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THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE



ANUAL
REPORT.
FISCAL
YEAR
ENDED
MARCH 31

1948

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

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DEPARTMENT OF
NATIONAL HEALTH
AND WELFARE

ANNUAL REPORT

for the

FISCAL YEAR
ENDED MARCH 31

1948



OTTAWA

EDMOND CLOUTIER, C.M.G., B.A., L.Ph.

KING'S PRINTER AND CONTROLLER OF STATIONERY

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DEPARTMENT OF
NATIONAL HEALTH
AND WELFARE
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To His Excellency Field Marshal the Right Honourable Viscount Alexander of Tunis, K.G., G.C.B., G.C.M.G., C.S.I., D.S.O, M.C., LL.D., A.D.C., Governor General and Commander-in-Chief of the Dominion of Canada.

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, 1948.

Respectfully Submitted,

PAUL MARTIN,

Minister of National Health and Welfare.


April 1, 1948.

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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.

DEPUTY MINISTER OF NATIONAL HEALTH AND WELFARE (HEALTH)
G. D. W. CAMERON, M.D., C.M., D.P.H.

DEPUTY MINISTER OF NATIONAL HEALTH AND WELFARE (WELFARE)
G. F. DAVIDSON, B.A., M.A., Ph.D.

HEALTH BRANCH

Assistant Directors of Health Services,
H. A. ANSLEY, M.D., D.P.H.
C. P. BROWN, M.A., M.B., D.P.H.
F. S. PARNEY, M.D.

Acting Chief, Blindness Control Division,
J. H. GROVE, M.D.

Chief, Child and Maternal Health Division.
ERNEST COUTURE, M.D., C.M.

Chief, Civil Service Health Division,
R. G. RATZ, M.B.

Chief, Dental Health Division,
H. K. BROWN, D.D.S., D.D.P.H.

Chief, Epidemiology Division,
A. F. W. PEART, M.B.E., M.D., C.M.,
D.P.H.

*Director, Food and Drug Divisions, and Chief
Dominion Analyst,*
C. A. MORRELL, M.A., Ph.D., F.R.S.C.

Chief, Inspection Services,
R. D. WHITMORE, O.B.E., F.C.I.C.

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

Chief, Laboratory Services,
L. I. PUGSLEY, B.A., M.Sc., Ph.D.

*Acting Director, Directorate of Health Insur-
ance Studies,*
B. D. B. LAYTON, M.D.

Chief, Hospital Design Division,
H. G. HUGHES, B.Arch., A.R.I.B.A.,
M.R.A.I.C.

*Director, Directorate of Indian Health
Services,*
P. E. MOORE, M.D., D.P.H.

Chief, Industrial Health Division,
F. S. PARNEY, M.D.

Chief, Industrial Health Laboratory,
K. KAY, M.A., Ph.D.

Acting Chief, Laboratory of Hygiene,
J. GIBBARD, B.S.A., M.Sc.

Chief, Mental Health Division,
C. G. Stogdill, M.A., M.D.

Chief, Division of Narcotic Control,
K. C. HOSSICK.

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

*Acting Chief, Public Health Engineering
Division,*
J. R. MENZIES, B.A.Sc., O.L.S.

*Chief, Division of Quarantine, Immigration
Medical and Sick Mariners Services,*
H. D. REID, M.D.

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

WELFARE BRANCH

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

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

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

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

Registrar, War Charities Division,
L. TREBERT.

ADMINISTRATION BRANCH

Departmental Secretary,
Miss O. J. WATERS.

Librarian,
Miss M. D. Morton, B.H.Sc., B.L.S.

Director, 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.

Officer-in-Charge, Research Division,
J. W. WILLARD, M.A., M.P.A., A.M.

Chief, Translation Office,
G. A. SAUVE.

Chief Treasury Officer,
T. F. PHILLIPS.

HEALTH BRANCH

Chief, Division of Health Services H. A. ARNOLD, M.D., D.P.H.	Chief, Division of Health Services H. A. ARNOLD, M.D., D.P.H.
Chief, Division of Health Services C. F. BAKER, M.A., M.B., B.P.H.	Chief, Division of Health Services C. F. BAKER, M.A., M.B., B.P.H.
Chief, Division of Health Services E. S. PARKER, M.D.	Chief, Division of Health Services E. S. PARKER, M.D.
Chief, Division of Health Services J. H. GARDNER, M.D.	Chief, Division of Health Services J. H. GARDNER, M.D.
Chief, Division of Health Services G. M. GARDNER, M.D., D.P.H.	Chief, Division of Health Services G. M. GARDNER, M.D., D.P.H.
Chief, Division of Health Services H. G. BENT, M.B.	Chief, Division of Health Services H. G. BENT, M.B.
Chief, Division of Health Services H. E. BAKER, D.D.S., D.P.H.	Chief, Division of Health Services H. E. BAKER, D.D.S., D.P.H.
Chief, Division of Health Services A. G. STUBBS, M.A., M.D.	Chief, Division of Health Services A. G. STUBBS, M.A., M.D.
Chief, Division of Health Services R. G. BAKER	Chief, Division of Health Services R. G. BAKER
Chief, Division of Health Services L. A. FAY, B.S.A., M.L., M.D., M.P.H.	Chief, Division of Health Services L. A. FAY, B.S.A., M.L., M.D., M.P.H.
Chief, Division of Health Services J. H. WATSON, B.A.Sc., O.B.E.	Chief, Division of Health Services J. H. WATSON, B.A.Sc., O.B.E.
Chief, Division of Health Services H. H. HAY, M.D.	Chief, Division of Health Services H. H. HAY, M.D.
Chief, Division of Health Services H. D. R. LAYTON, M.D.	Chief, Division of Health Services H. D. R. LAYTON, M.D.

WELFARE BRANCH

Chief, Division of Family Allowances R. H. GARDNER, B.A., LL.B.	Chief, Division of Family Allowances R. H. GARDNER, B.A., LL.B.
Chief, Division of Family Allowances J. W. MURPHY	Chief, Division of Family Allowances J. W. MURPHY

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS

ADMINISTRATIVE OFFICES

Ottawa—Jackson Building

HEALTH BRANCH

FOOD AND DRUG 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

Canada

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

Overseas

British Isles—London, England—Sackville House, 40 Piccadilly
The Hague—Canadian Embassy
Paris—Canadian Embassy
Rome—Canadian Embassy
Brussels—Canadian Embassy

INDUSTRIAL HEALTH LABORATORY

Ottawa—35 John Street

LABORATORIES OF HYGIENE

Ottawa—45 Spencer 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—4th Floor, Dominion Building
Port Arthur—Room 1, Customs Building
Winnipeg—P.O. Box 4710, Postal Station "B"
Regina—P.O. Box 487, 413 Post Office Building
Edmonton—302 Williamson Building
Vancouver—321 Federal Building

QUARANTINE STATIONS

Halifax—Rockhead Hospital
Saint John—Quarantine Hospital
Quebec—Louise Basin and Immigration Hospital
Montreal—379 Common Street
Vancouver—Immigration Building
Victoria—William Head

SICK MARINERS CLINICS AND HOSPITALS

Halifax—Immigration Building, Pier 21
 Sydney—Marine Hospital
 Lunenburg—Marine Hospital
 Saint John—Quarantine Hospital
 Quebec—Louise Basin
 Vancouver—Immigration Building

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
 Brandon, Man.—Brandon Indian Hospital
 Norway House, Man.—Norway House Indian Hospital
 The Pas, Man.—Clearwater Lake Indian Hospital
 Selkirk, Man.—Dynevov Indian Hospital
 Hodgson, Man.—Fisher River Indian Hospital
 Pine Falls, Man.—Fort Alexander Indian Hospital
 Fort Qu'Appelle, Sask.—Fort Qu'Appelle Indian Hospital
 Edmonton, Alta.—Charles Camsell Indian Hospital
 Gleichen, Alta.—Blackfoot Indian Hospital
 Brocket, Alta.—Peigan Indian Hospital
 Cardston, Alta.—Blood Indian Hospital
 Morley, Alta.—Stoney Indian Hospital
 Sardin, 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.	Broadview, Sask.
Port Harrison, P.Q.	Hobbema, Alta.
Bersimis, P.Q.	Wabasca, Alta.
Little Saskatchewan, Man.	Port Simpson, B.C.

Health Units

Sydney, N.S.	Edmonton, Alta.
Caughnawaga, P.Q.	Calgary, Alta.
Moose Factory, Ont.	Prince Rupert, B.C.
Muncey, Ont.	Williams Lake, B.C.
Deseronto, Ont.	Duncan, B.C.
The Pas, Man.	Kamloops, B.C.
Prince Albert, Sask.	Vancouver, B.C.
North Battleford, Sask.	

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
(2) Administration Branch, consisting of the following Divisions:
Departmental Secretary's Division
Information Division

REPORT OF THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

Honourable Paul Martin, K.C., P.C., M.P., M.A., 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, 1948, the third complete year of the Department's operation.

INTRODUCTION

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.

From its inception, the Department has been organized in three Branches, as follows:

(1) Health Branch, which includes the following Divisions;

- Blindness Control
- Child and Maternal Health
- Civil Aviation Medicine
- Civil Service Health
- Dental Health
- Epidemiology
- Food and Drug
 - Inspection Services
 - Laboratory Services
 - Proprietary and Patent Medicines
- Health Insurance Studies
- Hospital Design
- Indian Health Services
- Industrial Health
- Laboratory of Hygiene
- Mental Health
- Narcotic Control
- Nutrition
- Public Health Engineering
- Quarantine, Immigration Medical and Sick Mariners Services
- Venereal Disease Control.

(2) Welfare Branch, including the following Divisions;

- Family Allowances
- Old Age Pensions
- Physical Fitness
- Voluntary War Relief
- War Charities

- (3) Administration Branch, consisting of the following Divisions;
 Departmental Secretary's Division
 Information Services
 Legal
 Library
 Personnel
 Purchasing and Supply
 Research.

Close liaison was maintained during the year between the Federal and Provincial Departments, through the Dominion Council of Health and meetings of specialists in various branches of both the health and welfare fields. The Department also maintained active participation in international affairs, and was represented at various meetings of United Nations organizations, including the Economic and Social Council, the Interim Commission of the World Health Organization, the Social Commission, and the International Children's Emergency Fund.

Continuing its policy of supporting all voluntary agencies contributing materially to the health and welfare of the people, the Department again made grants to certain organizations, details of which will be found in the Chief Treasury Officer's report on page 184.

During the summer of 1947, the Department undertook a broad study of the whole field of social security, including a review of the Federal Government's proposals to the provinces, as outlined at the Dominion-Provincial Conference in August, 1945. The services of Professor H. M. Cassidy, of the University of Toronto, were secured in a consultative capacity for this purpose. This study was continued over a period of five months, and a comprehensive report was prepared for consideration and study within the Department.

HEALTH BRANCH

The work of the Health Branch of the Department of National Health and Welfare falls into two main groups; first, those health functions which are purely federal responsibility, such as the care of the Indian and Eskimo population; the quarantine, immigration medical and sick mariner services; the control of food and drugs, etc.; and secondly, a programme of encouragement and assistance to the provinces toward development of broader and more effective public health services.

An indication of the increasing emphasis being placed on the latter of these two groups is reflected in the fact that eight of the sixteen divisions in the Health Branch are designed primarily to provide authoritative advice and guidance to the provinces in special fields, such as mental health, nutrition, hospital design, child and maternal health, etc., where the cost to the provinces of individually employing highly qualified experts in these fields would be prohibitive. Where possible all other divisions in the Health Branch extend similar co-operative assistance to provincial health departments, in addition to carrying out their respective statutory functions.

Co-ordination generally of federal and provincial public health activities is achieved through the Dominion Council of Health. However, in order that opportunity might be provided for discussion of common problems and exchange of ideas in respect to development of programmes in specific fields, the Dominion Council of Health recommended the establishment of a number of advisory committees.

During the year two such committees were set up by Order in Council, the Technical Advisory Committee on Public Health Laboratory Services and the Advisory Committee on Mental Health, consisting of a representative of each of the provincial Departments of Health, the Department of National Health and Welfare, and certain recognized authorities in the particular field concerned. In addition, conferences of representatives from each of the provinces engaged in health education work and nutrition were convened during the year as well as a meeting of the Venereal Disease Control Directors. The value of such meetings has been immediately apparent and very useful co-operative undertakings have resulted.

One of the most important undertakings of the Department during the year was an effort to foster greater attention on the problem of arthritis and rheumatism, one of the leading causes of illness and disability in Canada. A conference of representatives of provincial Departments of Health, University Medical Schools, and a number of national voluntary organizations, was convened at Ottawa in October, 1947. This conference concluded that there was need for an organization which would assume a similar role for these diseases as had the Canadian Cancer Society for cancer and the Canadian Tuberculosis Association for tuberculosis, namely, that of stimulating public interest and support for research and the provision of treatment facilities. Preliminary steps toward the establishment of the Canadian Arthritis and Rheumatism Society were immediately taken and final approval to the constitution and functions of the new organization was given at a further meeting of the group in January, 1948.

Details of work of the Dominion Council of Health and of Divisions of the Health Branch follow.

DOMINION COUNCIL OF HEALTH

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.

The duties of the Council are, the consideration of matters relating to the promotion or preservation of the health of the people of Canada and the initiation of relevant recommendations to the Minister of National Health and Welfare, and other appropriate authorities, in respect thereto.

Since its inception in 1919, the Dominion Council of Health has increasingly become regarded as the senior advisory and coordinating public health body in Canada. The present high standard of public health services throughout the country, and the very favourable reputation which Canada enjoys internationally in public health matters, probably are due largely to its influence. In more recent years the advice and recommendations of the Council have been major elements in the effective planning and implementation of federal health activities, particularly those designed to give increased assistance to the provinces.

During the year the Council held its 51st and 52nd meetings. Among the many items considered at these two meetings were questions of mutual concern in connection with the administration of the Food and Drugs Act, the National Building Code as it relates to health, the incidence of arthritis and its treatment, national reporting of cancer, and problems related to the securing of trained personnel for staffing of hospitals and other public health services.

The Council also received for consideration recommendations arising out of meetings of the Advisory Committee on Mental Health and the Eastern Canada Regional Conference of Venereal Disease Control Directors.

BLINDNESS CONTROL DIVISION

The Blindness Control Division co-operates with the Welfare Branch of the Department and with provincial pension authorities in administration of pensions for the civilian blind, in accordance with the relevant provisions of the Old Age Pension Act.

