale a broad preventive health program for civil servants. Such a program includes improvement in working conditions, communicable disease control, advisory service to individuals and employing departments, and emergency treatment service of a limited nature.

During the first years of its existence the Division was planned and organized to provide three basic types of service: preventive; diagnostic and advisory; emergency medical and surgical care. The organization provides for the following components: a Health Centre, Branch Centres and Health Units.

The major portion of the energies of the Division were utilized in careful selection of staff and acquisition and development of operating space. The former Medical Investigation Division was completely absorbed and ceased to exist as such. Its essential staff was included in the Certificate Review Section which assumed the responsibilities of that nature formerly discharged by the Medical Investigation Division, and the remaining staff was utilized in the administrative and clinical sections.

This first year has been particularly difficult. Pending complete provision of adequate staff and quarters it was impossible to provide a well-organized service in accordance with plans. Certain services were, however, considered essential and were actually provided within the limits of available facilities as the occasion arose. The Division made numerous surveys of public offices, provided employing Departments and individuals with advice in a large number of cases, arranged local surveys, carried on an extensive educational campaign among employing Departments as to the functions and benefits of a health service, and promoted review of sick leave regulations and procedure. It also continued to provide for review of all types of medical certificates, a limited consultation and examination service, and limited first aid facilities.

By March 31, the Health Centre, located in No. 3 Temporary Building, Ottawa, was routinely carrying out examinations for permanency, providing preventive inoculations and vaccinations, investigating working conditions and making inspections of public offices and buildings. It was also carrying out clinical examinations and investigations as to fitness for duties in response to departmental requests and as a result of applications for sick leave or superannuation, as well as furnishing consultation service, examination and advice to individual employees with personal health problems.

The Certificate Review Section was set up, as described above, to carry out the review of all medical certificates completed by private physicians and submitted by Departments in support of sick leave, superannuation and permanent appointment in accordance with existing regulations. It is in this Section that a great deal of the statistical material on morbidities and causes of absenteeism will be tabulated. The Dominion Bureau of Statistics is collaborating in the coding of this information. Under the guidance of the Assistant Chief of the Division it is being consolidated with similar information from the clinical section and the Health Units to form a comprehensive basis for the regular and continuous study of the health of the Civil Service.

The development of such a comprehensive and efficient statistical service is of course a long-term task and entails a great deal of correlation with such fundamental considerations as Civil Service regulations, established procedure for absentee control, private medical practice and the right of the individual to confidential treatment of information regarding his private life. All these factors received careful study and were subjects of frequent consultations and discussions with officials of the Civil Service Commission, personnel officer groups and the Dominion Bureau of Statistics. These discussions resulted in a review

of existing regulations, consideration of new report forms and the acceptance with minor reservations of radically altered procedures in reporting. When fully implemented these changes will simplify clerical work and provide a sound basis for an accurate reflection of the state of health of federal government employees at all times.

The Health Units constitute one of the most important components of the Division. While none of these was in operation during the year, preliminary arrangements were made for the opening of seven units on or immediately after April 1, 1947. Space was allocated and necessary alterations were commenced on two more which should be ready for occupancy during the summer months, and negotiations initiated toward the opening of a tenth unit.

Seven of these units will replace a purely first aid service previously conducted by employing Departments with a full-scale health counselling and emergency medical and surgical care service. The remaining three are new units opened in locations not previously served by any form of health supervision.

The extension of divisional activities to centres of Civil Service population outside Ottawa through branch centres was commenced by completion of arrangements with the Immigration, Quarantine and Sick Mariners Division for employment of its full-time medical staff and facilities on Civil Service health matters. Large numbers of examinations and investigations were carried out by these officers, and in Quebec City space was secured for the establishment of a clinical and nursing counsellor service.

Through arrangements with the Treatment Branch of the Department of Veterans Affairs examinations and reports on civil servants are now secured on request from all parts of Canada. Thus is established the principle of utilizing existing Government medical facilities to the fullest possible extent without duplication.

DENTAL HEALTH DIVISION

The purpose of the Dental Health Division is to introduce into the national health program the principles and practice of public health dentistry, with emphasis on children's preventive and protective dentistry. Dental public health education and the encouragement of research in the field of preventive dentistry are primary considerations. In addition, the Division expects to provide advice and supervision in connection with all departmental dental treatment programs with a view to applying the best principles of public health dentistry.

Information of a technical and general nature concerning dental aspects of public health is provided for dentists, laymen, lay organizations, public health bodies and provincial departments of public health.

During the past year the Division kept in touch with dental research findings and the development of dental public health organizational methods throughout the world. Close relationships were established with the faculties of dentistry of Canadian universities and with the Canadian Dental Association, particularly through its Public Health Committee and its Industrial Health Committee. All provincial departments of public health were visited and the significance of public health dentistry discussed.

A working relationship was established with the National Research Council whereby this Division assumes the responsibility for carrying out dental surveys in connection with artificial fluorination of public water supplies.

In March, H. K. Brown, D.D.S., D.D.P.H., joined the Division as Assistant Chief and immediately began the preparation of dental public health educational material in the form of booklets, displays, items for departmental publications and addresses to dental organizations on technical matters pertaining to public health dentistry.

The following dental public health literature was distributed during the past year:

	English	French
Your Baby's Teeth.....	24,500	15,300
Your Child's Teeth.....	54,600	32,300
Healthful Living	31,000	11,000
Good Teeth (poster).....	2,500	435

FOOD AND DRUGS DIVISIONS

In May, 1946, Mr. J. G. A. Valin retired from the position of Chief Dominion Analyst and Chief of the Food and Drugs Division and was succeeded by Dr. C. A. Morrell.

In December a reorganization of the work of the Department dealing with foods and drugs was begun and the Food and Drugs Division was made part of a directorate called the "Food and Drugs Divisions" which consists of the Food and Drugs Division, the Advertising and Labels Division, and the Proprietary or Patent Medicine Division. This arrangement permits closer co-ordination of the work of the three Divisions and uniformity in administration when dealing with similar or overlapping problems.

The primary function of the Food and Drugs Divisions is the administration of the Food and Drugs Act and the Proprietary or Patent Medicine Act and the enforcement of their provisions. This requires laboratory services, inspection services, administrative officers and a clerical staff, which permit of the collection and analysis of samples, necessary prosecutions, a scrutiny of advertising and labelling of products under the control of the Food and Drugs Act and the Proprietary or Patent Medicine Act and a review of radio commercials dealing with food and drugs. Research on standards and methods of analysis, the preparation of regulations and necessary legislation and the preparation and publication of reports were also carried out in the Food and Drugs Divisions. Advice on technical matters was supplied to this and other Departments as well as services in the collection and analysis of samples.

Amendments made to the Food and Drugs Act and its regulations during the fiscal year are listed in Table 4 (page 96).

A—LABORATORY SERVICES

The examinations carried out by the various laboratories of the Food and Drugs Divisions are reported in Tables 5, 6 and 7 (pages 96 and 97).

Foods

A summary of the foods examined is shown in Table 6 (page 97).

Particular mention should be made of some infringements of the Food and Drugs Act. Shortages in the supply of vegetable oils have resulted in some manufacturers substituting mineral oil, wholly or in part, for edible oil in products such as mayonnaise, popcorn, nuts, etc. This is contrary to the Act and proceedings were instituted to correct the situation.

Considerable difficulties were met in the case of import shipments of figs and nuts. Large shipments were found to be infested or diseased and were refused entry into Canada. Entry into Canada was also refused for "coffee sweepings" contaminated with filth.

Thirty-four thousand pounds of orange peel (orange cups) were found unfit for human food. The material was seized, forfeited to the Crown and destroyed.

In certain parts of the country some bottlers were found to be using saccharin in the manufacture of soft drinks. Prosecutions were instituted, many of which were settled out of court by voluntary payments under Section 26 of the Food and Drugs Act.

Testing of samples of bread from all Royal Canadian Army Service Corps depots in Canada and Newfoundland was continued and study of the flour used in army bread and a correlation of the vitamin content of the flour and bread were instituted.

DRUGS

An account of the work of the Division in respect to the examination of drugs is summarized in Table 7 (Page 97).

Among the routine control activities of the Division in the drug field, the following should be mentioned. Market samples of chorionic gonadotrophin and gonadotrophin from pregnant mare's serum were assayed. Labelling of injectable liver extract preparations was reviewed and brought under control. Special attention was also given to oestrogenic and androgenic preparations offered for sale. Routine checks of vitamin preparations on the market were carried out, especially those containing vitamin A, thiamine, vitamin B complex factors, vitamin C and vitamin D. As usual all lots of arsphenamine, neoarsphenamine and sulpharsphenamine were tested prior to release for sale. Several lots were refused sale as being unsatisfactory. A survey of digitalis whole leaf products offered for sale was made and only one product was found not to conform to labelled potency. Market samples of pituitary extract (posterior lobe), epinephrine and dried thyroid have been surveyed and necessary action taken against some unsatisfactory lots.

ENFORCEMENT PROCEEDINGS

Proceedings to enforce the Food and Drugs Act were instituted in 237 cases, 10 of these being for violations of the Act in respect of drug products. Voluntary payments were accepted in 233 cases, while 14 were disposed of by court convictions.

INVESTIGATIONS OF STANDARDS AND METHODS

One lot of sulpharsphenamine having properties unlike other lots was found during routine checking and as a result a further study of methods of testing was undertaken with a view to more easily detecting unusual preparations having dangerous properties.

New Canadian standards for sulpharsphenamine and neoarsphenamine are being prepared.

Collaboration with the Department of Pharmacology, McGill University, on neoarsphenamine testing methods was carried out.

Members of the Laboratory took part in the work of testing the United States standards for digitalis whole leaf, lanatoside C, digoxin, digitoxin and epinephrine. These standards will be official in Canada and the United States.

Collaboration with the U.S.P. Revision Committee on methods for digitalis is under way and with the American Pharmaceutical Association Committee on Physiological Testing on digitalis studies.

A comparison of the oral and intravenous toxicity of digitalis in cats is being made. Contrary to published reports, limited data indicate good agreement between oral and intravenous methods of test.

The rate of deterioration of ergonovine solutions is being studied and an investigation of the effect of pitocin and pitressin on isolated segments of mammalian uterus was completed.

The chicken blood pressure method of assay for posterior pituitary extracts was found to be reasonably accurate but it may have disadvantages in the light of the results obtained from our studies on the mammalian uterus.

The cardiac activity of cortunon, a substance prepared from liver, was investigated and the results failed to confirm certain claims made for it. Further claims for the product are under investigation.

Claims for a new insecticide, hexaethyltetraphosphate, were substantiated from laboratory experiments.

Acute toxicity studies of citrinin were carried out.

The pharmacological claims for some new oxytocic drugs are under study.

Methods for the evaluation of "antihistamine" drugs are being tried and have been found to have wide limits of error.

Some preliminary work was begun on a method to determine the strength of local anaesthetics.

There was collaboration with the Laboratory of Hygiene in the determination of the histamine content of streptomycin and on an isolated tissue method for evaluating the potency of diphtheria toxoid.

The project with the Division of Poultry, Department of Agriculture, on the recovery of oestrogens in the flesh of cockerels after feeding stilbestrol compounds was completed and the results are being compiled for publication. Collaborative work was carried out with the U.S.P. Revision Committee on the proposed method for the assay of oestrogens.

Methods using pseudopregnant rats and oestrogen treated guinea pigs were found unsuitable for the routine assay of progestational products. Work was commenced on the investigation of the effect of anti-anemia preparations on the response of rats to oestrone and stilbestrol.

The study of the assay of insulin was continued. From results obtained so far, intravenous administration of insulin gives results comparable to those obtained after subcutaneous administration and is more economical of time and effort.

The variables affecting results obtained in oestrogen and androgen assays were studied further and the toxicity of testosterone propionate to dogs was investigated.

Collaborative assays were carried out with the U.S.P. Revision Committee on the proposed new standard for vitamin A.

A study was made of the toxicity of the rodenticide Antu to laboratory rats and of the value of atropine and magnesium sulphate as antidotes. The rodenticide properties of chlorobenzene sulphonyl fluoride were also investigated.

Assistance was given to the Industrial Health Laboratory in determining the effect of exposure to X-ray radiations on the hemoglobin and blood cell count of individuals.

A critical comparison of chemical and physical methods of assay was instituted. Studies were completed on a new standard preparation of Vitamin A ester proposed by the U.S.P. Revision Committee.

Both chemical and microbiological methods of assay of thiamine were revised in the light of continued investigation. Studies on animal requirements as affected by other dietary constituents were undertaken.

Studies of natural foods as sources of the B complex were made. Animal experiments were conducted on the effects of imbalance of the B complex factors in multiple deficiency conditions. The effects of suboptimal and excessive doses of riboflavin, niacin, pyrodoxine and pantothenic acid are under investigation.

A study of diets for use in Vitamin D assay was carried out. Samples of fish oils have been assayed for the Directorate of Indian Health Services.

A comprehensive survey of the nutritive value of breakfast cereals presently marketed in Canada was undertaken.

Investigations on commercial and experimental mixtures of amino acids and protein hydrolysates were continued. This Division was represented on the Amino Acids Advisory Committee of the U.S.P., and has collaborated with the Committee in a study of standards, specifications, and regulations for market samples of amino acid mixtures.

THE CANADIAN COMMITTEE ON PHARMACOPEIAL STANDARDS

This committee held a meeting on May 31, at which time ointment bases, cascara, and insulin were discussed. The Canadian Pharmaceutical Manufacturers' Association undertook experimental work on ointment bases for the committee and a sub-committee was established to present the needs of the medical profession in this respect. The committee made recommendations to the Insulin Committee as to dosage forms for insulin.

A study of the relative value of cascara wood and bark was undertaken by a sub-committee working with a technical sub-committee of the Canadian Pharmaceutical Manufacturers' Association.

Certain recommendations were made in respect to section 6 of the Food and Drugs Act.

Assistance was given in the revision of the British Pharmacopoeia.

PUBLICATIONS

Preparation was begun of a small handbook intended for distribution to the public, describing the functions and organization of the Food and Drugs Divisions.

A history of the Food and Drugs Act and of the Division is also being prepared.

Technical articles were published in scientific journals on the following subjects: a correlation of the vitamin A activity and the carotene content of tomato juice; a survey of digitalis whole leaf products sold in Canada; a comparison of the biological and chemical methods for assay of digitalis and crystalline digitalin; the deterioration of ergonovine; the effect of pitocin and pitressin on isolated segments of mammalian uterus; and papers dealing with administration and organization.

CO-OPERATION WITH OR ASSISTANCE TO OTHER DIVISIONS AND DEPARTMENTS

Co-operation was given in laboratory work to the Department of Agriculture and to the Industrial Health Laboratory and the Laboratory of Hygiene of this Department. Laboratory examinations were made for the Department of Agriculture, the Department of National Defence, War Assets Corporation, and for the Narcotic Division and the Industrial Health Division of this Department.

GENERAL

The Department was represented at meetings of the Canadian Committee on Food Preservation, a Conference on Applied Mathematical Statistics at the National Research Council, the Canadian Committee on Sugar Analyses, The U.S.P. Vitamin Advisory Board, the U.S.P. Insulin Advisory Board, the U.S.P. Committee on Amino Acid Standards, the Association of Official Agriculture Chemists and the Chemical Institute of Canada.

International and Canadian Standards were distributed as usual to manufacturers and research institutions on request.

The first annual meeting of the Regional Directors of the Food and Drugs Divisions was held in Ottawa last January.

A revision and consolidation of the regulations under the Food and Drugs Act was begun.

B—ADVERTISING AND LABELS DIVISION

This Division, which is now part of the new Directorate known as the "Food and Drugs Divisions", was created in October, 1945, for the purpose of reviewing the advertising by radio and otherwise, and the labelling of those foods and drugs which are subject to the control of the Food and Drugs Act.

As radio commercials may not be broadcast until they have been reviewed, this work must be done before the broadcast date. Other advertising, for publication in the periodical press or in the form of circulars, pamphlets, etc., is usually seen after it has been published. Because of inadequate staff and space, it was possible only in a limited number of cases to meet requests for advice before publication.

A more extensive service was made available, however, during the past year in respect of giving opinions upon labels before they were printed and put into use. That this was possible was due largely to the fact that labels are, over reasonably long periods, not subject to the degree of change which characterizes advertisements. The main effort was devoted to advising manufacturers of defects in current labels, many of which were due to changed or new regulations. In every case a satisfactory tolerance was granted to permit the use of stocks of labels on hand or on order.

Correction of faulty labelling and advertising was sought by means of written or verbal representations to the manufacturer or advertiser. Despite the greater time consumed, more effective results were derived from personal discussions. The co-operation given by the trade in respect of such representations continued to be of a high order.

By constant checking of rulings and decisions, uniformity over the whole field was sought in order that the trade might have confidence in the work done by the Division of protecting the public.

Included in the review of radio scripts was a small number which did not relate to foods or to drugs but to such subjects as health treatments, therapeutic devices, cosmetics, etc. In these cases the Division advised the Canadian Broadcasting Corporation as to whether the advertisements contained false or deceptive statements.

Table 8 (page 98) indicates the number of advertisements and labels dealt with monthly during the past year.

C—PROPRIETARY OR PATENT MEDICINE DIVISION

The function of the Proprietary or Patent Medicine Division, now a component of the Food and Drugs Divisions, is to administer the Proprietary or Patent Medicine Act, the main purpose of which is to protect the public from harm in the use of packaged medicines.

A very considerable degree of protection is afforded by the Act. It provides for the registration of all secret formulae non-pharmacopoeial packaged medicines for internal and external use on self-diagnosis. By registration such products sold in Canada are definitely known to the Department, which is most important in effecting control over drugs used in their manufacture, recommendations for use and methods of sale.

The production of proprietary medicines in Canada represents an investment of millions of dollars in laboratories and pharmaceutical industries where large numbers of persons are employed, including highly trained and qualified technicians. The majority of medicinal preparations sold subject to this Act are manufactured under such supervision, and are designed for the more simple ailments of man. Many of these products are based on prescriptions which, through usage, have become popular. Canadians spend millions of dollars every year in the purchase of prepared medicines. The industry is showing rapid expansion and new foreign markets offer big export possibilities.

At registration the formula and recommendations for use are carefully checked by medical officers of the Department, and an application is accepted only when the article presented for registration is regarded as having appreciable value for the purposes for which it is put forward. Medicines recommended

for grave diseases are not approved, and the use of potent drugs is permitted only when the dosage amounts are prescribed within limitations fixed as appropriate and safe by the Proprietary or Patent Medicine Advisory Board.

The annual licensing system permits of a review of previous registrations. Where it is found from experience with the use of a preparation, or through knowledge acquired from scientific experimentation, that it is lacking in therapeutic value or that its continued sale is not in the public interest, a further licence is refused.

During the past year many interviews were granted to manufacturers or their representatives, and assistance was given in connection with the preparation of labels, wrappers, radio commercials, newspaper and other advertisements for proprietary medicines. It is gratifying to report that efforts to maintain a higher standard of proprietary medicine advertising showed marked progress. To some extent the success of efforts to eliminate false, misleading and exaggerated claims may be gauged by a comparison of the present day modified representations and recommendations with the many absurd claims and blatant pretences of vendors of some years ago.

As in previous years, supervision continued to be exercised over all recommendations for proprietary medicines. Radio announcements reviewed numbered 2,678; labels, wrappers, newspaper and other advertisements examined totalled 1,599. Samples were secured on the open market and examined as to kind and quantity of drugs and labelling.

During the year 369 new medicinal preparations were submitted for registration. Of these 229 were registered, and 140 refused. The registrations of 4,159 previously registered products were reviewed, and 4,388 licences were issued.

The Proprietary or Patent Medicine Advisory Board continued to review and decide whether the medication of liquid medicinals containing alcohol in excess of 2½% was appropriate and sufficient to unfit them for use as alcoholic beverages; to advise and fix dosages for scheduled drugs; and to investigate and report on the suitability of new and uncommon drugs. New drugs are not accepted in the formulae of proprietary medicines until their safety for use by the public without skilled supervision has been established.

DIRECTORATE OF HEALTH INSURANCE STUDIES

Activity in the Directorate of Health Insurance Studies was during the past year devoted to an analysis of existing national health insurance schemes in other countries and to a constant review of the progress of medical care plans in the various Provinces of the Dominion.

Considerable advantage has accrued from the excellent co-operation provided by the Research Division of this Department where a large staff worked during the year on cost data relating to the provision of medical care.

An Assistant Director was appointed in January. This medical officer maintained close liaison with the professional problems of medical care planning while the departmental research staff worked on the actuarial and statistical aspects involved.

Close co-operation with the Welfare Branch of this Department ensures that health insurance proposals will be intimately linked with the broader program of social security laid down at the time of the Dominion-Provincial Conference.

HOSPITAL DESIGN DIVISION

The primary function of the Hospital Design Division is to collect, tabulate and make available to the Provinces the most recent information regarding the planning of hospitals and other health institutions, and to be prepared to study special problems of design and construction in the Provinces.

In the past year the Division assisted hospital boards and/or architects in every Province in Canada with their planning and construction problems, in many cases producing sketch plans to illustrate specific solutions. On request and in conjunction with the Mental Health Division of the Department, constructive criticism was given of a 250-bed psychiatric hospital in the United States.

Plans for health clinics and small rural hospitals were studied, and a booklet containing plans and descriptive material was produced and widely distributed.

During the year the Chief of the Division addressed the Ontario Hospital Association and the Maritime Hospital Association on the subject of hospital planning.

Considerable work was also done for other Divisions of the Department including sketch plans for additional hospital accommodation for the Indian Health Services.

DIRECTORATE OF INDIAN HEALTH SERVICES

It is estimated from the 1941 census that in 1944 there were about 125,000 Indians and 7,700 Eskimos in Canada. The annual increment is approximately 1,500. The aim of the Indian Health Services Directorate is to provide a complete health service for these people. Toward that end hospitals, nursing stations, professional medical and nursing personnel and auxiliary services have been provided. The cost is met largely from public funds, with contributions in varying degrees from those bands of natives which have resources.

In addition to attention directed to the treatment aspect of general medical and surgical conditions, with emphasis on the treatment of tuberculosis and venereal disease, considerable stress is laid on preventive medicine through the organization of surveys to detect diseases in their early stages and by an active program of immunization for all preventable diseases.

Because of the widespread dispersal of Indians and Eskimos throughout many outlying areas difficult of access, the service rendered by the Directorate has been far from perfect in some regions. This state of affairs cannot be materially improved without close integration of modern aircraft facilities and health services.

HISTORY

The earliest histories state that the aborigines of America were powerfully influenced by sorcery and that all illness was believed to be the results of spells cast by evil-wishers. It followed logically that the cure must take the form of appropriate rituals and the medicine man employed charms rather than therapeutics. Worth noting is that the medicine man still exerts his influence even where modern medical methods are available.

From the time of the earliest colonists medical attention has been offered to the natives both for humanitarian and social reasons because the explorers found a people highly susceptible to epidemic diseases which could be spread from either group. Missionaries and military forces devoted attention to the natives even before an organized Indian authority was established. This relationship has persisted and in the northern areas military station hospitals and missionary hospitals and nursing stations are an integral part of the medical services available to the native population.

Although in November, 1945, the Directorate of Indian Health Services was transferred to this Department from the Indian Affairs Branch of the Department of Mines and Resources, very close liaison is maintained between the two Departments in matters affecting the health and welfare of our Indian and Eskimo population.

PRESENT SERVICE

Indian and Eskimo health services revolve about a network of departmental hospitals, nursing stations and medical outposts. The location of departmental hospitals and their bed capacity are shown below:—

Hospitals	Beds
Miller Bay, near Prince Rupert, B.C.....	150
Nanaimo, B. C.	210
Sardis, B.C. (Coqualeetza).....	200
Morley, Alta. (Stoney).....	13
Cardston, Alta. (Blood).....	45
Brocket, Alta. (Peigan).....	10
Gleichen, Alta. (Blackfoot).....	40
Edmonton, Alta. (Charles Camsell).....	350
Fort Qu'Appelle, Sask.	68
Hodgson, Man. (Fisher River).....	30
Pine Falls, Man. (Fort Alexander).....	20
Selkirk, Man. (Dynevor).....	50
The Pas, Man. (Clearwater Lake).....	78
Norway House, Man.	22
Squaw Bay, near Port Arthur, Ont.	22
Manitowaning, Ont.	13
Ohsweken, Ont. (Lady Willingdon).....	40
Tobique, N.S.	4

The institutions at Selkirk, and The Pas are departmental hospitals operated for Indian Health Services by the Sanatorium Board of Manitoba. The institutions at Miller Bay and Nanaimo are former military hospitals which were acquired and operated during the year.

Departmental nursing stations are established at Eskasoni, Nova Scotia; Fort George, Quebec; Gypsumville and Sandy Bay, Manitoba; Broadview and Lac La Ronge, Saskatchewan; Hobbema and Wabasca, Alberta; and Port Simpson, British Columbia.

Departmental medical stations staffed by a field nurse are located in British Columbia at Vancouver, New Westminster, Kamloops, Lillooet and Duncan; in Alberta at Edmonton, Gleichen-Brocket-Morey, and Driftpile; at Fort Norman, Northwest Territories; Whitehorse, Yukon Territory; Prince Albert, Saskatchewan; Birtle, Manitoba; in Ontario at Port Arthur, Tyendinaga, James Bay (2), and Caradoc; in Quebec at Abitibi (2), Caughnawaga, and Bersimis; and at Shubenacadie, Nova Scotia.

In addition to departmental institutions the Services make use of every hospital adjacent to native concentrations. Actually a large proportion of hospitalization is provided by other than departmental hospitals, these institutions being reimbursed from funds voted by Parliament for that purpose. Although the larger departmental hospitals have wards for general medical and surgical care, they are principally sanatoria for the treatment of tuberculosis. There were some 1,000 patients under treatment. Extensive use was made of sanatoria in every Province and about an equal number of patients were treated in sanatoria and in departmental institutions.

At the end of the year the Indian Health Services employed full-time 37 physicians, 92 nurses and 27 field nurses and matrons. In addition, there was a considerable number of physicians employed on a part-time basis. As with hospitalization, medical attention was provided by a very large number of physicians who accepted Indian patients in the same manner as their private patients and were reimbursed through the Directorate of Indian Health Services.

Preventive Medicine

Great emphasis was placed on preventive medicine and every effort was made during the year to immunize every child not already protected. In the more remote areas and among nomadic bands this was accomplished at the time treaty moneys were paid. Insofar as possible every treaty party was accom-

panied by a physician, who was either a member of the Directorate of Indian Health Services or temporarily employed for the purpose. In addition to the usual protective inoculations against smallpox, diphtheria, whooping cough and typhoid, the attack against tuberculosis was further extended by the use of the Bacillus-Calmette-Guerin vaccine in selected groups in Quebec and Saskatchewan. With the exception of a limited epidemic of measles at Brochet, Manitoba, the success of immunization was reflected in the absence during the year of any serious epidemics.

Within the limits imposed by the scarcity of trained personnel and special equipment, surveys for tuberculosis were conducted across the country and into the Arctic. Almost 1,500 Eskimo were X-rayed on the 1946 trip of the *Nascopie*.

Venereal Disease

This community problem has been attacked co-operatively by federal and provincial health authorities. In one instance, in conjunction with the Provincial Health Department a camp was established at which the intensive treatment of Indians and non-Indians met with marked success. Further reference to this project is made at page 64.

Staff

The activities of the Directorate of Indian Health Services continued to be restricted by the scarcity of doctors and nurses. The Services expanded, however, as qualified professional personnel became available. Efforts to attract the right type of skilled medical assistance added to the staff a number of highly competent individuals.

Hospitals

In common with the public at large, the Indian Health Services was faced with the problem of scarcity of hospital beds. The number of beds controlled by the Services is far from adequate to meet the need and, wherever available, accommodation in other institutions was accepted. Although surveys for tuberculosis among the Indian and Eskimo were continuously in progress, these were geared to the amount of accommodation which could be found. Surveys are extended farther afield as each institution is opened, there being a perpetual waiting list.

Transportation

Much of the work carried on by this service was in terrain inaccessible except by aircraft. Extensive use was made of commercial planes and excellent co-operation was provided by the Royal Canadian Air Force in areas not covered by commercial lines or by the United States Army Air Force which frequently carries Eskimos down the East Coast. As the Directorate of Indian Health Services has no aircraft within its direct control, delays involved in making suitable arrangements with other services has proved a serious handicap.

INDUSTRIAL HEALTH DIVISION

Under authority of Section 5 (i) of The Department of National Health and Welfare Act, the Division co-operates with provincial authorities with a view to co-ordinating efforts made or proposed for preserving and improving the health of the working population of Canada. The Division also carries out investigational, research and educational activities in relation to the health of the Canadian industrial worker under authority of Sections 5 (b) and 5 (h) of the Act. To discharge these functions the Division maintains medical, nursing and laboratory staffs in Ottawa. In addition, three laboratories for the study of industrial health problems in the field are maintained at Edmonton, Regina and Halifax.

The Division also maintains contact with industrial health agencies abroad and holds membership on a number of national and international committees and associations dealing with various phases of industrial health. Supplementing this part of the Division's activities, an up-to-date index of current literature is maintained and the staff of the Division study the results of research into new techniques for protecting employee health. By these means a constant flow of information on new developments in the industrial health field is maintained between the federal and provincial levels.

CO-OPERATION WITH PROVINCIAL AUTHORITIES

Nova Scotia and New Brunswick

The problem of silicosis among foundry workers and stone cutters was brought to the attention of the Division by health officials of the Provinces of New Brunswick and Nova Scotia and a survey of conditions related to these occupations was made during the fiscal year in co-operation with provincial health and labour staffs. The field laboratory of the Division at Halifax carried out a study of the dust conditions in foundries and stone cutting establishments of the two Provinces and medical staff of the Division assisted the provincial health officials in X-ray investigation of personnel. By these means the special facilities of the Division were joined with those of the provincial Departments in assessing the extent of the silicosis problem. The findings made it possible for the provincial Departments to advise and assist management in prevention and control of the hazard.

The Division's Industrial Nursing Consultant assisted the Health Department of New Brunswick in a survey of existing nursing services among the industrial establishments of the Province. In this survey fifty establishments were visited, during which nursing problems specific to the particular establishment were discussed and advice on new techniques and new approaches to industrial nursing was provided. At the conclusion of the survey an analysis was made of the industrial nursing situation and recommendations were drawn up with a view to assisting the provincial Department of Health in its approach to this phase of the problem of caring for the health of the wage-earners of the Province.

Alberta

A constant increase in the number of cases of silicosis among coal miners in Alberta formed the basis for a co-operative study of this problem by the Alberta Department of Public Health, the Workmen's Compensation Board of the Province and the field laboratory of the Division in that area. This study covered a number of coal mines in various parts of the Province. Dust analyses of mine air and X-ray examinations of miners were carried out. Measures to combat this important occupational disease were revealed by the study. Technical advice was provided to cover particular situations in the various mines under investigation.

Saskatchewan

Several mild cases of carbon monoxide poisoning appeared during the fiscal year in Saskatchewan garages where extreme winter conditions made adequate ventilation difficult. The assistance of the Division's field unit was extended to the provincial Department of Health and a survey was carried out of the amount of carbon monoxide commonly occurring in the air of a selected group of garages. On the basis of the findings made, the provincial authorities were able to draw up special regulations to assist garage operators in protecting the health of their personnel.

Other Provinces

During the fiscal year, medical and technical staffs of the Division conferred with industrial health officials of the Provinces of Ontario, Quebec and Manitoba. These conferences ensured co-ordination of plans and joint action where necessary toward establishing proper standards of working environment and health control.

COLLECTION, PUBLICATION AND DISTRIBUTION OF INFORMATION

Through review of current literature from month to month during the year, information relating to specific industrial health problems of Canada was added to the Division's technical and medical index system. The collection of such information was augmented by the Division's affiliation with such national and international committees as the American Standards Association, the Canadian Engineering Standards Association, the International Labour Office Correspondence Committee on Occupational Diseases, the Canadian Nursing Association, the American Public Health Association, and the Canadian Committee on Lighting and Colour in Industrial Plants. The last mentioned body has to do with the recommendation of suitable colour painting of walls, ceilings, and stationary and moving parts of machinery in industrial plants. By all these means and in cooperation with the Departmental Library, the Industrial Health Reference Library was further expanded.

The Division continued its campaign of health education for industry and labour by preparing three pamphlets and eight posters on occupational health hazards, of which 100,000 copies in French and English were printed and distributed by the Provincial Health Departments.

During the year 25,000 English and 10,000 French copies per month of the Division's *Industrial Health Bulletin* were distributed in Canada and abroad. This Bulletin was supplied to all Canadian establishments having over 15 employees, to 2,000 trade union locals, to professional agencies and other interested bodies.

The preparation of a booklet on occupational diseases was commenced in collaboration with the Industrial Hygiene Division of the Province of Ontario, this booklet being intended for the assistance of the medical profession and industry in dealing with the many complex hazards that are characteristic of present-day manufacturing processes. It was anticipated that the booklet will fill a long-felt need to collect in a small space the latest available technical information on the subject and that it will provide a ready reference manual for persons concerned with the health of industrial workers in Canada.

INVESTIGATION AND RESEARCH

The field aspect of the Division's investigational and research function has already been described in connection with the projects carried out in co-operation with the provincial authorities. Toward this effort the Ottawa medical and laboratory staffs contributed. Numerous X-ray analyses of silicious dusts were made in the Ottawa laboratory.

Early in the year the report of a study of the working environment of the Financial Branch of the Post Office Department was prepared and submitted to the Postmaster General who had asked that the study be made. The report, which showed the relation between environment and absenteeism, also served to inform the Post Office Department with reference to various aspects of the working conditions of the Branch. At the same time it contributed to general knowledge of standards necessary for the maintenance of the health of office workers.

As a result of a request for further information a second phase of the above mentioned study was commenced and the specific problem of environmental factors in relation to the work of Hollerith machine operators was investigated. Work on this project continued through the year.

The problem of developing a rapid and simple method for the estimation of lead in the urine of persons suffering from lead poisoning was investigated by means of a new instrument, the polarograph. By the end of the year some progress had been made toward the development of a simple procedure.

Owing to the difficulty of obtaining space and experienced personnel, some problems were held in abeyance until adequate staff and laboratory facilities could be obtained.

ASSISTANCE TO CIVIL SERVICE HEALTH DIVISION

A number of investigations of the working environment in Dominion public buildings in Ottawa was carried out on behalf of the Civil Service Health Division. These included a lighting survey in offices of the Department of Trade and Commerce, a study of illumination problems in relation to the operation of Recordak machines at the Bureau of Statistics, an investigation of air contamination at the Royal Mint, and a general survey of occupational hazards in the Mines Branch of the Department of Mines and Resources. Findings made in these investigations permitted the preparation of recommendations for the correction of dangerous or unhealthy conditions.

MISCELLANEOUS

Visits to the Division were received from representatives of provincial agencies, the Rockefeller Foundation, the Department of Health and Welfare of the Commonwealth of Australia, and the United Kingdom. Members of the divisional staff published articles in the *Journal of Industrial Hygiene and Toxicology*, *Industrial Canada*, the *Trades and Labour Congress Journal* and the *Canadian Unionist*. As a result of the distribution of the *Industrial Health Bulletin* abroad numerous enquiries as to Canadian industrial health techniques were received from agencies in Chile, Cuba, New Zealand, Australia, Belgium, the United States and other countries.

LABORATORY OF HYGIENE

The functions of the Laboratory of Hygiene may be divided into two general fields. On the one hand it has, under the provisions of the Food and Drugs Act, strictly defined statutory responsibilities for the control of the quality and safety of foods and biological drugs offered for sale to the public. On the other hand, as a National Public Health Laboratory, it has a broad duty to do all in its power to maintain and raise the standard of public health and medical laboratory practice throughout the Dominion.

Under the provisions of the Food and Drugs Act the laboratory is responsible for the safety and potency of such biological products as penicillin, streptomycin, products for the treatment of allergy, serums, viruses, toxins, vaccines and analogous preparations. This involves both laboratory testing of the products and inspection of the manufacturing plants. In addition, bacteriological tests on foods of various types are done to determine their fitness for human consumption.

The general public health program of the Laboratory is closely integrated with that of the provincial Health Laboratories and overlapping of effort is thus avoided. In May, 1946, the second annual conference was convened at Ottawa at which the Directors of the provincial Laboratories and representatives of the laboratory services of the Departments of National Defence and of Veterans Affairs met with the staff of the Laboratory of Hygiene to discuss mutual problems and co-ordinated services. Further progress was made in reaching

agreement on standardized procedures for diagnostic tests and in arranging reciprocal assistance for specialized projects.

The normal activities of the Laboratory have been maintained with growing difficulty. The large increase in the distribution of antibiotics such as penicillin and streptomycin, the appearance of new virus vaccines and the increasing use of combined antigens for active immunization against infectious diseases have added to the volume of control work. At the same time, as a result of conferences with the provincial laboratory Directors, it has been necessary to undertake new projects supplementing the work of the provincial laboratories in specialized fields. Laboratory space to accommodate increased activities has been limited. It has also been most difficult to recruit and retain trained staff under present conditions.