Dr. F. S. Burke, who had been Chief of the division since its creation, retired from the government service in February, 1948. Dr. J. H. Grove became acting chief of the division.

Main functions of the division are to authorize eye examinations for pension purposes, to make rulings as to visual eligibility for pension, to issue certificates of blindness in acceptable cases, and to do research and educational work concerning the causes, prevention, control and treatment of blindness.

In order to make adequate provision for eye examinations, qualified oculists have been appointed across Canada. In some areas where no oculists reside, arrangements are made by the division to supply an oculist periodically to examine applicants. Rulings as to eligibility are made in the division on the basis of oculists' reports and other information received from the provincial authorities. After the rulings have been made, certificates of blindness are issued where applicable. Pension action may then be taken, as all preliminary investigation and documentation has been completed fully before any case is submitted for final ruling as to visual eligibility.

Since general public health matters are administered by the provinces, the Blindness Control Division has, ordinarily, no power to authorize treatment, or to put into effect measures to control and prevent blindness. However, the division does pass information gathered from the oculists' reports to the provincial health authorities and to the Canadian National Institute for the Blind, in cases where it is evident that treatment of various kinds is necessary. This practice is resulting in an increase in the amount of treatment and other aid being given to applicants for pensions and to pensioners.

The sum of \$20,000 was allocated to the division recently by Order-in-Council to be used, in co-operation with the provinces, for a treatment experiment on a 75 per cent-25 per cent basis. This money is to be used for the treatment of pensioners approved by the division, in an effort to restore useful vision by medical means. The patients must agree to submit to treatment and only cases recommended by the oculists as likely to respond to such treatment are to be selected. The Provinces of New Brunswick and Nova Scotia have already agreed to take part in this scheme. Quebec and Saskatchewan also have signified their willingness to participate as soon as necessary arrangements can be made.

It is hoped that, by this experiment, some pensioners may have useful vision restored and that a reasonable estimate can be secured of the percentage of all blind pensioners likely to benefit by medical treatment. It is felt that the best results will be obtained in cases of senile cataract.

How many persons in Canada are blind is not known definitely, as blindness is not a notifiable condition. However, reliable figures from the Canadian National Institute for the Blind show that there are at least 15,000 blind, and there are probably more, as all the blind do not seek assistance from the C.N.I.B. Departmental records show that, on March 31, 1948, persons in receipt of pension on account of blindness and lack of adequate income numbered 8,476. The net increase in the number of blind pensioners for the year was 1,165, compared with an increase of 366 last year. The larger increase this year was due mainly to the lowering of the age limit for pensions from 40 to 21 years, effective May 15, 1947. Another factor in the increase has been the upward revision of the means test, which permits payments of pension on a sliding scale, depending upon the income, marital status and whether the pensioner, if single, had dependents.

In addition to its pension activities, the division gathers statistics and information as to the causes, control, prevention and treatment of blindness. A public educational campaign is also conducted, in co-operation with the department's Information Services Division which, during the year, published a booklet prepared by the Blindness Control Division on the subject of *Eyestrain*. Another book dealing with certain aspects of blindness and its prevention and treatment is in course of preparation. Material was also prepared by the division for platform and radio addresses and two educational eye films were shown widely on the National Film Board circuits.

It is interesting to note that the percentage of blind pensioners in Canada varies from .182 in New Brunswick to .040 in Alberta. See Table 56, page 167.

For details relating to the payment of pensions, see *Old Age Pensions and Pensions for Blind Persons*, Table 57, page 167.

Activities of the Division are further summarized as follows:

Total number of pensions in force at March 31, 1947 . . .	7311
Total number of new applications in fiscal year	2392

* Total number of applicants examined by C.N.I.B. (accepted)	588
* Total number of applicants examined by C.N.I.B. (rejected)	16
Total number of applicants and pensioners examined by the Department (accepted)	1327
Total number of applicants and pensioners examined by Department (rejected)	519
Total number of persons found visually eligible for pension in the fiscal year.....	1915
Total number of persons found visually not eligible for pension in the fiscal year	535
Total number of deductions from Pension Rolls for financial or other reasons or on account of death	750
Total increase in number of pensions.....	1165
Total number of pensions in force at March 31, 1948	8476

CHILD AND MATERNAL HEALTH DIVISION

During the year the Child and Maternal Health Division intensified its activities, both in the field of education and in providing services to the provinces.

EDUCATIONAL ACTIVITIES

In the educational field two film strips were produced, one, *Nine to Get Ready*, dealing with the care of the mother during pregnancy, at the time of birth and during the postnatal period, the other, *Introducing Baby*, having to do with the care of the infant. The commentaries of these film strips have been recorded on discs, so that they can serve to emphasize points as deemed appropriate. The records are also useful in presenting the information they contain in a more uniform manner. These film strips have met with more than usual interest on the part of those engaged in public health education.

Major effort of the division has been directed towards production of a 50-minute film, in colour and sound, designed for showing in two sections, if required. This film, *Mother and Her Child*, is based on the book *The Canadian Mother and Child*. The premiere of the film took place at Atlantic City, N.J., on the occasion of the annual convention of the American Public Health Association. Comments were most favourable, from all quarters, and the same reception was accorded the film at screenings in Toronto and western Ontario, where it was introduced to audiences by the Director of the department's Information Services Division. This film was produced simultaneously in English and French.

To accompany both the film strips and the film, a folder entitled *Ten Points to Remember* has been prepared. This folder highlights facts concerning the care of mothers and infants. It is intended for distribution at screenings of the film and film strips.

In the preparation of these informational tools, the division has had the co-operation of the department's Information Services, Mental Health, Nutrition and Dental Health divisions.

* Refer to cases previously examined by ophthalmologists for 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.

PUBLICATIONS

Publications on *Feeding Habits, Bed-Wetting, Poliomyelitis* and *Whooping Cough* have been issued in folder format.

The division has continued work on preparation of *The Child—from One to Six*. In order to make its content as universally applicable as possible, it was judged appropriate to obtain the assistance of professors in Paediatrics at Toronto, Montreal, McGill, Laval and Queen's Universities.

SERVICES TO THE PROVINCES

The Paediatric Specialist of the division has carried on a demonstration survey among some 8,000 British Columbia school children, using the Wetzel Grid as an adjunct to physical examination. The Wetzel Grid is a means of evaluating the physical development and growth of children from two to 18 years of age. The Grid, developed by Dr. Norman G. Wetzel of Cleveland, Ohio, is based on 22 years of study and on the consideration of some six million records of height and weight of children. In the British Columbia survey all children who showed deficiencies or deviations from the normal have been placed under a recovery programme. Reports on this study should be illuminating, and the experience gained may provide a basis for studies in other provinces.

In the course of this project in British Columbia, the Paediatric Specialist has addressed numerous groups of parents, teachers, school principals, nursing and medical societies, etc., on the subject of school health services, and has stimulated interest in factors affecting a child's well-being.

The Nursing Specialist of the division has supervised an important project in Regina, Sask.—the setting up of a mothers' milk service. This was initiated under auspices of the provincial Red Cross Society, with co-operation of the provincial public health service. With the help of a local committee, the nursing specialist has arranged all details of this service, including the training of a nurse to carry on the supervisory duties, and has enlisted the hearty support of doctors, hospital officials, social agencies and the public. This was done through radio broadcasts, press articles, lectures to groups and by personal contact. The Regina project was intended as a model on which other centres throughout Canada might base such a programme. It is hoped that the original service may be extended so that the whole province will be provided with mothers' milk, for the saving of premature and debilitated babies.

The Nursing Specialist has been in the field a major portion of the year and has given addresses to public health nurses and voluntary groups in New Brunswick, Saskatchewan and Alberta. She has made helpful contacts and is in demand for consultation on problems pertaining to the care of mothers and infants, particularly in the care of premature infants. A simple portable incubator, which can be constructed by any good carpenter for less than \$25.00, has been on display, in connection with her work.

In the fall, the Director of the Division went to Saskatchewan at request of the provincial authorities, to confer concerning establishment of a proposed Division of Child and Maternal Health.

SITUATION IN CANADA

Judging by the statistical picture, steady progress is being made in Canada, in the field of child and maternal health. In the past 20 years, the infant death rate has fallen from 102 to 45 per 1,000 live births—a decline of more than 44 per cent, and the maternal death rate has dropped from 5.7 to 1.5—a remarkable gain of more than 73 per cent.

Many influences, including the efforts of numerous groups and individuals, are responsible for this accomplishment. Among the favourable factors is the growing concern by all—health authorities, social agencies, municipal officials, as well as parents themselves—for the well-being of mothers and children.

Canada's infant mortality rate for 1947 was 45, while the maternal mortality rate was 1.5 per 1,000 live births (preliminary figures). In comparison with statistics reported by a number of other countries, these figures appear to be still far too high, but it should be pointed out that, without detailed information of factors contributing to the lower rates of other countries, and without some knowledge of the basis of reporting, in lands with rates lower than Canada's, the picture can not be accepted at its face value. At least, Canada would appear to be making progress in this field, since the 1947 rates were at a record low, both in respect of infant and maternal mortality.

Preliminary reports from a number of countries give the following infant mortality rates for 1947: New Zealand, 25; Sweden, 26; Australia, 29; Norway, 35; United States of America, 36; Netherlands, 39; Switzerland, 39; South Africa (white population), 43; and England and Wales, 43.

Canada's preliminary figures for 1947 pertaining to maternal and child health, and comparing those of 1946 and 1947, are:

	Numbers		Rates	
	1947	1946	1947	1946
Live births.....	358,709	330,372		
Rate per 1,000 population.....			28.6	26.9
Stillbirths.....	7,475	7,121		
Rate per 1,000 live births.....			20.8	21.5
Natural Increase.....	242,186	215,801		
Rate.....			19.3	17.5
Deaths under One Year.....	16,076	15,434		
Rate per 1,000 live births.....			45.0	47.0
Deaths under One Month.....	9,382	8,991		
Rate per 1,000 live births.....			26.0	27.0
Maternal Deaths.....	551	595		
Rate per 1,000 live births.....			1.5	1.8
Marriages.....	127,108	134,088		
Rate.....			10.1	10.9

In regard to communicable diseases of childhood, fewer deaths were recorded in 1947 than in the preceding year, as will be seen in the following table:

	Deaths	
	1947	1946
Scarlet Fever	41	58
Whooping Cough	221	231
Diphtheria	139	227
Measles	132	235
Acute Poliomyelitis and Polioencephalitis ..	90	179

Education—by radio, press, magazines and through government and municipal publications distributed to the public—is paying dividends. More interest is being shown by mothers in breast feeding; the care of the premature infant has been given increasing emphasis in recent years; the public is now convinced of the value of early and regular pre-natal medical supervision.

Every section of the country has made its contribution to general improvement in the field of child and maternal health. One province is providing pre-paid hospitalization for all mothers and is endeavouring to bring such services

within the reach of all; another provides free pre-natal examinations by a physician; a third reports that more than 95 per cent of children served by its health units have been immunized against diphtheria and whooping cough. Immunization against diphtheria is provided in every province, and one province immunizes against scarlet fever also. Everywhere, prenatal clinics and welfare centres are working to ensure the health of mothers and children.

PROGRESS ABROAD

During the year the Director of the division had the opportunity of seeing what is being done in the child and maternal field abroad, having the privilege of acting as alternate delegate for Canada to the Interim Commission of the World Health Organization. While in Geneva in January, he spoke over the radio on the work of the Interim Commission.

Following three weeks in Geneva, the Director took advantage of his presence in Europe to visit some of the nations' capitals to learn at first hand about their activities in his field. With the help of Legation officials in several countries, he was able to make valuable contacts with health officials and to get an excellent picture of conditions, as well as an insight into methods and measures adopted for the protection of mothers and children. The month of February was spent in visiting Italy, France, Belgium, Holland, Denmark, Sweden and England.

In Italy a study was made of the set-up and operation of the organization for care of mothers and children—*dell'Opera Nazionale Maternità ed Infanzia*.

In France, health officials explained plans whereby maternal and child health is to be dealt with by a special division in the central government, with approximately ten directors, each in charge of eight or nine communes. Special attention was paid, in France, to the city of Turcoing, an industrial centre of some 80,000 persons, which has achieved the remarkable reduction of the infant mortality rate from more than 200 to 20 per 1,000 live births.

In Belgium, the director was particularly impressed by methods and work of *L'Œuvre Nationale de l'Enfance*, to which the government gives a substantial grant. The outstanding effort of this agency is the Lactarium—human milk banks are established in two main centres, for the benefit of the whole country. The technique and plan of operation of the Lactarium in Brussels might well be adopted in Canada.

In Holland, high priority is given to child and maternal health, and a special division in the central government and a Director of Child and Maternal Health in each province, are responsible for the development of services.

Health services in Denmark make special provision for a series of ten prenatal consultations for all mothers, and for well-organized services on behalf of children up to school age. From then on, school medical services take over. Broadly, they are administered by the general practitioner, assisted by consulting specialists paid by the state, and are available to all citizens under a certain income.

In Sweden the trend is to make use of specialists for maternal and child care. The services on behalf of children are particularly well developed. Much emphasis is placed on mental health, and provision is made to give a complete follow-up service. In this field, Sweden has gone as far as to make treatment compulsory for children between seven and 21 years of age, where readjustment is possible.

In England a special study was made of the new social security scheme as it relates to maternal and child care. Incidentally, a study was made of the methods used in Queen Charlotte's Hospital, and of the principles concerning *Childbirth without Fear*, as propounded by Dr. Grantly Dick Read.

GENERAL

A number of bibliographies were prepared by the division during the year, at the request of official and voluntary groups.

The Director addressed a session of the annual meeting of the Canadian Public Health Association at Quebec, P.Q., and attended the American Public Health Association's convention in Atlantic City, N.J. Addresses were given to the Academy of Medicine in Toronto, and to the Lion's Club of Windsor, Ont.

A series of lectures was given to doctors taking the public health course at the University of Montreal and to nurses at the University of Ottawa's public health nursing course.

The division was associated with several committees, the Director serving as secretary of two scientific advisory committees, consultative in nature (one on obstetrics and one on paediatrics), a sub-committee of the Dominion Council of Health on minimum standards for hospital maternity services, and a sub-committee of the Canadian Public Health Association on the coding and classification of stillbirths.

Staff of the division totalled five, the Director, a Paediatric Specialist, a Nursing Specialist and two secretarial assistants.

CIVIL SERVICE HEALTH DIVISION

The first year of actual operation of the Civil Service Health Division as such was a busy one. At the commencement of the year the basic organization and clinical facilities for the Ottawa area had been established. By the end of the year these had been elaborated, to a certain extent, in accordance with the demonstrated need. A clear picture of the division's activities therefore pre-supposes an appreciation of this process of expansion coincident with discharge of normal functions.

NATURE AND SCOPE OF SERVICE

For convenience and descriptive clarity the service rendered by the Civil Service Health Division may be considered under three broad classes, always bearing in mind that its primary responsibility is "the conservation and promotion of the health of Civil Servants and other Government employees".

The division affords what might be termed a basic service to approximately 120,000 federal employees across Canada. This group includes all employees coming under the jurisdiction of the Civil Service Commission for employment and discharge and a small number of employees of Crown companies and agencies on whose behalf the division's service has been specifically requested by the agency concerned.

The service rendered consists of review and tabulation of medical certificates for leave and retirement, statistical health studies, health education, special examinations for purposes of advising government departments on suitability for employment or ability to work, investigation and report on working conditions in certain localities, advice to government departments on physical requirements for certain types of employment, and a general advisory service to government departments on any matters of a medical nature which affect employment.

During the year existing regulations covering leave and retirement were thoroughly reviewed at great length with the Civil Service Commission, Department of Finance and a joint committee representing all employing departments. These reviews led to some minor, but important, changes in regulations, some very radical changes in interpretation and administration of regulations and the adoption of completely new forms of report and procedure. The net result was to pass back to departments a greater degree of responsibility for control of

absenteeism and personal supervision of employees, thus decreasing the division's administrative load and facilitating the collection of more accurate statistical information.

The Certificate Review Section receives Physician's Certificates of Disability for Duty for all cases of leave requiring a medical certificate. These are tabulated for statistical studies, in collaboration with the Dominion Bureau of Statistics, and where it appears advisable, or the department has so requested, special investigations and reports are made. This section also reviews all physical examination reports on first or permanent appointment and returns to the department an interpretation in terms of physical or mental suitability for the employment proposed.

While a start has been made on a national Civil Service health education programme in the form of pamphlets, posters and press articles, the most effective efforts in this respect have necessarily been confined to employees in the Ottawa area.

Working conditions have been investigated and reported to responsible authorities wherever these have been drawn to the division's attention. Here again, efforts have been made to educate departmental officials to their responsibilities for reasonably satisfactory conditions and the division is assisting them in this regard with detailed reports and recommendations. While most of this work has been done in Ottawa, there have been several cases during the past year where these inspections and reports have been made in outlying cities.

All regular and special physical examinations in the Ottawa area are conducted by the Health Centre staff. Outside localities are served by the employment of full-time medical staff of other divisions of this department, by employment of Department of Veterans Affairs physicians on a repayment basis, or private physicians on a fee basis.

This basic service is available on a national basis and might be described as a protection of the employer's interests and an advisory service in such fields as are his responsibility.

In addition to the above, service is rendered to about 30,000 government employees in the Ottawa area. This group includes all regular civil servants and a small number of certain exempt employees of agencies such as the Canadian Broadcasting Corporation, National Film Board, and some of the smaller Crown corporations which do not maintain their own medical service.

This extra service is clinical in nature and provides complete physical and laboratory examination and diagnostic service. It includes examinations for permanent appointment, pre-placement examinations at the request of departments, compulsory examinations and immunizations required for special duties, examinations and investigations at the request of individual civil servants, and minor treatment at the request of attending physicians or as a result of injury on duty. It also includes sanitary inspection of government buildings, advice on industrial hygiene, conduct of first-aid classes, lectures and demonstrations, assistance to nurses employed individually by government departments, and all other activities connected with a health promotion programme.

While the exact proportions of the benefits of this service are difficult to assign as between employer and employee, the division's records would indicate that approximately 66 per cent of this service is at the request of, and for the benefit of, the employer, and 34 per cent at the request, or on behalf, of the employee.

Nursing Counsellors

Additional to the basic and extra services outlined, Nursing Counsellor service is provided to about 10,000 employees located in Ottawa buildings which are served by the nine Health Units established up to March 31, 1948.

Nursing Counsellors supply first-aid in case of minor illness and accident, maintain quiet rooms for the care of temporarily ill employees, and conduct a health counselling service. Included in the above is staff relations with supervising sections and departmental heads, the promotion of an active health education campaign and the improvement of working conditions in their areas. The nursing counsellors check on all persons leaving work on account of illness and returning to work following absence on account of illness. They follow up all medical, emotional and social problems and deal with them or direct such cases into the appropriate channels, where necessary.

This Nursing Counsellor service is looked upon as the true cornerstone of a comprehensive industrial health service. The first two limited types of service described above must obviously be a part of the responsibility of a medical department serving an employer. The Nursing Counsellor service, however, not only enhances their value, but conserves the best efforts of the clinical service for the most important problems and supplies the only possible means of providing a truly practical health promotion programme for the individual employee.

The benefit of this service is enjoyed primarily by the employee. The employer benefits secondarily, through improved attendance and efficiency. These two factors are somewhat intangible and extremely difficult to assess in financial terms. It should be stated, however, that this service is being received with whole-hearted enthusiasm on the part of both employees and supervisors and the Civil Service Health Division has a constant list of requests for extension which are being filled as quickly as suitable space and staff can be secured.

In consideration of the great variation in extent of medical supervision or service to government employees, the per capita cost is difficult to present accurately. The cost of the division's most complete service has been roughly computed, however, and is certainly much lower than figures supplied to the department in the case of a comparable service in a private industry which operates internationally on this continent and which has maintained its medical service for many years as a basic administrative policy.

SUMMARY OF SERVICES RENDERED

(a) Organization

At the close of the fiscal year 1947-48, the basic divisional organization consisted of a Health or medical Centre located in No. 3 Temporary Building, Ottawa, equipped with complete clinical facilities, including laboratory and X-ray services, together with nine Health Units distributed on a geographical basis among government departments in the Ottawa area. The location, date of opening and numbers of personnel supervised by each Health Unit operating at the close of March, 1948, are as follows:

Health Unit	Location	Date Opened	Average Number Personnel Supervised
No. 1.....	No. 2 Temporary Building.....	17- 3-47	2,724
No. 3.....	No. 8 Temporary Building.....	1- 4-47	1,040
No. 4.....	A Building, Dept. of National Defence.....	16- 5-47	935
No. 5.....	B Building, Dept. of National Defence.....	1- 4-47	400
No. 6.....	C Building, Dept. of National Defence.....	1- 4-47	680
No. 7.....	Booth St., Laboratory, Dept. of Mines and Resources.....	16- 6-47	500
No. 8.....	Jackson Building.....	3- 7-47	1,857
No. 9.....	Hunter Building.....	15- 9-47	1,150
No. 10.....	No. 6 Temporary Building.....	25-11-47	808
	Total (approximately).....		10,000

It will be noted that only 10,000 civil servants, or approximately 30 per cent of the total Civil Service population in the Ottawa area, are being provided with a complete health service including Health Unit coverage. However, the entire Civil Service population in the Ottawa area are receiving advisory and diagnostic services through the division's Health Centre. It is estimated that the establishment of 25 to 30 Health Units, in all, will be required to provide complete health coverage in the Ottawa area. At the present time 20 Nursing Counsellors, under a Chief Supervisor and an Assistant Supervisor of Nurses, are employed to meet the needs of the nine functioning Health Units.

(b) *Health Units*

Tables 1 and 2, pages 131 and 132, reveal that, during the past fiscal year, a total of 35,669 visits were made to the division's nine Health Units. The male to female ratio was approximately 1:2. Of this total over 25,000 were recorded as first visits or visits resulting from new disabilities. The remainder were recorded as repeat visits to the Nursing Counsellor for further treatment or care of a previously reported condition. Of the grand total, more than 15,000 employees sought medical attention from the Nursing Counsellor on account of illness, 4,500 as a result of minor accidental causes, and 10,000 visits were classified as "return to work" visits, that is, a visit following an absence on medical grounds. This division has repeatedly stressed the advisability of such employees visiting the Nursing Counsellor before returning to work after an absence due to illness, not only in the interests of their own health, but also for the protection of their fellow workers.

It is of special significance that 32,899 employees out of the 35,669 total were returned to work following consultation with the Nursing Counsellors at the Health Units. Had these employees not been able to seek advice and receive medical attention from their Nursing Counsellor, a very high percentage of this number undoubtedly would have left work unnecessarily. It is reasonable to assume that the provision of such a health service has materially reduced man-days lost from illness and contributed in no small way to the over-all efficiency of the government employee. Frequent discussions with personnel officers of government departments have substantiated these deductions.

(c) *Health Centre*

Table 3, page 133, presents in consolidated form a review of work conducted at the Health Centre. In all 3,534 employees have been referred to the Health or medical Centre for examination or consultation by staff physicians or consultants. Of this total over 1,200 complete physical examinations were conducted for personnel in connection with pre-employment or permanency, or in connection with travel to foreign countries on government affairs. Over 700 vaccinations and inoculations were administered by staff physicians to personnel proceeding to remote areas in Canada or to foreign countries. Some 270 cases of minor accident or injury were treated at the Health Centre, such treatment, in the majority of cases, enabling the employee to remain on the job, instead of seeking the services of a private physician, to which he would be legally entitled. Finally, over 1,500 cases were referred by Nursing Counsellors or departmental officers for investigation or consultation of some specific health or welfare problem of mind or body affecting their daily work.

(d) *Certificate Review*

The Certificate Review Section, replacing the old Medical Investigation Division, was established within the Health Centre to process and review medical certificates received by government departments from across Canada. Many important changes have been made by this division in the handling of these certificates. Similarly, a review of all medical examinations in connection with application for superannuation (Schedule "J") and permanency, is conducted in

this section. During the past fiscal year (eleven months), 46,438 medical certificates of disability for duty, and 7,575 physical examination forms in connection with application for permanency, were reviewed. In addition, 448 miscellaneous physical examinations were conducted in this section on individuals making application for superannuation, for membership in the Civil Service Mutual Benefit Society, or requiring investigation of repeated sick leave absences.

In connection with the handling of all medical certificates of disability for duty, a new form, N.H. & W. 500, has been created to replace the old C.S.C. 116. New procedures for tabulating, compiling and analysing the statistical data and causes of absenteeism resulting from sickness as reported on these certificates, together with the institution of reporting causes of morbidity, have been inaugurated, in co-operation with the Dominion Bureau of Statistics.

During the past fiscal year a preliminary analysis of the medical certificates received (over 40,000) in a period of nine months, July 1, 1947, to March 31, 1948, has been made and results are summarized in Tables 4, 5, 6, and 7, pages 133, 134, 135 and 136. It should be emphasized that the information tabulated is purely provisional and that the diseases have been coded from the information which the doctor has provided on the medical certificate. In studying these tables the following factors should be borne in mind: (1) The number of days lost as recorded in these tables are *calendar* days, not working days; (2) In the majority of cases, illnesses of three days or less are not included, since the physician's certificate is not required to cover these illnesses until after the exhaustion of the eight-day allowance period (C.S. Regulations). The illnesses recorded here of one to three days' duration are, in most cases, for individuals whose casual leave has been used up. (3) Accidents on duty are not reported in full for this period. A change in divisional policy will ensure that this information is complete for the next fiscal year.

Table 4, page 133, shows the total number of certified illnesses and days lost, by sex, in the Civil Service during the nine-month period. It will be observed that there were 34,339 illnesses accounting for 453,704 days lost, an average of 13.2 days lost per illness. The difference between the number of illnesses reported and the number of certificates reviewed is accounted for by the fact that prolonged continued illnesses are frequently covered by more than one certificate.

Table 5, page 134, reveals the number of illnesses and number of days lost, by class of disease, together with the average days lost for each class, by sex. It is significant that 41 per cent of the total number of illnesses reported were due to diseases of the respiratory system and 12 per cent were due to diseases of the digestive system. Of the total number of days lost, 27 per cent were due to diseases of the respiratory system with 13 per cent being due to diseases of the digestive system.

It is also of interest that the average number of days lost for each illness of the respiratory system was 8.7 days, for each illness of the digestive system 13.4 days, and for each illness of the circulatory system 30.6 days.

Table 6, page 135, depicts the number of illnesses by class of disease and the duration one to three days, four to ten days and over ten days, by sex. It will be noted that 8,904 illnesses were of one to three days' duration, 14,492 of between four and ten days' duration, and 11,143 illnesses of over ten days' duration. Diseases of the respiratory system accounted for by far the largest number of illnesses in each group.

Table 7, page 136, presents the number of days lost by class of disease, by sex, divided into one to three days', four to ten days' and over ten days' duration.

These and other interesting observations can be made from the provisional data presented, but only broad deductions and conclusions should be drawn from these figures for this relatively short period during which the division's morbidity statistics have been collected on a comprehensive basis. A more detailed report will be issued by this division over a much longer period of time at a later date.

(e) *Associated Activities*

The division, in collaboration with the Civil Service Commission, undertook the review and revision of Civil Service Regulations in respect to casual and special leave. Medical certification of all absences on account of illness, following exhaustion of the eight-day allowance period, has been responsible for considerable reduction in unnecessary absenteeism. Prior to the amendment of these regulations, departmental physicians responsible for certifying absences of this nature were being required to certify from 75 to 80 applicants a day. Since the abolition of this practice, there have been none. It is highly unlikely that these employees are obtaining such certification and paying a fee required by their family physician, except in *bona fide* cases. One must inevitably conclude that, with the exception of the eight-day allowance period, employees are remaining on the job where at all possible rather than remaining at home on the slightest provocation.

During the closing months of the past fiscal year the Chief Supervisor of Nurses, Assistant Supervisor of Nurses, Supervisor of Social Welfare Services and senior Nursing Counsellors of this division took active part in an intensive refresher course for industrial nurses conducted by the Industrial Health Division of the department. It is felt that this division's nursing staff made a real contribution to the success of this course.

On various occasions in the past fiscal year senior members of the staff of the division have given addresses and contributed articles to Civil Service publications. The Assistant Chief of the division gave a radio broadcast on the organization and functions of the division, sponsored by the Professional Institute of the Civil Service of Canada, and published a paper in the January issue of *The Journal of the Canadian Medical Association*.