In January, enlarged quarters for the Laboratory were obtained in a factory building in Ottawa West. Alterations to make this suitable for laboratory work have been undertaken and it is expected that the building will be ready for occupancy next Fall. This will provide a net working floor space (exclusive of heating plant, stairways, etc.) of approximately 16,000 square feet as compared with the presently occupied 9,500 square feet.

The following is a summary of the activities of the various sections of the Laboratory:

SECTION OF BACTERIOLOGY

Sterility Testing

Ninety-two samples of various drugs submitted by the Inspection Board of Canada and the Food and Drugs Division were tested for sterility. These samples included lots of typhus vaccine, scarlet fever toxin, tuberculin, scarlet fever antitoxin, gas gangrene antitoxin, diphtheria antitoxin, antipertussis serum, normal human sera, pollen extracts, pituitary extract, physiological saline, dextrose solution, distilled water, intocostin, perandren, aminophylline, ergometrine, sulfarsenobenzol and local anaesthetic preparations. All were found to be sterile.

A number of these products were also tested for safety by animal inoculation tests.

Thirteen smallpox vaccine samples were found to comply bacteriologically with the Food and Drugs Regulations.

Foods

Fifty-three specimens of foods were submitted by the Food and Drugs Divisions for bacteriological examination, of which 47 were canned products. Seven lots of pork and beans and 5 lots of canned spaghetti, under seizure, were condemned by bacteriological examination as unfit for human consumption. All of these products showed gross understerilization.

A number of chocolate bars were examined and found to contain large numbers of bacteria of the coliform group and fecal streptococci. This evidence of unsanitary conditions in the manufacture of this type of food products warrants further investigation, which is being planned for the coming year.

In October, 1946, a survey was started of the bacteriological quality of oysters on the Ottawa, Montreal and Toronto markets. To the end of March, 23 specimens of shell oysters and 29 specimens of shucked stock had been examined. The shell stock was of a general high quality—only one sample having a coliform count much in excess of the accepted standard. On the other hand, 16 of the 29 samples of shucked oysters were found to contain more coliform bacteria than is generally accepted for this class of product. Since these shucked shellfish were imported from the United States the results were referred to the United States Public Health Service for suitable action. The significance of coliform organisms in shellfish originating in certain States is not clear and further investigation of their sanitary importance is being undertaken.

Mussel Poison Studies

In collaboration with the Department of Fisheries and the Fisheries Research Board the shellfish industry was again surveyed for mussel poison on both the Atlantic and Pacific Coasts.

In New Brunswick 23 clam (*Mya arenaria*) areas were surveyed. The results of assays done on the 220 shellfish extracts received, of which 112 were toxic, resulted in the closure of such areas in Saint John and Charlotte Counties. A single area was left open in Passamaquoddy Bay because of consistently negative samples. The above samples were complemented by 86 additional extracts of other shellfish including mussels, scallops, etc., of which 77 were found toxic to various degrees. Plotted toxicities showed for this year a longer period of toxicity with a much lower peak than usual. Dangerous levels of toxicity began to show as early as May; the peak was reached about mid-August and tapered off gradually toward November. There was a sudden rise to a high point in mid-November and another in mid-December.

Samples of canned clams were also received from the various canning factories, thus permitting assays on the majority of packs. The 180 samples received were found to have no demonstrable poison.

In Nova Scotia 21 clam areas were surveyed. None of the 81 extracts received showed any toxicity.

In British Columbia 15 areas producing butter clams and little neck clams were surveyed. Extracts received totalled 103 of which 35 showed toxicity. Closures of the affected areas were made by arrangement with the West Coast Shellfish Committee.

Canned clams from commercial packs were received from the Food and Drugs Divisions at Vancouver to a total of 69 samples; assays demonstrated shellfish poison in 21 of these.

A publication of the work done since 1938 on the mussel poisoning problem on the Canadian Atlantic Coast has been prepared and will appear as a Bulletin of the Fisheries Research Board of Canada. A second publication covering the elaboration of assay methods and organization of surveys in collaboration with the British Columbia group of workers is under preparation.

Mobile Laboratory—Shellfish Surveys.

The mobile laboratory, loaned to the Armed Services during the war, was reconditioned and again put into service for shellfish control work in the Maritime Provinces. Bacteriological surveys were made of the harbour areas of Charlottetown and Summerside in Prince Edward Island, and the rivers feeding into these harbours. Sanitary surveys were carried out simultaneously by the Public Health Engineering Division. A total of 284 specimens of oysters and of waters overlying oyster beds were bacteriologically examined. As a result of these bacteriological and sanitary surveys, recommendations were made to the Department of Fisheries which resulted in the opening of an area in the Eliot or West River tributary to Charlottetown Harbour, which had been closed to the fishing of oysters, and the closing of Sedgewick Cove, Prince County, for relaying purposes.

Oyster relaying experiments, begun earlier but suspended during the war years, were resumed in collaboration with the Fisheries Research Board. It was again demonstrated that very heavily contaminated oysters completely freed themselves of this contamination in a very short time after relaying in clean water.

Survey of the Sanitary Quality of Milk Supplies—Prince Edward Island

Reference has been made at page 18 of this report to a survey, conducted at the request of the provincial authorities, of the sanitary quality of milk supplies and facilities in Prince Edward Island. The mobile laboratory of the

Laboratory of Hygiene, working in close co-operation with the Public Health Engineering Division, did the required bacteriological examinations of milk samples from producing farms, dairies, pasteurizing plants and from milk delivered to consumers.

Miscellaneous Specimens.

Twenty-five miscellaneous specimens, e.g., cultures, pharmaceutical products, skin disinfectants, were received and examined bacteriologically.

Special Groups of Bacteria:

Haemolytic Streptococci

The Laboratory continued to prepare and to furnish, on request, antisera for the laboratory diagnosis of (Lancefield) Groups A, B, C and G streptococci. One hundred and forty cc. (8 vials each of A and C, and 6 bottles each of B and G) of specific grouping sera were distributed during the year. In addition small amounts of sera for Groups D, E, F, H, K and L were also distributed.

Thirty-nine cultures of haemolytic streptococci were received for typing. The laboratory has maintained a stock of specific antisera for most of the Lancefield and Griffith Types.

Salmonella

At the request of the Directors of the Provincial Public Health Laboratories, the Laboratory is presently engaged in the preparation of standard suspensions and standard antisera for certain of the salmonella species to be used in the routine Widal Test for the diagnosis of typhoid and paratyphoid fevers and food poisoning infections.

Corynebacterium diphtheriae

Diphtheria studies initiated during previous years were continued. From 1,292 specimens—swabs and cultures—submitted for bacteriological investigation, 815 virulent cultures of *C. diphtheriae* were isolated and typed. The distribution in Canada of the principal types identified is shown in Table 9, (page 98).

The distribution is very similar to that found in the previous year. In the three Provinces from which the largest number of cultures was received, *gravis* (serological Type I) persisted as the predominant type in Nova Scotia, *intermedius* in Ontario, *mitis* and the "atypicals" in British Columbia. Also, as was found in the previous year, while serological Type I was the common type of *gravis* found in the East (Nova Scotia), Type II was more often found in the Central and Western Provinces, viz., Ontario, Manitoba, Saskatchewan, and British Columbia. The bacteriological results of these "typing" studies were reported at the meeting of the Canadian Public Health Association Laboratory Section in Montreal, December 1946.

In addition, 32 specimens were received from the United States for identification; from these, 19 virulent cultures from Connecticut and 4 from Illinois were isolated and typed.

SECTION OF IMMUNOLOGY

Pyrogen Tests

A total of 640 samples of various types were tested for pyrogens (impurities which cause fever when the product is inoculated into humans or animals), as follows:

Penicillin	340
Streptomycin	52
Intravenous Solutions	175
Transfusion Sets	49
Antitoxins	20
Extract for Treatment of Allergy.....	4
Total	640

Of the antibiotics tested all samples of streptomycin were pyrogen-free while one sample of penicillin was found to be pyrogenic and unfit for parenteral administration in humans. Five commercial samples of intraveneous solutions and 20 samples of intravenous solutions submitted by hospitals were found to be pyrogenic.

Fourteen out of 49 transfusion sets submitted by a hospital which had been having trouble with transfusion reactions were found to contain pyrogens.

Investigation was carried out of an improved technique for pyrogen testing. With the assistance of the National Research Council, equipment using thermocouples to measure skin, muscle, or rectal temperatures was devised and constructed. This equipment was completed and put into routine use during the latter part of the year. It gives more rapid and more accurate measurements of temperature readings and has improved both the accuracy and speed of the test.

Through the co-operation of the Strathcona Isolation Hospital in Ottawa and the Pasteur Hospital in Montreal portions of 12 different lots of diphtheria antitoxin which had been used in treating 54 patients were received for laboratory test. Each patient had been kept under close observation and temperatures were taken hourly following the administration of the antitoxin. It was found that the laboratory test as carried out, using rabbits as the test animal, was capable of detecting pyrogens even when present in too small a concentration to cause reactions in humans in the dosage employed.

Tests on Toxoids and Antitoxins

Safety, identity and qualitative antigenicity tests were done on 6 samples of diphtheria toxoid and on 5 samples of tetanus toxoid combined with typhoid-paratyphoid vaccine. Two samples of tetanus toxoid were found to be unsatisfactory and were precluded from sale. Quantitative assay of antitoxin content was done on 4 samples of diphtheria antitoxin and 12 samples of gas gangrene antitoxin (polyvalent). Pyrogen tests were done on 20 lots of antitoxins.

Studies on Assay of Diphtheria Toxoid

During the past year much time was spent on studies of methods for the assay of diphtheria toxoid. The tests so far used gave adequate protection as to the safety of the product but only a rough estimate of the immunizing efficiency. Three possible methods were investigated during which 167 quantitative assays were performed on samples of various types of diphtheria toxoid. As a result of these studies an accurate quantitative method for assay of diphtheria toxoid was developed, the details of which are in preparation for publication in the scientific literature.

Studies on Combined Antigens

One of the more recent developments in immunization procedures has been the combining of two or more immunizing agents of different types in a single inoculum. While this has the administrative advantage of requiring fewer inoculations to cover a broader range of immunization, there is evidence that some combinations may not be compatible and may even be dangerous. A joint study on combined antigens was arranged between the Laboratory of Hygiene and the Department of Bacteriology and Immunology of McGill University. Fundamental methods for assay of the response to immunizing agents developed at the Laboratory of Hygiene are being applied to controlled field studies in humans arranged by Dr. E. G. D. Murray, Director of the Department of Bacteriology and Immunology of McGill University. An immunologist from the Laboratory was seconded to the McGill University Department for the duration of this study. Preliminary experiments with laboratory animals have been completed and are in press for publication in the *Canadian Journal of Public Health*.

SECTION OF SYPHILIS SEROLOGY

Efforts to obtain a high degree of uniformity in the blood tests for syphilis throughout the Dominion have been continued. The preparation and standardization of reagents employed in the tests for syphilis and their distribution to provincial Public Health Laboratories have been stressed for there is general agreement among workers in the field that the use of reagents prepared at a central laboratory is highly desirable. Reagents have also been furnished to hospital laboratories of the Department of Veterans Affairs and to those laboratories participating in the current Red Cross blood donor program.

At the second Provincial Laboratory Directors Conference, held at Ottawa last May, considerable time was devoted to the discussion of standard procedures, and agreement on details of technique was reached. The excellent co-operation of all the provincial Laboratory Directors in the effort to obtain uniformity in the serodiagnostic tests for syphilis has been gratifying.

Antigens

The following quantities of antigens have been distributed during the year:

Kahn Standard Antigen	17,430 cc.
Kahn Sensitized Antigen	10,400 cc.
Kolmer Wassermann Antigen.....	630 cc.
Mazzini Antigen	585 cc.
Kline Antigen	265 cc.

Dehydrated Guinea Pig Serum

Since January the Laboratory has been supplying all provincial Public Health Laboratories with over 50 per cent of the total requirements of dried guinea pig serum. Due to the magnitude of the project it was decided that a stock of this material should be accumulated before a full and continuous supply is guaranteed. There is now on hand the equivalent of 28,810 cc. of fresh serum which is sufficient to satisfy fully the requirements of the provincial laboratories for 11 months.

During the year the Laboratory prepared and dried 33,885 cc. of serum; of this, 1,993 ampoules equivalent to 9,965 cc. of fresh guinea pig serum were distributed to provincial laboratories.

Hemolysin (Amboceptor)

The distribution of hemolysin prepared at the Laboratory was initiated at the close of the last fiscal year and 125 cc. have been sent out to date. A greater demand for this reagent is expected as present stocks in the laboratories become depleted.

Cardiolipin Antigens

Studies of purified antigens prepared from the serologically active principal, cardiolipin, have been continued. The Laboratory has used cardiolipin antigen in parallel tests with regular Kolmer Wassermann antigen on 1,110 blood specimens. The cardiolipin slide test developed at the Venereal Disease Research Laboratory, Staten Island, N.Y., has been used with standard diagnostic tests on 1,344 specimens. Several of the provincial Public Health Laboratories are co-operating in this study and the data obtained are being analysed at the Laboratory of Hygiene.

Dominion-wide Serological Survey

A third Dominion-wide survey of the efficiency of performance of methods employed for the serodiagnosis of syphilis has just been completed. Equal portions of 107 blood specimens from syphilis cases and 87 blood specimens from non-syphilitic individuals were sent to each of the nine provincial Public Health Laboratories and to one of the hospital laboratories of the Department of Veterans Affairs (Christie Street Hospital, Toronto). Dr. Kahn's laboratory served as an outside referee for the Standard Kahn test and Dr. Kolmer's labora-

tory served in a similar capacity for the Kolmer Wassermann test. A detailed analysis of the results reported by the participating laboratories has been completed and a confidential report has been submitted to each.

Blood Tests for Syphilis

A total of 5,754 blood specimens obtained by the Civil Service Health Division in the current survey of federal civil servants were examined at the Laboratory. The Kahn Presumptive Mazzini Slide Flocculation and Kolmer Wassermann tests were performed on each specimen and, in addition, the Standard Kahn test on specimens reacting to one or more of the other tests. Confidential reports on these examinations were given to the Civil Service Health Division.

SECTION OF VIRUS DISEASES

The Virus Section, one of the newer sections of the Laboratory, remains considerably hampered by inability to obtain trained staff. It has become apparent that to bring this Section to a satisfactory level it will be necessary either to look for staff from outside the Dominion or to recruit bacteriologists in Canada to be seconded for outside training in the virus specialty.

Diagnosis of Virus Infections

Reagents were prepared for diagnostic complement fixation tests for Eastern and Western types of equine encephalomyelitis and lymphocytic choriomeningitis. Twelve specimens, 6 from Alberta and 6 from the Queen Mary Veterans Hospital, Montreal, were received for test. On no occasion was it possible to establish a diagnosis involving the above-mentioned virus agents.

From one case which had been provisionally diagnosed as poliomyelitis, a herpes virus was isolated and identified from the spinal fluid.

Experiments on the development of a quantitative method of complement fixation for use in the diagnosis of human neurotropic virus infections were carried out. A preliminary trial using typhus and Western equine encephalitis antigens and sera indicated that the method was more sensitive than other complement fixation tests in current use. Such a method when further developed may be applicable to the diagnosis of those virus infections for which no test is yet available.

Influenza Virus Vaccine

Investigations were undertaken on methods by which influenza vaccine could be assayed in terms of standard preparations. An improved method has been developed for the quantitative assay of influenza virus hemagglutinins and the corresponding antibodies produced in the sera of animals in response to inoculation with the vaccine.

Vaccine Virus

Tests for potency were carried out on 13 market samples of smallpox vaccine. All were found to meet the requirements of the regulations pertaining thereto.

SECTION OF ANTIBIOTICS AND DISINFECTANTS

Penicillin Control

A total of 392 samples of penicillin and penicillin preparations were received for analysis, as follows:

Sodium Penicillin	330
Crystalline Sodium Penicillin.....	9
Crystalline Potassium Penicillin.....	11
Calcium Penicillin	5
Penicillin in Oil and Wax.....	17
Penicillin Preparations (oral and topical).....	20
Total	392

Four penicillin samples were rejected, three for low potency and one for insoluble particles. Six warnings were issued, two for low pH, two for faulty labelling and two for borderline potency. Three of the penicillin preparations were found to be low in potency and action was taken to have them removed from the market.

Pure Sodium Penicillin G has been established as the Canadian Standard and monthly allotments have been distributed to the Canadian manufacturers.

Chemical Assay of Penicillin

The iodometric assay technique for total penicillin was investigated in detail and various factors affecting the assay result standardized. This method was put into routine use to determine total penicillin content of injectable materials and to serve as a basis for the estimation of the percentage of penicillin G and K.

The phenylalanine colour reaction specific for penicillin G was studied and the optimal conditions for its use established. This method gives satisfactory values only within narrow limits and when equipment on order becomes available it is planned to replace this test with the more suitable N-ethyl piperidine procedure.

The production of crystalline penicillin by all three Canadian manufacturers makes the routine analysis of all penicillin samples for total penicillin and percentage penicillin G highly desirable. To date shortage of staff has made the routine use of these tests impossible although the methods have been investigated and put into research use.

Streptomycin Control

Methods were devised to test streptomycin for potency, sterility, safety, and for the presence of pyrogens and histamine-like substances. A total of 47 samples of streptomycin have been tested. Of these, three were found contaminated and were withdrawn by the manufacturer. One sample was rejected due to its high content of histamine.

The assay for potency of streptomycin in its present form shows much wider limits of error than does the penicillin assay. So far no organism has been tested in this Laboratory which will give a slope for the dosage-response curve equal to that found for *S. aureus* with penicillin.

The presence of histamine-like substances in commercial streptomycin has made it necessary to test each sample for possibly dangerous reactions. The cat blood pressure method has been investigated and a routine technique established. To date 23 cats and 2 dogs have been employed to study the method and to test the 47 samples of streptomycin submitted for analysis. One sample has been condemned because of its high content of histamine-like substances.

Sterility Testing of Antibiotics.

Present methods for sterility testing of both penicillin and streptomycin are unsatisfactory and intensive research on new techniques has been carried out.

A temporary modification of streptomycin sterility testing has been devised which involves the direct addition of streptomycin to test media with and without inactivation by hydroxylamine hydrochloride. The use of a beef heart infusion medium in addition to the standard Brewer's Medium has been found desirable. By the use of these two modifications it has been possible to detect contamination in commercial samples which would not otherwise have been demonstrated.

Production of Penicillinase.

Limited supplies of Clarase, a reagent formerly necessary for sterility testing of penicillin, and the general bacteriostatic action of chemical inactivators has led to intensive research on the enzyme penicillinase for use in sterility

testing. Methods of production and purification of the enzyme from an aerobic sporeformer of the *B. cereus* group have been devised. These results were published in the *Journal of Biological Chemistry*, volume 166, 1946 (December), page 465.

A simplified method for the production and purification of penicillinase has also been completed and this work is being prepared for publication. Pilot plant production of the enzyme has been begun and it is now being distributed to Canadian penicillin manufacturers for use in sterility testing.

Further research on the mode of action of purified penicillinase, and especially investigation of its application to the sterility testing of commercial penicillin, is in progress at the present time.

Other Antibiotics.

One sample of tyrothricin, incorporated in first-aid dressings, was tested for antibacterial activity and only traces of active material found. It was consequently rejected as unsuitable.

Disinfectants.

A total of 201 disinfectants were tested during the present year as compared with 56 tested during the previous year. Of these, 189 were tested for the Department of Agriculture and 12 for the Customs and Excise Division of the Department of National Revenue or the manufacturers themselves.

An analysis of these disinfectant assays is presented below:—

	Number tested	Number below potency
Phenolic Compounds	163	19
Quaternary Ammonium Compounds.....	29	8
Disinfectant Powders	9	8
Total	201	35

The large number of quaternary ammonium compounds being offered for sale as disinfectants, antiseptics and sanitizing agents makes their control of increasing importance. Considerable effort is being expended in an attempt to develop an improved potency test for these compounds.

WESTERN BRANCH, KAMLOOPS, B.C.

This report covers the eighth year of operation at this Laboratory. The work on the whole was similar to that of previous years, the object being to assist the Provincial Departments of Health wherever possible and especially to carry out the laboratory part of surveys for plague, Rocky Mountain spotted fever, and tularaemia. From Alberta and Saskatchewan specimens of ticks, rodent tissues, and rodent ectoparasites were received during the periods of tick and ground squirrel activity in those Provinces; from the coastal areas of British Columbia specimens of rat and mouse tissues, together with the ectoparasites recovered from the rodents, were received throughout the year.

Rocky Mountain Spotted Fever.

No evidence of this infection was uncovered this year. Nine hundred and thirty-eight drag ticks and 305 host ticks submitted from Saskatchewan and 2,226 drag ticks from Alberta were examined.

Plague.

Sixty-four tissue pools and 202 flea pools taken from ground squirrels and mice collected in Alberta, and 34 tissue pools and 102 flea pools taken from rodents (including rats) in Saskatchewan were examined. No indication of plague infection was found in the Alberta specimens, but *Pasteurella pestis*

was recovered from one pool of 247 fleas submitted from 33 Richardson ground squirrels collected west of Superb, Saskatchewan and from another pool of 246 fleas taken from 28 ground squirrels collected between Alsask and Empress near the Alberta-Saskatchewan boundary. The area adjoins the territory previously found infected in Alberta.

Four hundred and three tissue specimens and 263 flea pools submitted by the British Columbia field crews from rats and mice were examined. These were collected in West Coast ports and in adjacent municipalities, and on ships after fumigation. Since 1943, following the appearance of plague infection in domestic rats in the adjoining State of Washington, plague surveys have been concentrated in the deep-sea ports. No evidence of plague infection was found in these specimens. A summary of collections for the year is shown in Tables 10 and 11 (pages 99 and 100).

Tularaemia.

Pasteurella tularensis was recovered this year from a house mouse (*Mus musculus*) submitted from near Langley, B.C. This finding is of interest in that it is the first time the infection has been found in that area, and also because spontaneous tulerense infection in the house mouse appears to be something of a rarity. Only two previous reports of it have been found, one from Japan and one from Turkey. This year, for the first time, *P. tularensis* infection was not found in any of the specimens submitted from the Prairie Provinces.

Stock cultures of *P. tularensis* are carried in the Laboratory and on several occasions subcultures were forwarded to other laboratories for use in the preparation of diagnostic antigen. Some prepared antigen was also supplied.

Rat-bite Fever.

In the course of the examination of mice submitted from the coast area an infection which has been identified as the spirillum (*Spirillum minus*) type of rat-bite fever was recovered from two specimens collected at Ladner. This is the first occasion on which rat-bite fever has been encountered at this Laboratory and probably the first time it has been detected in British Columbia. Once established the infection was readily carried in laboratory animals but it has been rather difficult to demonstrate the spirillum in the blood and other tissues of infected animals. The infection is being maintained at the Laboratory and studies of it are being continued with a view to finding a more accurate means of detecting the spirillum. Attempts to carry the spirillum in the tissues of the developing chick embryo by the Cox method of inoculation have so far proved unsuccessful. As surveys are continued it is hoped that further information regarding the distribution of the infection in the coastal area will be acquired.

Pseudotuberculosis.

Pasteurella pseudotuberculosis rodentium was recovered from three rat tissue pools submitted from the coast area, one each from Surrey, Essondale, and Richmond.

Another pasteurella, which proved highly virulent to guinea pigs, was recovered from a number of rat tissue specimens submitted early in the year from piggeries in the Surrey area. Because of shortage of staff at the time, a complete identification study of the organism could not be carried out. The information obtained, however, was highly suggestive of *Pasteurella muricida*.

Lymphocytic choriomeningitis.

A strain of lymphocytic choriomeningitis virus is carried in the Laboratory and several experiments have been undertaken in an attempt to find a convenient method of preparing antiserum for use in diagnostic tests. As it is

essential that antiserum be used as a control when carrying out neutralization tests, the value of finding a suitable vaccine for the production of antiserum is obvious. So far the results of these studies have been disappointing.

Several diagnostic tests were carried out for the Vancouver and Edmonton Health Departments on serums from suspected cases of choriomeningitis, but in each instance the results were negative.

A check for lymphocytic choriomeningitis was made on all mouse specimens submitted to the Laboratory in the course of the survey for plague but no evidence of the infection was found.

Typing of Mycobacterium Tuberculosis

The typing of strains of mycobacterium tuberculosis submitted from patients in Tranquille Sanatorium has been continued and type determinations on some 67 cultures isolated from the sputums of patients with pulmonary infections were completed during the year. This brings the total typed to date to 114. Only one of these, recovered from an East Indian, has shown the characteristics of the bovine type.

Psittacosis.

Last year the Laboratory was asked to undertake the examination of pigeons for psittacosis for the Health Department of Vancouver. Some 84 pigeons submitted from various sections of Vancouver and one parakeet taken from a home where a case of virus pneumonia in a child had occurred have been examined by means of mouse inoculation tests. So far no evidence of psittacosis has been found.

Brucella abortus.

The preparation of a standardized *Brucella abortus* antigen and antiserum was recently undertaken. An extensive series of tests with different lots of antiserum is being carried out against antigens prepared from several strains of *Br. abortus* in an attempt to obtain an antigen and method of test which can be recommended for use in diagnostic laboratories.

MENTAL HEALTH DIVISION

The functions of the Mental Health Division include planning, in consultation with the Provinces, of adequate control measures in the mental health field; co-ordination, standardization, appraisal and general exchange of administrative ideas by consultation and conference with the Provinces and national agencies; assisting in the provision of professional information, statistics, educational material, etc., to the Provinces; encouraging research in the field of mental health; conducting surveys and providing technical advice on matters of mental health at the request of the Provinces; giving professional advice on psychiatric aspects of their work to other Divisions of this and other Departments of the Dominion Government.

The Mental Health Division came into existence in December, 1945. Throughout the past fiscal year the technical staff consisted of the Chief of the Division. During the year a visit was paid to those Provinces which had not been visited previously and mental health activities were observed.

In Ottawa on October 10 and 11 a Dominion-Provincial conference on mental health was held which was attended by the administrative chiefs of the Mental Health Services of the Provinces, and representatives of the Department of Veterans Affairs and the National Committee for Mental Hygiene (Canada). This meeting provided a valuable opportunity to discuss common problems and become acquainted with other provincial administrators. Resolutions were passed and subsequently approved by the Dominion Council of

Health recommending that the Department of National Health and Welfare assist the Provinces in promoting mental health education by supplying suitable booklets and pamphlets, and 16 mm. films and speakers; that a program leading to the rating of mental hospitals in Canada be developed; that assistance be given to the Dominion Bureau of Statistics in revising the forms used for reporting by the mental hospitals; that the need for more adequate training facilities for psychiatrists in Canada be studied; and that the Department of National Health and Welfare undertake a survey of working conditions and training program for nurses and attendants in the mental hospitals of Canada.

Progress was made toward the publication of a series of booklets dealing in part with the mental health of children of various ages, manuscripts being obtained for this purpose with the co-operation of the National Committee for Mental Hygiene (Canada). A pamphlet on *Obedience* was written and other pamphlets were edited and revised, these to form a part of the series on child training taken over by this Department from the Canadian Welfare Council. The production of a film to illustrate the part played by childhood training in producing an inadequate personality and neurotic symptoms was begun, the title to be *The Feeling of Rejection—Its Growth and Development*. Another film, *Know Your Baby*, dealing with psychologically important situations in a home when a new baby arrives, and designed particularly for the instruction of young parents, was produced under the supervision of the Mental Health Division and the Child and Maternal Health Division. The Department purchased from the National Mental Health Foundation the Canadian rights to a series of radio plays on mental health matters which were subsequently broadcast by the Canadian Broadcasting Corporation on a coast-to-coast network.

Lecture courses were given by the Chief of the Division to public health personnel in Victoria, social workers in Vancouver, and medical and social science students at Dalhousie University. Approximately 25 addresses to public audiences were made during the year.

Professional advice on the mental health aspects of their work was provided to a number of Divisions of the Department. Similar service was given to other Departments of the Dominion Government such as National Defence, National Film Board, the Dominion Bureau of Statistics, and the Canadian Broadcasting Corporation.

A survey of nursing and attendant training programs in mental hospitals was begun during the last month of the fiscal year. A valuable pamphlet library has been built up of Canadian, United Kingdom and United States publications on mental health and related fields. Frequent contact has been maintained with national organizations in this country and with the Mental Health Division of the United States Public Health Service.

NARCOTIC DIVISION

This Division is entrusted with the administration of The Opium and Narcotic Drug Act. Responsibility for adequate control and proper use, from a legitimate medical and scientific standpoint within Canada, of all drugs appearing in the schedule to the Narcotic Act is, therefore, the most important function of the Branch. Such work not only involves constant supervision of every phase of the legitimate domestic narcotic market, but the vigorous suppression of the illicit narcotic traffic, which unfortunately continues due to certain unknown quantities of narcotic drugs illicitly finding their way into the country. The diversion of substantial amounts from domestic supplies to illicit channels as

a result of numerous thefts from licensed wholesalers, retail druggists and physicians is likewise a very important source of supply for this insidious and highly lucrative traffic.

Close cooperation with other countries who are signatories to the various world Narcotic Conventions, and particularly with Great Britain and the United States, in relation to all matters pertaining to narcotics is another important factor in the work of the Narcotic Division.

DOMESTIC NARCOTIC MARKET

Due to the continued improvement in the narcotic supply situation from abroad in the early part of 1946, it became evident that careful study and consideration must be given to the permanent peace-time policy that Canada should adopt respecting narcotics, in so far as any exception from the prescription requirement was concerned. This matter was, therefore, referred to the Dominion Council of Health and to the Advisory Committee of the Canadian Medical Association. After consultation with appropriate administrative officers of the Department it was unanimously decided that the exemption standard should remain precisely the same as that which came into effect under the War Measures Act on January 1, 1946.

These regulations permitted the sale of certain preparations containing $\frac{1}{8}$ grain of codeine per capsule or tablet or $\frac{1}{2}$ grain of this narcotic drug per fluid ounce when in the form of a liquid preparation, provided such compounds also contained specified amounts of other medicinal ingredients. As a consequence it was necessary to have amendments to The Opium and Narcotic Drug Act approved by Parliament before the existing regulations under the War Measures Act could be abolished. On September 1, 1946, the required amendments, together with a few others of a minor nature, became law and at the same time all restrictions issued under the authority of the War Measures Act during the war years automatically disappeared.

The Department reviewed applications submitted by a few new pharmaceutical firms which were desirous of marketing narcotic products to the profession, but had been prevented from entering this field because of the policy that the Division had been forced to adopt, due to the acute shortage of basic narcotic supplies in this country during the years of hostilities, of not accepting applications for licences from any new firms. The result was a slight increase in the number of wholesale licences granted in the calendar year 1946—129 as compared with 123 during the previous year. See Table 16 (page 103).

Throughout the entire year regular monthly sales reports were received from narcotic wholesalers covering all transactions made in respect to narcotics except those involving codeine compounds. Similarly books and stocks of wholesalers were audited by this Department's chemist auditors, special attention being given to the standard of protection and control afforded narcotic supplies in order to ensure as far as possible that none of the material would be diverted to illicit channels.

Routine inspections were also carried out by Department auditors of as many hospitals as time would permit with the staff available, in an effort to advise and assist hospital authorities with respect to proper methods of maintaining narcotic control within their institutions.

Dealing with the retail drug trade, narcotic records and prescriptions of drug stores were, as usual, checked regularly by the Royal Canadian Mounted Police acting on behalf of this Department. Periodic sales reports covering a three month period were also received at regular intervals from druggists in all parts of Canada and the information contained therein was carefully checked by qualified and experienced employees of the Division. In this way valuable details respecting the existing narcotic situation throughout the country were correlated and used to advantage.

Canadian manufacturers were not hindered in any way, in so far as the Narcotic Division was concerned, in the development of export markets for narcotic preparations in countries which had ratified the Narcotic Conventions. As in previous years the majority of shipments were to physicians and druggists in Newfoundland and the West Indies. Some manufacturers despatched limited supplies to South America. The very strict provisions of the international import and export licence system were, of course, closely followed. During the year the Department issued 87 export licences and 99 import licences for the movement of narcotics. See Table 15 (page 103) and Tables 19 and 20 (pages 106 and 107).

As a considerable amount of narcotic stock brought into Canada by wholesalers in 1946 was utilized to replace merchandise that had been depleted from manufacturers' and druggists' shelves in the previous years of acute shortages but not replaced sooner due to supply conditions, it will be readily realized that import and consumption figures for the past year do not reveal a true picture of Canada's medical needs or use of narcotic drugs. Tables 17 and 18 (pages 104 and 105) indicate, however, that there is, in general, a close relationship between the amounts of drugs imported and consumed over the past ten years.

The closest liaison is maintained at all times by the Division with each provincial medical and pharmaceutical college or association, as the case may be, throughout Canada. This is not only highly desirable but essential, as adequate narcotic control over the legitimate domestic market cannot be maintained in a satisfactory manner unless complete and up-to-date information is supplied by the registrars of the various bodies regarding the status of all professional persons who are legally entrusted with narcotic supplies.

Expenditures for professional and legal services in connection with the prosecution of narcotic cases initiated by federal authority amounted to \$29,065.56, while penalties imposed, seizures, and fees for licences issued under The Opium and Narcotic Drug Act totalled \$11,664.19.

ILLCIT TRAFFIC

The situation respecting illicit traffic in Canada during the past year was generally satisfactory. While limited quantities of opium and a variety of a narcotic drug known as brown or Mexican heroin illicitly entered the country, every effort has been and will continue to be made to combat this situation. The return of normal shipping conditions to and from the Orient will demand constant diligence on the part of enforcement officers to suppress any possible attempts to smuggle narcotics into the country on a large scale.

Although some supplies gained entrance illegally, by far the greater amount of narcotics appearing on the illicit market originated as a result of material stolen from legitimate sources. These thefts were experienced by narcotic wholesalers, retail druggists, and hospitals, and many doctors' automobiles were broken into and medical bags stolen or rifled for the purpose of obtaining the small amount of narcotic medication that such kits usually contain.

As a result of the limited amount of narcotic supplies available in illicit channels, the price asked for the material offered for sale reached a fantastically high peak. As in former years, conditions of this nature attracted the attention of professional criminals who are not necessarily addicts but concentrate their efforts on narcotic robberies because of the possible exorbitant and ready profits from this particular field of criminal activity. Every effort was made to overcome the situation and the most modern police methods were used to bring criminals of this type to justice. The activities of the Royal Canadian Mounted Police, with whom the Narcotic Division works most closely, have been of the highest calibre, evoking well earned appreciation.

Actual thefts from legitimate supplies during the fiscal year were as follows:

Wholesalers	3
Retail Druggists	93
Physicians	100
Veterinary Surgeons	3
Hospitals	18
Departmental (hospitals, air ports, etc.).....	10
	227

There were 215 convictions under The Opium and Narcotic Drug Act during the judicial year ended September 30, 1946, as compared with 147 in the previous period, indicating possibly that addiction to narcotic drugs has slightly increased in Canada. See Tables 12, 13 and 14 (pages 100 to 102). Of the total convictions 204 were for illegal possession, although frequently such possession was in circumstances which were known to be related to both trafficking and theft of drugs from legitimate sources. There were 2 convictions involving physicians under The Opium and Narcotic Drug Act and 6 convictions under the War Measures Act. In addition, there were 8 convictions under the Criminal Code in connection with narcotic matters.

The statistics quoted above have, of necessity, to be for the judicial year to permit the inclusion of all municipal and provincial convictions which are reported to the Dominion Bureau of Statistics, and of which this Division may not immediately be advised. In the last six months of the past fiscal year there were two further convictions against physicians under The Opium and Narcotic Drug Act. In the same period there were 148 additional convictions under The Opium and Narcotic Drug Act and 5 under the Criminal Code in relation to narcotics.

An analysis of the 215 convictions under The Opium and Narcotic Drug Act discloses that 214 cases resulted in a gaol or penitentiary sentence, while in the remaining case a fine of \$25 under the provisions of Section 10 of The Opium and Narcotic Drug Act was imposed.

Of the total convictions under The Opium and Narcotic Drug Act, 71% were initiated by federal authority and 29% as a result of assistance from municipal and provincial police authorities, who likewise were successful in obtaining convictions in numerous instances for breaking, entering, receiving, and other Criminal Code offences in which narcotic drugs were involved. The Division is particularly indebted to the British Columbia Provincial Police and to the municipal forces of all the larger cities for their continued and welcome co-operation.