OBSERVATIONS AND CONCLUSIONS

The introduction of an industrial health service into the government employment field is new to employee and administrative staff. It is natural, therefore, that there should be much misconception of its purpose. Constant vigilance is necessary to prevent its prostitution to the natural desires of a generally low-income group for a free treatment service, or to an inclination of executive officers to see it as a piece of administrative machinery which provides a convenient answer to many otherwise embarrassing problems. These considerations have made it necessary to formulate some very definite policies on procedure. At times, these policies have undoubtedly appeared arbitrary and restrictive but it is felt that they are necessary until there emerges a clear definition of the division's functions and until a long-term educational programme has effected an intelligent and economical employment of its facilities.

These basic policies, while they should be clear, must be kept flexible. No doubt it will be advisable, and the division is fully prepared, to modify them at any time in accordance with changing circumstances or in accordance with a changing conception of their suitability, in the light of greater experience. To this end, officers are attempting to maintain the closest possible personal contact and understanding between personnel officers and responsible executives of departments and all professional staff of the division. The Civil Service Health Division is promoting a campaign of health education on an individual and collective basis. It finds that it is also highly important to maintain a constant and long-term campaign of education on the economical and effective use of a health service. This applies most particularly to the employer but also, to some extent, to the employee.

There have been many suggestions that the division should assume more complete responsibility for an individual's health and welfare in the follow-up of cases coming to its attention. However, it is felt that the employee is at

all times a private citizen and, as such, is entitled to any community amenities for his welfare that may be available. The division therefore makes the fullest possible use of local facilities in both health and welfare fields. While it may, on occasion, supplement these facilities, it tries to avoid duplicating them, if at all possible.

Since the standard of working conditions must be a very important influence in the individual or collective health of employees, it is a matter of regret that there is no provision for their review and maintenance by any responsible and qualified authority in the federal field. While this division has the responsibility of "enquiry" into working conditions, and "promoting" improvement, it is vested with no *authority* in this regard. The division's efforts are impotent or fruitful in direct proportion to the degree of interest taken by responsible departmental accommodation officers and the amount of sympathetic consideration that the Department of Public Works is willing or able to lend.

The Civil Service Health Division is convinced that standards should be set for working conditions, that the Department of National Health and Welfare should have a large, if not the principal, voice in setting and maintaining such standards, and be vested with the necessary authority to insist on their enforcement.

Some machinery is urgently required which would provide for the federal employee at least the same degree of protection to his health as is enjoyed by the employee of private industry under the various provincial acts dealing with industrial standards.

DENTAL HEALTH DIVISION

The Dental Health Division is concerned with the task of broadening the field of preventive and protective dentistry, with a view to reducing the incidence of dental disease. Restorative dentistry deals with the results of dental disease. Just as public health medicine is more concerned with preventive medicine than with treatment following disease, public health dentistry is more vitally interested in preventive methods than in the restoration of disease-destroyed tissues by artificial dental appliances. Therefore, the main efforts of the division are devoted to public health education and research.

The prevention of dental caries by placing 1 PPM of Fluorine in public water supplies is being investigated by the division. The City of Brantford, Ont., afforded an opportunity to do this, by beginning the addition of the optimum quantity of Fluorine for experimental purposes in June, 1945. In January, 1948, with the help of the Research Division, a representative sample of 1,800 Brantford school children was selected. Careful mouth examinations were made, under standardized lighting conditions, and complete caries data were recorded.

Health and school authorities of Sarnia, Ont., became interested in the Brantford experiment and, upon hearing that a "control" group of children was needed for purposes of comparison, volunteered co-operation. Their water supply is free from Fluorine, and certain other considerations make the children there an excellent control group. Sarnia's co-operation has been accepted gratefully. The same sampling and examining procedure will be carried out as was used in Brantford, and on the same number of children.

The Dental Division of the Department of Public Health of Ontario and the Associate Committee on Dental Research of the National Research Council have aided in this work. It is estimated that it will require a period of from eight to ten years to obtain sufficient data to make an accurate assessment of the value of artificially-fluorinated water supplies in caries prevention. The examinations will be repeated at suitable intervals in both cities in which the study is under way.

The division was active during the year in the health education field. Several addresses were given to medical, dental and nursing groups. A film entitled *Something to Chew On* was completed, with the aid of one of the universities, and is now available. Dr. S. A. MacGregor, children's dentist, has conducted a series of short clinical courses in pedodontia and child management, for dental societies in various parts of Canada. Considerable educational material, in the form of posters, booklets and folders, has been distributed.

The year's work occasioned the division a moderate degree of satisfaction. Active research work was well under way on the relationship of Fluorine to caries-prevention. Additional research projects are planned. Much help and advice has been provided to other divisions of the department. The division's educational programme is progressing favourably. Cordial relationships have been maintained with national and provincial dental organizations. Even more progress is anticipated next year.

EPIDEMIOLOGY DIVISION

The Division of Epidemiology was established in 1937 under the Department of Pensions and National Health, but was discontinued in 1939, at the outbreak of war. In part, the functions of this Division were carried out by the Division of Tuberculosis Control, which was established on October 3, 1945.

At the request of the Dominion Council of Health, and as a result of a national Epidemiological Survey carried out by Dr. D. F. Milam of the Rockefeller Foundation, the Division of Epidemiology was again established on January 17, 1947. The Tuberculosis Control activities then reverted to the Division of Epidemiology. Dr. A. F. W. Peart, M.B.E., was appointed Acting Chief of the division.

In accordance with the recommendations of the Milam Report, it is the plan to develop the Division of Epidemiology in such a way as gradually to evolve a programme to include the following functions:

- (1) to study the incidence and spread of disease, in order to achieve adequate control methods throughout Canada;
- (2) to collaborate with and assist provinces, as required, to carry out (1) above (including assistance with legislation, field surveys, emergency control of disease outbreaks, etc.);
- (3) to conduct investigations into the control of those diseases which involve more than one province or which, by mutual agreement with the provinces, are considered "federal" rather than "provincial" (plague, shellfish poisoning, etc.);
- (4) to collaborate with and render consultative advice in epidemiology, as requested, to the following—
 - (a) the provincial departments of health;
 - (b) other divisions of the Department of National Health and Welfare;
 - (c) other departments of the federal government;
 - (d) voluntary health agencies;
- (5) to provide an Epidemiological Information Bureau (including relevant information from other countries);
- (6) to co-operate with the Epidemiological Service of the World Health Organization, e.g., by providing epidemiological information regarding Canada.

Since the Division of Epidemiology has been established, part of the above-mentioned programme has already been put into operation. A collaborative effort has been made with the Dominion Bureau of Statistics in connection with a statistical survey of the incidence of Arthritis and Rheumatism in Canada.

A joint field study of family morbidity is also under way between this division, the School of Hygiene of the University of Toronto, and the East York—Leaside Health Unit. The chief purpose of this study is to develop methods of securing the incidence of family illnesses in a given area and to study the family in relation to its environment.

At the present time the division is rapidly building up its information files in detail on diseases, epidemiological study methods, and procedures pertaining to epidemiology, so that an adequate information service may be extended in the future.

FOOD AND DRUG DIVISIONS

The primary function of the Food and Drug Divisions is to administer the Food and Drugs Act. The basic statute (10-11 Geo. V, C. 27), superseding the old Adulteration Act, has been amended on a number of occasions to meet the necessities of changing conditions and the advance of scientific knowledge. Its purpose, briefly, is to protect the health of the people, by ensuring that supplies of food are clean, pure and wholesome, that proper safeguards are established which will circumscribe the dangers arising from the misuse of potent medication by the uninitiated, and that drugs generally will satisfy the claims made for them. This service also protects the public's pocket book, by ensuring that the consumer will receive what he believes he is purchasing, shielding him from fraud and misrepresentation in the sphere of food and drugs.

In order to carry out this task, an organization has been set up which includes regional offices, laboratory and inspection services. These regional offices are located strategically at five principal production and importation centres across the Dominion. Attached to each office is a laboratory and also a corps of inspectors, located at various points in the territory. In this way, a watchful eye is kept on domestic products as well as on those entering the country. Inspectors work in close co-operation with customs officers and have the right to examine all customs entries of food and drugs. Thus the inspectors may be regarded as the men in the firing line and the regional offices as divisional headquarters. Samples are sent by the inspectors to their regional offices, and are examined in the regional laboratories.

The regional offices are in daily touch with main headquarters at Ottawa, from which comes the over-all direction. The work of the Ottawa laboratory is more of a research than a routine character. New products are scrutinized, some fundamental research will be carried out in the course of time, but emphasis is laid, at present, on new methods of analysis of food and drugs and on the improvement of existing ones, so that results will be reproducible in any other laboratory. In this, the regional laboratories give most helpful co-operation.

During the period under review, work had to be carried on under rather cramped conditions, but, with the removal of the Laboratory of Hygiene to new quarters last November, a substantial amount of space was vacated and, when alterations are completed, this will be occupied by the Food and Drug Divisions. Towards the end of the fiscal year extensive alterations were completed at the Toronto office, resulting in more laboratory and better office accommodation.

A factor delaying development during the past year has been the difficulty of getting new staff of the proper calibre for the work of the laboratories. Nevertheless, in spite of these handicaps, a grand total of 64,976 items of food and drugs was handled by the divisions as compared with 52,631 the previous year, an increase of 23 per cent. Drugs represented the greater part of this increase. The number of samples submitted for laboratory examination was up seven per

cent over 1946-47. Although the over-all percentage of adulterated goods is well under two per cent, certain foods and drugs continue to show an excessive degree of adulteration, for example, meat and meat products, 20 per cent; baking powder, 30 per cent; dried fruit, 12 per cent; and canned vegetables, 10 per cent. In the drug field, tincture of iodine, camphorated oil, solution of hydrogen peroxide, spirit of nitrous ether and aromatic spirit of ammonia continue to leave a great deal to be desired in the matter of quality. At the same time it should be pointed out that the samples referred to in the Tables on pages 137, 138 and 139, do not represent a true cross-section of Canadian products, because inspectors are on the lookout for *substandard* articles, and, when asked to make collections, naturally select those in which adulteration is suspected, or is likely.

A—INSPECTION SERVICES

For some time, the former Advertising and Labels Division of the department had assumed a general measure of responsibility for the inspectorial service, with a view to promoting efficiency, securing co-ordination, and maintaining uniformity of action in the different stations across the country. This was rendered even more imperative by the necessity of decentralizing, into the hands of individual inspectors, as great a volume as possible of the ordinary day-to-day work of dealing with advertisements or labels, while yet maintaining the utmost measure of uniformity of treatment throughout the Dominion. The Advertising and Labels Division is now federated with the Food and Drug Divisions, under the title of *Inspection Services*.

During the year the predominantly technical aspects of manufacturing, advertising and sales of food and drugs were reflected in the revision of the duties and qualifications to be used for the recruitment of inspectors. The qualifications have been raised, to include graduation in science, and the duties have been enlarged to include the performance of a certain amount of laboratory work. In spite of this, it has been found difficult to attract qualified persons, so that the inspectorate as a whole is still seriously undermanned. Vacancies which have occurred, due to death and retirement, have been filled upon a temporary basis only.

In continuance of the review work mentioned in previous annual reports for the Advertising and Labels division, Inspection Services has, during the year, reviewed 7,961 programmes for radio broadcast, 2,137 labels and 395 pieces of advertising material. An increased amount of time has had to be devoted to receiving representatives of manufacturers, agencies or vendors, to advise them upon material before publication, or to discuss correction of that already published.

The co-operation of the trade continued on a high level and few issues developed which it was not possible to resolve without recourse to the sanctions of the Act. A prosecution was instituted during the year under provisions of Section 32A, which relates to misleading advertising or advertising so framed as likely to create an erroneous impression. The prosecution was with respect to an advertisement of a prepared food, presented in a manner which was likely to create an erroneous impression of its composition, merit or value. Although Section 32A has been in the Statute since 1939, this was the first case based solely upon it and, as the case was vigorously contested and received considerable publicity, it proved to be of interest and value to manufacturers and advertising agencies, as well as to departmental officials concerned with administration of the Act.

In view of its importance, the points at issue in this case are summarized here. The advertisement, in addition to printed subject matter, contained a pictorial representation of the product in question and of a number of known

staple and natural foods, such as sirloin steak, butter, oatmeal, eggs, etc. The advertisement purported to say that the prepared food exceeded in value certain of the nutrient properties of the natural foods which were shown pictorially. On the printed matter and the pictorial comparison, the following were points raised by the department as supporting its charges:

- (a) that a prepared food cannot be compared fairly to natural and staple foods, unless all of the nutrient properties of such natural and staple foods are described;
- (b) that the comparison of certain factors of a prepared food with carefully-selected factors of a natural food is improper, unless the comparison is with respect to the factors of a natural food for which it is most commonly known and recognized;
- (c) that the comparison of a prepared food which requires to be made with milk, in order to substantiate the comparison, is either misleading or likely to create an erroneous impression, unless due credit is given to milk;
- (d) that any broad denunciation of normal meals, as being inadequate to supply needed vitamins or nutrients, is improper.

Other incidental points arose, but the above substantially embodies the grounds upon which the department felt the advertisement to be in violation of the section.

The manufacturer was convicted, and the reasons for judgment of the Magistrate substantially confirmed the departmental views, as above-summarized. An appeal taken by the manufacturer against this conviction was subsequently abandoned by him.

B—LABORATORY SERVICES

Cosmetic Chemistry

The work in this section is confined to headquarters. During the year under review, much thought and study have been devoted to framing regulations in anticipation of the proclamation of the portion of the Act dealing with cosmetics. This has necessitated conferences with commercial interests and several drafts have been made and amended, but nothing substantive is yet on record.

Seeing that methods of analysis of many types of cosmetics are still in the process of being worked out, and others have yet to be studied, it was thought desirable to take advantage of the experience to be gained by engaging in collaborative work with United States' chemists.

The subjects of study at present include the analysis of face powders containing starch, titanium dioxide, zinc oxide, kaolin, barium sulphate, talc; precipitated chalk, magnesium carbonate, and metal stearates; lotions containing propylene glycol, mascaras containing fatty base triethanolamine and traces of arsenic and lead; and cream (vanishing) for glycerol content. Some samples of dyes, obtained, by arrangement, from the United States Cosmetic Division, were examined for lead content. Finally, a number of complaints from the public regarding cosmetics has received the attention of the section.

Food Chemistry

In addition to routine enforcement work, an extensive study of the method of sampling and examination of imported figs has been undertaken, in collaboration with the regional laboratories. In order to obtain results with comparable precision between laboratories, a method of treating the results of the examination was introduced in which the decision to terminate the examination depends,

at each stage, on the results of observations as they are made. This is the so called sequential analysis procedure and has proven to have saved considerable time in obtaining results of equal precision in all samples of figs examined. It has been found very practical.

With the assistance of the National Research Council's statistical expert, a design for sampling imported dates in bulk was introduced, the design being similar to the double sampling scheme of Dodge and Romig. The statistical expert has also given assistance to this section in designing various collaborative studies on food products. The use of soya flour instead of, or with, cereal as a binder in sausages, has necessitated a study of suitable methods of determining the amounts present. This work is now proceeding.

A considerable volume of work has been carried out on the estimation of trace metals by means of the spectrograph. Metallic impurities in tomatoes, beverages, carrageen, invalid foods and streptomycin have been determined by this means. The same instrument was used in an assay for vitamin A standard, in collaboration with the U.S.P. Revision Committee.

Collaborative work was carried out with the Committee on Food Preservation of the National Research Council on the value of the concentration of reducing sugars in the product, as an index of the quality of frozen eggs. A report on this work has been incorporated in a paper to be published shortly.

The Toronto laboratory investigated the development of benzoic acid in maraschino cherries which are flavoured with benzaldehyde, and found no significant increase in benzoic acid during storage. Work is going on with a view to developing a suitable routine method for determining fat in sausages, and one for estimating the moisture content of cheese. In Winnipeg, what looked like fragments of glass in cheese were identified as calcium tartrate, a natural ingredient of the product. Loss of sulphur dioxide in dried fruit stored in sealers was studied, but the question whether this is apparent or real remains to be elucidated. The study of toxicity of shellfish on the Pacific Coast continues to engage attention, while a former project of securing extensive data on pepper constants, suspended through lack of material during the war, is being revived.

Hormones and Physiology

Hormones—Considerable work has been done on the assay of progesterone, using rats, with the object of studying the factors influencing the response to the drug. Satisfactory results were obtained and the project is being continued with a view to publishing the results. In collaboration with the Revision Committee of the United States Pharmacopoeia, work is being carried out on the assay of progesterone, using rabbits.

Work on the assay of testosterone propionate, commenced two years ago, has been brought to a successful conclusion and the results were reported to the American Society of Biological Chemists, in March. The problem of the assay of testosterone and methyl testosterone has engaged attention, but the task is not yet far enough advanced to predict the result. In collaboration with the Revision Committee of the United States Pharmacopoeia, inter-laboratory variations in the assay of testosterone propionate were studied.

The practice of feeding oestrogens to poultry prompted an investigation of the recovery of ingested stilboestrol compounds, in association with the Department of Agriculture, and the results were published in *Endocrinology* 41, 282, 1947. It was found that the oestrogen was deposited mainly in the fat of the birds, although a large proportion was excreted. Other aspects of this work are under study. The assay of stilboestrol tablets has also received attention

and further work is being carried out. The relation of folic acid to the oestrogenic response of animals has been studied and work was continued on the variables affecting the precision of the assay of oestrogens.

The assay of chorionic gonadotrophin has received attention and the work is continuing, whilst the best channel of administration is also being studied.

Insulin—A project involving an investigation of the variables affecting the assay of insulin, begun some years ago, has been concluded and reported in *Endocrinology* 42, 31, 1948. The results were satisfactory and plans are being laid for studying the assay of globin insulin.

Liver Extract—Protocols from manufacturers of Liver Extract injectable were reviewed and labelling was checked.

Nutrition Section

Vitamin A—Routine examination of fish oils and multivitamin products on the Canadian market was continued. Vitamin A Acetate was adopted as the Canadian Standard for Vitamin A, replacing the Reference Oil. Investigation of the physical constants of the new Standard was completed, in co-operation with the Vitamin Advisory Committee of the United States Pharmacopoeia. A spectrometric method of assay for Vitamin A was studied and adopted for use. A detailed chemical method was supplied to all Regional Laboratories for their routine examination of market supplies.

Vitamin B—Market samples were assayed for their content of thiamin, riboflavin, niacin, and pantothenic acid. Folic acid was added to the Vitamin B Complex factors controlled by regulations, and methods of assay were established. A detailed statistical study of microbiological assay methods was undertaken, and a report given to the Biometrics Section of the Federation of American Societies for Experimental Biology. Biological studies of the effects of massive doses of single B Complex factors were extended to include, niacin, pyridoxine and pantothenic acid.

Vitamin C—Routine examination of market samples was continued. Two detailed methods of assay were supplied to all Regional Laboratories.

Vitamin D—Collaborative check assays on the Canadian and U.S.P. Reference Oils were carried out. A comprehensive study of material for a new International Standard was begun, in cooperation with laboratories in the United States and in Europe. Investigation of diets used in the biological assay of Vitamin D has been undertaken. A study has been made of X-ray technique for judging depletion in Vitamin D assays.

Bread and Flour—Assay of samples for the Department of National Defence has continued throughout the year. Assistance was given in drawing up new specifications for bread and flour contracts for the Canadian army. Analysis of over 20 brands of bread, involving determinations of moisture, ash, fibre, protein, fat, carbohydrate and calorific value, was completed for the Prices Committee of the House of Commons.

Proteins and Amino Acids—Methods of assay and tests for safety and efficiency of protein hydrolysates and amino acid mixtures were studied, in collaboration with the Amino Acid Advisory Committee of the United States Pharmacopoeia. A microbiological method for determining valine was developed, and a report made to the Biochemistry Section of the Federation of American Societies for Experimental Biology. Investigation of products presently on the Canadian market was undertaken, with a view to establishing regulations governing their sale.

Organic Chemistry

The Vancouver laboratory has been engaged for some time in the preparation of crystal forms obtained with specific reagents, of twenty potent drugs; more than 350 negative projections prints have been made, mounted, described and cross-indexed. These are likely to prove of great value for identification purposes, and it is planned to supply every laboratory in the divisions with duplicate sets of this material.

Pharmaceutical Chemistry

As far as Ottawa is concerned, activities in this field have been confined to routine enforcement of the Act and regulations. Regional laboratories, however, have carried out some interesting work. In Vancouver, certain samples of milk of magnesia were found to contain considerable amounts of arsenic, which was eventually traced to cobalt arsenide used in the manufacture of the glass bottles. The product, which had been packed 15 years ago, was removed from sale. The Winnipeg laboratory made a valuable survey of headache tablets, involving some 80 samples collected throughout the territory. According to the report only 45 met requirements fully. A noteworthy collection of ointments was analysed in Montreal, revealing a considerable amount of adulteration and misbranding. These examples reveal the need for constant surveillance of household remedies by the divisions.

Pharmacology and Toxicology

A survey of stocks of neoarsphenamine kept in Venereal Disease Control Clinics, has been carried out, with a view to ascertaining what changes take place during storage. Some of the samples examined were eight years old. It was recommended that material more than four years old should be discarded. A study of the toxicity of commercial brands of sulpharsphenamine by several routes of injection was made. This study indicated that the intravenous test was not in itself sufficient to guard against products which might possess toxic properties by another route of injection.

New Canadian Standards for these drugs were released during the year. A new standard for oxophenarsine hydrochloride has been arranged for and this, it is understood, will also be adopted in England as the British standard for this product. A number of lots of neoarsphenamine and dichlorophenarsine hydrochloride were not permitted to be sold in Canada because of instability and exceeding toxicity requirements here.

In the field of cardiac drugs, comparison between biological and chemical methods was carried out and the conclusion was drawn that the latter method does not agree with the biological method closely enough to warrant the adoption of the chemical method as an official one. The possibility of using pigeons in place of cats in these assays is under investigation and the preliminary results show good agreement between cat and pigeon methods and also that fewer pigeons are necessary for an assay. If pigeons can be used, the cost of assay will be reduced. Reference standards of digitoxin, digoxin and lanatoside C, have been released for distribution. This has permitted the investigation of a chemical method of assay for digoxin and lanatoside C.

Sampling methods for testing bulk digitalis imported by pharmaceutical companies were investigated. A recommendation for sampling this product has been proposed.

A method of assay for curare alkaloids, using rats, was worked out. This method was found to be just as precise as the rabbit cross-over test and a similar method using mice.

Work on obstetrical drugs and on epinephrine and its preparations has been continued during the period under review and market samples are of satisfactory quality. In this, as in other matters, there is close and cordial collaboration with the Revision Committee of the United States Pharmacopœia on certain proposed changes in the assay methods for these products.

Toxicity studies were carried out on organic compounds of bismuth, as a sequel to a number of deaths in the United States. The results are reassuring in that the fatalities were due, not to the inherent properties of the substances in question, but to overdosage. Similar work was done on nupercaine, following a report of untoward reactions. No cause for the reactions was found.

During the war, toxicological work in connection with the use of potassium arsenate in the treatment of trench mouth was carried on in association with a National Research Council project. A series of reports have been released now covering this work, namely *N.R.C. Reports* Nos. C44-47P, C310-458, C7-47P and C8-478.

The Animal Colony

The divisions own one of the largest rat colonies in Canada. It is separated into two main sections, viz., the vitamin colony, used for vitamin work, and the stock colony, for breeding and general experimental purposes.

The stock colony is divided into three parts:

- (1) an in-bred colony of brother-sister matings, which has reached its 25th generation and from which the majority of the breeder rats come;
- (2) a cross-bred or random-mated colony;
- (3) a similarly-mated colony, carrying the gene for hairlessness, which is under investigation.

The rats in the stock colony are used to test the toxicity of arsenical products, for hormones assays, for propagation of trypanosomes and for other miscellaneous tests. Rats which are not likely to develop into suitable test animals, those over-age and such as suffer from disease or deformity, are killed, as they are of no value for experimental purposes.

At the close of the year, the general health of the colony was good, with the percentage of morbidity lower than before. Other animals, such as guinea pigs and rabbits, are used for experimental purposes.

Miscellaneous

Revision of Regulations—Much time was devoted during the year to making an exhaustive revision of the regulations under the Food and Drugs Act. It involved not only a review of the material included in the regulations, but a complete overhaul of the presentation and arrangement, and much liaison work with other departments of government. Senior members of the staff, the legal adviser and officers from the Laboratory of Hygiene held many meetings to consider the content of the regulations, while a smaller editorial board was at work late in the fall until the end of the fiscal year in an endeavour to see that phraseology was uniform and accurate. This revision has involved numerous conferences with representatives of industry and of other departments of government. It is hoped that, when these regulations are promulgated, there will be general satisfaction on the part of those who have to be guided by them.

Canadian Committee on Pharmacopœial Standards—Owing to the inevitable delay in the publication of the new edition of the *British Pharmacopœia*, the work of this Committee has been less onerous during the past year. One meeting was held in December 1947, at which it was agreed that the common name of

Amidon should be *Methadon* and that, in labelling proprietary articles, the proper name should follow the brand name and be in type no smaller than half the size of the printed brand name. A progress report on the new Canadian Formulary was submitted, and also reports on subcommittees studying ointment bases and the physiological activity of cascara wood.

Advisory Panels—During the year the panels of advisers to the divisions have been consulted regarding the labelling of streptomycin, the status of choline in therapeutic and nutrition, and regarding drugs, the sale of which should be by prescription only.

Revenue—Voluntary payments and fines during 1947-48 amounted to \$2,025.95, representing 42 cases; fees for analyses from other departments of government, \$2,550.00, and licence fees, \$510.00, a total of \$5,085.95.

External Relations and Publicity—Cordial relations have been maintained with the Association of Official Agricultural Chemists, the American Pharmaceutical Association, the American Society of Biological Chemists, The American Society for Pharmacology and Experimental Therapeutics, The Chemical Institute of Canada, the Society of Chemical Industry, the Canadian Physiological Society, the Canadian Pharmaceutical Association and the Canadian Pharmaceutical Manufacturers' Association in all of whose meetings delegates from the divisions participated. The divisions have also been represented at the Toilet Goods Manufacturers' Association meetings, the Laurentian Hormone Conference, on the Committees of Standards, Applied Statistics and Food Preservation of the National Research Council, and on other bodies.

The compilation of a handbook on the work of the divisions has been brought to a successful conclusion and this book will be available to the public at an early date. A news bulletin, *Food and Drug News, Canada*, commenced last April, for the purpose of keeping the divisions' far-flung stations in contact with headquarters, has appeared at quarterly intervals, totalling some 93 quarto pages of typescript during the year. A history of food and drug administration in Canada is in course of preparation.

C—PROPRIETARY OR PATENT MEDICINE DIVISION

The Proprietary or Patent Medicine Act regulates the sale of all secret formula non-pharmacopœial prepared medicines intended for the internal or external use of man and sold in Canada under trade names. Since the Act was amended in 1919, approximately 17,000 different preparations have been granted registration numbers. Throughout the intervening years many of these products have been discontinued from time to time for various valid reasons, so that at present there are approximately 5,000 preparations licensed for sale, including most of the popular proprietary medicines now on the market and on which millions of dollars are spent annually by the public.

In the administration of the Act an earnest endeavour has been made to see that prepared medicines are truthfully advertised and not put forward for any grave disease. In fact, when this Act came into operation, policies were promptly established to give effect to its provisions, particularly as respects false, misleading and exaggerated claims. It was considered improper to put forward any prepared medicine for such grave diseases as tuberculosis, cancer, goitre, appendicitis, Bright's disease, high blood pressure, etc., as claims for the efficacy of such products must necessarily be regarded as false and misleading. Consequently, such medicines were classified as being incapable of fulfilling the claims made for their use and were rejected as not being licensable for sale under Section 8(f) of The Proprietary or Patent Medicine Act, which provides that

no proprietary or patent medicine may be sold in Canada if any false, misleading or exaggerated claims are made in respect of such article. This list has been augmented from time to time, so that today it includes the names of approximately all the grave diseases from which humans suffer.

In granting registration under The Proprietary or Patent Medicine Act, care is taken to see that the ingredients used in the formula of a medicine have value for the purposes for which it is intended to be sold. The recommendations for use are carefully considered by the medical officers of the department in conjunction with the formula, and no claim is permitted for which the formula has not at least a reasonable amount of value. The use of potent drugs is permitted only when the dosage amounts are prescribed within limitations fixed as appropriate and safe by an Advisory Board.