Of the 214 cases under The Opium and Narcotic Drug Act involving gaol or penitentiary sentences—

134 were for periods up to 1 year
39 were for periods from 1 to 2 years
28 were for periods from 2 to 3 years
9 were for periods from 3 to 4 years
2 were for periods from 4 to 5 years
2 were for periods from 5 to 6 years

Of the 215 convictions under The Opium and Narcotic Drug Act, 5 occurred in the Province of Nova Scotia, 1 in New Brunswick, 23 in Quebec, 99 in Ontario, 16 in Manitoba, 4 in Saskatchewan, 14 in Alberta and 53 in British Columbia.

The racial origins involved were as follows:

British and American.....	187	Czechoslovakian	1
Chinese	22	Japanese	1
Polish	3	Russian	1

The drugs involved in cases relating to possession, transportation or trafficking were:

Opium	63	Dionin	2
Morphine	57	Cocaine	2
Heroin	74	Codeine	2
	Unidentified.....		13

Details of the amount of narcotic drugs seized or received from illicit channels during the calendar year 1946 are given in Table 22 (page 109).

Canada is practically free of the marihuana problem. There is no known addiction to this plant at the present time and not a single case involving illegal possession of marihuana was brought before the courts during the past year, although it is significant to note that there was evidence of apparent smuggling into Canada of marihuana cigarettes on a small scale as 17 cigarettes were found concealed in public places. The origin or ownership could not be established.

The use of narcotics in relation to race track activities no longer presents a major problem; in fact the use of narcotics for the purpose of stimulating race horses is a thing of the past in Canada. This is due to the fact that saliva tests are carried out at all leading race tracks by experienced veterinarians, assisted by members of the Royal Canadian Mounted Police. Furthermore, systematic checks of all personnel and equipment accompanying horses when entering Canada from the United States are carried out as a matter of routine by enforcement officers.

The opium poppy was found again under cultivation in many parts of Canada, particularly in settlements populated by persons who had emigrated from Central Europe. Careful enquiries usually disclosed no illicit intent and the matter was disposed of by the Royal Canadian Mounted Police destroying the plants and notifying the persons involved that continued cultivation of the opium poppy would result in prosecution. There were however several cases brought before the courts of illegal possession of poppy heads, which were being used for illicit purposes.

As in previous years, analysis of Chinese medicines continued to be carried out before any form of medication having its origin in China was released from customs. A few shipments were found to contain narcotics and were either seized or returned to the sender because importation of the narcotic in question had not been authorized by the Department.

With transportation facilities to foreign countries greatly improved it was possible to deport three Chinese who had been convicted of narcotic offences and had served the sentences imposed. Three United States citizens, who had been convicted and sentenced on similar charges, were also deported, bringing the total number of individuals deported under The Opium and Narcotic Drug Act to 1,333 in the past 25 years. See Table 21 (page 108).

INTERNATIONAL CONTROL

From the international aspect Canada has very definite obligations to fulfil respecting narcotics, due to the fact that this country was a signatory to the various Narcotic Conventions which were formulated in an effort to maintain world-wide control over the production and international movement of narcotic drugs. These commitments necessitate the furnishing of complete and extensive reports on narcotic matters arising within Canada to the appropriate International Supervisory Bodies. The exchange of information with various countries regarding the illicit narcotic trade and suspected traffickers proves a most valuable link in the chain of control over this traffic which knows no international boundaries.

The Canadian narcotic authorities are particularly indebted to the Commissioner of Narcotics of the United States Treasury Department for the very helpful and welcome assistance he has given so willingly to this Division relating to narcotic matters, both criminal and otherwise. Without his unfailing co-operation many difficult problems which confronted Canada respecting narcotic control could not have been as satisfactorily surmounted.

NUTRITION DIVISION

The work of the Nutrition Division is directed toward improvement of the nutritional status of Canadians and hence improvement of the level of public health. To this end the following activities were continued during the past year:—

- (a) *Research*, including dietary and clinical surveys, tabulations, and studies of methods and techniques for carrying out such surveys;
- (b) *Education*, by means of pamphlets, posters, films, etc., which were distributed almost entirely through provincial Departments of Health;
- (c) *Advice on group feeding* and quantity food service, given on request to industries, logging camps, summer camps, small hospitals, Indian residential and day schools, etc.;
- (d) *Consultation service*, to the full extent of library and file facilities, provided to anyone requesting information about foods and nutrition;
- (e) *Special activities by the Chief of the Division* in connection with various agencies, Departments of Governments and international organizations.

Details of the work accomplished are as follows:

RESEARCH

One of the most important phases of the work of the Division continued to be research, consisting chiefly of nutrition surveys.

A complete nutrition survey was made in Saskatchewan in the Spring of 1946 of 1,470 children between the ages of 6 and 12 years. This was followed in the Fall by a second dietary study of the same children. The Province publicized the results and, with the help of this Division, is planning a corrective program. Riboflavin deficiency, associated with low milk consumption, was found, as well as rickets, anaemia and other conditions leading to poor health and lowered efficiency.

In June, at the end of the school term, about 100 children were re-examined at Kingston and Orillia in connection with the Ontario Red Cross school lunch project.

A dietary study was carried out of families in Lévis and Missisquoi Counties in Quebec. A second dietary study in the Fall of 1947, together with medical examinations and biochemical estimations, will complete this survey.

In connection with a Carnegie Foundation study of methods for the provision of medical care in rural areas, a complete nutrition survey was made of 105 households (both adults and children) on Madame Island, Nova Scotia, in March, 1947.

Medical examinations and biochemical estimations were made of a small group of children and adults at the Laval Hospital in Quebec City, and assistance was given in studies of nitrogen balance in tuberculous patients.

Some study was carried out of methods in relation to biochemical work, and of various instruments for measuring haemoglobin levels in blood. A full report which it is anticipated will be of value to hospitals and practitioners will be available later.

In co-operation with the Federal Department of Agriculture and various provincial Departments in the Maritimes, the food consumption survey, carried out at the beginning of the year of year-round rural food habits was continued, and records were completed for three periods during the year.

A Weekly Shopping List for low cost adequate diets was published by the Division, containing menus and specific lists of foods. It differed from other Canadian shopping lists in that deductions were made for cooking losses and household wastes. As at the year's end other modifications of shopping lists were being studied in connection with new dietary standards of the Canadian Council of Nutrition.

EDUCATION

Another important activity of the Division was the preparation of all types of educational materials for various groups. Consultation with provincial nutrition authorities before production resulted in wide and effective distribution of such materials. Distribution was made almost entirely through provincial Departments of Health.

New educational material produced both in English and French during the year was as follows: six posters, three on the subject of meals, one on milk, one on vegetables and one on good rules; three pamphlets entitled *Let's Talk Food Mother, Mother, the School Lunch* and *It's Good Business, Girls, to Eat Well*; eight playlets for school children; and *Reading References on*

Nutrition

The Division prepared and exhibited several educational displays for a number of national and provincial meetings. A set of three portable displays was also produced and given to each of the Provinces for use at public gatherings.

Production of a series of six filmstrips, one on general nutrition and five on the food groups, was commenced. By the end of the year one had been completed and distributed to the Provinces. These aids are prepared especially for elementary school children and are both promotional and factual.

Particular attention was paid to school lunch feeding. Two nutritionists gave assistance in the Provinces of Quebec and New Brunswick in the organization of school lunch programs in rural areas. Several sets of lantern slides on school lunch matters were prepared and given to provincial nutritionists.

Revision of several pieces of mimeographed educational material continued, as well as a revision of the Kitchen Wall Chart and of the handbook

Healthful Eating

Several members of the staff of the Division gave talks on nutrition and food budgeting to women's groups and at the Canadian Dietetic Association and Canadian Home Economics Association conventions.

During every month of the year news releases, radio spots and press fillers were written for distribution by the Information Services Division of the Department.

As a service to provincial nutritionists several displays on various aspects of nutrition education were developed and evaluated in the Division. Photographs of these exhibits and their specifications were sent to the Provinces for their use.

Another type of educational work was the interpretation of the results of the Saskatchewan Nutrition Survey, and the creation by the Division of a program of education designed to correct the unfavourable conditions revealed by the survey.

An item of particular interest was the sponsorship by the Division of a food poster competition for students in Indian residential and day schools throughout Canada. From the posters submitted valuable information was gained regarding the eating habits of the Indians. This will be used in the preparation of an educational program designed generally to improve the health of the Indian population.

GROUP FEEDING

The preparation of publications and articles for bulletins and magazines was a major activity of the Group Feeding Section. Some of these publications were:—

Bulletin to Caterers—Circulation about 500 (English and French) sent out monthly to all caterers requesting it;

Feeding Fifty Campers—2,500 copies (English and French);

Feeding Twenty Campers—1,000 copies (French and English). Mimeographed material distributed through the Provinces to assist camp organizers in planning menus and shopping lists, and in preparing camp meals;

Recommendations for Food Service in a Fifty-Bed Hospital—1,000 copies (English). Mimeographed material compiled as a result of a survey of small hospitals made at the request of the Manitoba Department of Health;

Suggested Dishwashing Equipment for Indian Residential Schools;

Suggested Dishwashing Methods for Indian Residential Schools—mimeographed material circulated to Indian residential schools, camps and institutions;

The Lunch Box is on the March—88,750 copies (English and French). Reprint of a folder for distribution among persons carrying their lunches to school or work.

Surveys were made of food services in 27 Manitoba hospitals, at the request of the Manitoba Department of Health; in 17 Indian residential schools, at the request of the Indian Affairs Branch of the Department of Mines and Resources; and on 8 ships of the Merchant Marine, at the request of the Department of Transport. The purpose of these surveys was in each case to assist in improving the food service.

In answer to requests the Division also gave assistance during the year—

1. to the Indian Health Services Directorate of this Department on menus and supply lists for three Northern Region hospitals, and for destitute widows;
2. to the Hospital Design Division of this Department on planning of kitchens and equipment;
3. to the Royal Canadian Mounted Police and the Penitentiary Branch of the Department of Justice, on the feeding of members of the force, penitentiary staff and inmates;
4. to the Pulp and Paper Research Institute of Canada, on menu planning, food supplies, and poster material for the improvement of the food service and eating habits of loggers;
5. to camp and welfare organizations, on organizing camp feeding;
6. to industries and institutions, on kitchen plans and food service.

Assistance was given in conducting two short courses—under the auspices of the Public Health Institute, a refresher course at London, Ontario, for industrial nurses; and at the School Dormitory Cooks and Nutrition Classes at Olds, Alberta, sponsored by the Alberta Department of Agriculture.

With equipment becoming more readily available, plans and specifications were developed for items necessary to improve testing facilities and standards of advice to schools, institutions, and small food services in connection with quantity recipes. Contact was maintained with all major restaurant and dietetic conventions in the United States and Canada to keep up to date on quantity food service equipment.

PRESENT STATUS OF INDUSTRIAL CANTEENS

To ascertain the present extent of inplant feeding in Canada a questionnaire was distributed to 1,500 industries which had had war contracts. Replies from more than 70% have been received, together with many requests for help. Information obtained from the survey will be available on request to industries installing food services and to other countries.

RELATIONS WITH OTHER ORGANIZATIONS AND THE PUBLIC

Methods of bringing public interest to bear on nutrition activities were given special attention by the Chief of the Division. Provincial co-operation has been effectively secured by meetings twice a year of the people concerned with nutrition in each provincial Department of Health. This group functioned as the Dominion-Provincial Nutrition Committee of the Canadian Council on Nutrition. The Nutrition Council itself was reorganized with a smaller membership, and includes representatives of provinces, universities, rural women, and various professional associations. At its meetings, held under the chairmanship of the Chief of the Division, were discussed various matters referred by the Department, such as the basis for dietary allowances, the need for a nutritional floor in Canada, and other questions raised by Council members.

On request, the Chief of the Division addressed many groups in Canada and the United States on a wide variety of subjects, and served on numerous committees as a technical expert or on behalf of the Department.

Visitors to the Division from abroad were frequent during the year, including 8 from Britain, 2 from India, 1 from Australia, and 6 from the United States.

PUBLIC HEALTH ENGINEERING DIVISION

The activities of the Public Health Engineering Division are particularly concerned with the problems which can best be solved by professional engineers with training and experience in public health work, and which are definitely within the jurisdiction of the Federal Government. Included is the supervision of all matters of sanitation on all forms of equipment used in interprovincial and international traffic; sanitation on property owned by the Dominion of Canada and on construction projects financed by the Dominion; working conditions in offices occupied by civil servants; sanitation as it applies to the shellfish industry; co-operation with all Departments of the Federal Government, Provincial Governments and the United States Public Health Service; problems of water supply, sewage disposal, garbage incineration, etc., as they occur in the North West Territories, Indian reservations, national parks, health and occupational centres, federally financed housing developments, camps of the Department of National Defence, munition plants maintained by the Dominion of Canada, etc.

The staff of the Division was increased during the year with the addition of several professional engineers. One district was added with headquarters at Regina, Saskatchewan. There are now nine districts with one or more professional engineers attached to each. A reorganization took place during the year with the grouping of the districts into four regions and the appointment of a senior engineer as Supervising Engineer for each region. This resulted in a considerable increase in the volume and efficiency of work being handled.

During the past year investigation of the pollution of boundary waters was begun in co-operation with representatives of the United States Public Health Service, the State of Michigan Health Department and the Health Department of the Province of Ontario. This followed a request for such collaboration from the International Joint Commission. A laboratory was established at Sarnia, where considerable analytical work was done. Additional analyses were made in one of the laboratories of the Ontario Department of Health. Other field laboratories will be set up at Sault Ste. Marie and Windsor as the investigation progresses. Field investigation during the year was confined to the St. Clair River, Lake St. Clair and the Detroit River, but some preliminary work was done in preparation for the examination of other areas. Almost 2,000 samples of industrial wastes and of lake and river water were collected and analysed for coliform organisms, phenols, 3- and 5-day B.O.D. (biochemical oxygen demand). As at the year end this work was being continued and expanded to include other international boundary waters, as and when required by the International Joint Commission.

In addition to pollution caused by municipalities discharging untreated sewage and other wastes into international boundary waters and tributary streams, there is a considerable volume of sewage entering these waters from vessels. As an indication of the volume of traffic, both freight and passenger, which passes up and down and across boundary waters, and the importance of control measures, the following figures, supplied by the Corps of Engineers, United States War Department, are cited:—

For the 1946 navigation period there were 8,979 eastbound and 9,016 westbound vessel passages through the United States and Canadian Canals at Sault Ste. Marie; 11,304 upbound and 11,433 downbound vessel trips on the Detroit River; 7,803 upbound and 7,576 downbound vessel trips on the St. Clair River; 25,887 round trips of small ferries operating on the Detroit River, and 60,510 round trips of small ferries operating on the St. Clair River.

The following figures are supplied by the Bureau of Statistics, Department of Trade and Commerce:—

Passengers carried by vessels through the canals at Sault Ste. Marie totalled 87,876 during 1946. There were 317,000 passengers carried on ferries which operated between Canada and the United States in 1946. In addition the Bob-Lo Excursion Company ferries carried 894,395 persons from Detroit to Bois Blanc Island which is situated on the Canadian side of the international boundary.

Another activity of wide importance to public health, in which the Division is interested and represented, is investigation into the disposal of human wastes from passenger trains. Technical personnel employed by the Association of American Railroads are carrying out, under the direction of the Joint Committee on Railway Sanitation, extensive research in an attempt to develop a method of disposal of all wastes en route or at terminals without producing a health hazard. The Canadian railroads, as members of the Association of American Railroads, are of course vitally interested in the solution of this problem.

Co-operation continued to be extended to Provincial Departments of Health, with special emphasis in the case of those Provinces which have not engaged a professional engineer for public health work. Probably the most important work of this nature during the year was the investigation of conditions affecting the quality of milk produced and offered for sale in Prince Edward Island (See also page 18).

Co-operation with other Departments of the Federal Government was extended by all engineers of the Division. Of particular interest were problems of water supply, sewage disposal and sanitation in the North West Territories. Similar problems in the national parks were anticipated, and assistance was given to officials of the Lands, Parks and Forests Branch of the Department of Mines and Resources and to local park officials. Co-operative work with the Department of National Defence was reduced due to the closing of numerous camps, airforce training centres and naval stations. There were still a few active establishments, however, and these, together with civil airports of the Department of Transport, Indian reservations, health centres of the Department of Veterans Affairs, housing developments, etc., required considerable time and effort in coping with matters of water supply, sewerage, sewage treatment and sanitation.

To protect the health of crews of freight vessels, and of crews and passengers on passenger vessels and ferries, continuous supervision of water supply sources, water handling and treatment apparatus was provided. During the year 249 vessel water supply systems were examined for compliance with regulations, and over 2,000 samples of drinking and culinary water were collected from vessels. Only minor deviations from the requirements were found. The importance of this work is reflected by the fact that the number of persons carried on vessels exceeds the total population of Canada.

Sanitation on passenger trains also received continuous supervision, thus affording protection to the forty and a half million passengers who travelled on trains in Canada during the past year. Among these passengers were some of the youngest citizens and consequently the most susceptible to infection.

Railway coach yards were examined for compliance with approved methods of sterilizing equipment, filling coolers and water tanks, general sanitation, etc., and reports were made to the railway companies on conditions and practices in 180 coach yards. Over 350 water samples were collected from coach yard outlets and more than 150 water supply sources were examined. As a check on care and efficiency in handling water supplies, almost 1,500 water samples were collected from drinking and culinary water outlets on passenger trains. Similarly, examinations were made of the sanitary condition of the kitchens and food storage lockers of 47 dining cars, 5 food storage depots and 104 passenger trains.

Sources from which ice was obtained for use in contact with drinking water or raw food aboard common carriers engaged in inter-provincial and international traffic were examined, and recommendations, based on 59 sanitary surveys of the watershed and sampling of the water and ice, were made to the interested organizations.

In connection with air traffic, 47 sanitary surveys were made of airports and 80 water samples were collected from aeroplanes. Passengers carried on aeroplanes during 1946 totalled 879,273, a very large increase over previous years.

Sanitary surveys and other control measures connected with the shellfish industry occupied a considerable proportion of the time of the engineers of this Division who were located in districts bordering on the Atlantic and Pacific oceans. Sixty-five sanitary surveys of shellfish areas were made, and several shucking and packing establishments were examined with respect to compliance with requirements for the taking, handling, packing and shucking

of shellfish for export. Vessels of the scallop fishing fleet were also examined and export certificates issued when compliance with the regulations was found. Export certificates for shucked clams and shell oysters were issued by the Division. All the above work was carried out in co-operation with the Department of Fisheries.

Additional sanitary surveys were made to the number of 108 during which 306 water samples were collected.

Despite the termination of the war 48 visits were made to munition plants with reference to problems involving water supplies, sewage disposal, etc.

Frequent visits are also made to sewage disposal works for the purpose of maintaining satisfactory operation and to check the adequacy of the measures taken to protect the health of persons who might be adversely affected by the discharge of insufficiently treated effluent. Examinations during the year totalled 80. Tests for residual chlorine were made and samples of effluent were collected for bacteriological analyses. Following these tests and analyses, the authorities were furnished with recommendations for improvements in operation.

At the one laboratory maintained by the Division, located in British Columbia, the principal activity is the mineral analysis of water samples. During the year 103 such samples were analysed. Under co-operative arrangements with the provincial Health Departments, other samples are analysed in the most convenient provincial laboratory.

Only two cases of typhoid fever were reported to the Division as occurring on vessels operating in the inland waters or coastal waters of Canada and in ocean trade. Both cases were on ocean-going vessels.

An outbreak of typhoid fever at Yellowknife, N.W.T., was investigated by the Division and remedial measures recommended. Similarly an occurrence of typhoid fever was investigated as a precautionary measure in connection with the shellfish industry of the Maritime Provinces.

One of the many problems submitted to the Division during the year which required intensive study was a proposal to erect a tannery adjacent to the Lachine canal, the wastes from which would be dumped into the canal. An investigation and report were made at the request of the Department of Transport.

QUARANTINE, IMMIGRATION MEDICAL SERVICE AND TREATMENT OF SICK MARINERS

A—QUARANTINE SERVICE

This service, which is the oldest health activity of the Dominion Government, is designed and operated for the purpose of preventing the entry of infectious disease into Canada, through traffic arriving by water, air or at the inland boundary. Its authority is the Quarantine Act and the regulations thereunder.

Vessels are inspected on arrival during the day, and at night on request. Radio pratique is in effect except for arrivals from the Asiatic coast, and was applied for during the past year by 1,355 vessels.

No cases of smallpox, typhus, yellow fever, bubonic plague or cholera were found on board vessels on arrival in Canadian ports, although present in ports and countries from which many of these vessels sailed. One member of a vessel which arrived at Sydney, N.S., was suspected of bubonic plague. The necessary warning was sent at once to the United Kingdom for the benefit of the port to which the boat sailed. Further investigation, however, disclosed that the patient was not suffering from plague.

Thirty cases of minor infectious disease, with 24 contacts, were reported.

During the year, 2,355 vessels, carrying 256,648 persons, were inspected by the medical officers of this service. Of this number, 132,608 were members of the crew, 123,127 were passengers, and 913 were distressed seamen and others. A total of 659 vessels, 218 of which had come from plague-infected ports, were inspected for vermin. One hundred and fifty-one were fumigated, 376 were granted exemption certificates and 124 had their certificates endorsed. Over 1,700 rats and 30 mice were recovered.

Local customs officers, in their capacity of quarantine officers at unorganized ports, reported the entry of 20 vessels.

Additional duties were carried out as usual by the quarantine medical officers, such as medical examination of pilots and civil servants, immigration medical examination and, most important, the treatment of sick mariners. They co-operated with naval and immigration authorities in the medical inspection of members of crews granted temporary entry to Canada.

Draft quarantine regulations for air travel, in relation to the International Sanitary Convention for Aerial Navigation, 1944, were prepared and are receiving consideration. A quarantine service was organized covering Dorval Airport, near Montreal, and at Sydney, N.S. Official approval has been given to agencies in Toronto and Montreal, at which yellow fever and other inoculations can be given and certified by this service, on the international approved forms.

A total of 200 inoculations for yellow fever were carried out during the year at Montreal.

Passengers and crew of aircraft arriving from overseas were subjected to medical examination: 348 aircraft at Dorval, Que., and 41 at Sydney, N.S.

Statistics on ships boarded by quarantine officers and vessels inspected for deratization may be found in Tables 23 and 24 (pages 110 and 111).

B—IMMIGRATION MEDICAL SERVICE

Authority for the activities of the Immigration Medical Service is the Immigration Act and regulations. This Service supplies medical advice to the Immigration Branch of the Department of Mines and Resources with regard to the physical condition of applicants for emigration. In most cases prospective emigrants are examined by our overseas medical service before embarking for Canada. They are subject to further medical inspection on arrival at the Canadian port of entry. If the immigrant has not been examined by the Canadian Immigration Medical Service Overseas, complete medical examination is carried out at the Canadian port of arrival. Based on the advice given by the Service, the Immigration Branch determines whether or not the individual concerned should be prohibited for medical reasons from entering Canada.

Reports of Canadian medical officers and roster doctors are forwarded to the London office for approval. The Overseas Medical Service was greatly reduced during 1930-34, when emigration to this country was at a very low ebb, but has now been considerably enlarged and is prepared to take care of the expected increase in immigration.

Immigration hospitals are maintained at the principal ports of entry for the purpose of providing any necessary medical and surgical care to immigrants on their arrival.

During the past year, fully qualified medical officers of the Department were stationed at London, England, the headquarters of the Overseas Medical Service, and at the larger Canadian ports. In addition, there was a roster of local part-time medical officers at 487 centres throughout the British Isles. Roster doctors were also appointed to make examinations at Athens, Lisbon, Oslo and Copenhagen. The roster doctors used in Holland, Belgium and France ceased their work for the Service when our departmental offices were opened in these countries. Six additions were made during the year to the medical staff overseas, offices

being opened in Paris, Brussels and The Hague. Two medical officers were sent to Italy to examine members of the Polish army, and two medical officers were detailed to Germany to examine displaced persons.

In Canada, 47,856 immigrants were medically inspected on arrival at ocean ports, and 31,164 prospective emigrants medically examined overseas. Medical re-examination of 4,618 individuals was made before a final decision as to their condition was reached. In addition, 24,404 non-immigrants were given careful medical supervision on arrival.

A statistical summary of the activities of the Immigration Medical Service appears in Tables 25, 26 and 27 (pages 111 to 113).

C—TREATMENT OF SICK MARINERS

Part V of the Canada Shipping Act has existed with various amendments since 1867. The Act provides for the medical and surgical treatment of all members of the crews of those vessels that pay dues under its authority. Dues are levied and collected by the Collector of National Revenue on every ship arriving in any port of the Provinces of Nova Scotia, Prince Edward Island, New Brunswick, Quebec and British Columbia, and ports in Manitoba and Ontario on Hudson Bay and James Bay, provided the ship does not come within one of the several exemptions.

A high standard of general medical practice is provided at all ports in the Provinces named where there is a customs officer legally competent to administer the Act. Treatment is free for a period of one year if needed. No expense is spared in providing the best specialist medical, surgical and hospital care when required. Wherever possible, a choice of hospital is given.

Conditions under which treatment is obtained are kept as simple as possible. The sick seaman applies to the Captain of the vessel, who sends him to the local Collector of Customs with a written statement setting forth his employment period on the vessel and giving details regarding payment of sick mariners' dues. Concise forms are provided for this purpose. The collector verifies these facts and, if satisfied, refers the patient to the doctor or hospital previously nominated for this purpose. Emergency cases are taken direct by ambulance from ship to hospital.

Of a total crew membership of 91,868, treatment was given to 18,920 sick mariners.

Since July, 1946, due to a shortage of bed space in other institutions, the tuberculosis ward of the sick mariners' hospital at Sydney, N.S., has accommodated 11 Indians, for a total of 689 patient days. These were referred by the Indian Agent and Public Health Officer.

Details of diseases and injuries treated; of vessels, dues and expenditures; of revenues and expenditures by Provinces; and of treatment and hospitalization of sick mariners may be found in Tables 28, 29, 30 and 31 (pages 114 and 115).

D—LEPROSY

Lepers in Canada, of which there were ten during the fiscal year, are cared for at the Dominion Government Hospital for Treatment of Leprosy at Bentinck Island, B.C., and in the leprosarium at Tracadie, N.B., which occupies a wing of the Hotel Dieu de St. Joseph Hospital.

At the Bentinck Island hospital one leper is a Chinese male, one a Japanese male, and the third a white female who was readmitted during the year. Of the seven leper patients at Tracadie, four may be considered as under active treatment and showing signs, to a variable degree, of active leprosy. The other three are considered as arrested cases. Four of the patients are males

and three females. Three are of French Acadian origin, one of French and Scottish descent, two of Russian ancestry (one Canadian born), and one Chinese.

VENEREAL DISEASE CONTROL DIVISION

The role of the Venereal Disease Control Division is to provide leadership in reducing the menace of venereal infections in Canada through a variety of activities. These include planning in consultation with provincial health authorities adequate control measures on a comprehensive basis, administration of financial and material grants, compilation and analysis of statistical data, performance of functions of co-ordination and correlation of measures which serve to intensify the effort, provision of lay and professional educational services, and the encouragement of research and improved training facilities for professional personnel.

The main activities of the Division during the past year were:

- (a) continued administration and distribution of federal grants to the Provinces;
- (b) further development of V.D. educational material and other publicity activities;
- (c) initiation of project involving review of V.D. documents of service in answer to requests from provincial V.D. Control Divisions;
- (d) production and distribution of therapeutic supplies of the anti-arsenical compound "BAL" for research purposes;
- (e) organization and convening of second Federal-Provincial Conference of Venereal Disease Control Directors;
- (f) assistance in planning forthcoming Eastern and Western Regional V.D. Conferences;
- (g) preparation and distribution of quarterly statistical report on venereal disease in Canada; and
- (h) attendance at syphilis treatment program for Indians in Alberta.

In addition to the above a number of minor activities and routine procedures were undertaken and, in the main, successfully concluded. Among these were liaison visits to provincial Divisions of Venereal Disease Control throughout Canada. In the case of the larger Provinces repeated visits were carried out as the occasion indicated.

FEDERAL ASSISTANCE TO THE PROVINCES

An item of \$175,000 was voted during 1946-47 for distribution of funds and materials approved on a basis endorsed by the Dominion Council of Health. The Order in Council relating to distribution outlines the preventive measures which shall be undertaken by each Province, including education, epidemiology, record systems, conferences and standards for administrative, preventive, diagnostic and therapeutic procedures. Certain conditions to be fulfilled by each Province to become eligible for this grant are also set forth.

The division of funds allocated to each Province is based upon the revised method of apportioning the grants approved by the Dominion Council of Health and set forth in Order in Council P.C. 1690, i.e., a minimal organizational grant in the sum of \$4,000 payable to each Province and the remainder of the grant distributed on the basis of population. This reapportionment materially benefits those Provinces with smaller populations.

The following is the distribution made on this basis:

	Total Grant	Material and Educational Reserve (15%)	Net Cash Grant (85%)
Prince Edward Island.....	\$ 5,056.40	\$ 758.46	\$ 4,297.94
Nova Scotia	11,132.09	1,669.81	9,462.28
New Brunswick	9,375.13	1,406.27	7,968.86
Quebec	44,900.75	6,735.11	38,165.64
Ontario	49,989.54	7,498.43	42,491.11
Manitoba	12,453.98	1,868.10	10,585.88
Saskatchewan	13,704.98	2,055.75	11,649.23
Alberta	13,486.75	2,023.01	11,463.74
British Columbia	14,900.38	2,235.06	12,665.32
CANADA (exclusive of Yukon and North West Territories)	\$ 175,000.00	\$ 26,250.00	\$ 148,750.00

The annual provision of \$50,000 to be distributed to the Provinces for recognized and approved medication for the treatment of venereal disease was continued. The distribution on the basis of population was as follows:

Prince Edward Island.....	\$ 380.00
Nova Scotia	2,565.50
New Brunswick	1,933.50
Quebec	14,712.50
Ontario	16,543.00
Manitoba	3,041.00
Saskatchewan	3,491.00
Alberta	3,412.50
British Columbia	3,921.00
CANADA (exclusive of Yukon and North West Territories)	\$ 50,000.00

STATISTICS

The Notification Form of Venereal Infection, prepared with the assistance of the Dominion Bureau of Statistics and adopted at the National Venereal Disease Control Conference in December 1943, was approved in its final form by all provincial Divisions of V.D. Control. Since January 1945 the Notification Form has continued in use in all Provinces with the exception of Quebec in which a provincial form is used.

The compilation of a statistical report from incidence figures on venereal disease provided by provincial Health Departments to the Dominion Bureau of Statistics and initiated during the final quarter of the previous year was continued. This report is distributed to provincial Health Departments at quarterly intervals, as well as to other interested agencies, and represents at this time the most complete compilation of such data.

It is difficult to determine any specific evidence of improvement in the reporting of venereal disease by physicians. It would appear that gonorrhoea is being notified with progressively increasing completeness in some Provinces but this cannot be demonstrated with any degree of certainty.

Consequently, in considering the statistics set forth in Tables 32 to 37 (pages 115 to 118), representing a summary of information provided in the statistical report, it should be borne in mind that the reporting of venereal infections in Canada, particularly gonorrhoea, is still inadequate. Therefore the figures as they are presented should be assessed on a basis of their relationship to related figures to evaluate trends rather than as representing the true picture of one or several aspects of the venereal disease problem in Canada.

EDUCATION

Educational activities in venereal disease control continued to receive special emphasis from both professional and lay points of view. The principal projects undertaken during the year were as follows:

- (a) development and distribution of 800 platform presentation charts;
- (b) purchase and distribution of 24 continuous film strip projectors. Film strips will be developed next year for utilization in these projection devices;
- (c) purchase and distribution of V.D. manuals and other texts
- (d) purchase and distribution of scientific reprints for professional education; and
- (e) distribution of general educational literature on venereal disease.

Several lectures and public addresses dealing chiefly with the health aspect of the campaign against venereal disease were delivered by the Chief of the Division, and articles pertaining to venereal disease control were prepared for publication in scientific journals. The divisional Chief was appointed Chairman for the current year of the re-established Section on Venereal Disease Prevention of the Canadian Public Health Association.

Literature

More than 425,000 pieces of literature—pamphlets, booklets, instruction manuals, scientific reprints, etc., for both lay and professional consumption—were forwarded to provincial Health Departments for distribution.

The cost of literature was largely met from the pooled material and educational reserve of the federal grant to the Provinces. It was released, in general, on a pro rata basis. A summary of individual pieces and the quantities in which they were distributed is shown in Table 38 (page 119).

At the close of the year plans were underway for an intensive V.D. educational campaign during the early summer of 1947. This will include an original window display at the federal level, later to be made available for provincial use, combined with continuous film strip projection, and the wide distribution of a comprehensive supplement dealing with the overall program, to be included in the monthly departmental bulletin.

REVIEW OF SERVICE PERSONNEL V.D. RECORDS

Upon completion of service discharges, a preliminary survey of syphilis treatment records of Army personnel was undertaken. It was found after a brief sampling that, as a result principally of the general dislocation of documentation concurrent with repatriation and demobilization of service personnel, the information regarding cases of syphilis provided through service channels to provincial Health Departments was either incomplete or inaccurate.

With the object of furnishing complete and accurate information regarding discharged service personnel who would be residing in the various Provinces and to ensure as far as possible that their future health and wellbeing would be safeguarded, the Division undertook a complete review and summarization of these syphilis case records. This procedure necessitates the examination and condensation of all available data and will result in the retention in the Division of a permanent record for each case which will be available for future reference.

BAL RESEARCH PROJECT

Through the co-operation of the Chemical Warfare Laboratories of the Department of National Defence a large quantity of the anti-arsenical compound BAL was made available to this Division for study and clinical employ-

ment. After considerable investigation over 500 treatment packages of the compound were processed by the Connaught Laboratories of Toronto for this Division and were provided to provincial Divisions of Venereal Disease Control for further distribution to hospitals, clinics, and other interested agencies, to the Service Departments and to the Department of Veterans Affairs.

Reports on the therapeutic application of the material will be accumulated and evaluated with a view to supplementing information already made available.

Literature dealing with BAL was reviewed and a summary of information on this compound was prepared for distribution with the material.

SECOND FEDERAL-PROVINCIAL CONFERENCE OF V. D. CONTROL DIRECTORS

The Second Conference of Federal and Provincial representatives interested in venereal disease control work in Canada was held in Ottawa on April 29 and 30 last. The resolutions brought forward were in general directed at the provincial V.D. Control Divisions and associated agencies, such as the provincial Laboratories, and will, when implemented, considerably enhance the effectiveness of the program throughout the country.

In brief, the resolutions dealt with the re-establishment and change of title of the Section on Venereal Disease Prevention in the Canadian Public Health Association; the recommendation to the Canadian Pension Commission that venereal disease be considered on the same basis as any other medical condition insofar as eligibility for pension is concerned; the type of personnel employed in venereal disease control activities; the improvement of instruction to medical students and nurses in venereal disease control methods; the improvement of various laboratory procedures in the diagnosis and treatment of venereal disease; and the restriction of information relating to venereal disease in instances in which divorce proceedings are involved.

In addition to delegates from each Province, representatives from the Armed Services, Department of Veterans Affairs and other Divisions of the Department of National Health and Welfare were in attendance.

Through this and subsequent conferences, an opportunity is provided for federal and provincial V. D. control administrative officers to discuss plans and interchange ideas designed to stimulate activity in the control of venereal infections throughout Canada. It is intended that conferences of this type will be held in Ottawa approximately every second year with regional conferences in the intervening years. As at the end of the fiscal year, plans were being made for the convening of Eastern (including the Maritime Provinces) and Western Regional V.D. Conferences, this Division assisting in certain organizational details.

SYPHILIS TREATMENT PROGRAM AMONG INDIANS IN ALBERTA

During September the provincial health authorities of Alberta undertook a project which had not previously been attempted in Canada. Following a serologic survey for syphilis extending over the past several years, a group of 150 Indians in Northern Alberta, together with their families, was assembled at a temporary camp at Grouard in the Lesser Slave Lake District. The total population of the camp was approximately 300 persons.

A treatment program consisting of a combination of penicillin, arsenical and bismuth compounds was administered to those considered to be infected with syphilis. The penicillin treatment lasted about 10 days and arsenic and bismuth injections were administered concurrently and as a follow-up procedure during the remainder of the period, totalling about 26 days.

The camp functioned for over a month and through the co-operation of the health authorities of Alberta, the Indian Health Services Division of this Department, and the Indian Affairs Branch of the Department of Mines and Resources, a most effective step was successfully taken in controlling the prevalence of syphilis among Indians in Northern Alberta.

The operation of the camp and treatment activities carried on were personally observed by the Chief of the federal Division of V.D. Control.

MISCELLANEOUS

After an association which commenced with the re-establishment of the federal Division in 1943, the V.D. Control Division of the Canadian Army discontinued its direct connection during August, 1946. Up to that time the close integration of civilian and armed forces programs had been considered essential and proved a most effective method of functioning. However, with the majority of personnel discharged from the Armed Services it was deemed advisable to terminate this association.