The yearly review of registrations in connection with the licensing of medicines is an important feature, as, in this review, some preparations are reclassified on reconsideration in the light of new knowledge of the drugs used in their composition or from experience in their use. Usually the manufacturer of such a product is allowed to make revisions to his formula or recommendations, and toleration is extended for a reasonable period for the sale of existing stock.

During the year many interviews were granted 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. Manufacturers in general followed the established practice of submitting for inspection and comment proofs of their labels and literature.

Throughout the past fiscal year 7,000 individual radio scripts were reviewed. The Canadian Broadcasting Corporation requires all manufacturers, or their agents, who desire to advertise proprietary medicines over the radio, to submit to them a copy of the statements they propose to make in respect of their products. These are referred to this division and reviewed. All statements in such material which are considered as exaggerating the value of the product, or describing it for purposes for which it has no value, are marked for deletion.

In addition 2,320 labels, wrappers, newspaper and other advertisements were examined. All scripts and advertisements are reviewed with the object of giving the public truthfully labelled and advertised products, and every endeavour is made to have uniformity in decisions.

Samples were secured on the open market and examined as to kind and quantity of drugs and labelling. The Food and Drug Inspection Services throughout Canada contributed very materially in this regard.

During this period 512 new medicinal preparations were submitted for registration. Of this number 181 were registered, and 331 were refused registration. The registrations of 4,232 previously-registered products were reviewed.

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

The following statistics published by the Dominion Bureau of Statistics, indicate the extent of the industry in medicinals and pharmaceuticals in Canada. In this statement are included medicinals which are sold subject to the provisions of The Proprietary or Patent Medicine Act.

Production by the manufacturing plants in Canada which were engaged chiefly in making patent and proprietary medicines, pharmaceuticals and similar commodities, was valued at \$60,330,928 at factory prices, in 1945, compared with \$55,639,581 in 1944, and \$50,772,686 in 1943.

Of the 204 factories in this group 103, were located in Ontario, 84 in Quebec, seven in Manitoba, two in British Columbia, one in Nova Scotia, three in Alberta, three in Saskatchewan and one in New Brunswick. The average number of employees in 1945 was 8,329, compared with 7,600 in the previous year, and payments in salaries and wages totalled \$12,707,220, as against \$11,768,012 in 1944. Plants in Ontario produced 54.5 per cent of the Canadian output, and concerns in Quebec accounted for 42.5 per cent.

DIRECTORATE OF HEALTH INSURANCE STUDIES

The function of the Directorate of Health Insurance Studies is to continue the activities originally initiated by the Health Branch of the department in regard to health insurance. As a part of this work there has been carried on intensive and exhaustive studies of existing facilities and future requirements in the field of medical, hospital, nursing and dental services and of various economic methods of providing such services.

During the early part of the fiscal year there was considerable activity in the directorate with special reference to studies connected with a Civil Service Medical Benefit Scheme which had been brought up for consideration. A committee appointed by the various Civil Service organizations delegated the detailed study of this matter to a sub-committee, of which the Assistant Director was chairman. From material supplied by insurance companies and medical benefit societies, the sub-committee compiled an outline of prepaid medical care plans. Further studies as to costs and expansion of services were continued for inclusion in a report to be conveyed to the original Civil Service Federation committee. These recommendations were, in turn, to be submitted to the Minister of National Health and Welfare.

Dr. J. L. Little, director of Health Insurance Studies, resigned from the government service at the end of May to devote his full time to the newly-created National Cancer Institute of Canada.

In July, in association with the Research Division of the department, an intensive study of the broad features of health services in Canada was initiated.

The preliminary studies, specified for the purpose of the broader investigation of health services in a comprehensive social security plan, were concluded during November and a report was prepared, incorporating the findings and recommendations of the Health Insurance Directorate.

Subsequently, additional studies were continued with the intention of developing a workable plan for an overall health insurance programme for Canada. Several memoranda were prepared, dealing with the more detailed aspects of the preliminary phases of such a programme. These have led to the formulation of certain concrete proposals which have culminated in a plan covering the introductory stages of a broad health programme. Additional studies on the detailed features of health care services have been continued.

HOSPITAL DESIGN DIVISION

The duties of the Hospital Design Division are 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 problems of design and construction in the provinces.

Many provinces have taken advantage of this consultative service in the past year and have forwarded plans of proposed hospital construction to the division for constructive criticism. Various provinces have been visited, in order to advise on particular projects, and addresses have been given to service groups, in order to increase interest in good hospital planning.

The Chief of the Division visited United States Public Health Service officials in Washington and the Hospital Planning Commission of North Carolina, in order to obtain first-hand information regarding setting up of proposed hospital grants in this country.

During the past year, considerable work for other branches of the department has been done. This work has included a variety of items, from the production of charts, etc., which require draughting skill, to the planning of a complete development.

DIRECTORATE OF INDIAN HEALTH SERVICES

The Indian Health Services Directorate is responsible for complete health service for all persons of Canadian native status. There are approximately 130,000 Indians and 8,000 Eskimos, widely scattered through all the provinces and the territories. Roughly, the distribution is: Alberta, 13,000; British Columbia, 26,000; Manitoba, 16,000; New Brunswick, 2,000; Northwest Territories, 4,000; Nova Scotia, 2,500; Ontario, 33,000; Prince Edward Island, 300; Quebec, 15,500; Saskatchewan, 16,000; Yukon, 1,600; Western Arctic (Eskimo), 2,000; East Arctic (Eskimo), 6,000.

For administrative purposes the Dominion is divided into eight regions, with approximate populations as follows:

The Maritimes	5,000
Quebec	16,000
Ontario and East Arctic	30,000
Manitoba and north-western Ontario	25,000
Saskatchewan	16,000
Alberta and Yukon	15,000
British Columbia	25,000
Northwest Territories and West Arctic	6,000

There are Regional Superintendents in British Columbia, Alberta, Saskatchewan, Manitoba and Quebec. The remaining areas have been administered directly from head office, through the Director and two Assistant Directors, who coordinate the whole service. During the year some member of head office staff visited every province, the Northwest Territories and the East Arctic.

HISTORY

A health service for native Indian and Eskimo was developed as a voluntarily assumed moral obligation on the part of the government, to provide assistance to a more primitive people and to protect the new inhabitants from epidemics which might explode in a population not previously exposed to the diseases of Europe.

The first efforts were those of the early armed forces, missionary societies and public spirited individuals, more or less without coordinated direction. In the 1800's, doctors were appointed to provide the essential care for a few larger Indian communities. A superintendent was appointed in 1905, but the modern health service may be considered as commenced in 1927, with slow but steady expansion to the present.

On November 1, 1945, Indian Health Services were transferred from the Department of Mines and Resources to the Department of National Health and Welfare. Prior to 1936, Indian Affairs was a separate department, with Eskimo administration under the Department of the Interior.

Commencing, as it did, in response to an obvious public health need, the native health service has been required to assume an increasingly larger responsibility in providing protective and active treatment. Certain Indian communities contribute extensively from their funds, but the majority contribute nothing. The economic status of the more remote peoples will always be on a lower level, but, in the more populated areas, the Indian can assume, gradually, more and more of the responsibility of his neighbours. This economic evolution must be slow, because the native is psychologically distinctly a different race to the more western cultures of the new population of Canada. Provision for tomorrow is not, and likely never will be, a trait of the unadulterated Indian or Eskimo, but assimilation should be attended by education in economic independence, including provision against ill-health, to the degree current in their areas.

FACILITIES

During the year the service was constructed upon a framework of 19 departmental hospitals and five nursing stations. Subsidiary to these were health units and the field staff of medical officers, field nurses, matrons and dispensers. These, in turn, were augmented by part-time physicians and private practitioners who received Indian patients as part of their clientele, rendering accounts to this directorate. Similarly, community hospitals were used extensively, and provincial institutions and personnel wherever possible.

Indian Health Services hospitals were operated during the year at:

	No. 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. (Dynevov).....	50
The Pas, Man. (Clearwater Lake).....	78
Norway House, Man.....	22
Brandon, Man.....	200
Squaw Bay, near Port Arthur, Ont.....	22
Manitowaning, Ont.....	13
Ohsweken, Ont. (Lady Willingdon).....	40
Tobique, N.S.....	4

The hospital at Brandon was opened June 15, 1947. It was erected in 1943 for the Department of National Defence, expanded in 1944, and used by the Department of Veterans Affairs from the cessation of hostilities until taken over by Indian Health Services. It has accommodated a number of Polish veterans suffering from tuberculosis, in addition to its Indian population. The three institutions in Manitoba, at Clearwater Lake, Dynevov and Brandon, were operated by the Manitoba Sanatorium Board for this department.

The occupancy of the larger hospitals has been mainly by tuberculous patients, although each has treated general, medical and surgical cases. The smaller hospitals function as any community general hospital. About an equal number of patients were treated in departmental hospitals and in non-departmental sanatoria and general hospitals.

Indian Health Nursing Stations, staffed by a graduate nurse, and accommodating up to four patients, were operated at Port Simpson, B.C. Wabasca and Hobbema, in Alberta, Broadview, Sask., and Eskasoni, N.S. During the year further nursing stations were opened at Bersimis, Fort George and Port Harrison, in Quebec, and at Little Saskatchewan, in Manitoba.

Health Units, staffed by a medical officer and graduate nurse, were operated at Prince Rupert, Williams Lake, Duncan, Vancouver and Kamloops, in British Columbia, Edmonton and Calgary, in Alberta, Prince Albert and North Battleford, in Saskatchewan, The Pas, in Manitoba, Moose Factory, Muncey and Deseronto, in Ontario, Caughnawaga in Quebec and Sydney in Nova Scotia. From these centres the professional personnel radiated out to educate, treat or arrange the hospitalization of the natives in a zone many miles about. Similarly, staff from the smaller hospitals visited the surrounding areas by motor vehicle, water, air or snow transport, throughout the year.

Graduate nurses responsible for health education and public health care reached out from Shubenacadie, N.S., Fredericton, N.B., Seven Islands, Maniwaki and Amos, in Quebec, Port Arthur, Ohsweken, and Chapleau, in Ontario, Nelson House, God's Lake, Cross Lake and Sandy Bay, in Manitoba, Driftpile and St. Brides, in Alberta, Lillooet, New Westminster, Kitimaat, Hazelton and Bella Coola, in British Columbia. During the busy season, additional field nurses served the cannery employees in northern British Columbia.

The staff, at the end of the year, consisted of 47 full-time medical officers, three full-time dental surgeons, 145 graduate nurses in hospital positions, 20 graduate nurses in the field, 66 physicians in part-time positions, and many hundreds of physicians, dentists, field matrons and dispensers, employed on a fee basis. Accounts were received regularly from about 600 hospitals in various parts of the country.

PUBLIC HEALTH ACTIVITIES

(a) *Immunization*—It is the intention to have every native child protected, so far as possible, against smallpox, diphtheria, whooping cough and the typhoid group of diseases. One or more representatives of Indian Health Services accompanies each annual official visit to each band, at which time the greatest concentration of nomadic groups can be reached. This is in addition to the continuous programme carried on throughout the year by the whole field staff. Certain nomadic Indians, and many Eskimo groups, cannot be contacted regularly, but every opportunity of reaching these people was taken.

Immunization against tuberculosis by Bacillus-Calmette-Guerin vaccine has been pioneered in Canada by Indian Health Services and was further extended during the year. As an example of this work, of five bands in various isolated parts of Quebec, where 99 per cent of the population was reached, a total of 2,096 patch tests were made with 559 negative reacting all receiving B.C.G. In this group only 26.7 were negative. At Caughnawaga, near Montreal, of 412 school children, 223 were negative and were given the B.C.G. It may be observed that, in this group, 54.7 were negative. These figures indicate an approach of this more urban group toward the conditions found in the white population.

The ideal time to use B.C.G. is during the first 10 days of the newborn. In Quebec, 50 babies were inoculated during the year. Similar groups were reached in the other provinces. B.C.G. inoculations were made in Manitoba Residential Schools, where 447 children were inoculated; six weeks later 97 per cent of those inoculated in one school were found to be tuberculin positive. The work commenced several years ago in Saskatchewan was continued and, in a paper prepared jointly by the Regional Superintendent for Indian Health Services and the Director of the Anti-Tuberculosis League of Saskatchewan, it was demonstrated that five times as many B.C.G.-protected individuals survive exposure to tuberculosis compared with a similar number not inoculated.

(b) *Tuberculosis Control*—Tuberculosis is the leading cause of death in Indian populations, but a vigorous attack has been launched in an effort to reduce the incidence of this disease. In 1946 a total of 723 Indians died from tuberculosis in the nine provinces. At the end of the same year there were approximately 1,600 tuberculous Indians receiving treatment in departmental hospitals, provincial sanatoria and other institutions.

Extensive surveys were carried out and equipment and personnel obtained, so that this phase of the work will be increased in the present year. The ultimate aim for surveys is that the total Indian population will be examined every other year and, as beds become available, immediately to remove infectious cases. It can be predicted safely that there will be a very definite lowering in the alarming death rate from this scourge.

(c) *Venereal Disease*—Second only to protective inoculations, it has been the function of the field staff to carry appropriate knowledge of hygiene and sanitation to those who require this instruction. Extensive use has been made of departmental pamphlets, posters, cinema and film strips. Formal and informal talks were given at every opportunity and systematic visits to homes, schools and Homemakers Clubs were made, as part of the duties of the field medical officers and nurses.

EPIDEMICS

An epidemic of measles swept through the area about the western half of Great Slave Lake, in June and July, 1947, but, due to the more clement weather, there were no deaths attributable to the epidemic.

A diphtheria-like epidemic spread about James Bay during the Fall and early Winter. While the morphology of the organism was characteristic, the virulence was very low, as practically no deaths could be blamed on the epidemic. Every effort was made to keep well ahead of the spread, with protective inoculations, in spite of the wide dispersal of these nomadic people, who regularly leave for their trap-lines in the early Fall and who remain away most of the Winter.

Transportation

The inaccessibility of a large proportion of the native population is the greatest handicap to active treatment, when such is required. At the same time, the inaccessibility is also a barrier to the *spread* of contagion. In the course of a year, a field nurse or doctor will travel by motor car, plane, speed boat or canoe, in the saddle, by sleigh, dog team or snowmobile.

The most important single mode of travel is by plane, landing generally on lakes, rivers or salt water. Air miles cannot readily be determined, as commercial planes generally do not report this on accounts, but in excess of \$100,000 was paid for air transport during the fiscal year. In addition, extensive use was made of provincial services, the R.C.A.F., and United States Air Force, where commercial planes do not ordinarily travel, and particularly in the far north-east, where no regular routes exist. During the year 42 Eskimos were removed for hospitalization from the East Arctic alone.

The *R.M.S. Nascopie*, which regularly visits all posts in the East Arctic, was wrecked on July 7, 1947, at Cape Dorset on the north shore of Hudson Straits. This was drastic, so far as the programme for attention to the Eskimo in the East Arctic was concerned. The medical stores and equipment for the various posts were completely lost, and had to be resupplied and forwarded by smaller craft, which were hastily procured, and by arrangements made with the Air Force, to carry in essential supplies. As a result of this fine co-operative effort, no arctic outpost was without adequate supplies during the year.

INDUSTRIAL HEALTH DIVISION

Canada has become one of the leading industrial nations as a result of its industrial expansion during the war and post-war years. Between 1939 and 1946, the value of manufactured goods and foreign trade increased threefold, while the number of employees in manufacturing alone rose from 658,000 to 1,119,000. Today, persons gainfully employed in all occupations number about 4,800,000. The sickness rate of this vital section of our population is estimated to be nine days per annum, and represents a loss of over 500 million dollars to our national income.

The efforts of the Industrial Health Division are directed toward the alleviation of this important public health problem through the improvement of the health and occupational environment of the working population. To discharge this function, under Section 5(b), (h) and (i) of the Department of National Health and Welfare Act, the division maintains medical, nursing and laboratory staffs, which provide the following facilities:

- (a) medical and nursing consulting services, for improving and promoting plant medical programmes and for appraising industrial health problems;
- (b) laboratory services, for research and investigation of industrial health hazards;
- (c) education and technical information services, for promoting personal and plant health practices.

In co-operation with provincial departments of health, the division is applying its professional and technical facilities to various industrial health projects of a continuing or emergency nature.

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 index of current literature is maintained and there is a constant flow of information on new developments in the industrial health field between the federal and provincial levels.

CO-OPERATION WITH PROVINCIAL AUTHORITIES

Ontario

During the past fiscal year, the division collaborated with the Ontario Division of Industrial Hygiene in preparing a reference manual on occupational diseases. The manual includes a list of occupations in Canada, with a description of their actual and potential health hazards, and will be a reference guide for physicians who treat industrial workers. This publication contains certain features relating to industrial diseases in Canada which are not readily available from other sources.

Saskatchewan

With the assistance of the division's medical staff, the field unit conducted an environmental survey of certain industrial establishments in Saskatchewan. This included a study of working conditions, the potential health hazards related to materials and processes used, and the existing measures for health supervision. The field unit continued its survey of the carbon monoxide hazard in garages and began an investigation of environmental hazards among agricultural workers.

Alberta

The field unit continued its environmental survey of the coal mining industry in Alberta, to determine the extent of the silicosis hazard and to provide the basis for preventive measures in the field of legislation, engineering, and medical services. Environmental studies in other industries are being undertaken, in co-operation with various provincial agencies.

Nova Scotia

Investigation of the silicosis hazard in various industries was extended and X-ray examination of workers was undertaken by provincial authorities. In accordance with the original plan for the unit, full responsibility for its operation was assumed by the province at the end of the fiscal year and a permanent provincial division of industrial hygiene was established.

MEDICAL ADVISORY SERVICES

A series of lectures and demonstrations for industrial and public health nurses in the Ottawa-Hull area was sponsored by the division's medical and nursing staff. The project was designed as an extension course for the nurses engaged, or interested, in industrial nursing, and will serve to promote similar courses in other centres. Details of the course were published in the *Industrial Health Bulletin* of the division, with excellent response from nursing groups throughout Canada and in the United States.

In co-operation with the Ontario Division of Industrial Hygiene, further steps to promote industrial nursing services in the Ottawa area were undertaken. Efforts are now being made to provide local industries with part or full-time nursing service through personnel of local nursing groups. In this way, procedures for group servicing of small industries are being developed which can be applied to many other parts of the Dominion where small industrial establishments predominate.

In the past year, members of the medical and nursing staff have delivered papers on health problems of Canada's working population to meetings of public health, medical and scientific associations, and at university courses. The staff also participated in conferences of various professional associations in Canada and the United States.

EDUCATION AND TECHNICAL INFORMATION

The division continued its programme of health education to industry and labour by distributing 150,000 copies of posters and pamphlets in French and English, through provincial health departments. Over 30,000 copies of the most recent pamphlet *Skin Diseases in Industry* were requested by various industries.

During the year, 35,000 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 more than 15 employees, to 2,000 trade union locals, to provincial and professional agencies and to other interested bodies. A large correspondence with industrial and labour groups on the articles printed in the bulletin was a significant feature during the year.

A consultative service on industrial health problems was provided to federal government departments, provincial departments of health, private industry and individuals. During the past year, the division supplied information on the health hazards of solvents, the effectiveness of various methods for air purifications, environmental conditions, such as lighting, noise, ventilation and many other industrial health problems of local or national concern.

LABORATORY SERVICE

During the year the laboratory service of the division was directed toward technical solution of health problems having their origin in the working environment of the Canadian employee. This scientific approach to industrial health problems referred to federal level was combined with the medical and educational approaches to provide a broad co-ordinated attack on the causes of ill-health among Canadian wage earners.

A major laboratory project undertaken during the year was the development of a simple device for estimating small quantities of methyl bromide in air. Methyl bromide is a highly volatile material and intensely toxic to the human being. It has a specific usefulness as an aircraft fire extinguisher, as a fumigating agent and as a refrigerant. To protect the health of employees who may be exposed to the vapour of methyl bromide, health authorities require to estimate the amount of the substance in workroom air. Because of its high toxicity not more than 50 parts of methyl bromide in 1,000,000 parts of air can be tolerated in a work space. The laboratory undertook to develop a device which would simply and accurately measure such small quantities. Successful completion of this project was in sight by the end of the fiscal year.

A contribution to the continuing national problem of silicosis was made through the medium of the division's laboratory service. This concerned one of the besetting difficulties in connection with prevention of silicosis among employees in the dusty trades—the difficulty of estimating the amount of silica in dust and working materials. The chemical method for estimating silica has always been lengthy and liable to a considerable range of error. Accordingly, advantage has been taken of the recent advances in the X-ray field, and, during the year, a Geiger Counter X-ray spectrometer was acquired for the estimation of silica by the X-ray method. This modern device makes possible rapid estimations with high accuracy. Following its standardization, which was under way by the end of the year, analyses of dusts, rocks and other materials will be conducted for provincial industrial health agencies, as a service under section 5(i) of the departmental Act.

Health problems associated with office machine work have come to the forefront of the industrial health field in the major industrial countries, during the post-war period. In line with this broadening scope of industrial health, the laboratory of the division has been conducting a study among Hollerith machine operators in two dominion government departments. During the fiscal year, two lengthy reports on working conditions of such operators have been prepared for the departments concerned. One of these reports dealt with noise and the other with absenteeism and production in relation to environmental conditions.

Increasing attention directed toward the health of the federal civil servant has brought to light working conditions having technical aspects comparable to many occupations in Canadian industry. In order to provide full health protection for civil servants so engaged, the division has co-operated with the Civil Service Health Division of the department in evaluating these industrial-type working environments. The laboratory has carried out a survey of the air in the refinery section of the Royal Canadian Mint and has made recommendations to ensure an air supply free from toxic materials, such as tellurium, arsenic and selenium. Along the same lines, an environmental survey was undertaken at

the Mines Laboratories of the Department of Mines and Resources, to ensure protection of health of laboratory personnel against possible exposure to radiation from ore concentrates and other materials handled.

The flow of scientific material related to health standards for working environments has accelerated markedly throughout the world during the post-war period. To keep pace with this flow, membership of divisional laboratory personnel on the Safety Code Correlating Committee of the American Standards Association was accepted during the fiscal year. Membership on the Committee on Maximum Allowable Concentrations of the same association continued. Information gained through the proceedings of these committees, and from scientific interchange with laboratories abroad, was supplied to various provincial health agencies.

The highly technical nature of the laboratory projects carried on during the fiscal year reflects the increasingly technical complexity of Canadian industry. Recent experience has demonstrated clearly that new chemical and physical agents introduced into manufacture generally bring with them some health problems requiring a technical solution. Strong emphasis has therefore been necessary at the laboratory level of the division's work.

LABORATORY OF HYGIENE

The functions of the Laboratory of Hygiene remain essentially as in previous years, namely, under the provisions of the Food and Drugs Act, to serve in a technical advisory capacity to the Chief Dominion Analyst in respect to the quality and safety of certain foods and biological drugs such as serums, vaccines, toxins, toxoids, penicillin and streptomycin. Officers of the Laboratory of Hygiene also carry out regular inspections of manufacturers' establishments licensed for the production of the aforementioned class of biological drugs.

The other major function of the Laboratory of Hygiene has to do with national public health problems. The Laboratory of Hygiene may correctly be described as the *national public health laboratory* of Canada and, in that capacity, aids and assists the Provincial Laboratories by providing services and conducting investigations which, to a great extent, are beyond the facilities of the provincial governments. Technical consultants of a high level of specialization are available in the Laboratory of Hygiene and stand ready to serve Canada's national problems on short notice.

During the past year, an Order in Council (P.C. 857) was passed establishing the Technical Advisory Committee on Public Health Laboratory Services. Membership in the Committee is made up of each provincial laboratory director, under the chairmanship of the Chief, Laboratory of Hygiene, and includes certain outside consultants as required. In addition, there is representation from the Departments of Veterans Affairs and National Defence. This Committee has been established as a peace-time activity following successful war-time experience with a similar organization. Thus, overlapping of effort between the provincial and dominion government laboratories is avoided.

During the past year, a building was remodelled for the Laboratory of Hygiene. The new building, located at 45 Spencer Street, Ottawa, is of modern semi-fireproof construction. It has a total of 15,648 square feet of usable working space. The Laboratory now has an opportunity to expand its laboratories and thus be able to render more effective service to the country. Within the new building it has been possible to establish a central stores and machine shop, both of which enable the Laboratory of Hygiene to make a significant saving in the cost of operation.

In addition to the various sections of the Laboratory of Hygiene, it has been possible now to establish an administration section with the necessary staff to attend to most of the commercial business activities of the Laboratory, thus saving the time of valuable scientists for other duties.

The Laboratory of Hygiene is suffering from a serious shortage of adequately trained specialists, and there are a number of vacancies for senior personnel. In this connection, it must be pointed out that, whereas the salary levels for junior staff are quite adequate, on the other hand salary levels for senior staff, especially medical scientists, are quite inadequate to attract competent scientists.

SECTION OF BACTERIOLOGY

This section was particularly active during this period in developing an 'Enteric' section for the preparation of reagents to aid in the laboratory diagnosis of Salmonella (typhoid-paratyphoid) infections.

Research was continued on the bacteriology of diphtheria, and special investigative studies initiated on the bacteriology of dental caries and on the bacterial flora of the clam. Due to the absence of our food bacteriologist (on leave for further education) special problems related to food microbiology had to be held in abeyance. This division continued to assist the Food and Drug Divisions in testing all specimens of food and drugs submitted for bacteriological examination and in preparing a revision of the regulations under the Food and Drugs Act. Active cooperation was maintained, as in the past, with the Fisheries Department in controlling the sanitary quality of shellfish produced in the Maritime Provinces. A total of 2,248 specimens were investigated bacteriologically.

Biological Products

A total of 80 products, including TABT vaccine, poison ivy extract, epinephrine, typhus vaccine, glucose solution, aminophyllin, calcium gluconate, thiamine chloride, tetanus toxoid, scarlet fever toxin, submitted by the Inspection Board of Canada and the Food and Drug Divisions, were tested for sterility, and all were found to be sterile. Of these products 63 were anti-typhus vaccines, which were also tested for safety by animal inoculation and found to be satisfactory. Four samples of gauze dressing pads were tested for sterility; two were sterile and two were contaminated. Six samples of smallpox vaccine submitted by the Inspection Board of Canada were found to meet the bacteriological standards required by the regulations under the Food and Drugs Act.

Foods

The Food and Drug Divisions referred 38 specimens of foods for bacteriological examination. Of these, 13 samples were condemned as unfit for food and reported to the Chief Dominion Analyst for appropriate action. Two samples of cheese suspected of having caused illness in humans were investigated and found to be grossly contaminated with coliform bacteria and streptococci of fecal origin. Further investigation is under way of this class of food product on the Canadian market.

Shellfish Studies

Mussel Poison—As agreed by the Interdepartmental Committee (Fisheries and National Health and Welfare) the regular sampling programme in the Maritime Provinces was extended in order to establish sampling stations that would be most representative of toxicity conditions in commercial clam areas. A total of 49 areas were surveyed in New Brunswick and 529 shellfish extracts

were assayed for toxicity. Of these areas, 25 showed evidence of mussel poison, nine of them having toxicities over the 400 mouse unit quarantine level for varying periods of time. In Nova Scotia, nine areas were surveyed and 169 extracts tested. Two areas showed toxicities above the quarantine level. As a result of these surveys, the following recommendations were submitted to the 1948 annual meeting of this committee:

- (1) that all clam areas in the Bay of Fundy be closed to the fishing of clams and mussels from June 1 to September 15;
- (2) that Lepreau Basin, Red Head Harbour and Head Harbour be permanently closed;
- (3) that Passamoquoddy Bay be open to fishing at all times of the year;
- (4) that a revised sampling programme be instituted for the 1948 season.

As in the past, canned clams were also closely checked and 178 packs were sampled and assayed for demonstrable poison. Seven of these were found to contain approximately 100 mouse units of poison per 100 grams of shellfish. In these instances, appropriate action has been taken, and the Laboratory is continuing the routine sampling of all packs where the clams are taken from toxic areas.

The sampling programme in British Columbia consisted of surveys of butter clams and little neck clams from seven areas, involving tests of 110 shellfish extracts. The butter clams of one area only showed toxicities over the quarantine level.

A comprehensive report on *Paralytic Shellfish Poisoning on the Canadian Atlantic Coast* was published as a Bulletin (Number LXXV—1947) by the Fisheries Research Board of Canada. It covers all of the survey work and related research carried out in the Maritime Provinces between 1943 and 1946, by the Laboratory of Hygiene, in collaboration with the Fisheries Research Board. A summary of this report was prepared for publication in the April issue of *The Journal of the American Public Health Association*.