In co-operation with the Department of Labour and Provincial V.D. Control Divisions a procedure was outlined to provide for the after-care and surveillance of Polish immigrants who, upon arrival in Canada, had been diagnosed as suffering from venereal disease and treated, or who at that time were suspected of a venereal infection.

For the transmission of information regarding patients under treatment or observation for venereal disease who might change their place of residence within one Province or move to another Province, a form letter was devised at the federal level and has been put to use on a trial basis in all Provinces. Further experience in the use of this form will lead to certain revisions being made and should result ultimately in its permanent adoption by all provinces.

CANCER

KING GEORGE V SILVER JUBILEE CANCER FUND FOR CANADA

The King George V Silver Jubilee Cancer Fund was established on June 3, 1935, by Trust Deed between Her Excellency the Countess of Bessborough and the Board of Trustees of the Fund. The membership of the Board is as follows:

Chairman, The Chief Justice of Canada,
The Prime Minister of Canada,
The Leader of the Opposition,
The Minister of Pensions and National Health (now the Minister of National Health and Welfare,
The Chairman of the Health Committee, Canadian Life Insurance Officers Association,
The Chairman, Canadian Medical Association Committee on Cancer,
The Honorary Dean, Medical Faculty, University of Montreal,
Honorary Secretary, the Deputy Minister of Pensions and National Health (now the Deputy Minister of National Health),
Honorary Solicitor, the Deputy Minister of Justice,
Honorary Treasurer, the Deputy Minister of Finance.

Under the Trust Deed the Trustees were authorized to make expenditures "for purposes of research, the provision of radium or other diagnostic or treatment agents, for hospitals having efficient staffs but not sufficient money, education of the laity as to the importance of early suggestive symptoms being investigated, providing scholarships for promising medical students for the purpose of preparation for teaching in medical schools of Canada, providing refresher courses in different sections of each province for the practising

physicians and for any other similar purposes or objects which will in their judgment best serve the main purpose of the Fund, namely: to provide relief from the high mortality rate from cancer in Canada."

In 1937 the Trustees authorized the payment of an annual grant of \$14,000 to the Canadian Medical Association. In 1940 it was agreed with the Association that half the grant would be paid by the Association to the Canadian Society for Control of Cancer, an organization which was established by the Canadian Medical Association primarily for the education of the public.

In view of the difficulty which the Canadian Medical Association was experiencing in attempting to carry on educational work among the medical profession during wartime, the annual grant was, at the request of the Association, reduced in 1942 to \$7,000 and paid direct to the Canadian Society for Control of Cancer. The grant remained at \$7,000 per annum until 1945 when, in view of the end of hostilities and the greater opportunity for educational work, it was restored to \$14,000.

THE NATIONAL CANCER INSTITUTE OF CANADA

On January 27 and 28 representatives of the National Research Council, Canadian Cancer Society, Canadian Medical Association, Canadian Public Health Association, Ontario Cancer Treatment and Research Foundation, Manitoba Cancer Relief and Research Institute, British Columbia Cancer Foundation, provincial Departments of Health and medical faculties of the universities met in Ottawa, at the invitation of the Department, to consider ways and means of meeting the cancer problem in Canada. The conference decided to co-ordinate the drive against cancer into a single united front pooling all the research, treatment, training and educational efforts of the various cancer bodies. To meet the need for money the Minister asked the Trustees of the King George V Silver Jubilee Cancer Fund for financial assistance up to \$450,000 of which \$100,000 was to be allocated to the work of the Canadian Cancer Society.

Incorporation of the National Cancer Institute of Canada was completed in March and the Trustees of the King George V Silver Jubilee Cancer Fund authorized the transfer of \$450,000 to the Institute to be spent over a period of three years and to be accounted for by annual progress reports.

The Interim Committee is to report to a reconvened conference to be held on May 12, 1947. At this meeting discussion and approval of the by-laws, etc., will be passed on to the incoming voting members who will be appointed during the summer by the various co-ordinating organizations such as the Canadian Cancer Society, Medical Research Division of the National Research Council, the Association of Canadian Medical Colleges, Diagnostic and Treatment Cancer Centres, Royal College of Physicians and Surgeons, Canadian Medical Association, Canadian Public Health Association, Department of National Health and Welfare, Dominion Council of Health, and the National Federation of Canadian Universities.

The National Cancer Institute of Canada has as its objectives the following:

- (a) to co-ordinate and correlate the efforts of individuals and organized bodies with a view to reducing the morbidity and mortality from cancer in Canada;
- (b) to aid in establishing and maintaining or to establish and maintain fundamental research activities in the field of cancer;
- (c) to assist in the training of prospective scientists who may be interested in the field of cancer research by the award of Fellowships for this purpose;
- (d) to make grants to, lend money to or guarantee the contract of or otherwise assist any corporations, societies, associations, partnerships,

agencies, organizations or individuals who are engaged in activities which may be usefully carried on in conjunction with the activity of the Institute and/or which may provide aid to the Institute in the attainment of its objects;

- (e) to collect, assess and disseminate scientific knowledge and material relating to cancer;
- (f) to provide assistance, financial or otherwise, for any program of cancer education, either lay or professional;
- (g) to obtain money by way of public appeal or otherwise and to receive gifts, bequests and donations of property both real and personal;
- (h) to operate and maintain facilities for the purposes of treatment and research;
- (i) (1) to acquire, hold, sell and otherwise dispose of shares, stocks, debentures, debenture stocks, bonds, obligations, choses in action, certificates of interest and securities issued by any individual or partnership or by any association, company or corporation, public or private, constituted or carrying on business in any part of the world, and debentures, debenture stock, bonds, obligations, choses in action, certificates of interest and securities issued or guaranteed by any government, sovereign ruler, commissioner, public body or authority supreme, municipal, local or otherwise in any part of the world;
- (2) to acquire any such shares, stocks, debentures, debenture stocks, bonds, obligations, choses in action, certificates of interest and securities by original subscription, tender, purchase, exchange, donation or otherwise; to subscribe for the same either conditionally or otherwise and to exercise and enforce all rights and powers conferred by or incidental to the ownership thereof; and
- (j) to assist in the examination of any method of cancer prevention, treatment or cure, when so requested by any Dominion or Provincial Government body.

Office space for the registrar and the administrative facilities of the Department were made available to the Institute until such time as it acquires the necessary personnel, accommodation and office services.

STANDING OF THE KING GEORGE V SILVER JUBILEE CANCER FUND AS AT MARCH 31, 1947

The financial details of the Fund at the close of the fiscal year are given in Table 39 (page 120). The transfer of the first instalment of \$150,000 to the National Cancer Institute will be completed early in the new fiscal year.

WORLD HEALTH ORGANIZATION

The past year saw important developments toward the creation of a World Health Organization. Following the adoption of a resolution at the San Francisco Conference that an International Health Conference be convened, the Economic and Social Council of the United Nations arranged for such a conference in New York on June 20, 1946. The purpose of the conference was to consider the integration of existing international and regional public health organizations into one world health agency, and to draw up a constitution for such an organization. Excellent preliminary work was done by a Technical Preparatory Committee consisting of representatives from 16 nations and 4 international health organizations, which met in Paris a month previous and prepared an agenda for the conference and a draft constitution.

Canada was represented at the International Health Conference by the Deputy Minister of National Health who, as rapporteur of the Technical Preparatory Committee, presented the report which was drawn up in Paris. This report, which contained the draft constitution, came to be known as the "Paris Draft".

The conference adopted a Constitution for the World Health Organization which was signed by 61 of the 64 nations represented, and reached agreement on the basis upon which the work of the office Internationale d'Hygiene Publique, the League of Nations Health Organization and UNRRA would be taken over by the new organization. It was also agreed that the Pan American Sanitary Bureau would be integrated with the World Health Organization.

During the International Health Conference, five committees which were suggested in the Paris Report were established:—

- Committee I on Scope and Functions
- Committee II on Administration and Finance
- Committee III on Legal Questions
- Committee IV on Relationship
- Committee V on Regional Arrangements

and the Deputy Minister of National Health (Dr. G. Brock Chisholm) was appointed Chairman of Committee II on Administration and Finance.

Under the terms of the Constitution, the World Health Organization will come into being at the World Health Assembly to be held within six months of the ratification of the Constitution by 26 member states of the United Nations. Canada ratified the Constitution of the World Health Organization on August 29, 1946, and as of March 31, 1947, a total of 8 nations had done so.

In the meantime, in order to plan for the meeting of the World Health Assembly and to continue certain essential functions taken over from the other international agencies, an Interim Commission of representatives from 18 nations was set up, to which Canada was elected a member. The Deputy Minister of National Health is the official delegate to the Commission.

At its First Session held in July, 1946, the Interim Commission elected Dr. Brock Chisholm, Deputy Minister of National Health, Canada, and rapporteur of the Technical Preparatory Committee in Paris to be Executive Secretary of the Interim Commission.

The Second Session of the Interim Commission was held in Geneva, November 4-13, 1946. Canada is represented on two of the five internal committees, i.e., the Committee on Administration and Finance, and the Committee on Location of Permanent Headquarters. Canada is also a member of the Sub-Committee on Field Services Budget (UNRRA).

WELFARE BRANCH

Divisions of the Welfare Branch include Family Allowances, Old Age Pensions, and Physical Fitness. With the closing of the Department of National War Services, the War Charities Division and the Voluntary War Relief Division were transferred to the Welfare Branch until such time as their functions were completed. The work of the Women's Voluntary Services Division, which had previously been transferred from the Department of National War Services, ended during the year.

The Welfare Branch has been responsible for the administration of the grant of \$100,000 made to the seven schools of Social Work to assist them in meeting the greatly increased demand for trained social workers. The money was allocated on the basis of each school's enrolment for the previous year and was divided between scholarships and administrative expenses.

The Welfare Branch has also been called upon to supply Canadian representatives to various United Nations organizations concerned with welfare. The Deputy Minister of Welfare, Dr. George F. Davidson, acted as adviser at the third meeting of the Economic and Social Council and served as chief delegate at its fourth meeting. He is also the Canadian delegate to the Social Commission of the Economic and Social Council. Mrs. D. B. Sinclair, Executive Assistant to the Deputy Minister, was appointed as the Canadian representative on the International Children's Emergency Fund.

A detailed account of the work of the Divisions of the Welfare Branch follows.

FAMILY ALLOWANCES DIVISION

The Family Allowances Division is responsible for the administration of the Family Allowances Act which came into effect in August, 1944. The first payments of Family Allowances were made in July, 1945.

At the end of the past fiscal year, there were 1,588,456 Family Allowances accounts in pay, an increase of approximately 180,000 accounts during the year. Of this number about 80,000 accounts were created because of applications made late in 1946 or early in 1947 by families not previously registered because their income level was such that no real benefit would have been derived from Family Allowances paid before January, 1947. With the change in the income tax legislation effective January 1, 1947, these families were placed in the position where the receipt of Family Allowances created a sizeable financial benefit. Early registration was stimulated by a publicity campaign carried on in the later months of 1946 giving exact information on the relation between income tax and Family Allowances. Because of prompt registration, the Department was able to put the great majority of these accounts in pay in January, 1947. This extra burden of work was borne by existing staffs in Family Allowances regional offices and this sizeable group of accounts was absorbed without added personnel or undue loss of time. The remaining 100,000 additional accounts since March 31, 1946, represent a normal year's addition because of families registered for the first time.

The problems with regard to staff and accommodation during 1946-47 were few in comparison with the previous fiscal year when organization was still in its primary stages. An appointment of particular interest was that of Mrs. A. S. Fergusson, in February, 1947, as Regional Director in New Brunswick to

replace the previous Regional Director who had resigned. Mrs. Fergusson is the first female Regional Director to be appointed to the Family Allowances staff.

During the year two conferences of senior Family Allowances officials were held at Ottawa. The first in June, 1946, brought together Regional Directors, and the second in February, 1947, included Welfare Supervisors from each region. These conferences served to clarify numerous points in respect to policy and administrative detail.

The Department's obligation with respect to the proper use of Family Allowances by the recipients has been recognized and arrangements with provincial and local authorities were extended through the year. An agreement was made with the Province of Ontario, effective January 1, 1947, by the terms of which certain facilities of the provincial Department of Public Welfare are made available to the Division. When cases arise that appear to involve a welfare problem, such as clarification of the question of maintenance or decision as to the use of an administrator for the Family Allowances payable on behalf of the children concerned, they may now be referred by the Division to the provincial Department of Public Welfare with a request for a report. The provincial Department will then, through appropriate local welfare facilities available to it, obtain the requested report. The Division pays \$5 for each such completed report. This arrangement is of very considerable benefit because it makes unnecessary the duplication of existing facilities for obtaining such information and may often bring to light situations where welfare action is required which might otherwise have remained unknown. At the end of the fiscal year this arrangement with Ontario had already begun to show valuable results. The agreements previously made with several other Provinces were extended for 1947-48 or longer. In British Columbia reports are obtained on request by the provincial Department of Health and Welfare as is done in Ontario. A similar arrangement exists in respect to Manitoba. The agreement with Nova Scotia which is effective until December 1, 1947, differs only in that a minimum sum of \$1,050 monthly is paid to the provincial Department. In New Brunswick, by an agreement effective November 1, 1946, the facilities of the Children's Aid Societies were similarly made available and a number of cases were referred by the Department for investigation and reports. In addition to investigations carried on as indicated above, Family Allowances regional offices staff is employed in certain areas where local facilities are not available or are unsuited to Family Allowances needs. During the year, 4,838 cases were investigated, as follows:

Through the facilities of the Province	2,985
Through other local agencies	643
By Family Allowances staff.....	1,210

Arrangements were made to conduct spot surveys by the Welfare Supervisors in each of the nine regional offices. These surveys were designed to get first-hand information on the use of Family Allowances money. Each month the Welfare Supervisor personally undertook the delivery by hand of a number of Family Allowances cheques. This enabled the Supervisor to communicate personally with the recipients and to inquire as to the various uses to which Family Allowances money was being put. Co-operation secured in this way was uniformly good. Recipients of Family Allowances were chosen in such a way as to get a good sample, including families in a variety of districts and at various income levels. These surveys covered information on the type of home, occupation of the head of the household, the number of children and details concerning them such as school attendance, and the use made of Family Allowances. These surveys indicate that Family Allowances are being used for the most part in these families in the following manner: (a) extra clothing, as well as better and more essential clothing; (b) more nutritious food;

(c) dental care; (d) increased recreational opportunities; (e) better educational and cultural advancement; (f) savings by way of bank accounts or life insurance for future educational needs.

The subject of school attendance is of considerable importance in regard to Family Allowances. In general it may be said that in all Provinces school attendance has continued to improve. This cannot be attributed wholly to Family Allowances, but doubtless there has been an appreciable effect. Provincial officials on numerous occasions through the year commented on the helpful effect Family Allowances have had on school attendance. Arrangements had been made with each provincial Department of Education for co-operation in this matter and all Provinces have been exceedingly helpful to the Family Allowances administration in this regard. During the year 68,416 cases of improper absence from school were reported. Family Allowances were suspended in respect to 15,122 children. Subsequently 5,733 children had their Family Allowances reinstated when school attendance was again resumed as required by the Province.

During the fiscal year an amendment to the Family Allowances Act provided for a change of considerable importance in respect to the relations between Family Allowances and education. The Act originally provided that a child must attend school or receive equivalent training "as prescribed in the regulations". By the amendment to the Act (10 George VI, Chap. 50) it was provided that the allowances shall cease to be payable "if the child does not regularly attend school as required by the laws of the province where he resides", or if he does not receive the appropriate equivalent training. This amendment more specifically brought the laws of the Province into the picture in respect to education. It moreover defined the persons who should decide what might be equivalent training. Information regarding school attendance or equivalent training is to be sought from the competent educational authority of the Province. By an amendment to the regulations (Order in Council P.C. 24, January 3, 1947) various officers of the federal Government Departments were specifically named as the appropriate competent educational authority for areas of Canada outside provincial boundaries and for special classes of persons such as Indians and Eskimos. The effect of these amendments has been such as to clarify the legislation on the source of information regarding school attendance and equivalent training and to define the persons from whom such information is to be obtained.

Arrangements were made during the year with respect to information regarding children under sixteen years of age who are employed in industry. When children of such age are employed in industry so that an employment certificate is required, in some provinces it has been possible to provide Regional Directors with lists of such children. These children may well be above the compulsory school attendance age but if by reason of such employment they are no longer in the position of being maintained by their parents they become ineligible for Family Allowances. The facilities of the Unemployment Insurance Commission in this respect have aided Regional Directors very considerably in determining the children who are thus affected.

In some cases it becomes necessary for payments of Family Allowances to be made to a welfare agency rather than to the father or mother of the child concerned. This often arises when neglected children have come under the control of a Children's Aid Society or other child-placing agency. The co-operation received from these agencies was of great benefit. Such agencies exist *in loco parentis* to the children concerned. They exercise rights approximating those of a parent as to the type of placement and the nature of the care that these children shall get. The kind of placement most sought by the agencies is through the use of foster homes. The endeavour here is to make available for the child that type of care which most closely approaches that which he

would have received in his own home under normal conditions. Agencies from time to time also make use of the institutional type of care. While the Family Allowances legislation does not permit payment direct to institutions, in those cases where the welfare agency exists as the "parent of the child", exercising choice as to placement and continued control of the child after placement, Family Allowances may be paid to the agency itself. The agency is required to maintain trust account on behalf of each individual child and to meet other requirements regarding the use of Family Allowances for such child. Through this means the benefit of Family Allowances is provided for children who are maintained by welfare agencies in institutions. This, together with the much larger area in which the welfare agencies use the foster home type of placement, considerably broadens the number of children for whom Family Allowances become available.

The administration of Family Allowances with respect to Indians received considerable attention during the year and the efforts of the officers of the Department of Mines and Resources who are concerned with Family Allowances were exceedingly helpful. A number of conferences held by those officers with Indian Agents served to give point and emphasis to the special problems inherent in the use of this money by Indians in Canada. The Eskimos and nomads also afforded special problems due to their remoteness and mode of life. The attention of officers of the various Departments concerned has been directed to these groups in order to make Family Allowances of the greatest possible value to them in their unusual circumstances.

The administration of Family Allowances in Canada had the benefit of developments in this field in other areas. From Australia, Mr. F. H. Rowe, Director-General of Social Services, came to Canada during the year and spent considerable time reviewing Family Allowances here and giving the benefit of his lengthy experience with similar legislation in Australia. Mr. Rowe's aid was highly appreciated. In Great Britain, on August 1, 1946, a Family Allowances plan became effective. While very similar to that of Canada it differs in one or more important respects. The operation of the plan in Britain is being watched closely. From the United States, Mr. Edward E. Schwartz, Director, Division of Statistical Research, Children's Bureau, Federal Security Agency, came to Canada to make a detailed study of the operation of Family Allowances here. His observations were reported in a most objective and useful manner in the Social Service Review, December 1946.

Considerable aid was also received from independent sources in Canada. The result has been to give to the administration of Family Allowances valuable expressions of opinion from many sources as to the effect of Family Allowances on Canadian families. In particular, a survey conducted by Miss Elinor J. Barnstead of the Family Welfare Association of Montreal was most helpful. This survey, based on questionnaires distributed to welfare organizations throughout Canada, indicated a wide appreciation of Family Allowances and, in general, considerable improvement in living standards because of their receipt.

Several subjects with respect to the administration of Family Allowances deserve special mention. One is with regard to the verification of birth dates claimed on registration forms. At the end of the fiscal year there were 3,633,062 children in receipt of Family Allowances. In addition, numerous children had been in pay earlier but had now gone out of pay because they had reached sixteen years of age, had left Canada or had otherwise become ineligible. That meant that an even greater number of births had to be verified. At the end of the fiscal year all but 1,417,459 of the claimed birth dates had been verified. Eighty-seven per cent of the total number of unverified births were in the Province of Quebec where birth verification had got under way only in January, 1947. However, the system of birth verification in Quebec has now come fully into

operation and verification of birth dates of more than 1,000,000 children receiving Family Allowances in that Province is proceeding at a rate of approximately 5,000 per working day.

Another subject of considerable concern is that of overpayments. An analysis of these overpayments indicates that the following are the principal causes: errors on the registration form with respect to birth date, non-attendance at school, non-maintenance, employment for wages, duplicate accounts and failure to have met requirements of the Immigration Act. The cause creating the greatest number of overpayments appears to be failure to maintain the child for whom Family Allowances have been claimed. The total of overpayments at the end of the fiscal year was \$186,166. Of this, \$104,453 was recoverable by deductions from a continuing account and \$66,554 by direct collection from the recipient. The balance of \$15,159 was considered probably non-collectible. It is of interest to note that this lost amount represents only .00362% of Family Allowances paid from July 1, 1945, the beginning of the operation of the Act, to March 31, 1947.

Registrations during the year numbered 542,977, including those for families applying for the first time as well as supplementary registrations on behalf of additional children in families already registered. The volume of new registrations was considerably augmented by the large group of families of higher income level already referred to who registered effective January, 1947. Supplementary registrations for additional children numbered 227,354. Deaths reported totalled 12,263. Reports regarding children's deaths come directly from parents concerned as well as from lists supplied to Family Allowances offices through the Vital Statistics Bureaux of the respective Provinces. It might be pointed out that the majority of deaths are reported promptly by the parents.

Family Allowances regional offices are closely in touch with the people whom they serve. The number of office interviews during the year totalled 83,444, or an average per working day of 305 interviews in the 10 regional offices. The volume of correspondence is even more significant. Regional offices received during the year 1,214,111 letters, or an average of 4,370 letters per working day. The letters mailed out from regional offices during the year totalled 922,817, or 3,446 on an average per working day. This volume of over 2,000,000 letters in and out of regional offices during the year falls into proper perspective when it is recalled that they were written in connection with some 1,588,000 Family Allowances accounts.

In addition to the somewhat factual material already set out in this report, it is considered advisable to include some comments of a more general nature.

The obligations in respect to public information on Family Allowances have been given much attention. Nearly two years have elapsed since the allowances were first paid and the effect of the publicity at that time, and in the months just previous to the first payments, has undoubtedly faded. The requirements for eligibility, for initial payment and for continued payment, the obligations resting on payees, may have grown hazy. Moreover, tens of thousands of new payees, mostly representing families newly established since Family Allowances information was published early in 1945, have now come into pay. To both these groups, and to those who will register for Family Allowances hereafter, is due information that will clarify both rights and obligations. Consideration has been given during the fiscal year to meeting this need. New payees are in general being told by direct correspondence of the rates, of the factors governing eligibility, and of the requirements respecting school attendance and employment for wages.

It is proposed that a booklet containing much basic information on Family Allowances will be made available to all payees. It is planned to include lists of publications offered by this Department and from other sources on various phases of child health and care, on diet, clothing, and many related topics. Many parents are not aware of these publications which are free on request.

In addition, further steps are being taken more fully to inform authorities, in such fields as welfare, education and labour, with the details of Family Allowances. This serves to keep all concerned better acquainted with requirements. Much of the difficulty encountered in connection with overpayments of Family Allowances will be eliminated when payees have a more complete knowledge of the manner in which the legislation works, and public authorities can do much to aid parents in this respect.

It would seem proper to attempt some assessment of Family Allowances to date. Sources of information are gradually becoming available: the wealth of correspondence from payees, case reports from social workers, surveys made by departmental employees of selected families (already mentioned in this report), canvasses of opinion of welfare executives across Canada, and larger surveys made in selected urban and rural areas on the related subjects of family budgets, family spending patterns and consumer costs. Such surveys were planned during the fiscal year and will be completed during 1947. Among the surveys the most promising appears to be one that will be conducted in Saskatchewan and Alberta under the auspices of this Department, the Department of Agriculture and the Universities of Saskatchewan and Alberta. The study will be based on work done in 1943 and reported in Publication 787 of the Department of Agriculture, *Farm Family Living in the Prairie Provinces*. The survey will endeavour to determine what effect, if any, Family Allowances have had on the levels of living of 620 families which were surveyed in 1943. To assess the effect of Family Allowances it is necessary to have accurate information of levels of living before these allowances were paid. The study of 1943 affords a point of departure and the results obtained from the 1947 survey should be most informative.

It must be remembered that Family Allowances constitute only a proportion of the costs of rearing children. They are supplementary only. Moreover, they have been paid through a period of steadily advancing prices. These factors make it more difficult to segregate Family Allowances for specific study as one factor in the total income of the family and also make it hard to trace the effectiveness of the Allowances when their purchasing value has become less with rising prices. Because of these and other factors, findings are to some degree impressionistic. However, numerous parents have written that they have been able because of Family Allowances to provide better food and clothing, medical, dental and optical attention, better recreation, better instruction, for their children, and that they have been able to keep them at school more easily and for longer periods.

Information from other sources has indicated greatly increased purchases of milk, children's shoes and other items of clothing. The canvass of opinion of social agencies by Miss Barnstead, already referred to, further brings out the beneficial effect of Family Allowances on family purchasing in food and clothing.

All the sources of information that have been available indicate better school attendance and less employment of school-age children.

It might be anticipated that the payment of these allowances into Canadian homes would decrease the burden upon welfare agencies. Certainly it has aided agencies to supplement their rates paid for foster-home care and has thus raised the level of maintenance. Broader effects are not fully assessable now. The effect of Family Allowances on other related welfare programs, is of interest to those who administer Family Allowances, and it will deserve further notice.

The relation of Family Allowances and institutional care is of concern. While the Act precludes payments to institutions as "parents", arrangements have been made, with appropriate conditions, to pay welfare agencies who maintain children in institutions as well as to pay the usual parent who similarly maintains children in an institution. The payments, bringing substantial

supplementary funds to certain children in the institutions, must inevitably raise standards of care and maintenance there. The nature of the program, however, is such as to make its effects open to measurement only after a considerable period of time.

There are certain ancillary aspects of Family Allowances that are of interest to those concerned with the Canadian social and economic structure. For instance, the system of verification of births is based upon provincial vital statistics. These are much more complete due to numerous delayed registrations now filed because of Family Allowances inquiries. Moreover they are more exact because the complete scrutiny given the records has brought out and caused correction of many errors in spelling and in dates. The effect has spread to local registrars of births who have been encouraged to accelerate their reports on registrations. This whole effort has been most salutary on provincial records. They are now microfilmed and incorporated into readily accessible birth index books, arranged both alphabetically and numerically, through the joint efforts of the Dominion Bureau of Statistics and the provincial authorities. For the first time in Canada we have a thorough national index of persons born since 1925. While prepared partly because of Family Allowances needs, this index may ultimately serve wider needs such as in connection with health insurance or other social security programs.

Another aspect of the Canadian social structure comes to light in our findings in respect to the number of Canadian families. Family units, embracing children, are increasing at a rate markedly in excess of normal. It is estimated that the number of births in Canada in 1946 exceeded the average number per year in the period 1941-45, by 19 per cent. What factors caused this marked increase in births in 1946 affords a field for interesting speculation. Some may argue that it is almost wholly a result of the war, and the wholesale repatriation of servicemen during 1945 and later. Others may urge that it is partly due to economic conditions, with full employment and an opportunity to set up new families. Against this may be offered the drastic shortage in housing which has undoubtedly led to some postponement in child-rearing, if not also in marriage.

One might ascribe a significant share of the cause to Family Allowances, in their effect on sizes of families. However, certain facts must be kept in mind. As Family Allowances provide only a modest part of child-rearing costs, they are unlikely to be a primary incentive in themselves. In addition a close examination of the statistics on families in receipt of allowances as of March 1947 as compared with July 1946 shows almost no increase in the numbers of larger families, that is, with more than five children. While the number of one-child families in that period who were paid Family Allowances increased by 16 per cent and the number of two-child families by 11½ per cent, the number of families having more than five children increased by the insignificant figure of 0.6 per cent. Naturally the number of families with one child or two would show largest increases, but if the contention were well founded that Family Allowances of themselves would act as a "bonus" one might expect to find it thus act in larger families also. This apparently does not follow to any significant degree.

Another area of interest growing from Family Allowances findings is the shift in population from one province to another. Every change of family address must be reported to get Family Allowances without break. The assembled statistics as set out in Table 45 (page 126) indicate that while all provinces but two show an excess of "families leaving" over "families entering" the province, two show marked increases. These two are Ontario and British Columbia. The factors causing such movements are complex but undoubtedly include a strong economic content—these two happening to be among the wealthiest provinces. Another area showing a similar gain is the Northwest

Territories, evidently reflecting the further developments in mining and other industry in that part of Canada. It is to be noted that the comment above on movements of families inter-provincially has no direct bearing on the absolute number of families getting Family Allowances in each province. In every province the number continued to increase through the fiscal year as is set out in Table 46 (page 127). The gains and losses due to inter-provincial movements were relative only.

In concluding this report, it is desired to express the appreciation of the Family Allowances administration to all Departments of Government, to numerous individuals, and to all provincial and local authorities, whose co-operation has meant so much during the year under review. It is particularly desired to thank Treasury Officers whose association with the administration of Family Allowances has been so close and so helpful.

Statistics with reference to the payment of Family Allowances are given in Tables 40 to 49 (pages 121 to 129).

OLD AGE PENSIONS AND PENSIONS FOR BLIND PERSONS

The Old Age Pensions Division was transferred from the Department of Finance to the Department of National Health and Welfare as from September 1, 1945.

This Division is responsible for the Dominion's part in the administration of old age pensions and pensions for blind persons. Dominion administration requires an examination of all decisions made by the provincial pension authorities as well as an audit of the accounts submitted quarterly by the Provinces. The Old Age Pensions Division deals with agreements, provincial schemes for the administration of pensions and changes from time to time in the legislation referring to old age pensions. The Division also exercises general supervision of the administration of pensions by the Provinces and acts as pension authority for cases in the Northwest Territories.

Old age pensions and pensions for blind persons are non-contributory pensions paid jointly by the Dominion and the Provinces. When the Old Age Pensions Act was passed in 1927 the cost of pensions was divided equally between the Dominion and the Provinces. By an amendment to the Act in 1931 the Dominion's share was increased to 75%. By a second amendment to the Act in 1937 provision was made for the payment of pensions to blind persons forty years of age and over.

The plan operates under agreements made by the Dominion with the Provinces. Before a provincial government can make an agreement with the Dominion it must have legislation authorizing and providing for the payment of pensions to the persons and under the conditions set forth in the Dominion Act and Regulations. An agreement continues in force so long as the provincial statute remains in operation or until after the expiration of ten years from the date upon which notice of an intention to terminate the agreement is given by the Dominion to the Province.

Before any agreement becomes operative the Province must submit its proposed scheme for the administration of pensions for the approval of the Governor in Council. Once the scheme is approved it cannot be altered by the Province without the consent of the Dominion.

Old age pensions and pensions for blind persons are paid in all Provinces and in the Northwest Territories. In each Province a board or commission acts as the pension authority. In addition to granting and paying pensions the provincial pension authorities must deal with matters relating to property owned by pensioners and to the estates of deceased pensioners.

Certain Provinces provide additional assistance and services for pensioners. British Columbia, Saskatchewan and Ontario have adopted plans under which

free medical or free medical and hospital services are provided for persons in receipt of pensions under the Old Age Pensions Act. Six Provinces, namely, British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia pay supplemental allowances of varying amounts. The maximum amount of supplemental allowance which a pensioner may receive monthly is as follows: British Columbia \$10, Alberta \$5, Saskatchewan \$3, Manitoba \$1.25, Ontario \$3, and Nova Scotia \$5. Under the plan in operation in Nova Scotia supplemental allowances are paid at the discretion of the pension authority and only to persons with income of less than \$365 a year. The Manitoba supplemental allowance is paid only to persons whose pension is less than \$21.25 a month.

The medical examination of applicants for pensions in respect of blindness is made under the supervision of the Chief of the Blindness Control Division of this Department (*see* pages 18 and 19).

The Old Age Pensions Act provides for the appointment by the Governor in Council of an Interprovincial Board to interpret and recommend alterations in the Old Age Pensions Regulations. As a result of recommendations made by the Board at its meeting last November a number of the Regulations were amended. The most important changes were in those dealing with residence and the calculation of income.

Tables 50, 51, 52 and 53 (pages 129 to 131) indicate the amounts paid by the Dominion to the Provinces for old age pensions and pensions for blind persons, with relevant statistics, as at March 31, 1947.

PHYSICAL FITNESS DIVISION AND THE NATIONAL COUNCIL ON PHYSICAL FITNESS

The National Physical Fitness Act (7 George VI, Chap. 29), which is administered by the Physical Fitness Division, came into force by proclamation on October 1, 1943 and by Orders in Council P.C. 509 of February 15, 1944, and P.C. 1394 of March 2, 1944.

Under the terms of the Act, Parliament makes available to the Provinces on a per capita basis an amount not exceeding \$225,000 annually for the promotion of physical fitness and recreational projects. Financial assistance is given only to those Provinces which have signed specific agreements with the Dominion Government as provided in the Act.

The Physical Fitness Division acts as a clearing house among the Provinces for the latest information on physical fitness, recreation, community centres, physical education, sports and kindred activities. It keeps in touch with the latest developments in Canada and abroad and circulates information concerning these. In order to promote various aspects of fitness the Division utilizes, whenever possible, the educational media offered by the daily and weekly newspapers, magazines and technical publications, pamphlets, radio and films.

Other divisions or departments of government working in related fields use its consultative services, as do large numbers of individuals and organizations who request information and advice.

In co-operation with the Division of Child and Maternal Health, it has interested itself in the Wetzel Grid. Research is being carried on with a view to exploring the possibility of using such information to determine the relationship between the individual's performance ability and the level of physical development attained (determined on a height, weight, age and type of physique basis), and to use the Grid as a basis for classification for activity and for achievement tests relating to sports and games.

The actual promotion of physical fitness and recreation programs is a provincial or local responsibility. In Nova Scotia, Saskatchewan and Manitoba,

the work is carried on as a part of the activities of the Department of Health. In British Columbia, Alberta, and Prince Edward Island, it is administered by the Department of Education.

The National Council on Physical Fitness is an advisory body appointed by the Governor in Council which meets twice each year to discuss the overall programme and to advise the Minister of Health and Welfare on various aspects of it. In some Provinces, provincial physical fitness and cultural councils function on lines comparable to the National Council.

PROVINCIAL AGREEMENTS AND GRANTS TO PROVINCES

During the year, agreements with the Federal Government under the National Physical Fitness Act were renewed by the Provinces of Prince Edward Island, Manitoba, Alberta, and British Columbia. On renewal, in order to simplify accounting procedure, agreements were made for such periods as would correspond to the fiscal year instead of a variety of expiration dates. In the following table are shown the expiry dates of the agreements now in force.

Provinces participating under the terms of the National Physical Fitness Act, April 1, 1946 - March 31, 1947	A	B	C	D
	Total amount available for one fiscal year	Payments to the Provinces 1946-47 (see note below)	Total amount expended on the Fitness Program 1946-47	Expiry date of Agreement
	\$ cts.	\$ cts.	\$ cts.	
Prince Edward Island.....	1,861 00	2,635 40	5,155 75	March 31, 1948
Nova Scotia.....	11,317 75	12,488 48	20,191 09	December 31, 1948
Manitoba.....	14,290 00	7,484 92	16,252 83	March 31, 1948
Saskatchewan.....	17,545 75	17,545 75	54,406 57	January 1, 1954
Alberta.....	15,590 00	15,515 61	39,418 87	March 31, 1948
British Columbia.....	16,015 75	32,031 50	66,000 00	March 31, 1948

NOTE.—Where the amount under Column B is in excess of that listed in Column A, it includes a payment on the 1945-46 grant early in 1946-47. Where it is less than that listed in Column A, final returns are not available as yet.

NATIONAL PHYSICAL FITNESS FUND

The financial statement of the National Physical Fitness Fund for the fiscal year ended March 31, 1947, is shown at Table 54 (page 131).

NATIONAL COUNCIL ON PHYSICAL FITNESS

The Council held two meetings in Ottawa, from October 15 to 18, 1946, and from February 18 to 21, 1947.

PRESENT MEMBERS

	<i>Representing</i>	<i>Expiration Date</i>
J. H. Ross (Acting Chairman)		
L. W. Shaw.....	Prince Edward Island.....	December 31, 1949
Dr. W. C. Ross.....	Nova Scotia.....	December 31, 1948
M. H. Brewer.....	New Brunswick.....	December 31, 1949
Dr. Jules Gilbert.....	Quebec.....	December 31, 1947
(resigned February 1, 1947)		
H. M. Devenney.....	Manitoba.....	December 31, 1949
W. A. Wellband.....	Saskatchewan.....	December 31, 1947
J. H. Ross.....	Alberta.....	December 31, 1948
J. Mathisen.....	British Columbia.....	December 31, 1948
Dr. D. W. Plewes (Administrative Assistant to the Chairman)		
S. B. Carey (Executive Secretary)		

Standing Committees

For the purpose of more effective operation, the standing committees of the Council were reconstituted as follows:

<i>Standing Committees</i>	<i>Chairman of Committee</i>
Agenda	A/Chairman of the Council
Athletics, Games & Sports Olympics	Dr. W. C. Ross
Community, Rural & Cultural Activities	J. H. Ross
Gymnastics	J. Mathisen
Industrial Recreation	H. Devenney
Leadership Training	W. A. Wellband
Legislation	J. H. Ross
Fitness and the School	L. W. Shaw and M. H. Brewer
Aquatics	W. A. Wellband
Resolutions	H. M. Devenney

ADMINISTRATIVE STAFF OF PHYSICAL FITNESS DIVISION

Director—Ian Eisenhardt—resigned September, 1946.

Assistant Director—Doris W. Plewes, M.A., B. Paed., Ed.D.—
appointed August, 1946.

Technical Assistant—S. B. Carey.

Stenographic and clerical assistance.

NATIONAL PHYSICAL FITNESS ACT CITED

The American Academy of Physical Education meeting in St. Louis in April, 1946, recognized outstanding contributions to progress in the field of Physical Education and the related fields of Health Education and Recreation made by the United States Army, the United States Navy, Yale University, the Cleveland Health Museum, the W. K. Kellogg Foundation, and the National Physical Fitness Act.

The citation given to the National Physical Fitness Act drew attention to it as the foremost democratic legislation in this field. It stated:

“To the Canadian Physical Fitness Act as pioneering legislation
in the interest of human fitness.”

EXPANSION OF THE PHYSICAL FITNESS PROGRAM

The Canadian approach to fitness has been by way of recreation. The broad interpretation of fitness, in all its social, cultural, moral and physical aspects is becoming more widely understood and appreciated. With the war over and the reconversion period nearing an end, the National Physical Fitness Act and the Provincial Fitness Programs are beginning to assume their proper role.

Increased interest is indicated by the greatly enlarged volume of correspondence received by the Division from sports organizations, park officials, service clubs, civic officials, school officials, welfare agencies, private agencies, national organizations, professional groups and individuals.

A significant indication of the expansion is found in the increasing number of communities which have mapped out long term programs on a tax supported basis. It is regrettable that Canada does not possess a sufficient number of adequately trained personnel to organize and to direct these programs. The demand for adequately trained recreation directors, playground leaders, camp counsellors, and special teachers of physical education greatly exceeds the supply.

The Physical Fitness Division keeps in touch with the Provincial Departments, universities and other training centres in order to assist employers to locate appropriate personnel. To help in recruiting additional trained personnel

contacts were made with Canadian students attending college courses in other countries which would qualify them for employment in this field in Canada.

LEADERSHIP TRAINING

Recognized as the most acute problem in the fitness field, leadership training has received major attention. Consultative and advisory service has been provided for many groups during the year.

On the request of the Department of Labour, the Physical Fitness Division advised and assisted in establishing a course for Community Recreation Leaders under the Canadian Vocational Training Plan in the Province of Nova Scotia.

PREVIEW FILM LIBRARY

At the request of the National Council on Physical Fitness, the Physical Fitness Division established a recreational and sports preview film library with the co-operation of the National Film Board in December, 1946. The purpose of this service is to ensure that accurate and up-to-date films, both of Canadian origin and from abroad, will be brought to the attention of groups and individuals desiring to purchase films for use in their respective Provinces and for distribution through the regular film lending agencies.

Three preview committees composed of experts in (a) physical recreation and physical education, (b) cultural recreational activities, and (c) camping, have been set up to evaluate all available films in each of the above mentioned fields. Films recommended by these committees are purchased for the Preview Library and are circulated to the Provinces. At present all Provinces are using this service.

The Physical Fitness Division issues on request a cumulative digest on all recommended films.

INFORMATIONAL MATERIALS

Due to the number of requests received for information on a wide variety of subjects relating to recreational activities and to physical fitness, the Physical Fitness Division has planned the publication of a distinctly Canadian series of pamphlets, which will cover a wide range of subjects—sports, recreational activities, various aspects of physical fitness and related topics.

Several Provinces have devoted a significant proportion of their budget to the publication of informational materials. It is apparent that they have given priority to the organization and administration of community recreation, manuals for community recreation leaders, program aids and outlines, and courses of study for schools.

Informational displays were prepared and sent to the following provincial, national and international conferences:—

National Convention, American Association for Health, Physical Education and Recreation, St. Louis, U.S.A., April, 1946.

National Convention, Canadian Association for Health, Physical Education and Recreation, Jasper, Alta., June, 1946.

Pan-American Congress on Physical Education, Mexico City, October, 1946.

Provincial Seed Fair, London, Ontario, March, 1947.

LIST OF SPEAKERS

At the request of several national organizations, a list of available speakers, qualified to speak on physical fitness, community recreation and related topics, was prepared and distributed on request.

REFERENCE LIBRARY

Resource materials, reference books and pamphlets, program aids, government reports and bulletins are being procured with a view to establishing adequate facilities to meet the steadily increasing number of requests for advisory services of a professional and technical nature.

Reports on recreation, on physical education, on leadership training courses, and on community programs and/or centres, have been requested by other countries through the Department of External Affairs. These have been prepared with the co-operation of the Provincial Directors and/or the Provincial Departments of Government concerned.

PROVINCIAL FITNESS PROGRAMS

*Prince Edward Island**Administration*

At present Prince Edward Island has no provincial Physical Fitness Act. Authority to enter into agreement with the Federal Government is based on general departmental legislation.

Honourable J. Walter Jones, M.A., B.Sc.A., Premier and Minister of Education.

L. W. Shaw, Deputy Minister of Education, Member of the National Council on Physical Fitness.

Administrative Staff

Director, Lt.-Col. W. W. Reid.

Financial Assistance Given to Provincial Groups

1. Women's Institutes were assisted to organize music and drama festivals.
2. Schools were assisted to procure equipment.

Programs

Extracurricular sports programs for school children, organization of leagues for a variety of sports and the provision of facilities and equipment for them were major developments during 1946-47.

Leadership Training

Courses were given for volunteer leaders, senior students and teachers in training.

*Nova Scotia**Administration*

At present Nova Scotia has no provincial Physical Fitness Act. Authority to enter into agreement with the Federal Government is based on general departmental legislation.

Owing to the importance of nutrition in relation to physical fitness the Department includes nutrition education in its Physical Fitness program.

Honourable F. R. Davis, M.D., C.M., Minister of Public Health and Public Welfare.

Dr. W. C. Ross, Member of the National Council on Physical Fitness.

Administrative Staff

Director, Dr. W. C. Ross.

Supervisor of Physical Education, Hugh A. Noble, B.Sc.

Supervisor of Nutrition Education, Miss Juanita Archibald, M.A.

Asst. Supt. of Physical Education, Miss Patricia Flynn, B.H. & P.E.

Asst. Supt. of Physical Education, Miss Dorothy Walker.

Advisory Committee

An advisory committee advises on the fitness program and acts as an inter-departmental co-ordinating body. It is composed of the Minister of Public Health and Public Welfare, the Deputy Minister of Health, the Deputy Minister of Welfare, the Superintendent of Education, the Assistant Superintendent of Education, the Director of Extension and the Director of Physical Fitness.

Financial Assistance Given to Provincial Groups

1. Grant to school boards who employ a qualified director of physical education.
2. Provision of physical education instructors for the summer school course for 400 teachers.
3. Grant to assist in providing a joint recreation survey for five communities each of which contributed to the cost.

Program

Major attention was devoted to the school program. An increase in the time allotment for physical education, expansion of inter-school competition under the auspices of the Headmasters' Association, coaching courses for teachers, and demonstration program weeks in selected centres were important achievements during 1946-47.

Community recreation became increasingly important. Assistance in organization, planning and procurement of personnel was made available to those requesting it. Communities were encouraged (a) to employ trained directors and (b) to put community recreation expenditures on a tax base.

Leadership Training

Courses were given for

- | | |
|--|---------------|
| (1) Normal school students as a required part of their course.. | 300 persons |
| (2) Teachers during the summer session as a required course.. | 400 persons |
| (3) Teachers during the summer session coaching major sports | 20 persons |
| (4) Teachers-in-service training course in each district in the province | 1,350 persons |
| (5) Consultative and advisory services were given to the C.V.T. Community Recreation Leaders' Course | 15 persons |

Manitoba

Administration

The Province of Manitoba operates its fitness program under the terms of a Provincial Physical Fitness Act.

Honourable Ivan Schultz, K.C., Minister of Health and Public Welfare.

Hart M. Devenney, Member of the National Council on Physical Fitness.

Administrative Staff

Director, Hart M. Devenney, B.Sc.
Assistant to the Director, George Nick.

Provincial Physical Fitness Council

This Council functions similarly to the National Council on Physical Fitness and advises the Minister on various aspects of the fitness program.

Financial Assistance Given to Provincial Groups

Instruction in physical education and recreation provided for, (a) summer course at Gimli; (b) provincial Normal School (c) volunteer leaders, a joint undertaking with the Council of Social Agencies.

Program

Considerable attention has been devoted to assisting with the revision of the course of study for schools. The elementary course "Fitness For All" has been completed.

Community organization was stressed as the major undertaking for 1946-47. Consultative service is well developed. One hundred centres are now co-operating. Films, reference books and pamphlets are available on loan from the provincial office.

Leadership Training

Courses were given for

- (1) Normal school students
- (2) Summer school students (mainly teachers).....200 persons
- (3) Volunteer leaders300 persons
- (4) Joint course with the Council of Social Agencies
- (5) Seven on-the-job refresher courses

*Saskatchewan**Administration*

The Province of Saskatchewan operates its fitness program under the terms of a provincial Physical Fitness Act.

Honourable T. C. Douglas, M.A., Premier and Minister of Public Health.

W. A. Wellband, Member of the National Council on Physical Fitness.

Administrative Staff

Director, J. B. Kirkpatrick, Ed. D.
Assistant Director, Miss Margaret Nicholson
Administrative Assistant, E. W. Stinson
Specialist in Drama, Mrs. M. E. Burgess
Specialist in Social Recreation and Drama, Mrs. Hamilton
Specialist in Youth Groups and Crafts, Miss M. Bird
Field Representatives, C. M. Bedford, Prince Albert
J. Farthing, Saskatoon
L. Daverne, Wolseley
J. Wilkie, Estevan.

Provincial Physical Fitness Council

The Saskatchewan Physical Fitness Council replaced the provisional council formed in 1944. The new Council met first in November, 1946, and again in March, 1947.

Financial Assistance Given to Provincial Groups

1. Provision of scholarships for recreation leaders' courses (\$25.00 each); physical education and recreation, 72; drama, 11; music, 8; art, 10; crafts, 6; woodworking, 4; shop mechanics, 4.
2. Provision of physical education instructor for the Normal School at Saskatoon.
3. Subsidization of the employment of 7 trained supervisors in physical education, \$500 each.
4. Provision of a trained supervisor of physical education for Estevan (Estevan experiment).
5. Provision of a full time recreation worker at two Youth Training Courses operated by the University of Saskatchewan.

Program

Provincial conferences for (a) civil and recreation workers and (b) camp directors and counsellors were sponsored with a view to assisting these groups to organize and become self directed.

Local meets and festivals of various types were held during the year. A recreation exhibit was displayed at several fairs.

A special recreation program under trained leadership was introduced experimentally into penal institutions. Its outstanding success suggests its extension and retention.

Leadership Training

Courses were given for teachers at the University of Saskatchewan summer school:

- | | |
|--|-------------|
| (1) First year course S-11..... | 127 persons |
| (2) Second year course S-12..... | 30 persons |
| (3) Volunteer leaders..... | 199 persons |
| (4) Extension courses in co-operation with the University of Saskatchewan for youth training for rural groups. | |

*Alberta**Administration*

At present Alberta has no provincial Physical Fitness Act. Authority to enter into agreement with the Federal Government is based on general departmental legislation.

Honourable R. E. Ansley, Minister of Education.

J. H. Ross, Member of the National Council on Physical Fitness.

Administrative Staff

Director, J. H. Ross

Supervisor, W. A. Hutton

Financial Assistance Given to Provincial Groups

1. Remuneration of leaders and pianists for authorized groups.
2. Provision of supervision of leaders employed by communities.

Program

Community Recreation Leadership training and assistance given communities in financing the costs of such leadership are prominent features of the Alberta program. Mid-winter one-day refresher courses for leaders, all expenses paid, are an added feature.

Activities are provided and instructors are paid for the following:—

- (a) Indian residential schools,
- (b) provincial mental hospitals,
- (c) homes for delinquents,
- (d) homes operated by agencies,
- (e) summer camps,
- (f) service clubs, churches, Y.W.C.A., Y.M.C.A., etc.

Recreation Program 1946-47

Number of communities participating.....	59
Number of centres operated.....	366
Number of paid leaders.....	139
Number of participants.....	18,348
Total attendance.....	168,093

The provincial office procures equipment for communities and schools in quantity and is reimbursed by them at cost price.

Leadership Training

Courses were given for recreation leaders (Red Deer).....144 persons

British Columbia

Administration

At present British Columbia has no provincial Physical Fitness Act. Authority to enter into agreement with the Federal Government is based on general departmental legislation.

Honourable George M. Weir, M.A., D. Paed., Minister of Education.

J. Mathisen, Member of the National Council on Physical Fitness.

Administrative Staff

Director, E. Lee

Supervisor of Community Recreation (Men), J. Mathisen

Supervisor of Community Recreation (Women), Mrs. H. Keatley

3 District Supervisors

2 Special Supervisors

4 Instructors

3 Instructresses

2 Office Staff

85 Part-time Instructors.

Financial Assistance Given to Provincial Groups

1. Contributions to the salaries of community centre recreation directors (11 centres).
2. Leadership training.

Program

During 1946 the Community Recreation program and the School Program in Health and Physical Education were co-ordinated under the Director, Mr. Ernest Lee.

"Recreation Week" was held from March 27 to April 2. Many recreation groups participated in displays and competitions. The annual Pro-Rec Mass Display and the Provincial Gymnastic Championships were featured.

A Co-ordinating Community Recreational Council was formed for Vancouver and New Westminster.

The provision of recreation programs under trained leadership in mental hospitals has proved extremely valuable. An expansion of this service is indicated. Postgraduate training is regarded as necessary preparation for this work.

Leadership Training

Courses were given for potential and active instructors and for potential secondary school instructors in health and physical education.

VOLUNTARY WAR RELIEF DIVISION

The Voluntary War Relief Division was created in May, 1944, for the purpose of co-ordinating the activities of all overseas relief societies, including purchases and appeals for donations in kind, keeping in mind Government policy and the supply situation. On February 1, 1947, the Division was transferred from the Department of National War Services to the Department of National Health and Welfare.

OVERSEAS RELIEF

In accordance with programs lodged by relief societies and allocations made from quotas granted the Division by the Wartime Prices and Trade Board for voluntary overseas relief, 543 Acquisition Permits were issued during the year, the value of supplies shipped and cash transfers made by voluntary overseas relief societies during that period amounting to \$20,390,918.38.

Numerous applications for cash transfers abroad for relief purposes were received and considered. While the established policy of discouraging such transfers was adhered to, exceptions were made in some cases as, for instance, when funds were required for the maintenance of field workers or for the acquisition of special items, unobtainable in Canada but essential to the carrying out of a specific relief project.

DISCONTINUANCE OF FREE OCEAN AND INLAND FREIGHT

During the war years, the Red Cross Society handled most of the shipments made by relief organizations under an arrangement whereby it obtained free ocean and Canadian inland transportation. In May 1946, the British Government turned all shipping back to private ownership with the result that free ocean transportation was cancelled. The Canadian railways also decided that they would not renew the agreement. As a result, relief societies or groups shipping goods overseas from that date have had to pay all freight charges. Despite the large expense involved, supplies have continued to go forward at a rate of more than \$1,000,000 a month.

CANADIAN UNITED ALLIED RELIEF FUND—SECOND NATIONAL CLOTHING COLLECTION

In June 1946, the Division assisted in the organization of the Canadian United Allied Relief Fund's second national clothing collection on behalf of UNRRA, which resulted in the collection of approximately 7,000,000 pounds of good used clothing which was shipped to Europe and China and distributed there.

The Division acted as fiscal agent for UNRRA in view of that organization's financial contribution toward the cost of the 1946 clothing collection.

SUBSIDY ON USED WEARING APPAREL

Since January 1, 1947, the Commodity Prices Stabilization Corporation required refund of subsidy from overseas relief societies, this applying even to the cotton content of used clothing. Various organizations protested to the Division against this ruling. The matter was taken up with the Corporation with the result that refund of subsidy on used wearing apparel shipped overseas for free distribution is no longer required.

CONTROLS

Though many controls were removed, this did not greatly affect the work of the Division since the goods which overseas relief societies wished to acquire were usually those in world shortage and consequently under export control, thus requiring the usual clearances through the Division before an export permit could be obtained.

WAR CHARITIES DIVISION

The War Charities Act, assented to on September 13, 1939, was first administered by the Department of the Secretary of State, then by the Department of National War Services and since January 14, 1947, by the Department of National Health and Welfare. In order to ensure co-ordination and control the Act provides for registration and supervision of the activities of persons and groups raising funds for any purpose, charitable or otherwise, arising out of or connected with the war. An amendment assented to on December 18, 1945, extended the scope of the Act to include funds raised for the establishment of war memorials.

As required by the Act war charities funds are to conduct their work within the terms of the registration granted them and to provide the Department with an annual financial statement covering all fund raising activities.

During the year renewals of expiring certificates of registration were reviewed in respect of funds which had not realized their objectives and wished to continue their money-raising activities.

Following the cessation of hostilities a substantial number of fund organizations have disbanded. Questions arising in connection with the winding-up of a fund are dealt with by the Charities Co-ordination Board appointed by the Minister under authority of the Act.

The Act provides that permits may be granted for single functions where the fund-raising activity is not of a kind to warrant continued registration. Such applications were given full consideration and permits granted where warranted.

The activities of the Division during the past fiscal year might briefly be summarized as follows:

War Charities Funds registered under the Act as at April 1, 1946.....	2,772
War Charities Funds registered under the Act as at March 31, 1947....	1,864
Registrations cancelled.....	908
Single function permits issued.....	20
Registrations renewed.....	509
Cases discussed with and recommended by the Charities Co-ordination Board	430

Statement of receipts and expenditures of funds registered under the War Charities Act for the calendar year 1946 may be found in Table 55 (page 132).

WOMEN'S VOLUNTARY SERVICES DIVISION

The Women's Voluntary Services Division, established on October 31, 1941, as part of the Department of National War Services, was transferred to this Department on January 11, 1946.

In line with cessation of wartime federal participation in the volunteer field, the activities of the Division were concluded early in the fiscal year.

The Division was formally dissolved by Order in Council P.C. 234 of January 21, 1947.

Though many controls were removed, this did not greatly affect the work of the Division since the goods which overseas relief societies wished to acquire were usually those in which shortages and consequently under export control thus requiring the usual clearance through the Division before an export permit could be obtained.

WAR CHARITIES DIVISION

The War Charities Act, assented to on September 13, 1939, was first administered by the Department of the Secretary of State, then by the Department of National War Services and since January 14, 1947, by the Department of National Health and Welfare. In order to ensure co-ordination and control the Act provides for registration and supervision of the activities of persons and groups raising funds for any purpose, charitable or otherwise arising out of or connected with the war. An amendment assented to on December 18, 1945, extended the scope of the Act to include funds raised for the establishment of war hospitals and other war purposes not before. As required by the Act, war charities funds are to conduct their work within the terms of the regulations granted them and to provide the Department with an annual financial statement covering all fund raising activities. During the year renewals of expiring certificates of registration were reviewed in respect of funds which had not realized their objectives and wished to continue their money-raising activities.

Following the creation of hospitals a substantial number of fund raising groups have disbanded. Questions arising in connection with the winding-up of a fund are dealt with by the Charities Co-ordination Board appointed by the Minister under authority of the Act. The Act provides that permits may be granted for single functions where the fund-raising activity is not of a kind to warrant continued registration. Such applications were given full consideration and permits granted where warranted.

The activities of the Division during the past fiscal year might briefly be summarized as follows:

Table with 2 columns: Description of activity and corresponding numerical value. The text is mirrored and difficult to read, but appears to be a summary of the division's work.

ADMINISTRATION BRANCH

During the past year the development of activities throughout the Department resulted in a heavy increase in the work of the Administration Branch generally. This Branch is composed of the following Divisions: Departmental Library, Departmental Secretary's Division, Information Services Division, Legal Division, Personnel Division, Research Division, and Purchasing and Supply Division (formerly Space and Equipment Division). A detailed account of the work of some of these Divisions is given below.

INFORMATION SERVICES DIVISION

Following the appointment of C. W. Gilchrist, O.B.E., as Director, the Division was reorganized to comprise editorial, distribution, photographic and clerical sections, the last including an intradepartmental press clipping service.

The purpose of the Division is two-fold: (1) to keep the public adequately informed regarding the general policy of the Department, particularly its statutory functions, and to explain the import and purpose of the various orders and regulations for which it is responsible in readily understood terms and through media of publicity that will reach everyone; (2) to co-operate with provincial departments in the field of public health education through the production, on the "mass media" level, of such health education tools as books, pamphlets, posters, displays, exhibits, films and filmstrips.

The chief aim of such health education materials is to interpret scientific information for the man-in-the-street and to secure the widest possible understanding and utilization of modern knowledge concerning health promotion and the prevention of disease.

The basis for promotion of such health education work on a nation-wide scale was laid down in The Department of National Health and Welfare Act, which provides for ".....co-operation with provincial authorities with a view to the co-ordination of efforts made or proposed for preserving and improving the public health and providing for the social security and welfare of the people of Canada....."

Following a recommendation of the Dominion Council of Health, the Division in November sponsored a conference to co-ordinate official health educational efforts throughout the Dominion. The conference agreed on procedures and spheres of operation and established a Dominion-Provincial liaison promising intensification and unification of effort toward common objectives. It designated the Division as the national clearing-house for basic informational material and set up a system to facilitate mutual aid and the interchange of ideas.

Suggestions bearing on measures for public information in the health field were passed by the conference to the Dominion Council of Health which, in accepting them, recommended that health education conferences be held annually.

A detailed review of the Division's activities during the year follows:

BULLETINS

Canada's Health and Welfare, an eight-page magazine which began publication in October, 1945, has appeared each month in both English and French editions. Designed as a clearing-house for health and welfare information between federal, provincial and municipal departments and voluntary and

independent health, welfare and social service organizations, it seeks to publicize national health and welfare policies and problems, to acquaint Provinces and municipalities with advances in other areas and communities, and to instil in public health, welfare and community leaders a greater appreciation of health and welfare services.

By the end of the year the publication had a monthly circulation of over 80,000 copies, being distributed to all doctors, dentists, public health workers, social service and welfare workers, nurses, legislators, teachers, municipal officials, the clergy, trade unions, service clubs, women's organizations, libraries, newspapers and radio stations. Plans were laid during the year for publication of bi-monthly eight-page supplements, each devoted to one particular problem outstanding in the health and welfare picture.

In addition the Division edited and directed publication of the *Industrial Health Bulletin*, addressed to those concerned with the health and welfare of workers, and *Canadian Nutrition Notes*, information bulletin of the Nutrition Division.

DISPLAYS

Advantage was taken of opportunities for the display of departmental material and activities and the Division arranged continuous showings of this nature.

Permission was secured for the use of street floor windows in the Department's headquarters building in Ottawa. With the co-operation of the National Film Board's Informational Displays Division, appropriate backgrounds were prepared and special lighting and other arrangements installed. The eight displays shown during the year dealt with avoidance of food waste, recreation and camp feeding, maternal and child health, immunization, dental health, the common cold, the work of the Department's Laboratory of Hygiene, and health factors generally, the last being a display in support of National Health Week.

Arrangements were made with provincial health departments for the use of these and similar displays for exhibition under provincial auspices, with the Department providing the original displays to the Provinces in turn. The Division made specifications and materials available so that the Provinces could construct their own displays, and acted as liaison with the National Film Board where Provinces wished to have duplicates made at Ottawa.

Several informational displays were prepared for use by the Physical Fitness Division at conventions in Canada and the United States. Similar service was provided to other Divisions with smaller displays being arranged for meetings.

A display of typical informational material produced by the Division featured meetings of the Health Educators Conference at Ottawa, and was also seen by the Dominion Council of Health. Groups with informational interests such as the Canadian Women's Press Club were shown graphic layouts of departmental productions in this field.

EXHIBITS

Although Canada's major fairs and exhibitions, suspended during the War, had not resumed operations, planning was commenced for the development of large-scale health and welfare exhibits.

Through the Exhibition Commission of the Department of Trade and Commerce an effective series of panels under the general title of "Canada's Health and Welfare Program" was designed. The project illustrates the respective roles of federal, provincial, municipal and voluntary agencies in the fields of health and welfare. It was created originally for display at the International Congress

of Nurses in Atlantic City, N.J., and the Division proposes to use it again at the 75th Annual Convention of the American Public Health Association and at important conferences in Canada.

PRESS

Release continued of news stories to the Canadian Press, the British United Press, members of the Parliamentary Press Gallery and to trade and technical journals. A number of picture releases were worked out in co-operation with the National Film Board and press photographers.

During the year the Division dealt with an increasing number of requests from newspapermen, freelance and radio script writers and others for information on health and welfare matters and on the work of the Department in those fields. On request, write-ups were checked and in many instances complete articles prepared.

Amplifying its press informational work, the Division offered a full column of health educational material to weekly newspapers across Canada and provided standing headings in stereo or matrix form and proofed columns in both English and French under the syndicated title, *Canada's Health (La Santé au Canada)*. More than 300 English and 75 French language weekly papers are now using the service regularly.

Health education material in the form of press fillers, also in both languages, was provided to all daily newspapers and a press clipping survey revealed that this copy was not only being used widely but was inspiring follow-up articles and favourable editorial comment.

RADIO

While continuing the daily *National Health Radio Notes* service of spot health education material in both English and French, the Division acquired several new radio outlets. By the close of the year 90 English and 26 French stations were using this copy regularly. The *Notes* are accompanied and supplemented by timely articles for use at the discretion of broadcasters.

A broadcast dealing with the administration of the Food and Drugs Act was given by an officer of the Division for the Professional Institute of the Civil Service of Canada in English over an Ottawa station and in French over the Radio-Canada hook-up.

FILMS AND FILM LIBRARIES

A comprehensive program of health education through the medium of films and film-strips was embarked upon. A number of productions were completed by the National Film Board and others were being scripted and shot. For details see Table 56 (pages 133 to 136).

Two film libraries established on creation of the Department were augmented and two new libraries set up:

- (i) National Health Library, a one-print collection of 150 recommended health education films;
- (ii) National Medical and Biological Film Library of 150 instructional films for the use of medical groups, including some suitable for graduate instruction in biological sciences;
- (iii) Physical Fitness Preview Library, with 50 recommended recreational films; and
- (iv) Welfare Film Library, for which films are being selected.

The first two mentioned are now deposited with the National Film Society, a non-profit educational organization with headquarters at 172 Wellington Street, Ottawa, to which enquiries should be addressed.

POSTERS

Graphic material produced during the year included series of posters for several divisions.

For the Nutrition Division, production was arranged of several educational posters, with titles such as *Eat Vegetables Every Day*, designed to promote better food habits in Canada.

Posters under the general slogan *Health is Earning Power* were produced for the Industrial Health Division. These covered such subjects as sleep, the industrial nurse, recreation, care of the eyes, care of the feet, carbon monoxide poisoning, skin diseases in industry, and environmental cleanliness.

One of the major informational projects performed for the Venereal Disease Control Division was production of 30 platform presentation charts designed for use by teachers, lecturers and public health workers.

Posters under the slogan *Be Wise—Immunize* were displayed in commercial establishments throughout Canada.

Collotypes (a form of poster) were prepared on dental health and on the use of Family Allowances to get the most value from food purchases.

PUBLICATIONS

More printed material was produced by the Division than in any previous year in order to meet requests from provincial health educators and others.

Publications covered a wide range of health and welfare topics. The Division made a study of National Health publications in stock, with a view to supplementing the list of titles, reprinting worthwhile booklets, and achieving modern format and presentation for new titles. Under an agreement aimed at avoiding duplication in health and welfare educational material, publications issued by the Canadian Welfare Council were taken over by the Department. These are being reviewed for incorporation into the informational matter distributed by the Division.

The policy was adopted of having texts for new publications prepared by outstanding specialists. A number of such persons outside the government service were invited to submit scripts. In addition, Chiefs of Divisions of the Health Branch co-operated with the Division to make available the most up-to-date information.

A series of booklets on occupational hazards was prepared jointly by the Division and the Industrial Health Division to cover such subjects as *Skin Diseases in Industry*, *Nitrous Fume Poisoning*, *Benzol Poisoning*, *Lead Poisoning*, and *Carbon Monoxide Poisoning*. A booklet entitled *Save Your Eyes* was produced for the Blindness Control Division. A folder *Your Child's Teeth* was issued on behalf of the Dental Health Division. Printing of a new publication by an outside authority on *The Care of the Feet* was arranged and a compilation of designs and script was edited for the Hospital Design Division and published under the title *Plans for Canada's Rural Health*.

Several additional publications were commenced, including a Child and Maternal Health Division folder on *Polio*; a folder for federal employees to introduce the Civil Service Health Division; and, at the request of the Dominion Council of Health, a book entitled *Bon Voyage*, with hints on health conservation when journeying abroad.

For a detailed list of departmental publications and posters, see Table 57 (pages 137 and 138).

EDITORIAL SECTION

In addition to the production of press, radio, screen, display and printed material, the Editorial Section assisted departmental officers in drafting speeches, articles and reports. In a number of instances proof-reading and advisory services were provided in connection with such items as a *Survey of Epidemiological Services in Canada* and administration manuals on travelling regulations and staff relations.

DISTRIBUTION SECTION

Largely as an outcome of the Health Education conference the policy of distribution was revised in order to have the distribution of departmental literature made mainly through Provincial Health departments. There was, however, a continuing heavy demand from the public generally for material of all kinds and it was necessary to maintain sizeable stocks to meet special requests.

Approximately 2,000,000 pieces of material were shipped to provincial Health Departments, local health units and other agencies. In addition, applications were received from over 25,000 English-speaking and 13,000 French-speaking organizations and individuals, resulting in distribution of more than 115,000 pieces direct from Ottawa.

Most in demand was *The Canadian Mother and Child*, free distribution of which has now passed the 800,000 mark.

PHOTOGRAPHIC SECTION

Following the appointment of a chief photographer, staff and equipment were accumulated for the new biological photographic laboratory. The section was established in quarters where it will have facilities for black and white photography, colour photography, printing, enlarging, making of pictures for film strips, and technical and biological photography.

PERSONNEL DIVISION

Table 58 (page 139) gives details of the staff of the Department which, at the end of the fiscal year, numbered 1,928 temporary and permanent employees.

RESEARCH DIVISION

The Research Division continued its investigations into social security programs in Canada and abroad with special attention to Old Age Pensions and Health Insurance. The Division was particularly concerned with the evaluation of various alternative types of measures, having in mind their social, economic and financial implications for Canada.

Public health and welfare services in Canada were kept under constant review. The Division established liaison in the research field with provincial Departments of Health and Welfare and kept in touch with social work developments. In this connection, the senior officer of the Division attended the Canadian Conference on Social Work which met in Halifax in June, 1946, and later consulted with provincial departmental officials in Quebec City, Toronto, and the four Western capitals.

The service functions of the Division were considerably extended to meet an increasing number and variety of requests from officers of the Department. These included a number of special projects, some of them originating in Interdepartmental Committees. At the request of the Interdepartmental Advisory Committee on Professionally Trained Persons, for example, the

Division prepared studies on the present distribution, demand for, and supply of physicians and dentists in Canada, utilizing for the former the register of physicians maintained by the Department. The dental study was prepared in close co-operation with the Canadian Dental Association. The Division initiated a similar study of the nursing profession, which was prepared at our request by the Canadian Nurses' Association. Other special projects included work on Canadian social security provisions as applied to prospective immigrants, and investigation into the health and welfare services of Newfoundland with particular reference to the issues involved in the extension of the services of the Department of National Health and Welfare should union with Newfoundland be effected. With a view to the development of more adequate treatment and control of narcotic addicts, work was begun on a survey of departmental narcotic records.

The Division continued its responsibility for the preparation of the feature *Global Report* in the Departmental bulletin *Canada's Health and Welfare*. Monthly articles appeared on health and welfare programs in other countries and developments for international co-operation in these fields.

The visit to Canada of Mr. F. H. Rowe, Director General of Social Services in Australia, proved of special value to the Research Division. Staff conferences were arranged with Mr. Rowe for discussion of the Commonwealth and State social security measures and health and welfare services in Australia.

CHIEF TREASURY OFFICER

The Chief Treasury Officer's Statement of Allotment Balances and Statement of Open and Revenue Accounts for the fiscal year are given in Tables 59 and 60 (pages 140 to 149).

Respectfully submitted,

G. D. W. Cameron,
Deputy Minister of National Health and Welfare (Health).

G. F. Davidson,
Deputy Minister of National Health and Welfare (Welfare).

TABLE 1
(Blindness Control Division)
NUMBER AND RATE PER 1,000 OF BLIND PENSIONERS
as at March 31, 1947

	Number on pension	Rate per 1,000 population
Prince Edward Island.....	121	1.29
Nova Scotia	685	1.12
New Brunswick	758	1.58
Quebec	2,709	.75
Ontario	1,623	.40
Manitoba	391	.54
Saskatchewan	363	.44
Alberta	290	.36
British Columbia	370	.37
Northwest Territories	1	.08
CANADA	7,311	.69

TABLE 2
(Blindness Control Division)
EXPENDITURES FOR EYE EXAMINATIONS, BY MONTHS
Fiscal Year, 1946-47

April, 1946	\$ 365.00
May	410.00
June	310.00
July	685.00
August	400.00
September	560.00
October	510.00
November	390.00
December	405.00
January, 1947	340.00
February	385.00
March	435.00
Total	\$ 5,195.00

TABLE 3
(Blindness Control Division)
EXPENDITURES FOR EYE EXAMINATIONS, BY PROVINCES
Fiscal Year, 1946-47

Prince Edward Island.....	\$ 85.00
Nova Scotia	400.00
New Brunswick	540.00
Quebec	2,620.00
Ontario	670.00
Manitoba	235.00
Saskatchewan	280.00
Alberta	135.00
British Columbia	230.00
Northwest Territories .....	.....
Total	\$ 5,195.00

TABLE 4

(Food and Drugs Divisions)

AMENDMENTS TO THE FOOD AND DRUGS ACT AND REGULATIONS

Fiscal year 1946-47

An amendment to the Food and Drugs Act (10 George VI, Chap. 23) and the proclamation of certain provisions of the amendment to the Act of 1939.

Order in Council P.C. 1295, permitting glycerine as an ingredient in bread;

Order in Council P.C. 1296, permitting propionates in processed cheese;

Order in Council P.C. 4136, amending vitamin regulations to include folic acid with certain restrictions;

Order in Council P.C. 4150, labelling and packaging mercuric chloride tablets in the interests of safety;

Order in Council P.C. 4545, renumbering paragraph 7, part C, division 1 of the regulations;

Order in Council P.C. 5339, extending certain war measures;

Order in Council P.C. 54, decreasing the permitted maximum dosage of ephedrine and its salts prescribed in Appendix D of the regulations;

Order in Council P.C. 99, amending regulations governing antibiotics;

Order in Council P.C. 186, adding penicillin (except lower potency preparations for oral use), and streptomycin to the prescription list.

TABLE 5

(Food and Drugs Divisions)

ANALYTICAL WORK

Fiscal year 1946-47

Sources of Samples	Laboratories						Total
	Halifax	Montreal	Ottawa	Toronto	Winnipeg	Vancouver	
(a) Inspectors of Food and Drugs—							
(1) Domestic.....	912	1,972	1,025	402	1,002	1,126	6,439
(2) Imports.....	966	991	235	1,554	2,502	2,876	9,124
(3) Examined at Customs	2,308	14,541	.....	2,826	7,826	2,752	30,253
(b) Department of Agriculture.....	17	108	37	2,516	139	152	2,969
(c) Royal Canadian Mounted Police.....	76	50	23	290	45	296	780
(d) Other Department of Government.....	332	356	1,108	32	114	30	1,972
(e) Intradepartmental.....	.....	.....	19	.....	.....	.....	19
(f) Miscellaneous.....	.....	12	11	.....	14	297	334
(g) War work.....	33	.....	.....	.....	.....	.....	33
(h) Samples sent to Ottawa.....	.....	.....	708	.....	.....	.....	708
Totals.....	4,644	18,030	3,166	7,620	11,642	7,529	52,631

TABLE 6
(Food and Drugs Divisions)

EXAMINATION OF SAMPLES OF THE MORE IMPORTANT FOODS
Fiscal year 1946-47

	Laboratories						Total	Adult-erated or mis-branded
	Halifax	Mont-real	Ottawa	Toronto	Winni-peg	Van-couver		
Alimentary Pastes.....	2	2		10	3		17	5
Baking Powder—leavening agents or chemicals.....	84	18	25	16	18	35	196	42
Bakery Products (cakes, pastry, etc.).....		56	3	57	23	39	178	76
Beverages and Beverage Concentrates.....	100	854	136	68	202	30	1,390	314
Bread, Flour and Cereals.....	13	21	975	18	21	51	1,099	231
Breakfast Foods.....		3	14	2	19		38	14
Confectionery.....	30	20	20	41	39	15	165	59
Dairy Products.....	59	86	24	154	127	129	579	168
Dessert Powders and Mixes.....	2	12	8	8	29	1	60	35
Eggs and Egg Products.....		1					1	
Flavours.....	71	63	15	36	53	283	521	252
Food Colours.....		1	4	12	43	1	61	21
Food Supplement.....					4		4	3
Fruit, Fresh.....		55		3	721	751	1,530	182
Fruit, Canned.....	10	19	14	62	26	70	201	24
Fruit, Dried.....	128	34	40	188	202	246	838	172
Jams and Jellies.....		1		401	21	13	436	17
Juices and Syrups.....	87	93	22	184	37	305	728	85
Gelatin.....			8			1	9	1
Honey and Honey Products.....	2		10	7		1	20	2
Liquors, Distilled and Fermented.....	60				1	35	96	
Meats, Fish and their Products.....	97	202	336	98	260	583	1,576	376
Miscellaneous.....			11		11	48	70	5
Nuts.....	42	384	5	162	426	227	1,246	94
Oils.....	14	42	14	70	22	8	170	96
Oriental Foods.....					17		17	13
Preservatives.....		1			4	2	7	4
Salad Dressings, Sandwich Spreads, Condiments.....	27	101	32	96	115	136	507	246
Soup and Soup Mixes.....			3			26	29	3
Spices.....	32	54	37	65	47	19	254	57
Sugar Substitutes.....	1	6	5	4	25	56	97	11
Sweeteners, Artificial.....		8	2				10	5
Syrups and Molasses.....	47	4	6	30	38	2	127	10
Vegetables, Canned.....	36	62	24	1,730	9	101	1,962	47
Vegetables, Dried.....	25	14	4	20	2	32	97	35
Vegetables, Fresh.....	1	1	1	5	1	13	22	7
Vinegar.....	10	16	3	2	3	12	46	15
Water.....	11	6	9			1	27	5

Note—At Halifax an additional 293 food specimens were examined for War Assets Corporation.

TABLE 7
(Food and Drugs Divisions)

DRUGS EXAMINED
Fiscal year 1946-47

Laboratory	LABORATORY EXAMINATION				Passed by Inspectors at Customs	Grand Total	Adul- terated	Mis- branded
	Do- mestic	Imports	Miscel- laneous	Total				
Halifax.....	410	593	17	1,020	970	1,990	128	126
Montreal.....	471	438	331	1,240	9,823	11,063	74	472
Ottawa.....	387	212	26	625	.....	625	46	157
Toronto.....	127	886	292	1,305	1,964	3,269	26	180
Winnipeg.....	165	961	54	1,180	6,317	7,497	23	694
Vancouver.....	194	947	247	1,388	1,820	3,208	66	423
Total.....	1,754	4,037	967	6,758	20,894	27,652	363	2,052

TABLE 8
(Food and Drugs Divisions—
Advertising and Labels Division)

ADVERTISEMENTS AND LABELS REVIEWED
Fiscal year 1946-47

Date	Radio programs*		Other advertising		Labelling	
	English	French	Folders	Press	Labels	Cartons
April, 1946.....	515	35	17	3	79	19
May.....	501	36	17	8	788	28
June.....	493	21	18	25	500	20
July.....	499	86	29	17	176	67
August.....	542	41	56	10	277	52
September.....	685	96	43	12	97	16
October.....	713	122	35	3	257	10
November.....	539	121	32	27	229	27
December.....	727	80	10	14	68	38
January, 1947.....	856	137	39	22	137	36
February.....	828	111	41	21	158	39
March.....	743	103	29	12	210	25
Total.....	7,641	989	366	174	2,976	377

* A "radio program" usually consists of more than one complete commercial; some contain a large number for recording at one time.

TABLE 9
(Laboratory of Hygiene)

DISTRIBUTION IN CANADA OF TYPES OF *C. DIPHTHERIAE* (VIRULENT) EXAMINED
Fiscal Year 1946-47

Province	Total number of cultures	Gravis			Inter- medius	Mitis	Atypical
		i	ii	Other types			
Alberta.....	2	1	.....	.....	1	.....	.....
British Columbia.....	97	4	14	1	7	44	27
Manitoba.....	52	5	27	.....	7	3	10
Nova Scotia.....	235	125	2	23	19	53	13
Ontario.....	345	10	18	1	257	29	30
Prince Edward Island.....	11	1	1	1	.....	8	.....
Quebec.....	34	.....	.....	.....	12	19	3
Saskatchewan.....	16	3	10	.....	1	1	1
Total.....	792	149	72	26	304	157	84

TABLE 10
(Laboratory of Hygiene)

SUMMARY OF SPECIMENS COLLECTED
Fiscal Year 1946-47

Crew	Animal	Number	Fleas	Flea Specimens	Tissue Specimens	Ticks	
SASKATCHEWAN Dept. Public Health	Richardson Ground Squirrel	1,723	5,469	90	27	938 drag ticks	
	Franklin Ground Squirrel	2	27	2	1		
	Norway Rat <i>Rattus norveg.</i>	147	18	7	4	305 host ticks	
	Other Animals	15	14	3	2		
Total.....		1,887	5,528	102	34	1,243	
ALBERTA Dept. Public Health	Richardson Ground Squirrel	1,813	4,665	197	60	2,226 drag ticks	
	Squirrels Various species	20	99	4	2		
	Mice Various species	11	7	1	2		
Total.....		1,844	4,771	202	64	2,226	
BRITISH COLUMBIA	National Health and Welfare	Norway Rat <i>Rattus norveg.</i>	6,133	2,734	238	322	
		Black Rat <i>Rattus rattus</i>	2				
		House Mouse <i>Mus musculus</i>	49			32	
Total.....		6,184	2,734	238	354		
	Vancouver Health Dept.	Norway Rat <i>Rattus norveg.</i>	118	450	21	24	
SHIPS in B.C. Ports	National Health and Welfare	Black Rat <i>Rattus rattus</i>	338	5	4	23	
		Alexandrine Rat <i>Rattus r. alex.</i>	124				
		House Mouse <i>Mus musculus</i>	3			2	
		Total.....	465	5	4	25	
British Columbia Total.....		6,767	3,198	263	403		
GRAND TOTALS.....		10,498	13,497	567	501	3,469	

TABLE 11

(Laboratory of Hygiene)

FLEAS FOUND ON RATS IN BRITISH COLUMBIA
Fiscal Year 1946-47

Location	Number of rats collected	Number of fleas collected		
		<i>Nosopsyllus fasciatus</i>	<i>Xenopsylla cheopis</i>	Others
Vancouver.....	2,799	884	95	6
Burnaby.....	86			2
Richmond.....	1,584	420	79	7
Ladner.....	158	153		
Surrey.....	673	787		
Langley.....	160	226		
Mission.....	83	143		
Agassiz.....	15	35		
Abbotsford.....	252	243		2
Chilliwack.....	107	65		
Ocean Falls.....	46	46		
Prince Rupert.....	290			
Ships (after fumigation).....	462	2	3	
Total.....	6,715	3,004	177	17*

*Includes: 7 *Ceratophyllus niger*—western hen flea.
6 *Ctenocephalides spp.*—cat and dog flea.
2 *Monoepysyllus ciliatus protinus*—red squirrel flea.
1 *Pulex irritans*—human flea.
1 *Megabothris abantis*—various native mice flea.

TABLE 12

(Narcotic Division)

CONVICTIONS UNDER THE OPIUM AND NARCOTIC DRUG ACT
Judicial Year ended September 30, 1946

Province	NATURE OF OFFENCE					Totals
	Possession of drugs	Selling, giving and delivering	Transporting	Obtaining drugs from more than one physician	Professional cases under Section 6 of the Act	
Prince Edward Island.....						
Nova Scotia.....	5					5
New Brunswick.....	1					1
Quebec.....	17	3	1		2	23
Ontario.....	97	2				99
Manitoba.....	16					16
Saskatchewan.....	2	1		1		4
Alberta.....	13	1				14
British Columbia.....	53					53
Total.....	204	7	1	1	2	215

TABLE 13
CONVICTIONS UNDER THE OPIUM AND NARCOTIC DRUG ACT
Judicial Year ended September 30, 1946
(Narcotic Division)

Province	TOTAL CONVICTIONS		SENTENCE		RACIAL ORIGIN						Total	
	Male	Female	Option of a fine	Committed without option	Chinese	Polish	Russian	Japanese	Czecho-slovakian			
Prince Edward Island.....												
Nova Scotia.....	4	1		5							5	
New Brunswick.....	1			1			1				1	
Quebec.....	19	4		23	2	1					23	
Ontario.....	68	31		99	9	1			1		99	
Manitoba.....	12	4		16							16	
Saskatchewan.....	4		1	3							4	
Alberta.....	12	2		14		1					14	
British Columbia.....	45	8		53	11				1		53	
Total.....	165	50	1	214	22	3	1	1	1		215	

COMMISSIONER GENERAL OF OFFENSE

(Average Dropped)

1946

TABLE 14
(Narcotic Division)

CONVICTIONS—NATURE OF OFFENCE
Years Ended September 30, 1925 to 1946

Year	Possessing	Selling, distributing or offering	Importing without a licence	Transporting without a licence	Cultivating, gathering or producing opium poppies	Smoking opium	Fre-quenting opium den	Possessing pipes, etc.	Section 13, Sending drugs by mail	Obtaining from more than one physician	Professional cases under Sections 5, 6 and 9 of the Act and Section 10 of Regulations	Not defined	Total
1925	381	55				139	208					52	(a) 835
1926	302	33				149	180					79	(b) 743
1927	163	37				85	81					124	(c) 490
1928	183	52				69	69					29	430
1929	150	38	1			103	223	28		1	4		567
1930	166	32	2			47	155	46		5	5		458
1931	173	45	3			42	39	24			7		333
1932	138	45	4	2		71	51	25		3	1		340
1933	111	39	5			17	42	24		1	1		240
1934	101	29	4			8	44	26		10	4		226
1935	91	18	5	3		11	18	13		2	2		163
1936	113	16	2			9	14	11		1	2		168
1937	123	26					5	5		1	1		161
1938	127	21	1	2		1	3	4		1	2		162
1939	148	26		3		1	1	1		1	2		183
1940	137	28		3	4*	1	1	2		6	1		182
1941	139	9		2			2		1	4	8		165
1942	73	9		1				1		1	13		98
1943	87	7	1	1		3				1	4		104
1944	140	9						12		1	3		165
1945	138	5		2						1	1		147
1946	204	7		1						1	2		215

(a) Includes: Sentence deferred, 9.

(b) Includes: Sentence deferred, 6.

(c) Includes: Sentence deferred, 4

* These 4 convictions were the first obtained for this charge under the legislation which became effective August 1, 1938. There were 63 previous and subsequent convictions involving Poppy Heads or Poppy Head Brew under charges of possession, selling and transporting.

TABLE 15
(Narcotic Division)

NUMBER OF IMPORT AND EXPORT LICENCES ISSUED
Calendar Year 1946

COUNTRY IMPORTED FROM	NUMBER OF LICENCES ISSUED—
Great Britain.....	35
U.S.A.....	63 (2 subsequently cancelled)
Brazil.....	1
Total.....	99 (2 subsequently cancelled)

COUNTRY TO WHICH EXPORTED—	NUMBER OF LICENCES ISSUED—
Antigua.....	1
Bahamas, B.W.I.....	11
Barbados, B.W.I.....	9
Bermuda.....	6
British Guiana.....	8 (1 subsequently cancelled)
Colombia.....	2
Jamaica, B.W.I.....	16
Trinidad, B.W.I.....	18
New Caledonia.....	1
Newfoundland.....	14 (1 subsequently cancelled)
Venezuela.....	1
Total.....	87 (2 subsequently cancelled)

TABLE 16
(Narcotic Division)

NUMBER OF WHOLESALE AND RETAIL DRUGGISTS' LICENCES ISSUED UNDER THE
OPIUM AND NARCOTIC DRUG ACT
Calendar Year 1946

Wholesale.....	129
Retail.....	15

TABLE 17
(Narcotic Division)

IMPORTS OF MAIN NARCOTICS
1937 to 1946 inclusive
(Unit of Weight—Ounce Pure Drug)

YEAR	RAW OPUM	MEDICINAL OPUM AND PRE- PARATIONS	MORPHINE	HEROIN	COCAINE	ETHYL- MORPHINE	DILAUIDE	PAPAVERINE	CODEINE	DEMEROL
1937.....	11,528	4,222	3,960	776	2,365	559	8	185	32,568	.....
1938.....	3,527	3,100	3,122	847	1,198	357	10	290	23,627	.....
1939.....	7,200	16,576	4,983	987	2,192	838	14	15	37,218	.....
1940.....	4,961	5,839	4,940	1,130	819	352	13	20	35,518	.....
1941.....	5,600	15,032	3,354	880	1,681	764	9	139	16,120	.....
1942.....	.....	2,088	2,865	682	1,831	147	14	122	15,291	.....
1943.....	1,344	9,390	4,360	964	2,338	844	14	46	9,777	.....
1944.....	1,056	416	5,229	468	1,233	2,131	10	354	26,149	1,211
1945.....	4,000	3,842	4,791	762	361	1,195	19	571	23,122	2,085
1946.....	4,000	4,614	1,181	1,020	1,797	664	23	805	35,885	5,539

TABLE 18
(Narcotic Division)
ESTIMATED CONSUMPTION OF MAIN NARCOTICS
1937 to 1946 inclusive

(Unit of Weight—Ounce Pure Drug)

YEAR	RAW OPTIUM	MEDICINAL OPTIUM AND PRE- PARATIONS	MORPHINE	HEROIN	COCAINE	ETHYL- MORPHINE	DILAUDIDE	PAPAVERINE	CODEINE	DEMEROL
1937.....	12,099	4,268	3,739	847	1,693	423	4	291	28,366	.....
1938.....	7,866	3,563	3,351	741	1,587	422	9	121	26,140	.....
1939.....	3,033	11,781	3,704	846	1,622	486	12	342	26,643	.....
1940.....	6,173	5,538	3,527	882	1,446	498	13	168	18,143	.....
1941.....	2,363	10,123	3,527	1,023	1,376	528	14	56	19,964	.....
1942.....	3,562	8,219	3,704	917	1,517	615	14	138	21,983	.....
1943.....	3,704	5,645	4,445	811	1,623	739	12	171	21,630	.....
1944.....	3,810	7,090	3,633	740	1,480	1,458	14	280	22,241	1,042
1945.....	3,175	6,314	3,351	670	1,305	691	12	381	22,809	1,102
1946.....	3,422	4,797	3,492	1,058	1,552	1,110	22	455	36,191	2,045

TABLE 19
 (Narcotic Division)
 AMOUNT OF NARCOTIC DRUGS IMPORTED INTO CANADA
 Calendar Year 1946

Country imported from	OPIUM			MORPHINE		HEROIN		COCAINE		Cannabis sativa seed	Eucaine	Diacetate	ETHYL-MORPHINE		CODEINE		DILAUDIDE	DEMEROL	
	Crude	Powder (tr. and extract)	Alkaloids of opium (non-morph.)	Str. (pure drug)	Prep. (pure drug)	Str. (pure drug)	Prep. (pure drug)	Str. (pure drug)	Prep. (pure drug)				Str. (pure drug)	Prep. (pure drug)	Str. (pure drug)	Prep. (pure drug)			Str. (pure drug)	Prep. (pure drug)
	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	bus.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	
Great Britain.....	4,000-00	640-00	3,974-40	196-00	917-06	34-85	1,020-00	1,333-47	1-13				664-20	35,795-80	2-11				
U.S.A.....			637-99	1-36	228-15			460-00	2-19			7-34		88-81	33-04				
Brazil.....			1-06																
Total.....	4,000-00	640-00	3,974-40	805-05	1,145-21	36-21	1,020-00	1,793-47	3-32			7-34	604-20	35,884-61	35-15			22-91	538-61

TABLE 20
 (Narcotic Division)
 SUMMARY OF NARCOTIC DRUGS EXPORTED FROM CANADA, BY COUNTRIES
 Calendar Year 1946

Country exported to	Medicinal opium (pdr.)	Opium contained in tr., ext., pills, etc.	MORPHINE		ETHYLMORPHINE		COCAINE		CODEINE		Indian hemp in form of prep.
			Str. (pure drug)	Prep. (pure drug)	Str. (pure drug)	Prep. (pure drug)	Str. (pure drug)	Prep. (pure drug)	Str. (pure drug)	Prep. (pure drug)	
	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	ozs.	
Antigua.....		0.81									
Bahamas.....		4.62	7.39	0.70			1.80		2.11	5.83	3.29
Barbados.....										10.63	
Bermuda.....		1.10	4.58							12.28	
British Guiana.....			0.09						2.80	5.36	
Jamaica.....		26.99	1.46							26.94	
New Caledonia.....										0.17	
Newfoundland.....		211.82	25.03	3.26			4.05	0.15	88.95	132.52	
Trinidad.....		1.38	4.29							13.63	
Total.....		246.72	42.84	3.96			5.85	0.65	93.86	207.36	3.29

TABLE 21
(Narcotic Division)

NUMBER OF ALIENS DEPORTED FROM CANADA AS HAVING BEEN CONVICTED OF OFFENCES UNDER THE OPIUM AND
NARCOTIC DRUG ACT
Calendar Years 1922-46

Nationality	1922 to 1931 inclusive (10 years)	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	Total
British South African	708	53	81	2	60	23	16	16	22	26	14			4	6	3	2
Chinese	1			59													1,091
Czechoslovakian	1				1												1
Danish	1																2
East Indian	4	1	2														1
English	6	1	1												2		7
French	2																9
Greek	1																2
Irish	1						1	1									1
Italian	7	2	5	3	2	1	1	1		2							21
Jamaican						1											3
Japanese	3							1			1						5
Lithuanian		1															1
Luxembourg citizens						1											1
Norwegian	1																1
Philippino	1																1
Polish	2	1															3
Roumanian	2	1															3
Scotch	3																3
Swedish	3		1														4
Swiss	2				1												3
United States citizens	130	7	1	5	6	1	1	2	3	2	1	1	1	2	2	3	168
Total	878	66	91	69	69	27	18	20	25	30	16	1	1	6	10	6	1,333

TABLE 22
(Narcotic Division)

AMOUNT OF NARCOTIC DRUGS SEIZED OR RECEIVED FROM ILLICIT CHANNELS
Calendar Year 1946

<i>Opium:</i>			
Opium, Smoking.....		5 ozs.	102 grs.
Opium, Seconds (Yen Shee).....		3 ozs.	51 grs.
Raw Opium (Includes 2 bricks, 16 ozs. each).....	2 lbs.	1 oz.	229 grs.
Opium, Water.....	1 lb.	3 ozs.	340 grs.
Tincture of Opium.....		3 ozs.	
Opium Powder.....			73 grs.
Yen Shee Water.....	2 lbs.	8 ozs.	65 grs.
*Decks of Smoking Opium.....	276		
Decks of Opium Seconds (Yen Shee).....	4		
Pellets of Opium (2 grains each).....	247		
Pills of Smoking Opium.....	40		
Pills, Lead and Opium Powder.....	52		
Tablets, Opium.....	76		
<i>Morphine: (Salts and Alkaloids combined)</i>			
Morphine.....			114 grs.
*Decks of Morphine.....	3		
Capsules of Morphine.....	59		
Tablets of Morphine.....	2,615		
Tablets of Morphine and Atropine.....	213		
Syrettes (1/2 grain Morphine).....	77		
Syrettes (1/4 grain Morphine).....	135		
Tablets Pantopon (1/3 grain Morphine each).....	145		
Morphine Solution, 2%.....		8 ozs.	55 grs.
Pills of Morphine.....	592		
<i>Cocaine: (Salts and Alkaloids combined)</i>			
Cocaine.....			163 grs.
Tablets of Cocaine.....	243		
Capsule of Cocaine.....	1		
<i>Heroin: (Diacetylmorphine) (Salts and Alkaloids combined)</i>			
Heroin.....		5 ozs.	391 grs.
Capsules of Heroin.....	1,235		
Tablets of Heroin.....	630		
Decks of Heroin.....	6		
<i>Cannabis Sativa:</i>			
Cigarettes (Marihuana).....	5		
<i>Codeine: (Salts and Alkaloids combined)</i>			
Codeine Solution, 2%.....		13 ozs.	233 grs.
Tablets of Codeine.....	1,899		
Tablets of Codeine in preparations.....	926		
<i>Dionin: (Salts and Alkaloids combined)</i>			
Dionin.....			75 grs.
<i>Dilaudide: (Salts and Alkaloids combined)</i>			
Tablets of Dilaudide.....	80		
<i>Poppy Heads:</i>			
Poppy Heads.....	194 lbs.	8 ozs.	
Poppy Head Brew.....	18 lbs.	5 ozs.	
<i>Alleged Drugs: (Miscellaneous, including Morphine, Heroin, Cocaine, and Codeine)</i>			
Drugs, alleged.....	3 lbs.	1 oz.	70 grs.
*Decks.....	1		
Capsules.....	199		
Tablets.....	1,063		

* Deck is a small package containing from 2 to 5 grains of drug.

TABLE 22—Concluded

(Narcotic Division)

AMOUNT OF NARCOTIC DRUGS SEIZED OR RECEIVED FROM ILLICIT CHANNELS
Calendar Year 1946

Paraphernalia:

Opium Lamps.....	11
Opium Lamp Globes.....	2
Opium Smoking Pipes.....	2
Opium Pipe Stems.....	3
Opium Pipe Bowls.....	4
Opium Pipe Scrapers.....	9
Yen Hoc ks (Needles).....	6
Opium Scales, Chinese, etc.....	4
Hypodermic Needles.....	174
Hypodermic Syringes.....	142
Hypodermic Cases (Metal, etc.).....	11
Spoons (used for dissolving drugs).....	92
Scissors.....	3
Bowls (Glass and China).....	5
Tins, Jars, etc., empty.....	9
Opium Tins, empty.....	2
Opium Smoking Pillows.....	1
Opium Pill Cups.....	2

TABLE 23

(Quarantine Service)

SHIPS BOARDED BY QUARANTINE OFFICERS

Fiscal Year 1946-47

Station	Vessels inspected	Passengers				Crews	Cattle-men, stow-aways, dis-tressed seamen, etc.	Port totals
		First class	Cabin and second class	Tourist third	Third class and steerage			
Halifax, N.S.....	512	32,593	46,488	27,873	8,781	49,513	154	165,402
Sydney, N.S.....	1				11	46		57
Saint John, N.B.....	307	948	248		16	14,327	58	15,597
Quebec, P.Q.....	860	2,027	1,788	90	467	38,719	628	43,719
William Head, B.C.....	675	657	900	1	239	30,003	73	31,873
Totals.....	2,355	36,225	49,424	27,964	9,514	132,608	913	256,648

TABLE 24

(Quarantine Service)

VESSELS INSPECTED FOR DERATIZATION
Fiscal Year 1946-47

Port	Vessels inspected, fumigated and deratization certificates issued	Vessels inspected and exemption certificates issued	Vessels inspected and time extended or certificates endorsed	Total vessels inspected for vermin	Rodents recovered	
					Rats	Mice
Halifax, N.S.	27	57		84	10	
Sydney, N.S.	3	2		5	7	
Saint John, N.B.	5	41	3	49	102	
Port Alfred, P.Q.		12	1	13		
Quebec, P.Q.	5	7		12	4	
Three Rivers, P.Q.	4	4	1	9	147	
Sorel, P.Q.		6		6		
Montreal, P.Q.	16	102	11	129	406	24
Vancouver, B.C.	82	121	99	302	1,003	6
Victoria, B.C., including Esquimalt	8	24	17	49	15	
Union Bay, B.C.	1			1	16	
Totals	151	376	132	659	1,710	30

22 Government vessels fumigated:—Halifax, 15, Saint John, 2, Quebec, 3, Vancouver, 1, Victoria, 1. The 4 vessels at Three Rivers, P.Q., were fumigated with sulphur.

TABLE 25

(Immigration Medical Service)

STATISTICAL SUMMARY OF ACTIVITIES
Fiscal Year 1946-47

Canada—

Immigrants medically inspected on arrival at ocean ports	47,856
Certified as "prohibited" under Immigration Act, Sec. 3(a), (b) and (k) and (m)	18
Certified as physically defective, Sec. 3(c)	57
Refused permanent admission	20
Deportees examined at port of Montreal	0

Overseas—

Prospective emigrants medically examined	31,164
Certified as "prohibited" under Immigration Act, Sec. 3(a), (b) and (k)	306
Certified as physically defective, Sec. 3(c)	2,001
Furthered from 1945-46	107
Refused admission	343

TABLE 26
(Immigration Medical Service)

EXAMINATIONS Fiscal Year 1946-47	
CANADA—	
Halifax, N.S.	42,172
North Sydney, N.S.	1,899
Sydney, N.S.	476
Louisburg, N.S.	51
Newcastle, N.B.	14
Saint John, N.B.	535
Moncton, N.B.	69
Port Alfred, P.Q.	13
Quebec, P.Q.	458
Trois Rivieres, P.Q.	23
Montreal, P.Q.	901
Dorval, P.Q.	763
Westminster, B.C.	23
Vancouver, B.C.	398
Victoria, B.C.	21
Other Ports	40
Total	47,856
All figures given include rejections.	
OVERSEAS—	
By Canadian Medical Officers in British Isles	10,272
By Canadian Medical Officers on the Continent	688
By British Roster Doctors in British Isles	20,204
Total	31,164
Re-examinations	4,618
Non-immigrants	24,404

TABLE 27
(Immigration Medical Service)

CERTIFICATIONS AND DISPOSALS OF THOSE MENTALLY OR PHYSICALLY DEFECTIVE, AS UNDER SECTION 3 OF THE IMMIGRATION ACT
Fiscal Year 1946-47

	Certified	Admitted	Deported	Pending
CANADA—				
Section 3 (a)— Mental diseases and defects.....	2		1	1
Section 3 (b)— Loathsome diseases, including tuberculosis...	14	2*	5	7
Section 3 (c)— Physical diseases and defects.....	57	21	13	23
Section 3 (k)— Constitutional psychopathic inferiority.....	1			1
Section 3 (m)— Minor mental and physical defects.....	1		1	
Totals.....	75	23	20	32

	Certification				**Disposals		
	British		Conti- nentials	Totals	Admitted	Refused or Deported	Pending
	Examined by Canadian Medical Officers	Examined by British Roster Doctors	Examined by Canadian Medical Officers				
OVERSEAS—							
Section 3 (a)— Mental diseases and de- fects.....	34	43		77		56	
Section 3 (b)— Loathsome diseases in- cluding tuberculosis....	77	116	3	196		106	
Section 3 (c)— Physical diseases and de- fects.....	823	1,154	24	2,001	1,864	156	279
Section 3 (k)— Constitutional Psycho- pathic inferiority.....	21	12		33		25	
Total.....	955	1,325	27	2,307	1,864	343	279

* Temporary entry.

** Includes 160 cases under Section 3 (c) pending from fiscal year 1945-46.

TABLE 28

(Sick Mariners and Marine Hospitals)

DISEASES AND INJURIES TREATED

Fiscal Year 1946-47

General.....	6,898
Nervous.....	419
Eye, Ear, Nose and Throat.....	2,011
Circulatory.....	217
Respiratory.....	722
Gastro-Intestinal.....	1,455
Lymphatic.....	48
Genito-Urinary.....	2,006
Skin.....	1,554
Injuries.....	2,046
Fractures.....	295
Dislocations.....	21
All others.....	1,403
Total.....	18,920

TABLE 29

(Sick Mariners and Marine Hospitals)

DETAILS OF VESSELS DUES AND EXPENDITURES

Fiscal Year 1946-47

	Vessels paying dues during calendar year 1946	Total dues collected during calendar year 1946	Total number of crews	Total expenditure Feb. 1, 1946 to Jan. 31, 1947	Average expenditure for each member of crew
	No.	\$ cts.	No.	\$ cts.	\$ cts.
Vessels, foreign-going.....	2,097	191,052 45	80,496	279,011 53	3 47
Vessels trading continuously between Canadian ports.....	2,805	9,176 97	11,372	72,901 56	6 41
Total.....	4,902	200,229 42	91,868	351,913 09	3 83

TABLE 30

(Sick Mariners and Marine Hospitals)

REVENUES AND EXPENDITURE BY PROVINCES

Fiscal Year 1946-47

Province	Revenue	Expenditure
	\$ cts.	\$ cts.
Head Office, Ottawa.....		2,287 91
Prince Edward Island.....	241 45	560 50
Nova Scotia.....	52,584 63	119,006 65
New Brunswick.....	25,008 32	42,247 69
Quebec.....	59,253 18	76,118 93
Manitoba.....	510 28	231 65
British Columbia.....	65,445 57	117,827 76
Total.....	203,043 43	358,281 09

TABLE 31

(Sick Mariners and Marine Hospitals)

TREATMENT AND HOSPITALIZATION OF SICK MARINERS

	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	British Columbia	Total
Number of doctors on salary, part time.....		14	2	2	4	22
Total salaries.....		\$11,200.00	\$ 1,200.00	\$ 1,200.00	\$ 5,350.00	\$18,950.00
Total seamen treated.....		1,242	59	582	1,399	3,282
Total number of visits.....		9,601	305	768	10,437	21,111
Number sent to hospital.....		541	31	36	778	1,386
Number of doctors on fee basis (including dentists).....	9	68	23	57	58	215
Total fees paid.....	\$ 392.25	\$21,130.28	\$ 4,828.05	\$ 8,345.75	\$12,039.72	\$ 46,736.05
Total seamen treated.....	90	2,112	740	863	3,015	6,820
Total number of visits.....	144	6,880	1,272	2,543	5,684	16,523
Number sent to hospital.....	3	93	30	196	228	550
Doctors rendering professional assistance.....	1	75	15	37	76	204
Total fees paid.....	\$ 6.00	\$ 5,949.33	\$ 1,058.00	\$2,434.00	\$19,115.70	\$ 28,563.03
Total seamen treated.....	2	392	78	193	560	1,225
Hospitals treating sick mariners.....	4	26	15	35	30	110
Total hospital costs.....	\$ 290.00	\$44,503.10	\$25,723.23	\$55,647.81	\$61,527.99	\$187,692.13
Total ward patients.....	5	842	304	1,018	1,094	3,263
Total hospital days.....	165	14,241	5,851	12,683	1,292	34,242
Total out-patients.....		2,078	1,196	3,338	1,918	8,530
Total out-patient treatments.....		3,182	1,677	6,102	4,372	15,333
Private houses used as emergency hospitals.....		4	1	3		8
Total costs.....	\$ 838.25	\$ 14.00	\$ 148.00			\$ 1,000.25
Total seamen treated.....		22	1	4		27
Total hospital days.....		326	14	66		406

TABLE 32

(Venereal Disease Control Division)

CASES OF VENEREAL INFECTIONS REPORTED BY THE PROVINCIAL HEALTH
DEPARTMENTS TO THE DOMINION BUREAU OF STATISTICS
Year 1946

Province	Gonorrhoea	Syphilis	Other V.D.	Total V.D.
Prince Edward Island.....	97	50		147
Nova Scotia.....	917	658	1	1,576
New Brunswick.....	830	334		1,164
Quebec.....	5,671	5,425	15	11,111
Ontario.....	7,324	4,807		12,131
Manitoba.....	2,361	679		3,040
Saskatchewan.....	2,124	643	8	2,775
Alberta.....	2,423	503		2,926
British Columbia.....	4,539	2,118	29	6,686
Total.....	26,286	15,217	53	41,556

TABLE 33

(Venereal Disease Control Division)

COMPARISON OF TOTALS OF ALL TYPES OF V.D. CASES OCCURRING IN CANADA
Years 1945 and 1946

Type	1945	1946	Increase or Decrease
Gonorrhoea.....	25,237	26,286	Increase.....1,049
Syphilis.....	15,279	15,217	Decrease..... 62
Other V.D.....	12	53	Increase..... 41
Total V.D.....	40,528	41,556	Increase.....1,028

TABLE 34

(Venereal Disease Control Division)

NUMBER OF CASES OF VENEREAL DISEASE IN CANADA AS REPORTED BY
PROVINCIAL HEALTH DEPARTMENTS TO THE DOMINION
BUREAU OF STATISTICS
Calendar Years 1944-1946

—	1944	1945	1946	1946			
				Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
Total V.D.....	38,772	40,528	41,556	11,693	10,224	10,125	9,514
Total Syphilis.....	16,475	15,279	15,217	4,473	3,797	3,468	3,479
Syphilis Primary.....		3,607	3,815	1,135	899	901	880
Syphilis Secondary.....		2,088	2,112	658	516	431	507
Syphilis Others.....		9,584	9,290	2,680	2,382	2,136	2,092
Gonorrhoea.....	22,282	25,237	26,286	7,212	6,419	6,642	6,013
Other V.D.....	15	12	53	8	8	15	22
Ratio Ge. to Syphilis I and II.....		4.4	4.4	4.0	4.5	5.0	4.3
Ratio Ge. to Total Syphilis.....	1.4	1.7	1.7	1.6	1.7	1.9	1.7
Ratio Syphilis I and II to Total Syphilis.....		0.4	0.4	0.4	0.4	0.4	0.4

	1944	1945	1946	1946
Head Office, Ottawa.....				2,357
Prince Edward Island.....				200
New South Wales.....				178,000
New Brunswick.....				22,000
Quebec.....				78,115
Manitoba.....				201
British Columbia.....				117,637
Total.....				326,291

TABLE 35
(Venereal Disease Control Division)

INCIDENCE AND RATE PER 100,000 PER ANNUM OF SYPHILIS, ALL TYPES, REPORTED BY PROVINCIAL HEALTH DEPARTMENTS TO THE DOMINION BUREAU OF STATISTICS

Calendar Years 1944-1946

	1944	1945	1946	1946			
				Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
	Cases	Cases	Cases	Cases	Cases	Cases	Cases
CANADA.....	16,475	15,279	15,217	4,473	3,797	3,468	3,479
Prince Edward Island.....	35	34	50	6	17	6	21
Nova Scotia.....	496	664	658	161	182	166	149
New Brunswick.....	573	413	334	68	82	101	83
Quebec.....	7,120	6,037	5,425	1,731	1,289	1,163	1,242
Ontario.....	5,365	4,930	4,807	1,537	1,215	1,017	1,038
Manitoba.....	663	622	679	184	172	146	177
Saskatchewan.....	360	411	643	156	163	177	147
Alberta.....	573	599	503	123	133	118	129
British Columbia.....	1,290	1,569	2,118	507	544	574	493
	Rate	Rate	Rate	Rate	Rate	Rate	Rate
CANADA.....	137.8	126.3	123.9	145.7	123.6	112.9	113.3
Prince Edward Island.....	38.5	37.0	53.2	26.1	73.9	26.1	91.3
Nova Scotia.....	81.0	106.9	107.5	105.2	119.0	108.5	97.4
New Brunswick.....	124.0	88.2	69.6	56.7	68.3	84.2	69.2
Quebec.....	203.4	169.5	149.4	190.6	142.0	128.1	136.8
Ontario.....	135.3	123.1	117.0	149.7	118.3	99.0	101.1
Manitoba.....	90.6	84.5	93.4	101.1	94.5	80.2	97.3
Saskatchewan.....	42.6	48.6	77.5	75.4	78.7	85.5	71.0
Alberta.....	70.0	72.5	62.9	61.5	66.5	59.0	64.5
British Columbia.....	138.4	165.3	211.2	202.0	216.7	228.7	196.4

TABLE 36
(Venereal Disease Control Division)

INCIDENCE AND RATE PER 100,000 PER ANNUM OF ACQUIRED SYPHILIS, PRIMARY AND SECONDARY, REPORTED BY PROVINCIAL HEALTH DEPARTMENTS TO THE DOMINION BUREAU OF STATISTICS

Calendar Years 1945-1946

	1945	1946	1946			
			Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
	Cases	Cases	Cases	Cases	Cases	Cases
CANADA.....	5,695	5,927	1,793	1,415	1,332	1,387
Prince Edward Island.....	27	25	5	2	3	15
Nova Scotia.....	31	47	12	4	8	23
New Brunswick.....	200	238	46	66	73	53
Quebec.....	1,594	1,446	434	345	322	345
Ontario.....	2,455	2,358	803	549	483	523
Manitoba.....	295	342	98	92	75	77
Saskatchewan.....	220	395	113	93	106	83
Alberta.....	210	246	53	66	48	79
British Columbia.....	663	830	229	198	214	189
	Rate	Rate	Rate	Rate	Rate	Rate
CANADA.....	47.1	48.3	58.4	46.1	43.4	45.2
Prince Edward Island.....	29.3	26.6	21.7	8.7	13.0	65.2
Nova Scotia.....	5.0	7.7	7.8	2.6	5.2	15.0
New Brunswick.....	42.7	49.6	38.3	55.0	60.8	44.2
Quebec.....	44.8	39.8	47.8	38.0	35.5	38.0
Ontario.....	61.3	57.4	78.2	53.5	47.0	50.9
Manitoba.....	40.1	47.0	53.8	50.5	41.2	42.3
Saskatchewan.....	26.0	47.6	54.6	44.9	51.2	40.1
Alberta.....	25.4	30.8	26.5	33.0	24.0	39.5
British Columbia.....	69.9	82.8	91.2	78.9	85.3	75.3

TABLE 37

(Venereal Disease Control Division)

INCIDENCE AND RATE PER 100,000 PER ANNUM OF GONORRHOEA, REPORTED BY
PROVINCIAL HEALTH DEPARTMENTS TO THE DOMINION
BUREAU OF STATISTICS
Calendar Years 1944-1946

	1944	1945	1946	1946			
				Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
	Cases	Cases	Cases	Cases	Cases	Cases	Cases
CANADA.....	22,282	25,237	26,286	7,212	6,419	6,642	6,013
Prince Edward Island.....	20	42	97	4	33	47	13
Nova Scotia.....	1,663	1,176	917	227	243	234	213
New Brunswick.....	913	1,079	830	282	162	205	181
Quebec.....	4,259	5,106	5,671	1,390	1,196	1,429	1,656
Ontario.....	7,908	8,224	7,324	2,249	1,786	1,773	1,516
Manitoba.....	1,737	2,336	2,361	625	581	637	518
Saskatchewan.....	1,123	1,685	2,124	580	566	549	429
Alberta.....	1,522	1,881	2,423	635	624	632	532
British Columbia.....	3,137	3,708	4,539	1,220	1,228	1,136	955
	Rate	Rate	Rate	Rate	Rate	Rate	Rate
CANADA.....	186.3	208.5	214.0	234.8	209.0	216.3	195.8
Prince Edward Island.....	22.0	45.7	103.2	17.4	143.5	204.3	56.5
Nova Scotia.....	271.7	189.4	149.8	148.4	158.8	152.9	139.2
New Brunswick.....	197.6	230.6	172.9	235.0	135.0	170.8	150.8
Quebec.....	121.7	143.4	156.2	153.1	131.7	157.4	182.4
Ontario.....	199.4	205.4	178.3	219.0	173.9	172.6	147.6
Manitoba.....	237.3	317.4	324.8	343.4	319.2	350.0	284.6
Saskatchewan.....	132.7	199.4	255.9	280.2	273.4	265.2	207.2
Alberta.....	186.1	227.7	302.9	317.5	312.0	316.0	266.0
British Columbia.....	336.6	390.7	452.5	486.1	489.2	452.6	380.5

TABLE 38

(Venereal Disease Control Division)

PAMPHLETS AND BOOKLETS FURNISHED TO PROVINCES
Fiscal Year 1946-47

Title	Description	Quantity
		(English unless otherwise stated)
<i>Victory Over Disease</i>	General information on V.D.....	120,000 4,200 (Fr.)
<i>Stop This</i>	Prostitution problem explained.....	113,000
<i>Why Let It Burn</i>	"Red Light" problem explained.....	39,000 (Fr.)
<i>Facts About V.D.</i>	General information on V.D. for mariners.....	55,500
<i>Isn't She Lovely</i>	Prenatal syphilis prevention.....	38,400
<i>Venereal Disease Comics</i>	General V.D. information in popular "comic" booklet form.	
First Edition.....		10,000
Second Edition.....		9,000
<i>Seroresistance in Syphilis</i>	Reprints for physicians.....	9,300
<i>Canada's National Health and V.D. Control</i>	General review of problem and program.....	5,500
<i>This is Your Business</i>	General information on V.D.....	3,200
		15,000 (Fr.)
<i>Diagnosis of Syphilis for General Practitioner</i>	Manual for physicians.....	1,600
<i>V.D. Manual for Teachers</i>	Instruction and reference book for high school teachers.....	836
<i>Syphilis in Mother and Child</i>	Manual for physicians.....	450
<i>Techniques of Law Enforcement in Juveniles</i>	(As title indicates).....	265
<i>Unwarranted Segregation</i>	Reprint opposing segregation of V.D. patients.....	150
<i>Syphilis and the Law</i>	Legal aspects of V.D.....	135
<i>Management of Syphilis</i>	Manual for physicians.....	125
<i>Law Requirements of Premarital and Prenatal Tests</i>	(As title indicates).....	100

In addition to the above, totalling approximately 425,000 pieces, miscellaneous other literature on venereal disease has been distributed.

TABLE 39
 FINANCIAL STATEMENT OF KING GEORGE V SILVER JUBILEE CANCER FUND
 as at March 31, 1947

RECEIPTS		DISBURSEMENTS	
General Subscriptions.....	\$313,533 22	Canadian Medical Association to March 31, 1946.....	\$107,500.00
Government and Bank Interest to March 31, 1946....	\$134,888 65	Canadian Cancer Society, April 1, 1946 to March 31, 1947.....	15,625 00
Bank Interest, April 1, 1946 to March 31, 1947.....	75 01	Total Disbursements.....	<u>\$123,125.00</u>
Government Interest, April 1, 1946 to March 31, 1947..	14,670 00		
	<u>149,134 66</u>	Balance on Hand—	
Received from:		Consolidated Revenue Fund.....	\$489,000.00
Insurance Companies.....	50,000 00	Bank Balance, March 31, 1947.....	542.88
Dominion Government Grants.....	100,000 00		
	<u>\$612,667 88</u>		<u>489,542.88</u>
			<u><u>\$612,667.88</u></u>

NOTE.—In addition to the above subscriptions an amount estimated at \$600.00 is expected from the G. L. Conde estate.

TABLE 40
(Family Allowances Division)

FAMILY ALLOWANCES PAYMENTS
Fiscal Year 1946-47

Province	April	May	June	July	Aug.	Sept.	
	\$	\$	\$	\$	\$	\$	
Prince Edward Island.....	181,187	180,672	181,149	181,793	181,645	182,975	
Nova Scotia.....	1,087,512	1,087,522	1,091,034	1,096,774	1,100,561	1,105,552	
New Brunswick.....	923,652	925,856	930,193	932,094	940,328	943,484	
Quebec.....	6,765,204	6,764,992	6,706,662	6,730,388	6,783,822	6,828,111	
Ontario.....	5,639,651	5,681,433	5,670,179	5,717,747	5,741,291	5,767,673	
Manitoba.....	1,139,630	1,142,923	1,144,715	1,148,522	1,157,731	1,147,457	
Saskatchewan.....	1,491,291	1,492,853	1,494,690	1,504,715	1,506,895	1,504,113	
Alberta.....	1,392,683	1,392,942	1,391,911	1,406,640	1,420,553	1,395,992	
British Columbia.....	1,237,544	1,243,172	1,247,526	1,263,799	1,273,667	1,285,142	
Northwest Territories and Yukon.....	35,613	22,249	23,017	23,340	23,658	23,729	
Total.....	19,893,967	19,934,614	19,881,076	20,005,812	20,130,151	20,184,228	
	Oct.	Nov.	Dec.	Jan.	Feb.	March	Total
	\$	\$	\$	\$	\$	\$	\$
Prince Edward Island.....	184,410	184,168	184,276	180,495	186,234	185,368	2,194,372
Nova Scotia.....	1,106,145	1,119,741	1,131,079	1,150,022	1,169,384	1,171,436	13,416,762
New Brunswick.....	942,188	952,595	958,711	974,579	988,515	990,720	11,402,915
Quebec.....	6,837,031	6,838,185	6,918,180	7,077,787	7,169,137	7,195,361	82,614,860
Ontario.....	5,807,050	5,859,271	5,941,309	6,184,126	6,274,740	6,343,706	70,628,176
Manitoba.....	1,151,108	1,173,285	1,183,520	1,213,011	1,217,075	1,233,324	14,052,301
Saskatchewan.....	1,500,764	1,505,900	1,511,376	1,528,045	1,540,233	1,548,593	18,129,468
Alberta.....	1,420,596	1,439,937	1,456,608	1,481,346	1,492,631	1,495,057	17,186,896
British Columbia.....	1,291,142	1,316,763	1,336,878	1,395,965	1,419,723	1,431,689	15,743,010
Northwest Territories and Yukon.....	25,950	26,560	29,217	29,929	33,968	35,694	332,924
Total.....	20,266,384	20,416,405	20,651,154	21,215,305	21,491,640	21,630,948	245,701,684

NOTE.—Figures shown are gross and do not include payments subsequently cancelled or refunds received in connection with overpayments.

TABLE 41
(Family Allowances Division)

FAMILIES IN PAY
Fiscal Year 1946-47

Province	April	May	June	July	Aug.	Sept.
Prince Edward Island.....	11,986	11,989	12,021	11,995	11,991	12,050
Nova Scotia.....	76,867	76,473	76,764	77,061	77,209	77,728
New Brunswick.....	59,124	59,259	59,551	59,888	60,327	60,794
Quebec.....	401,995	404,831	405,812	407,400	410,597	414,923
Ontario.....	456,186	458,775	458,745	461,359	464,199	467,667
Manitoba.....	87,896	88,361	88,483	88,780	89,540	89,892
Saskatchewan.....	106,545	106,821	107,103	107,573	107,880	108,310
Alberta.....	104,109	104,458	104,655	105,313	106,316	105,345
British Columbia.....	107,412	107,677	108,325	109,260	110,197	111,433
Northwest Territories and Yukon.....	1,483	1,589	1,700	1,738	1,769	1,799
Total.....	1,413,603	1,420,233	1,423,159	1,430,367	1,440,025	1,449,941
	Oct.	Nov.	Dec.	Jan.	Feb.	March
Prince Edward Island.....	12,118	12,166	12,179	12,129	12,265	12,280
Nova Scotia.....	78,070	78,820	79,824	82,048	83,376	84,172
New Brunswick.....	60,981	61,566	62,158	63,462	64,477	65,071
Quebec.....	417,714	419,914	424,109	438,733	443,605	445,669
Ontario.....	471,527	478,181	487,051	312,080	521,096	526,400
Manitoba.....	90,808	91,985	93,058	95,872	97,090	97,698
Saskatchewan.....	108,507	109,243	109,792	111,449	112,178	112,625
Alberta.....	106,844	108,524	110,178	113,456	114,600	115,198
British Columbia.....	112,296	114,652	116,855	122,477	125,188	126,622
Northwest Territories and Yukon.....	1,974	1,977	2,224	2,292	2,584	2,721
Total.....	1,460,839	1,477,028	1,497,428	1,553,998	1,576,459	1,588,456

Note.—Figures show the gross and do not include amounts subsequently cancelled or reduced received in connection with overpayments.

TABLE 42
(Family Allowances Division)

AVERAGE ALLOWANCE PER FAMILY
Fiscal Year 1946-47

Province	April	May	June	July	Aug.	Sept.
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	15 12	15 07	15 07	15 15	15 15	15 18
Nova Scotia.....	14 15	14 22	14 21	14 23	14 25	14 22
New Brunswick.....	15 62	15 62	15 62	15 56	15 59	15 52
Quebec.....	16 83	16 71	16 53	16 52	16 52	16 46
Ontario.....	12 36	12 36	12 36	12 39	12 37	12 33
Manitoba.....	12 96	12 93	12 94	12 94	12 93	12 76
Saskatchewan.....	14 00	13 97	13 95	13 99	13 96	13 89
Alberta.....	13 38	13 33	13 30	13 36	13 36	13 25
British Columbia.....	11 52	11 54	11 52	11 57	11 56	11 53
Northwest Territories and Yukon.....	24 01	14 00	13 54	13 43	13 37	13 19
CANADA.....	14 07	14 04	13 97	13 99	13 98	13 92
	Oct.	Nov.	Dec.	Jan.	Feb.	March
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	15 22	15 14	15 13	14 88	15 18	15 09
Nova Scotia.....	14 17	14 21	14 17	14 02	14 02	13 92
New Brunswick.....	15 45	15 47	15 42	15 36	15 33	15 22
Quebec.....	16 37	16 28	16 31	16 13	16 16	16 14
Ontario.....	12 31	12 25	12 20	12 08	12 04	12 05
Manitoba.....	12 68	12 75	12 72	12 65	12 53	12 62
Saskatchewan.....	13 83	13 78	13 76	13 71	13 73	13 75
Alberta.....	13 29	13 27	13 22	13 06	13 02	12 98
British Columbia.....	11 50	11 48	11 44	11 40	11 34	11 31
Northwest Territories and Yukon.....	13 14	13 43	13 14	13 06	13 14	13 12
CANADA.....	13 87	13 82	13 79	13 65	13 63	13 62

TABLE 43
(Family Allowances Division)

CHILDREN IN PAY
Fiscal Year 1946-47

Province	April	May	June	July	Aug.	Sept.
Prince Edward Island.....	30,572	30,550	30,456	30,590	30,581	30,635
Nova Scotia.....	183,663	182,776	183,048	183,528	184,183	184,789
New Brunswick.....	157,532	157,874	158,247	158,816	159,565	160,167
Quebec.....	1,136,789	1,143,591	1,145,797	1,146,713	1,154,447	1,162,197
Ontario.....	937,769	943,127	941,533	946,641	951,129	955,404
Manitoba.....	186,851	187,244	187,271	187,685	189,681	190,444
Saskatchewan.....	247,601	247,914	248,218	249,615	249,922	249,376
Alberta.....	230,844	230,977	231,312	233,306	235,250	231,520
British Columbia.....	205,610	206,020	205,785	208,485	209,180	213,093
Northwest Territories and Yukon.....	3,455	3,690	3,915	3,982	4,037	4,077
TOTAL.....	3,320,686	3,333,763	3,335,582	3,349,361	3,367,975	3,381,702
	Oct.	Nov.	Dec.	Jan.	Feb.	March
Prince Edward Island.....	30,806	30,895	30,910	30,467	31,165	31,203
Nova Scotia.....	185,195	186,813	188,768	192,591	195,256	196,530
New Brunswick.....	160,418	161,671	162,844	165,283	167,435	168,114
Quebec.....	1,164,641	1,166,379	1,174,526	1,203,313	1,221,791	1,230,312
Ontario.....	961,734	971,765	984,644	1,027,920	1,042,054	1,051,206
Manitoba.....	191,610	193,687	195,679	200,727	202,320	203,681
Saskatchewan.....	248,918	249,890	250,407	253,079	254,479	255,424
Alberta.....	234,134	234,747	238,434	242,203	243,449	248,512
British Columbia.....	213,750	221,464	225,293	235,955	239,109	242,010
Northwest Territories and Yukon.....	4,457	4,541	4,998	5,097	5,783	6,070
TOTAL.....	3,395,663	3,421,852	3,456,503	3,556,635	3,602,841	3,633,062

TABLE 44
(Family Allowances Division)

AVERAGE ALLOWANCE PER CHILD
Fiscal Year 1946-47

Province	April	May	June	July	Aug.	Sept.
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	5 93	5 91	5 95	5 94	5 94	5 97
Nova Scotia.....	5 92	5 95	5 96	5 98	5 97	5 98
New Brunswick.....	5 86	5 86	5 88	5 87	5 89	5 89
Quebec.....	5 95	5 91	5 85	5 87	5 88	5 87
Ontario.....	6 01	6 02	6 02	6 04	6 04	6 04
Manitoba.....	6 10	6 10	6 11	6 12	6 10	6 02
Saskatchewan.....	6 02	6 02	6 02	6 03	6 03	6 03
Alberta.....	6 03	6 03	6 02	6 03	6 04	6 03
British Columbia.....	6 02	6 03	6 06	6 06	6 09	6 03
Northwest Territories and Yukon.....	10 31*	6 03	5 88	5 86	5 86	5 82
CANADA.....	5 99	5 98	5 96	5 97	5 98	5 97
	Oct.	Nov.	Dec.	Jan.	Feb.	March
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	5 99	5 96	5 96	5 92	5 97	5 94
Nova Scotia.....	5 97	5 99	5 99	5 97	5 99	5 96
New Brunswick.....	5 87	5 89	5 89	5 90	5 90	5 89
Quebec.....	5 87	5 86	5 89	5 88	5 87	5 85
Ontario.....	6 04	6 03	6 03	6 02	6 02	6 03
Manitoba.....	6 01	6 06	6 05	6 04	6 01	6 05
Saskatchewan.....	6 03	6 03	6 03	6 04	6 05	6 06
Alberta.....	6 07	6 13	6 11	6 12	6 13	6 02
British Columbia.....	6 04	5 94	5 93	5 92	5 94	5 91
Northwest Territories and Yukon.....	5 82	5 85	5 84	5 87	5 87	5 88
CANADA.....	5 97	5 97	5 97	5 96	5 96	5 95

*Adjustment not made for retroactive payment due to late receipt of Indian and Eskimo registration forms.

TABLE 45
(Family Allowances Division)
TRANSFERS OF FAMILY ALLOWANCES ACCOUNTS BETWEEN PROVINCES
Fiscal Year 1946-47

	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T. and Yukon	Total
<i>Transfers In:—</i>											
April, 1946.....	10	91	81	172	515	184	285	199	463	7	2,007
May.....	35	89	36	231	566	219	290	405	424	10	2,305
June.....	47	124	96	284	746	293	402	182	626	14	2,814
July.....	37	95	139	470	744	204	290	505	668	24	3,177
August.....	21	111	98	293	576	227	227	307	484	19	2,363
September.....	23	93	108	240	559	224	226	240	598	24	2,335
October.....	30	77	90	196	826	222	238	429	638	24	2,770
November.....	30	111	143	242	800	330	236	348	784	32	3,056
December.....	24	104	75	451	672	203	177	232	631	16	2,585
January, 1947.....	21	92	84	180	395	184	193	263	735	11	2,158
February.....	15	85	52	198	428	173	131	260	439	9	1,790
March.....	13	67	104	230	450	178	129	210	460	19	1,860
Total.....	306	1,139	1,106	3,187	7,277	2,641	2,824	3,581	6,950	200	29,220
<i>Transfers Out:—</i>											
April, 1946.....	35	151	90	250	370	261	256	276	270	3	1,962
May.....	32	277	154	209	582	521	263	541	350	12	2,941
June.....	44	179	150	371	789	322	447	165	536	3	3,006
July.....	27	184	85	514	697	287	391	333	268	6	2,792
August.....	29	94	85	291	453	295	449	309	344	7	2,326
September.....	27	188	85	404	477	388	298	308	253	15	2,443
October.....	27	220	165	246	687	328	468	594	298	9	3,042
November.....	28	188	120	197	441	272	530	364	274	4	2,418
December.....	41	139	84	252	552	269	601	319	226	5	2,488
January, 1947.....	46	104	79	173	412	164	456	285	113	5	1,837
February.....	28	72	88	294	319	228	352	314	219	5	1,919
March.....	20	125	87	217	314	199	314	290	193	4	1,763
Total.....	384	1,921	1,272	3,388	6,063	3,434	4,825	4,098	3,344	78	28,938

TABLE 46
(Family Allowances Division)
COMPARATIVE STATEMENT OF FAMILY ALLOWANCES PAYMENTS
March, 1946, and March, 1947

Province	March, 1946						March, 1947					
	Families in pay			Children in pay			Families in pay			Children in pay		
	Number	Average allowance	Amount paid	Number	Average allowance	Amount paid	Number	Average allowance	Amount paid	Number	Average allowance	Amount paid
Prince Edward Island.....	11,999	15 09	181,007	30,541	5 93	181,007	12,280	15 09	185,368	31,203	5 94	185,368
Nova Scotia.....	76,789	14 17	1,087,899	183,447	5 93	1,087,899	84,172	13 92	1,171,436	196,530	5 96	1,171,436
New Brunswick.....	58,933	15 66	923,155	156,961	5 88	923,155	65,071	15 22	990,720	168,114	5 89	990,720
Quebec.....	396,904	16 71	6,634,200	1,118,540	5 93	6,634,200	445,669	16 14	7,195,361	1,230,312	5 85	7,195,361
Ontario.....	456,219	12 43	5,672,760	937,982	6 05	5,672,760	526,400	12 05	6,343,706	1,051,206	6 03	6,343,706
Manitoba.....	87,252	12 84	1,120,206	184,692	6 06	1,120,206	97,698	12 62	1,233,324	203,681	6 05	1,233,324
Saskatchewan.....	106,067	14 04	1,488,989	248,319	6 00	1,488,989	112,625	13 75	1,548,593	255,424	6 06	1,548,593
Alberta.....	103,804	13 40	1,391,070	230,767	6 03	1,391,070	115,198	12 98	1,495,057	248,512	6 02	1,495,057
British Columbia.....	106,840	11 52	1,231,304	204,754	6 01	1,231,304	126,622	11 31	1,431,689	242,010	5 91	1,431,689
Northwest Territories and Yukon.....	1,344	16 88	22,683	3,097	7 32*	22,683	2,721	13 12	35,694	6,070	5 88	35,694
Total.....	1,406,151	14 05	19,753,273	3,299,100	5 99	19,753,273	1,588,456	13 62	21,630,948	3,633,062	5 95	21,630,948

*Adjustment not made for retroactive payment due to late receipt of Indian and Eskimo registration forms.

TABLE 47
(Family Allowances Division)

CLASSIFICATION OF FAMILIES BY NUMBER OF CHILDREN SHOWING INCREASES
IN NUMBER OF FAMILIES, WITH PERCENTAGES
Fiscal Year 1946-47

Number of children in family	Number of families as at * July 1, 1945	Number of families as at March 31, 1946	Number of families as at March 31, 1947	Increase between March 31, 1946 and March 31, 1947	
				Number	Percentage
					%
1 child.....	463,582	554,026	645,684	91,658	16.6
2 children.....	343,542	385,464	444,415	58,951	15.3
3 ".....	193,392	207,241	231,494	24,253	11.8
4 ".....	101,977	114,992	120,872	5,880	5.1
5 ".....	59,355	63,676	67,024	3,348	5.2
6 ".....	33,337	37,352	38,012	660	1.2
7 ".....	21,719	21,486	21,967	481	2.2
8 ".....	11,861	12,164	12,471	307	2.5
9 ".....	6,052	6,210	6,349	139	2.2
10 ".....	2,631	2,871	2,907	36	1.2
11 ".....	811	1,132	1,152	20	1.8
12 ".....	150	320	307	-13	-4.1
13 ".....	44	106	78	-28	-26.4
14 ".....	6	13	17	4	31.0
15 ".....	2	1	2	1	100.0

* These figures represent a situation where initial registration was only partially completed.

TABLE 48
(Family Allowances Division)

STATE OF BIRTH VERIFICATION
as of March 31, 1947

Province	Balance still to be verified	Percentage completed
		%
Prince Edward Island.....	486	98.4
Nova Scotia.....	6,777	96.5
New Brunswick.....	10,501	94.8
Quebec.....	1,230,932	*
Ontario.....	131,920	87.4
Manitoba.....	4,052	98.0
Saskatchewan.....	14,258	94.5
Alberta.....	6,343	97.5
British Columbia.....	10,939	95.5
Northwest Territories and Yukon.....	1,251	79.4

* Verification had barely begun in Quebec at this date.

TABLE 49
(Family Allowances Division)

ACCOUNTS IN PAY THROUGH CHILD-PLACING AGENCIES (PUBLIC AND PRIVATE)
as of March 31, 1947

Prince Edward Island.....	.....
Nova Scotia.....	658
New Brunswick.....	62
Quebec.....	800
Ontario.....	5,343
Manitoba.....	705
Saskatchewan.....	599
Alberta.....	497
British Columbia.....	980
Northwest Territories and Yukon.....	.....
Total.....	9,644

TABLE 50
(Old Age Pensions Division)

NUMBER OF PENSIONERS AND PERCENTAGE OF POPULATION, BY PROVINCES
Fiscal Year 1946-47

Province	Number of Pensioners	*Percentage of pensioners to total population	*Percentage of pensioners to population over 70 years of age
Alberta.....	12,738	1.59	43.92
British Columbia.....	18,039	1.80	35.37
Manitoba.....	13,583	1.87	43.82
New Brunswick.....	13,360	2.78	60.73
Nova Scotia.....	15,403	2.52	46.68
Ontario.....	65,085	1.58	31.29
Prince Edward Island.....	2,112	2.25	35.20
Quebec.....	54,489	1.50	45.79
Saskatchewan.....	14,204	1.71	44.39
Northwest Territories.....	16	0.13	8.74
Canada.....	209,029	1.70	39.37

*Percentages based on the estimated population as at June 1, 1946—Dominion Bureau of Statistics.

TABLE 51

(Old Age Pensions Division)

TOTAL PAYMENTS AND AVERAGE MONTHLY PAYMENTS, BY PROVINCES
Fiscal Year 1946-47

Province	Average monthly pension	Dominion payments for fiscal year 1946-47	Dominion payments since inception of Act
	\$ cts.	\$ cts.	\$ cts.
Alberta.....	24 11	2,699,425 03	26,548,213 59
British Columbia.....	24 22	3,767,623 23	36,662,529 96
Manitoba.....	24 53	2,826,747 15	33,437,277 81
New Brunswick.....	22 68	2,649,019 60	19,162,121 62
Nova Scotia.....	22 76	3,093,204 05	27,370,182 59
Ontario.....	24 52	13,886,363 96	157,074,038 97
Prince Edward Island.....	19 36	350,808 13	2,918,178 18
Quebec.....	24 01	11,466,940 27	88,349,133 09
Saskatchewan.....	24 37	3,085,226 48	32,318,988 24
Northwest Territories.....	24 69	4,222 08	35,587 88
Total.....		43,829,579 98	423,876,251 93

TABLE 52

(Old Age Pensions Division)

NUMBER OF BLIND PENSIONERS AND PERCENTAGE OF POPULATION,
BY PROVINCES
Fiscal Year 1946-47

Province	Number of pensioners	*Percentage of pensioners to total population
Alberta.....	290	0.036
British Columbia.....	370	0.037
Manitoba.....	391	0.054
New Brunswick.....	758	0.158
Nova Scotia.....	685	0.112
Ontario.....	1,623	0.040
Prince Edward Island.....	121	0.129
Quebec.....	2,709	0.015
Saskatchewan.....	363	0.044
Northwest Territories.....	1	0.008
Canada.....	7,311	0.059

* Percentages based on the estimated population as at June 1, 1946—Dominion Bureau of Statistics.

TABLE 53
(Old Age Pensions Division)

TOTAL PAYMENTS TO BLIND AND AVERAGE MONTHLY PAYMENTS, BY PROVINCES
Fiscal Year 1946-47

Province	Average monthly pension	Dominion payments for fiscal year 1946-47	Dominion payments since inception of Act
	\$ cts.	\$ cts.	\$ cts.
Alberta.....	24 51	62,155 43	382,620 16
British Columbia.....	24 59	80,435 16	546,075 13
Manitoba.....	24 71	86,624 75	560,831 60
New Brunswick.....	24 65	166,413 70	1,209,686 54
Nova Scotia.....	24 25	147,485 80	1,037,646 25
Ontario.....	24 71	359,859 91	2,559,080 44
Prince Edward Island.....	22 84	24,211 44	156,607 79
Quebec.....	24 73	605,760 62	3,852,703 17
Saskatchewan.....	24 83	81,938 78	542,569 24
Northwest Territories.....	25 00	250 00	250 00
Total.....		1,615,135 59	10,848,070 32

TABLE 54
(Physical Fitness Division)

NATIONAL PHYSICAL FITNESS FUND
as at March 31, 1947

ADMINISTRATION

Balance from fiscal year 1945-46.....	\$ 3,475.5c
Parliamentary Appropriation, 1946-47.....	50,000.00
	<u>\$ 53,475.55</u>

Expenditures—

Salaries.....	\$ 12,079.01
Other Paylist Items.....	213.36
Educational and Informational Publicity.....	7,702.78
Telephones, Telegrams and Postage.....	455.57
Equipment.....	24.51
Sundries.....	159.98
Professional and Special Services.....	600.00
Materials and Supplies.....	905.90
Freight, Cartage and Express.....	97.45
Transportation and Travel.....	5,250.68
	<u>27,489.24</u>

Balance at end of fiscal year 1946-47.....	\$ 25,986.31
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ASSISTANCE TO PROVINCES

Balance from fiscal year 1945-46.....	\$175,444.88
Parliamentary Appropriation, 1946-47.....	150,000.00
	<u>\$ 325,444.88</u>

Expenditures—

Prince Edward Island.....	\$ 2,635.49
Nova Scotia.....	12,486.48
Manitoba.....	7,484.92
Saskatchewan.....	17,545.75
Alberta.....	15,515.61
British Columbia.....	32,031.50
	<u>87,699.75</u>

Balance at end of fiscal year 1946-47.....	\$237,745.13
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TABLE 55

(War Charities Division)

RECEIPTS AND EXPENDITURES OF FUNDS REGISTERED UNDER THE
WAR CHARITIES ACT
Calendar Year 1946

Number of Funds and Branches Reporting.....		2,063
RECEIPTS		
Balance on Hand, December 31, 1945.....		\$ 23,700,298.61
Contributions.....	\$ 9,906,686.25	
Special Projects.....	3,577,409.18	
From Other Funds.....	1,716,542.91	
Miscellaneous.....	123,373.09	
Bonds Sold and Loans Repaid.....	429,110.88	
		<u>15,753,122.31</u>
		\$ 39,453,420.92
Less Donations to and from Registered Funds.....		2,177,512.29
Total Receipts.....		<u>\$ 37,275,908.63</u>
EXPENDITURES		
Administration.....	\$ 2,634,893.29	
Publicity and Advertising Expenses.....	643,964.06	
Comforts and Services to Service Personnel.....	2,935,731.40	
Relief to Allied Nations.....	9,324,712.23	
To Non-Registered Funds.....	2,807,958.36	
War Memorials.....	2,329,032.41	
Special Projects Expenses.....	961,505.86	
Miscellaneous Expenses.....	24,412.67	
Total Expenditures.....		<u>21,662,210.28</u>
Plus Balance on Hand December 31, 1946—		
Cash.....	12,125,251.28	
Bonds and Capital Investments.....	3,448,737.70	
Money held in Trust.....	39,709.44	
		<u>15,613,698.35</u>
		\$ 37,275,908.63

TABLE 56
(Information Services Division)

HEALTH EDUCATION FILMS AND FILM STRIPS

(The following are current and pending productions of the Department of National Health and Welfare, all made, unless otherwise noted, by the National Film Board of Canada. Those still to be released are marked by an asterisk.)

* *Cancer* (Working Title)—Twenty minutes; sound; colour; English and French.

Will emphasize the problems associated with cancer research. Special attention is given to the techniques employed and the immensity of the field to be covered in understanding the fundamental nature of cell growth in general and of cancer cells in particular.

Condition Improved—Thirty minutes; sound black and white; English. Produced in conjunction with the Department of Veterans Affairs.

Portrays the role of occupational therapy in restoring patients to normal. Both the physical and psychological aspects of such therapy are considered and illustrated in the treatment of war casualties, industrial accident cases, and children suffering from polio, tuberculosis, cardiac and spastic conditions. The latter portion of the film deals with co-operation between the therapist and the psychiatrist in the treatment of psychoneuroses.

* *Drug Addict*—Twenty minutes; sound; black and white; English and French.

Will give a glimpse into the illicit drug racket in Canada, stressing the great economic loss to the country through thefts and increasing expenditures in the prosecution of criminals. The role of the Narcotic Division of the Department of National Health and Welfare in controlling legal importation and illegal trafficking in drugs is shown as well as that of such enforcement agencies as the Royal Canadian Mounted Police and Customs authorities.

The Feeling of Rejection—Twenty-one minutes; sound; black and white; English.

The first in a proposed series of films entitled *Mental Mechanisms*, designed to illustrate the development of personality factors which often lead to emotional difficulties and physical distress. The film is a valuable aid in group psycho-therapy, and is useful for parent-teacher education and in the instruction of social workers, nurses and medical students.

* *Fit For Tomorrow*—Five minutes; sound; black and white; English.

Designed as a leader for a series, dealing with the need for physical fitness and for community recreation programs to ensure that fitness is enjoyed by all. The film will outline the help available in such programs under the Physical Fitness Act.

* *Get Rid of Rats!*—Ten minutes; sound; black and white; English.

Will deal with pest control in towns and cities and show damage done by rodents, pointing out reasons for and modern methods of control.

* *Hostility*—Twenty minutes; sound; black and white; English.

The second in the *Mental Mechanisms* series which began with *The Feeling of Rejection*. This film is also intended as an instrument for use in group therapy.

- * *Immunization* (Working Title)—Twenty minutes; sound; black and white; English and French.

Will show the general principles of immunization and the need for proper protection in the first year and pre-school age, and will point out the responsibility of the individual in protecting not only his own family but the community as a whole.

- Internal Triangle* (Filmstrip)—Fifty frames; silent; colour; English and French.

Describes the adventures of two teen-age girls with Canada's food rules. Script is in rhyme, bringing out in interesting form the adaption of the various food groups to meal planning.

- Introducing Baby* (Filmstrip)—Fifty-eight frames; recording, 4 sides, 12"; colour; English and French.

Gives detailed information on the care of mother and child from the time the baby is born until the weaning period.

- Johnny Eats His Vegetables* (Filmstrip)—Thirty-two frames; silent; colour; English and French.

The first of a series entitled *Why We Eat*. Johnny learns how important it is to eat vegetables and grows up to be a football hero. Teaching points covered in the story are: the value of eating a variety of vegetables, the food rules on vegetables and the general good effect of eating vegetables, such as vitality and endurance. The series will include one on the general aspects of nutrition, others on the food groups—milk, fruits, cereals and bread, and meats.

- Know Your Baby*—Eleven minutes; sound; colour; English. (Crawley Films, Ottawa.)

Illustrates approved methods of psychological care of the newborn infant. A home situation is shown where other children are present, and an indication is given of the consideration and understanding necessary until the family adjusts itself to the demands of the newcomer. The following aspects of the care of the infant are highlighted, and their psychological implications stressed: clothing and bedding; the bath; breast feeding and bottle feeding; maintenance of normal home atmosphere; and prevention of any feeling of neglect in older children in the home.

- Let's Look At Water*—Twenty-two minutes; sound; black and white; English and French.

Describes the purification of a city's water supply. Indicates the necessity of water to all forms of life and illustrates how water may become contaminated and a source of disease. Each stage of purification in a typical modern filtration plant is shown, together with the complex system of underground mains serving all parts of a city. The safeguarding of water supplies on common carriers (trains, ships, aircraft) through regular government laboratory analyses is illustrated, and the film closes with a glimpse of recent developments in the treatment of water supplies, including the addition of fluorine as protection against tooth decay, the treatment of sewage, etc.

- Mother And Her Child*—Fifty minutes; sound; colour; English and French.

Based on the book *The Canadian Mother and Child*. Part 1 covers behaviour and care during pregnancy with a brief description of preparations for home confinement if such is necessary. The need for medical atten-

tion throughout this period is stressed. Part 2 deals with the visible and psychological development of the child from birth to the end of the first year. Pointers are given on feeding, bathing and clothing the child.

Nine To Get Ready (Filmstrip)—Fifty-three frames; recording, 3 sides, 12"; colour; English and French.

Covers the essential points in pre-natal care to ensure the best possible start in life for babies; the importance is stressed of regular visits to the doctor, of a complete physical check-up, proper diet and plenty of exercise during the nine months of pregnancy. Warnings against running the risk of infection and practical hints on maintaining a cheerful outlook throughout this period are also included.

* *Out Beyond Town*—Ten minutes; sound; black and white; English.

Will show modern sanitation practices in rural areas, emphasizing the need for cleanliness of food, milk supply, water sources, privies, farm homes and rural schools.

Peppo (Filmstrip)—Seventy-six frames; recording, 2 sides, 12"; colour; English and French.

A new character is introduced in this filmstrip—"Peppo", a bright little fellow who pops out of a Family Allowances cheque. By means of colourful illustrations, Peppo demonstrates how a family can spend this allowance wisely to provide a healthy diet essential to growing children. He shows which foods contain the various vitamins, minerals and proteins and how they may be combined to form a balanced meal.

* *Restaurant Sanitation* (Working Title)—Two reels; sound; black and white; English and French planned.

Will indicate the important role a restaurant plays as a "public utility". The film will emphasize the vital need for care in food handling, cleanliness of staff and premises and the regular inspection of buildings and methods to ensure safe food at all times.

Rural Health—Eighteen minutes; sound; black and white; English and French. Produced in conjunction with the Province of Manitoba.

Tells the story of the first health unit in Manitoba, at Dauphin in the northwestern part of the province. It deals with preventive medicine as it applies to the rural community and emphasizes the need for a planned rural health program.

Rural School Lunches (Filmstrip)—Fifty-six frames; silent; black and white; English and French. (Script available.)

Children who are unable to go home for a hot meal in the middle of the day are often inadequately nourished. This filmstrip describes plans by which mothers and teachers can make sure that each child is well fed at midday. The "Minimum Scheme" provides for one hot dish, prepared at school; the "Small Group Plan" entails the preparation by each of several mothers of one item for their children's lunch menu; under the "Complete Co-operative System", food supplies are purchased with joint funds and prepared entirely at school. This filmstrip should provide practical suggestions of use to teachers and mothers of rural school children.

Sixteen To Twenty-Six—Eighteen minutes; sound; colour or black and white; English and French.

Designed for female audiences, this film presents facts about the extent, transmission, course of infection, symptoms and treatment of gonorrhoea and syphilis. Presented as an informal lecture by a physician, the film

emphasizes the extent of V.D. as compared with other communicable diseases. Syphilis and gonorrhoea are shown to be two distinct diseases, highly contagious, but curable particularly in the early stages.

Small Fry—Eleven minutes; sound; black and white; English and French. (Originally released through the *Canada Carries On* series.)

An illustration of the provisions being made for the welfare of Canada's children. The film points out improvements in education, diet, and environment which have become apparent in recent years, partly due to Family Allowances. The picture ends with a warning that the world, now entering an unexplored technical age, will rest with the men and women who are today's children.

Something To Chew On—Twenty minutes; sound; colour; English. (Shelly Films, Toronto.)

A film for parents, showing the correct method for the care of children's teeth. Stress is laid on the importance of early training and proper diet for the development of strong healthy teeth. Examples of the lack of proper care are shown as contrast. The film also suggests services that are desirable in a modern community for the proper care and regular treatment of children's teeth.

Stanley Takes A Trip—Twenty minutes; sound; colour cartoon; English and French.

Principally designed for children, this film shows in an entertaining cartoon fashion the foods required by a normal growing boy. Stanley is shown at the opening as being listless and tired even though he has supposedly just finished breakfast. Various farm animals are called in to emphasize the lessons of the film. Stanley finally comes home to discover that his mother has just returned from the store with a basket of food identical with the one the animals have helped him to gather.

Very Dangerous—Seventeen minutes; sound; colour or black and white; English and French.

Designed for male audiences, this film presents facts about the extent, transmission, course of infection, symptoms and treatment of gonorrhoea and syphilis. Presented as an informal lecture by a physician, the film emphasizes the extent of V.D. as compared with other communicable diseases. Syphilis and gonorrhoea are shown to be two distinct diseases, highly contagious, but curable particularly in the early stages.

What's On Your Mind—Ten minutes; sound; black and white; English. (Originally released in the *Canada Carries On* series.)

Indicates some of the ill effects of today's problems on the mental health of individuals, describes the progress scientists are making in the treatment of mental and emotional disorders, and exposes a few of the current fads and quack practices.

Your Morning Milk—Twenty minutes; sound; black and white; English and French.

Directed at both producers and consumers, this film describes the proper handling of milk right from the herd to the kitchen and dining room, including comments on the value of pasteurization.

TABLE 57

(Information Services Division)

HEALTH EDUCATION PUBLICATIONS AND POSTERS

(The following health education material is produced by the Department of National Health and Welfare and printed in quantity for free distribution to provincial departments for use by health educators, nutritionists, industrial health personnel, sanitarians and others. All publications and posters are produced in both English and French except those marked with an asterisk, which are produced in English only.)

BOOKS, PAMPHLETS, FOLDERS

- The Canadian Mother and Child.*
Sanitation—Sewage Treatment for Isolated Houses and Small Institutions.
Wells.
Home Treatment of Rural Water Supplies.
Housing.
Air Conditioning and Heating in Relation to Health.
What You Should Know About Tuberculosis.
The Rat Menace.
Noise and Vibration Control.
 * *Smoking.*
Care of the Feet.
Obedience—How can I Teach My Child to Obey?
Healthful Living. (Children's Teeth)
Your Baby's Teeth. (Booklet)
Your Child's Teeth. (Folder)
Polio. (Infantile Paralysis)
How well Fed Are You?
Let's Talk Food, Mother.
Mother! The School Lunch!
It's Good Business, Girls, to Eat Well.
The Lunch Box is on the March.
If You Eat . . .
Score Sheet for Each Day's Meals.
Canada's Food Rules.
Skin Diseases in Industry. (Industrial Health Booklet)
Save Your Eyes.
Victory Over Disease. (Venereal Disease Booklet)
 * *Stop This. (Venereal Disease Booklet)*

POSTERS

Nutrition—

- Eat A Good Breakfast.*
Eat A Good Lunch.
Eat A Good Third Meal.
 * *Eat Right—Score High.*
 * *Meal Patterns.*
Milk for Everyone.
Canada's Food Rules.
Eat Vegetables Every Day.
Kitchen Wall Chart.

TABLE 58
(Personnel Division)

TOTAL PERMANENT AND TEMPORARY STAFF OF THE DEPARTMENT
as at March 31, 1947

	Permanent	Temporary	Total
ADMINISTRATION BRANCH—			
Minister's Office.....	4	17	21
Departmental Library.....		4	4
Departmental Secretary's Division.....	16	55	71
Information Services Division.....	5	10	15
Legal Division.....	1	2	3
Personnel Division.....	8	35	43
Purchasing and Supply Division.....	3	19	22
Research Division.....	2	11	13
Total.....	39	153	192
HEALTH BRANCH—			
Health Branch Administration.....	4	9	13
Advertising and Labels Division.....		4	4
Blindness Control Division.....	2	1	3
Child and Maternal Health Division.....	3	3	6
Civil Service Health Division.....	6	26	32
Dental Health Division.....		2	2
Epidemiology Division.....		1	1
Food and Drugs Division.....	56	51	107
Health Insurance Studies, Directorate of.....		1	1
Hospital Design Division.....	1	3	4
Indian Health Services, Directorate of.....	56	454	510
Industrial Health Division.....	2	12	14
Laboratory of Hygiene.....	13	49	62
Mental Health Division.....		2	2
Nutrition Division.....	1	30	31
Narcotic Division.....	9	19	28
Public Health Engineering Division.....	8	19	27
Proprietary or Patent Medicine Division.....	5	3	8
Quarantine, Immigration Medical Service, and Treatment of Sick Mariners.....	44	99	143
Venereal Disease Control Division.....		7	7
Total.....	210	795	1,005
WELFARE BRANCH—			
Welfare Branch Administration.....	1	5	6
Family Allowances Division.....	41	654	695
Old Age Pensions Division.....	12	1	13
Physical Fitness Division.....		5	5
Voluntary War Relief Division.....		5	5
War Charities Division.....		7	7
Total.....	54	677	731
Grand Total.....	303	1,625	1,928

NOTE:—

At the end of the fiscal year 208 persons were employed on a casual hourly rate basis in the Indian Health Services Directorate of the Health Branch.

At the end of the fiscal year 118 persons were employed on a casual hourly rate basis in the Family Allowances Division of the Welfare Branch.

TABLE 59

(Chief Treasury Officer)

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947

Ordinary Appropriations

Vote No.	Name of Vote	Allotment	Net Expenditure	Unexpended Balance	Commitments forwarded to 1947-48
		\$ cts.	\$ cts.	\$ cts.	\$ cts.
Statutory	Minister — Salary and Motor Car Allowance.....	12,000 00	12,000 00		
"	Miscellaneous Gratuities.....	250 00	250 00		
"	Family Allowances Payments.....	245,140,531 59	245,140,531 59		
"	Old Age Pensions (including Pensions to the Blind).....	35,927,514 20	35,927,514 20		
200 } 785 }	Departmental Administration—				
	Salaries.....	348,666 00	300,366 05	48,299 95	
	Other Paylist Items.....	5,634 00	4,927 25	706 75	
	Publicity and Information.....	50,000 00	42,765 91	7,234 09	5,585 69
	Telephones, Telegrams and Postage....	8,000 00	7,813 51	186 49	
	Equipment.....	41,500 00	30,295 71	11,204 29	9,850 35
	Sundries.....	2,200 00	2,025 43	174 57	49 81
	Professional and Special Services.....	1,000 00	205 76	794 24	
	Materials and Supplies.....	52,000 00	33,933 97	18,066 03	10,582 54
	Freight, Cartage and Express.....	1,000 00	993 98	6 02	
	Transportation and Travelling Expenses.....	15,000 00	10,763 68	4,236 32	
		525,000 00	434,091 25	90,908 75	26,068 39
201 } 786 }	Health Branch Administration—				
	Salaries.....	83,600 00	47,413 25	36,186 75	
	Other Paylist Items.....	806 00	645 39	160 61	
	Publicity and Information.....	100,000 00	23,246 12	76,753 88	13,013 50
	Telephones, Telegrams and Postage....	2,000 00	524 63	1,475 37	
	Equipment.....	2,500 00	118 37	2,381 63	361 00
	Sundries.....	2,000 00	747 14	1,252 86	
	Professional and Special Services.....	5,000 00	628 30	4,371 70	
	Materials and Supplies.....	5,000 00	3,068 83	1,931 17	62 61
	Freight, Cartage and Express.....	500 00	83 36	416 64	
	Transportation and Travelling Expenses.....	18,866 00	6,790 14	12,075 86	
	Contribution to the International Office of Public Health, Paris, France.....	6,265 00	6,156 21	108 79	
		226,537 00	89,421 74	137,115 26	13,437 11
202 } 787 }	Food and Drugs—				
	Salaries.....	258,311 00	235,247 57	23,063 43	
	Other Paylist Items.....	2,989 00	2,511 17	477 83	
	Telephones, Telegrams and Postage....	4,340 00	2,929 33	1,410 67	
	Equipment.....	29,300 00	18,089 42	11,210 58	10,648 24
	Sundries.....	7,250 00	5,746 18	1,503 82	142 55
	Professional and Special Services.....	17,700 00	5,651 56	12,048 44	
	Materials and Supplies.....	34,800 00	25,276 85	9,523 15	5,821 59
	Freight, Cartage and Express.....	1,150 00	1,015 67	134 33	
	Transportation and Travelling Expenses.....	29,400 00	18,312 98	11,087 02	
		385,240 00	314,780 73	70,459 27	16,612 38

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—*Con.*

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
203 788	Opium and Narcotic Drugs—								
	Salaries.....	54,920	00	46,826	31	8,093	69		
	Other Paylist Items.....	300	00	190	48	109	52		
	Telephones, Telegrams and Postage....	300	00	223	02	76	98		
	Equipment.....	100	00	97	90	2	10		
	Sundries.....	200	00	107	72	92	28		
	Professional and Special Services.....	29,500	00	29,464	16	35	84		
	Materials and Supplies.....	2,000	00	1,840	43	159	57		110 00
	Transportation and Travelling Expenses.....	7,500	00	4,179	90	3,320	10		
		94,820	00	82,929	92	11,890	08		110 00
204	Proprietary or Patent Medicines—								
	Salaries.....	16,230	00	13,695	44	2,534	56		
	Other Paylist Items.....	102	00	39	51	62	49		
	Telephones, Telegrams and Postage....	100	00	24	67	75	33		
	Equipment.....	300	00	130	66	169	34		113 00
	Sundries.....	100	00	29	96	70	04		
	Professional and Special Services.....	2,000	00	1,500	00	500	00		
	Materials and Supplies.....	500	00	376	98	123	02		49 15
	Transportation and Travelling Expenses.....	500	00	108	45	391	55		
		19,832	00	15,905	67	3,926	33		162 15
205 789	Quarantine and Leprosy—								
	Salaries.....	167,080	00	151,592	99	15,487	01		
	Other Paylist Items.....	1,027	00	693	96	333	04		
	Telephones, Telegrams and Postage....	3,000	00	2,946	37	53	63		
	Equipment.....	39,500	00	31,199	72	8,300	28		6,090 45
	Sundries.....	4,700	00	2,891	41	1,808	59		84 13
	Professional and Special Services.....	9,125	00	9,125	00				
	Materials and Supplies.....	18,000	00	12,839	40	5,160	60		1,448 26
	Freight, Cartage and Expenses.....	1,000	00	224	69	775	31		
	Transportation and Travelling Expenses.....	6,000	00	5,334	08	665	92		
	Lands and Buildings.....	14,875	00	10,000	00	4,875	00		
		264,307	00	226,847	62	37,459	38		7,622 84
206 790	Laboratory of Hygiene—								
	Salaries.....	138,675	00	114,579	73	24,095	27		
	Other Paylist Items.....	4,065	00	3,400	09	664	91		
	Telephones, Telegrams and Postage....	700	00	596	33	103	67		
	Equipment.....	25,300	00	13,029	43	12,270	57		5,273 42
	Sundries.....	1,500	00	1,232	24	267	76		125 89
	Professional and Special Services.....	1,000	00	183	50	816	50		
	Materials and Supplies.....	30,000	00	27,642	27	2,357	73		1,827 00
	Freight, Cartage and Express.....	1,200	00	1,042	69	157	31		
	Transportation and Travelling Expenses.....	9,000	00	8,371	88	628	12		
		211,440	00	170,078	16	41,361	84		7,226 31
207 791	Immigration Medical Inspection—								
	Salaries.....	76,745	00	63,040	55	13,704	45		
	Other Paylist Items.....	4,810	00	4,750	62	59	38		
	Telephones, Telegrams and Postage....	3,750	00	2,013	42	1,736	58		
	Equipment.....	15,000	00	2,211	93	12,788	07		646 59
	Sundries.....	3,500	00	1,632	42	1,867	58		8 11
	Professional and Special Services.....	500	00	100	00	400	00		
	Materials and Supplies.....	3,000	00	1,994	81	1,005	19		
	Freight, Cartage and Express.....	100	00	66	73	33	27		
	Transportation and Travelling Expenses.....	8,500	00	7,484	22	1,015	78		
	Rents.....	9,000	00	4,389	08	4,610	92		
		124,905	00	87,683	78	37,221	22		654 70

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—Con.

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
208 } 792 }	Child and Maternal Health—								
	Salaries.....	25,995	00	20,028	09	5,966	91		
	Other Paylist Items.....	214	00	147	54	66	46		
	Publicity and Information.....	80,134	00	59,535	84	20,598	16	19,963	79
	Equipment.....	500	00	91	31	408	69		5 10
	Sundries.....	500	00	121	19	378	81		20 82
	Professional and Special Services.....	100	00			100	00		
	Materials and Supplies.....	1,000	00	612	20	387	80		20 85
	Freight, Cartage and Express.....	2,000	00	1,283	61	716	39		
	Transportation and Travelling Expenses.....	10,000	00	4,617	96	5,382	04		
			120,443	00	86,437	74	34,005	26	
209 } 793 }	Public Health Engineering—								
	Salaries.....	68,300	00	57,243	08	11,056	92		
	Other Paylist Items.....	2,143	00	1,579	63	563	37		
	Publicity and Information.....	30,000	00	27,471	47	2,528	53		500 00
	Telephones, Telegrams and Postage.....	3,500	00	1,434	61	2,065	39		
	Equipment.....	18,500	00	5,820	52	12,679	48		4,238 84
	Sundries.....	4,000	00	889	86	3,110	14		103 96
	Professional and Special Services.....	10,000	00	1,198	30	8,801	70		
	Materials and Supplies.....	10,425	00	5,747	75	4,677	25		4,654 40
	Freight, Cartage and Express.....	500	00	296	78	203	22		
	Transportation and Travelling Expenses.....	26,475	00	19,705	19	6,769	81		
		173,843	00	121,387	19	52,455	81		9,497 20
210 } 794 } 639 }	Treatment of Sick Mariners—								
	Salaries.....	51,730	00	50,382	47	1,347	53		
	Other Paylist Items.....	393	00	318	55	74	45		
	Telephones, Telegrams and Postage.....	800	00	581	68	218	32		
	Equipment.....	3,000	00	1,863	08	1,136	92		403 50
	Sundries.....	2,500	00	2,487	69	12	31		
	Professional and Special Services.....	265,000	00	264,878	90	121	10		
	Materials and Supplies.....	40,000	00	32,901	19	7,098	81		665 64
	Transportation and Travelling Expenses.....	3,000	00	2,118	15	881	85		
	Lands and Buildings.....	3,000	00	1,139	21	1,860	79		
	Rents.....	2,400	00	1,610	17	789	83		
		371,823	00	358,281	09	13,541	91		1,069 14
211 } 795 }	Industrial Health—								
	Salaries.....	47,810	00	32,215	34	15,594	66		
	Other Paylist Items.....	2,181	00	1,926	25	254	75		
	Publicity and Information.....	20,500	00	12,410	08	8,089	92		5,422 38
	Telephones, Telegrams and Postage.....	500	00	492	42	7	58		
	Equipment.....	21,400	00	15,278	18	6,121	82		3,784 77
	Sundries.....	1,160	00	980	07	179	93		51 23
	Professional and Special Services.....	1,000	00	1,000	00				
	Materials and Supplies.....	8,500	00	5,194	01	3,305	99		519 75
	Freight, Cartage and Express.....	100	00	94	70	5	30		
	Transportation and Travelling Expenses.....	10,000	00	7,978	21	2,021	79		
		113,151	00	77,569	26	35,581	74		9,778 13

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—Con.

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
212	Civil Service Health Division (Including Medical Investigation Division)—								
	Salaries.....	118,422	00	46,105	57	72,316	43		
	Other Paylist Items.....		227 00		173 42		53 58		
	Publicity and Information.....	18,000	00		12 00	17,988	00		
	Telephones, Telegrams and Postage.....		650 00		93 13		556 87		
	Equipment.....	20,929	00	8,979	11	11,949	89	1,678	41
	Sundries.....	5,250	00		116 54	5,133	46		18 59
	Professional and Special Services.....	6,500	00		976 50	5,523	50		
	Materials and Supplies.....	5,000	00	3,533	92	1,466	08		322 13
	Freight, Cartage and Express.....		600 00		34 44		565 56		
	Transportation and Travelling Expenses.....	4,500	00	1,087	75	3,412	25		
		180,078	00	61,112	38	118,965	62		2,019 13
213 } 796 }	Nutrition Service—								
	Salaries.....	63,380	00	58,069	51	5,310	49		
	Other Paylist Items.....		427 00		308 35		118 65		
	Publicity and Information.....	60,627	00	51,658	27	8,968	73		3,657 67
	Telephones, Telegrams and Postage.....		200 00		110 84		89 16		
	Equipment.....	4,634	00	2,521	82	2,112	18		2,000 61
	Sundries.....		800 00		181 56		618 44		11 71
	Professional and Special Services.....	7,000	00	1,200	00	5,800	00		
	Materials and Supplies.....	4,624	00	3,345	09	1,278	91		417 08
	Freight, Cartage and Express.....		1,300 00		1,134 60		165 40		
	Transportation and Travelling Expenses.....	20,000	00	13,813	45	6,186	55		
		162,992	00	132,343	49	30,648	51		6,087 07
214 } 797 }	Combatting Venereal Diseases—								
	Administration—								
	Salaries.....	31,410	00	13,179	02	18,230	98		
	Other Paylist Items.....		100 00		54 15		45 85		
	Publicity and Information.....	5,000	00	4,176	25	823	75		
	Telephones, Telegrams and Postage.....		500 00		179 67		320 33		
	Equipment.....		500 00		194 61		305 39		9 84
	Sundries.....		500 00		57 82		442 18		2 00
	Professional and Special Services.....		500 00				500 00		
	Materials and Supplies.....	1,500	00		981 30		518 70		90 35
	Freight, Cartage and Express.....		500 00		292 46		207 54		
	Transportation and Travelling Expenses.....	6,000	00		891 75		5,108 25		
		46,510	00	20,007	03	26,502	97		102 19
215	Combatting Venereal Diseases—Assistance to Provinces.....	175,000	00	171,850	29	3,149	71		
216	Combatting Venereal Diseases—Distribution of Drugs.....	50,000	00	49,900	95		99 05		
217	Directorate of Health Insurance Studies—								
	Salaries.....	28,305	00	4,420	35	23,884	65		
	Other Paylist Items.....		50 00		14 04		35 96		
	Publicity and Information.....	3,500	00			3,500	00		
	Telephones, Telegrams and Postage.....		500 00		77 79		422 21		
	Equipment.....	1,000	00			1,000	00		
	Sundries.....		500 00		3 62		496 38		
	Professional and Special Services.....	6,000	00			6,000	00		
	Materials and Supplies.....	1,000	00		79 59		920 41		1 50
	Freight, Cartage and Express.....		200 00				200 00		
	Transportation and Travelling Expenses.....	2,500	00		168 05		2,331 95		
		43,555	00	4,763	44	38,791	56		1 50

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—*Con.*

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
218	Dental Health Division—								
	Salaries.....	13,055	00	5,959	02	7,095	98		
	Other Paylist Items.....		30 00		32		29 68		
	Publicity and Information.....	27,200	00	5,570	87	21,629	13	13,750	07
	Telephones, Telegrams and Postage.....	2,000	00		22 91		1,977 09		
	Equipment.....	2,000	00			2,000	00	143	00
	Sundries.....	1,000	00		22 47		977 53		
	Professional and Special Services.....	3,500	00				3,500 00		
	Materials and Supplies.....	2,500	00		22 68		2,477 32	109	98
	Freight, Cartage and Express.....		500 00				500 00		
	Transportation and Travelling Expenses.....		5,000 00		1,025 25		3,974 75		
		56,785	00	12,623	52	44,161	48	14,003	05
219	Hospital Design Division—								
	Salaries.....	15,440	00	12,651	62	2,788	38		
	Other Paylist Items.....		76 00		16 62		59 38		
	Telephones, Telegrams and Postage.....	4,000	00		27 62		3,972 38		
	Equipment.....	5,000	00		45 26		4,954 74	9	20
	Sundries.....	1,000	00		50 29		949 71	4	00
	Professional and Special Services.....	20,000	00				20,000 00		
	Materials and Supplies.....	6,000	00		365 20		5,634 80	1,835	49
	Freight, Cartage and Express.....	1,000	00				1,000 00		
	Transportation and Travelling Expenses.....		20,000 00		1,145 80		18,854 20		
			72,516	00	14,302	41	58,213	59	1,848	69
220	Mental Health Division—								
	Salaries.....	10,740	00	8,294	69	2,445	31		
	Other Paylist Items.....		45 00		19 21		25 79		
	Publicity and Information.....	5,150	00	5,097	35		52 65	45	05
	Telephones, Telegrams and Postage.....	1,850	00		63 16		1,786 84		
	Equipment.....	2,000	00		123 52		1,876 48	6	70
	Sundries.....	1,000	00		135 57		864 43	22	20
	Professional and Special Services.....	3,500	00		2,135 49		1,364 51		
	Materials and Supplies.....	2,500	00		239 18		2,260 82	81	53
	Freight, Cartage and Express.....		500 00				500 00		
	Transportation and Travelling Expenses.....		5,000 00		3,072 21		1,927 79		
		32,285	00	19,180	38	13,104	62	155	48
221	Blindness Control Division—								
	Salaries.....	13,335	00	8,735	19	4,599	81		
	Other Paylist Items.....		31 00		14 36		16 64		
	Publicity and Information.....	3,000	00	1,060	64	1,939	36	1,484	36
	Telephones, Telegrams and Postage.....	500	00		11 86		488 14		
	Equipment.....	500	00		9 18		490 82		
	Sundries.....	500	00		25 58		474 42		
	Professional and Special Services.....	20,000	00				20,000 00	20,000	00
	Materials and Supplies.....	1,000	00		110 72		889 28	16	00
	Freight, Cartage and Express.....		200 00				200 00		
	Transportation and Travelling Expenses.....		3,500 00		426 09		3,073 91		
		42,566	00	10,393	62	32,172	38	21,500	36

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—Con.

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48		
		\$	cts.	\$	cts.	\$	cts.	\$	cts.	
222	Tuberculosis Control Division—									
		Salaries.....	10,480	00	2,769	09	7,710	91		
		Other Paylist Items.....	71	00	5	63	65	37		
		Publicity and Information.....	5,000	00			5,000	00		
		Telephones, Telegrams and Postage.....	2,000	00			2,000	00		
		Equipment.....	2,000	00			2,000	00		
		Sundries.....	1,000	00			1,000	00		
		Professional and Special Services.....	3,500	00			3,500	00		
		Materials and Supplies.....	2,500	00			2,500	00		450 00
		Freight, Cartage and Express.....	500	00			500	00		
		Transportation and Travelling Expenses.....	5,000	00	105	85	4,894	15		
		32,051	00	2,880	57	29,170	43		450 00	
223	Advertising and Labels Division—									
		Salaries.....	48,170	00	5,161	64	43,008	36		
		Other Paylist Items.....	93	00	44	55	48	45		
		Publicity and Information.....	1,200	00			1,200	00		500 00
		Telephones, Telegrams and Postage.....	3,000	00	49	02	2,950	98		
		Equipment.....	3,600	00			3,600	00		124 00
		Sundries.....	1,200	00	2	30	1,197	70		
		Professional and Special Services.....	4,000	00			4,000	00		
		Materials and Supplies.....	5,000	00	184	75	4,815	25		22 05
		Freight, Cartage and Express.....	200	00			200	00		
		Transportation and Travelling Expenses.....	4,000	00	490	39	3,509	61		
		70,463	00	5,932	65	64,530	35		646 05	
224	Grants to Institutions Assisting Sailors—									
		2,400	00	2,400	00					
225 798	Medical Services—									
	Indians and Eskimos—									
		Salaries and Wages.....	859,416	00	771,249	81	88,166	19		
		Other Paylist Items.....	200	00	190	47	9	53		
		Materials and Supplies.....	450,000	00	415,884	33	34,115	67		2,494 04
		Travelling Expenses.....	200,000	00	197,416	55	2,583	45		
		Freight, Express and Cartage.....	15,500	00	15,483	89	16	11		
		Telephones, Telegrams and Postage.....	8,051	41	8,033	00	18	41		
		Professional and Special Services.....	1,881,020	00	1,775,293	23	105,726	77		
		Meter Rates.....	33,000	00	32,881	86	118	14		
		Rents.....	5,000	00	3,925	28	1,074	72		
		Equipment Maintenance.....	24,000	00	23,193	94	806	06		322 71
		Repairs to Works and Buildings.....	30,000	00	23,299	91	6,700	09		5,795 00
		Acquisition of Property.....	275,000	00	263,717	30	11,282	70		
		Publicity and Information.....	10,000	00	1,410	30	8,589	70		
		Sundries.....	16,448	59	14,431	41	2,017	18		
		Acquisition of Equipment.....	265,000	00	223,505	57	41,494	43		27,932 36
	Construction of Works and Buildings.....	330,754	00	83,508	49	247,245	51		91,957 40	
		4,403,390	00	3,853,425	34	549,964	66		128,501 51	
226	Grants to Hospitals which Care for Indians and Eskimos.....									
		204,320	00	4,320	00	200,000	00			

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—*Con.*

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48		
		\$	cts.	\$	cts.	\$	cts.	\$	cts.	
227	Welfare Branch Administration—									
	Salaries.....	18,015	00	18,011	45	3	55			
	Other Paylist Items.....	70	00	32	67	37	33			
	Publicity and Information.....	4,000	00	1,749	41	2,250	59	2,000	00	
	Telephones, Telegrams and Postage...	1,000	00	574	14	425	86			
	Equipment.....	2,500	00			2,500	00			
	Sundries.....	1,000	00	17	76	982	24			
	Professional and Special Services.....	3,300	00			3,300	00			
	Materials and Supplies.....	2,500	00	23	04	2,476	96	15	18	
	Freight, Cartage and Express.....	250	00	69		249	31			
	Transportation and Travelling Expenses.....	5,000	00	4,651	15	348	85			
			37,635	00	25,060	31	12,574	69	2,015	18
	228	Family Allowances—Administration—								
Salaries.....		1,381,750	00	1,292,758	83	88,991	17			
Other Paylist Items.....		15,000	00	11,412	70	3,587	30			
Publicity and Information.....		106,000	00	40,228	14	65,771	86	8,105	83	
Telephones, Telegrams and Postage...		71,500	00	63,320	17	8,179	83			
Equipment.....		55,500	00	44,997	60	10,502	40	7,653	48	
Sundries.....		8,000	00	3,726	26	4,273	74	37	98	
Professional and Special Services.....		73,000	00	21,902	53	51,097	47	17,640	00	
Materials and Supplies.....		90,000	00	77,172	11	12,827	89	5,718	64	
Freight, Cartage and Express.....		5,500	00	2,799	40	2,700	60			
Transportation and Travelling Expenses.....		35,000	00	24,204	99	10,795	01			
Payments to Dominion Bureau of Statistics <i>re</i> Vital Statistics Register.		120,000	00	113,333	01	6,666	99			
			1,961,250	00	1,695,855	74	265,394	26	39,155	93
229 799	Old Age Pensions Including Pensions to the Blind—Administration—									
	Salaries.....	29,312	71	29,255	66	57	05			
	Other Paylist Items.....	1,382	29	1,380	74	1	55			
	Telephones, Telegrams and Postage...	300	00	150	57	149	43			
	Equipment.....	700	00	90	81	609	19	461	70	
	Sundries.....	250	00	173	04	76	96			
	Medical Examinations <i>re</i> Pensions to the Blind.....	6,500	00	6,203	00	297	00			
	Materials and Supplies.....	350	00	289	80	60	20			
	Freight, Cartage and Express.....	100	00	34	37	65	63			
	Transportation and Travelling Expenses.....	14,800	00	12,985	95	1,814	05			
		53,695	00	50,563	94	3,131	06	461	70	
230	National Physical Fitness—Administration—(See also Deposit and Trust Account).....	50,000	00	50,000	00					
231	National Physical Fitness—Assistance to the Provinces—(See also Deposit and Trust Account).....	150,000	00	150,000	00					
232	Assistance to Schools of Social Work.....	100,000	00	96,461	64	3,538	36			

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—*Con.*

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
233	Grant to Canadian Welfare Council.....	8,100	00	8,100	00				
234	Grant to Canadian National Committee for Mental Hygiene.....	10,000	00	10,000	00				
235	Grant to Health League of Canada.....	10,000	00	10,000	00				
236	Grant to Canadian National Institute for the Blind.....	18,000	00	18,000	00				
237	Grant to L'Association Canadienne Francaise des Aveugles.....	4,050	00	4,050	00				
238	Grant to L'Institut Nazareth de Montreal.....	4,050	00	4,050	00				
239	Grant to Montreal Association for the Blind.....	4,050	00	4,050	00				
240	Grant to Canadian Tuberculosis Association.....	20,250	00	20,250	00				
241	Grant to Victorian Order of Nurses.....	13,100	00	13,100	00				
242	Grant to St. John Ambulance Association.....	4,050	00	4,050	00				
243	Grant to Canadian Red Cross Society.....	10,000	00	10,000	00				
	TOTAL ORDINARY.....	291,744.777	79	289,684,737	64	2,060,040	15	329,196	75

Demobilization and Reconversion Appropriations

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
572 } 927 }	Old Age Pensions, Including Pensions to the Blind.....	9,874,050	00	9,517,201	37	356,848	63		
573 } 928 }	Treatment of Canadian Fishermen and Seamen.....	20,000	00	14,766	45	5,233	55		
929	Processing, Storage and Distribution of Blood for Transfusion, Connaught Laboratories, Toronto.....	17,000	00	6,349	66	10,650	34		
930	Processing, Storage and Distribution of Blood for Transfusion, Montreal University.....	4,000	00	1,840	52	2,159	48		
574	Maintenance of Non-Resident Seamen....	30,000	00	17,106	52	12,893	48		
575	Health, Unit Prince Rupert, B.C.....	4,080	00	2,040	00	2,040	00		
931	Canadian Nurses Association.....	25,535	00	25,533	45	1	55		
932	Prince Rupert, Purchase and Installation of Water Pump.....	2,498	00	2,497	35	65			
576 } 933 }	Contribution to Health Services, Halifax.....	33,400	00	33,397	40	2	60		

STATEMENT OF ALLOTMENT BALANCES AS AT MARCH 31, 1947—Con.

Vote No.	Name of Vote	Allotment		Net Expenditure		Unexpended Balance		Commitments forwarded to 1947-48	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
577	Chloramination of Water Systems, Nanaimo, Victoria, Prince Rupert.....	11,000	00	9,535	65	1,464	35		
578	Chloramination of Water Systems, Greater Vancouver, North Vancouver City and District.....	35,000	00	6,620	56	28,379	44		
579	Treatment and Care of Merchant Seamen Repatriated to Canada.....	5,000	00	1,032	97	3,967	03		
580	Women's Voluntary Services.....	7,000	00	821	86	6,178	14		
585	War Charities Division—Administration—								
	Salaries.....	23,926	00	19,808	59	4,117	41		
	Other Paylist Items.....	130	00	107	13	22	87		
	Printing and Stationery.....	1,400	00	100	41	1,299	59		
	Miscellaneous.....	1,250	00	1,090	97	159	03		
	Travelling and Transportation.....	4,900	00	539	90	4,360	10		
		31,606	00	21,647	00	9,959	00		
586	Voluntary War Relief Division—								
	Salaries.....	12,925	00	12,882	72	42	28		
	Other Paylist Items.....	75	00	64	35	10	65		
	Miscellaneous.....	500	00	100	06	399	94		
	Travelling and Transportation.....	1,750	00	300	59	1,449	41		
		15,250	00	13,347	72	1,902	28		
	TOTAL DEMOBILIZATION AND RECONVERSION.....	10,115,419	00	9,673,738	48	441,680	52		

TABLE 60
(Chief Treasury Officer)

OPEN AND REVENUE ACCOUNTS
Fiscal Year 1946-47

	Balance March 31, 1946	Receipts	Net Expend- itures	Balance March 31, 1947
Deposit and Trust Account— National Physical Fitness (<i>See also</i> Votes 230 and 231).				
Administration—				
Salaries.....		13,675 00	12,079 01	
Other Paylist Items.....		895 00	213 36	
Publicity and Information.....		18,930 00	7,702 78	
Telephones, Telegrams and Postage.....		1,000 00	455 57	
Equipment.....		500 00	24 51	
Sundries.....		500 00	159 98	
Professional and Special Services.....		5,000 00	600 00	
Materials and Supplies.....		1,000 00	905 90	
Freight, Cartage and Express.....		500 00	97 45	
Transportation and Travelling Expenses..		8,000 00	5,250 68	
Assistance to the Provinces.....		150,000 00	87,699 75	
	178,920 43	200,000 00	115,188 99	263,731 44

REVENUES—	\$	cts.
Privileges, Licences and Permits.....	14,814	59
Services and Service Fees.....	322,125	51
Refunds of Expenditure.....	1,036	32
Miscellaneous.....	17,432	08
Proceeds from Sales.....	9,156	25
TOTAL REVENUE.....	364,564	75

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
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TABLE 6
STATEMENT OF ALIEN AND NATURALIZATION ACCOUNTS
(Continued)

Account No.	Fiscal Year 1947		Balance March 31, 1947	Total	Balance March 31, 1948
	Receipts	Expenditures			
472	112,188.00	300,000.00	187,812.00	187,812.00	187,812.00
473	12,075.00	12,075.00	0.00	0.00	0.00
474	202.00	202.00	0.00	0.00	0.00
475	2,300.00	2,300.00	0.00	0.00	0.00
476	1,000.00	1,000.00	0.00	0.00	0.00
477	200.00	200.00	0.00	0.00	0.00
478	150.00	150.00	0.00	0.00	0.00
479	500.00	500.00	0.00	0.00	0.00
480	2,000.00	2,000.00	0.00	0.00	0.00
481	1,000.00	1,000.00	0.00	0.00	0.00
482	500.00	500.00	0.00	0.00	0.00
483	5,000.00	5,000.00	0.00	0.00	0.00
484	100,000.00	100,000.00	0.00	0.00	0.00
485	112,188.00	300,000.00	187,812.00	187,812.00	187,812.00
486	14,814.50	14,814.50	0.00	0.00	0.00
487	1,000.00	1,000.00	0.00	0.00	0.00
488	17,422.08	17,422.08	0.00	0.00	0.00
489	8,128.25	8,128.25	0.00	0.00	0.00
490	304,804.75	304,804.75	0.00	0.00	0.00
491	14,814.50	14,814.50	0.00	0.00	0.00
492	1,000.00	1,000.00	0.00	0.00	0.00
493	17,422.08	17,422.08	0.00	0.00	0.00
494	8,128.25	8,128.25	0.00	0.00	0.00
495	304,804.75	304,804.75	0.00	0.00	0.00
496	14,814.50	14,814.50	0.00	0.00	0.00
497	1,000.00	1,000.00	0.00	0.00	0.00
498	17,422.08	17,422.08	0.00	0.00	0.00
499	8,128.25	8,128.25	0.00	0.00	0.00
500	304,804.75	304,804.75	0.00	0.00	0.00