Clam Studies

The Mobile Laboratory Service conducted a survey of clam-producing areas in Charlotte County, New Brunswick, and in Digby, Annapolis, and Halifax Counties, Nova Scotia, during the summer. In addition, 12 clam-shucking plants in these provinces were inspected and their manufacturing processes checked bacteriologically. A total of 310 samples of clams (*Mya arenaria*), 230 samples of water, 43 samples of mud, and 43 samples of silt were analysed bacteriologically.

Results for Charlotte County, New Brunswick, areas indicated that none of the clams produced in these areas during the period of investigation (June and July) could meet the requirements of the United States Public Health Service, 70 per cent of the samples tested showing excessively high coliform contamination. Repeat tests conducted in some of these areas in October showed a general improvement in bacteriological quality. It is thus apparent that seasonal conditions markedly influence the coliform content of the clam. Similar surveys in Digby and Annapolis Counties, Nova Scotia, in September showed evidence of heavy pollution in some areas but in general the coliform counts were considerably lower than those obtained during June and July in Charlotte County, New Brunswick. Halifax County, Nova Scotia, clam flats, which, on the basis of sanitary surveys and bacteriological water analyses, would seem to be extremely clean areas, gave high coliform counts in many samples of the clams, making the significance of these counts in clams difficult to interpret.

Studies to determine whether the bacterial flora of the mud and silt of the clam beds bore any relationship to the bacterial flora of the clams failed to demonstrate any close relationship.

Attempts were made to study the nature of the coliform organisms isolated during the surveys, and to relate them to other indices of fecal pollution, such as fecal streptococci. Isolates of coliform bacteria to the number of 375 were classified bacteriologically (according to their IMVIC reactions). There was no consistent correlation between the numbers of fecal streptococci and the incidence of fecal and non-fecal coliform types.

In a number of the clam shucking plants investigated, sanitary practice left much to be desired. In many cases the water used for washing the shell stock and shucked meats contained large numbers of fecal bacterial types.

Preliminary experiments indicated that refrigeration of the clams between collection and shucking had a marked effect on the quality of the finished product.

It is planned to continue and extend these studies in the coming year in the hope of solving some of the many problems and difficulties in the clam industry.

Oysters

Bacteriological surveys were conducted of oyster-producing areas at Caraquet-Shippigan, New Brunswick, and at Tracadie, New Brunswick, during August. Water samples numbering 260 were bacteriologically tested. The Caraquet-Shippigan area was found satisfactory and no closures were recommended. At Tracadie, the harbour area and Little Tracadie River were found unsatisfactory and specific closures were recommended in these areas.

A survey of oysters on the Ottawa, Montreal and Toronto markets started last year (1946) was repeated this year but only 13 samples were available as the large imports of past years of American oysters were eliminated due to the economic policy of conserving Canadian dollars. All the samples tested were, therefore, of Canadian origin and all were found satisfactory.

Salmonella

The Laboratory was very actively engaged in the study of certain phases of the bacteriology of the *Salmonella* or *Enteric* bacilli and is planning to take over the work of the Canadian Salmonella Typing Centre presently established at the Western Division of the Connaught Laboratories, Vancouver, British Columbia. Standardized suspensions of typhoid-paratyphoid bacilli for use in the routine (Widal) agglutination tests and standard antisera for checking the agglutinability of these suspensions were prepared and small lots of these distributed to each of the directors of the Provincial Health Laboratories and to the Director of the Department of Veterans Affairs Hospital Laboratories.

The directors, at a meeting of the Technical Advisory Committee on Public Health Laboratory Services, expressed a wish to have the Laboratory of Hygiene supply their complete requirements of these suspensions and this has involved a much increased production programme. Already, the laboratories of Nova Scotia and Quebec have received a six months' supply of these antigen suspensions and the present stock of these preparations at the Laboratory of Hygiene should be sufficient to take care of all 'ordinary' requests. Concurrently, with this heavy production of standard antigens and antisera, every effort is being made to prepare the large number of reagents (specific antisera) necessary to perform accurately the work of the Canadian Salmonella Typing Centre which, it is hoped, this Laboratory will soon be in a position to take over. Already the need of more staff and space for this work is being felt, and this need will become greater as more responsibility is assumed.

A shipment of 13 cultures of *Sal. typhosa* was received from Nova Scotia for phage typing. Five of these were phage type A, one C, three E, and four F.

Haemolytic Streptococci

The Laboratory continued to prepare, and to furnish on request to the provinces, streptococcus grouping sera for the Lancefield groups A, B, C, and G. One hundred ml. of these diagnostic reagents were distributed during the year.

A consignment of 69 cultures of Haemolytic streptococci was received for serological identification, most of these from the Hospital for Sick Children, Toronto.

Corynebacterium Diphtheriae

From the Provincial Departments of Health 80 cultures were received for identification and typing. Of these, 73 were successfully typed. In addition, 70 throat swabs were received from Indians in northern Quebec through the Indian Health Service directorate. Ten virulent cultures of *C. diphtheriae* were recovered from these swabs. Routine typing of strains of diphtheria bacilli collected from all across Canada was discontinued in April but the Laboratory continues to type on request any strains of particular epidemiological interest. Investigation was concentrated on the serological typing of all *gravis* and *atypical* strains in an attempt to complete this phase of the study.

Lactobacilli

Studies were initiated, in collaboration with the Nutrition Division of the department, on the lactobacilli of the mouth in an attempt to assess their significance in dental caries. More active investigation of this problem is planned in the coming year.

Inspection of Licensed Manufacturers of Biological Drugs

The plants, manufacturing processes, and records of 15 manufacturers licensed to manufacture for sale drugs listed in Parts II and III Schedule B of the Food and Drugs Act were officially inspected during the year.

SECTION OF IMMUNOLOGY

The work in this section is divided roughly into two parts: (a) control tests, e.g. safety, identity, and assays of potency on such biologicals as toxoids, vaccines, and antitoxins, and (b) development and improvement of methods to facilitate these tests. In addition, routine pyrogen tests were conducted on antibiotics and intravenous solutions.

A study of combined antigens, involving humans, was undertaken in collaboration with our Laboratory, the Department of Bacteriology and Immunology of McGill University, and the Child Welfare Association of Montreal. The original studies have been completed, and further work is being planned.

Pyrogen Tests

Specimens numbering 476 were tested for pyrogens during the fiscal year. These were divided as follows:

Penicillin	62
Streptomycin	65
Intravenous solutions (excluding whole blood)	232
Whole blood	30
Transfusion sets	87
	<hr/>
Total	476

All samples of penicillin and streptomycin tested were found to be free from pyrogens. Of the intravenous solutions, 67 were commercial specimens and these were pyrogen free. Of the material submitted by hospitals, nine samples of intravenous, 10 samples of whole blood and 26 transfusion sets were found to contain pyrogens. In the material submitted by the Red Cross, among the first specimens, eight transfusion sets and four intravenous solutions (Na citrate) were found to be pyrogenic; the later specimens were all pyrogen-free.

Safety and Identity Tests

Safety and identity tests were done on four samples of tetanus toxoid, five samples of TABT, and five samples containing diphtheria toxoid. One sample of tetanus toxoid found unsatisfactory was assayed and found to have a very low potency. A toxicity test was performed on one sample of anti-snake venom, and this was found satisfactory.

Assay of Toxoids

Two samples of tetanus toxoid and two samples of diphtheria toxoid were assayed for potency. One sample of tetanus toxoid proved unsatisfactory.

Other Testing

Two specimens of human blood were titrated for the presence of diphtheria antitoxin, and one specimen submitted by a hospital was tested for the presence of toxin.

Studies on Assay of Diphtheria Toxoid

Fundamental studies relating to the biological assay of diphtheria toxoid were completed. A resume of this work is the subject of an article now in press for publication in *The American Journal of Immunology*.

Studies on Combined Antigens

The collaborative study on combined antigens between the Laboratory of Hygiene, the Department of Bacteriology and Immunology of McGill University, and the Child Welfare Association of Montreal was completed. The problem was initiated because of the increased use of such preparations in immunization procedures and the possibility that some of the mixtures might be injurious and that the efficiency of individual antigens might be reduced.

Approximately 200 children under the age of one year were immunized during the course of these investigations. The immunizing agents studied, diphtheria toxoid, pertussis vaccine and tetanus toxoid, were selected because of their importance to this age group. It was found that (a) the majority of children lacked protection against diphtheria, whooping cough, and lock-jaw at the age of 3 months; (b) children aged 3 and 4 months respond well to diphtheria toxoid, pertussis vaccine or tetanus toxoid alone or in combination; (c) there was no serious reaction reported in the entire series regardless of the combination administered, and it was concluded that there was no contraindication to the prophylactic immunization of children with the mixtures of antigens studied. In the immunization experiments a relationship was shown between experimental animals and humans. This is extremely important for the establishment of methods of assay for various antigens. Further studies relating to problems arising from this investigation are now being considered by the Laboratory of Hygiene, the Department of Bacteriology and Immunology of McGill University, and the Child Welfare Association of Montreal.

As a result of these investigations two articles based on studies with experimental animals were published in *The Canadian Journal of Public Health*, and a third article relating to the studies with humans is in press for publication in *The Canadian Medical Association Journal*.

SECTION OF SYPHILIS SEROLOGY

The Laboratory has continued to participate in a cooperative programme with the Directors of Provincial Public Health Laboratories to ensure a high degree of uniformity in the blood tests for syphilis. As in previous years, emphasis has been placed upon (1) the performance of reliable, rigidly standardized diagnostic tests, and (2) the use of reagents which have been prepared and standardized at a central source (Laboratory of Hygiene).

Distribution of Reagents

1. *Antigens*—During the year the following quantities of antigens have been standardized and distributed to Provincial Public Health Laboratories (and hospital laboratories of the Department of Veterans Affairs):

Kahn Standard Antigen:	14,370 cc.
Kahn Sensitized Antigen:	8,040 cc.
Kolmer Antigen:	570 cc.
Mazzini Cholesterolized Antigen:	450 cc.
Kline Antigen:	215 cc.

2. *Dehydrated Guinea Pig Serum (Dried Complement)*—The Laboratory has been furnishing all Provincial Public Health Laboratories with over 50 per cent of the total requirements of dehydrated guinea pig serum, and it is hoped that a full supply can be guaranteed shortly. During the year, 3,867 ampoules of complement were distributed (the equivalent of 19,335 cc. of fresh guinea pig serum).

3. *Hemolysin (Amboceptor)*—The preparation of this reagent has been continued and 255 cc. were distributed during the year.

Serological Evaluation Study

The results of the third dominion-wide serological evaluation study have been analyzed and summaries of the data obtained have been distributed to the participating laboratories. It is planned to conduct a fourth evaluation study shortly and, at the request of the Provincial Directors, the Laboratory of Hygiene will serve as the control laboratory.

Routine Blood Tests

Routine blood tests are performed on specimens submitted by the Civil Service Health Division. In addition, the services of the Laboratory are available for the testing, in a consultative capacity, of blood specimens of unusual nature submitted by provincial and federal laboratories.

Investigative Studies

Studies of the use of the highly purified cardiolipin antigens in the serodiagnosis of syphilis have been continued. The Provincial Laboratories are participating in the evaluation of these preparations and preliminary results obtained in the various centers have been analyzed and compiled at the Laboratory of Hygiene.

Further investigations of the efficiencies of certain serological tests as screen tests are being conducted. A paper entitled: *The Mazzini Microscopic Flocculation Test for Syphilis Used as a Screen Test* was presented at a recent Laboratory Section meeting of the Canadian Public Health Association.

SECTION OF VIRUS DISEASES

One of the major problems facing the countries of the world, as well as Canada, is that of virus infections. All too little is known of the etiology and, as a consequence, it is not possible to make rapid advances in therapeutic knowledge for the treatment of such infections. Western Canada has been particularly unfortunate and has experienced a number of major epidemics of virus infections. The Laboratory of Hygiene is attempting, and can report some success in, the coordination of all existing virus laboratory facilities in Canada. To date, those consulted have unanimously agreed to participate to the fullest of their resources. There are very few trained staff and all existing virus experts are presently engaged in studies in various Canadian institutions. The Laboratory of Hygiene is doing its best to provide national virus laboratory services but, until more trained workers are available, it will not be possible to proceed as rapidly as desired.

In this division, the work may be divided into two parts, namely the responsibilities under (1) the Food and Drugs Act, and (2) Public Health Laboratory Services.

1. Control Work Required Under the Food and Drugs Act

(a) *Smallpox Vaccine (Routine)*—

Six specimens of the vaccine were examined for potency and were found to meet the regulation requirements.

(b) *Influenza Virus Vaccine (Investigative)*—

Studies were continued for the development of a reliable and easily performed test for the evaluation of the potency of influenza virus vaccine.

2. Public Health Services

(a) A large outbreak, having clinical features of poliomyelitis and encephalitis, occurred in Manitoba, summer 1947. At the request of Dr. Maxwell Bowman, Director, Division of Disease Prevention, Department of Health and Public Welfare, Winnipeg, a collaborative programme was embarked upon between the Manitoba and federal Departments of Health and Welfare. Sera from 91 persons were received for diagnostic and investigative purposes.

(b) Apart from the above, specimens of blood and other materials were received from seven individuals having illnesses thought to be due to viruses.

(c) Studies on the development of a complement-fixation test, with possible application to the diagnosis of poliomyelitis, were continued. Sufficient progress was made on the basic principles that the proposed method is ready for trial on known virus antigen and antibody systems.

(d) At the request of the Winnipeg Medical Society a virus expert, Dr. A. J. Rhodes, School of Hygiene, University of Toronto, (courtesy of Dr. R. D. Defries) was secured, and in company with the Chief, Laboratory of Hygiene, visited the Winnipeg medical group during January 1948 for an informal discussion of virus problems.

Publications

Four scientific articles have been published:

- (1) *The Isolation of Herpes Simplex Virus from a Case of Polioencephalitis*—*Can. Med. Ass'n. Journal*, 57:260.
- (2) *A Quantitative Method for the Assay of Influenza Virus Vaccine, Influenza Serum and Complement*—*Jr. Bact.*, 54:60—abstract.
- (3) *The Determination of the Optimal Haemolysin Level for Use in the Complement-Fixation Test*—*Jr. Immun.*—in press.
- (4) *Variations in Viruses and in their Hosts*—*Can. Jr. Pub. Hlth.*, 39:79—abstract.

SECTION OF ANTIBIOTICS AND DISINFECTANTS

With the increased number and variety of products on the market, the volume of the work has increased markedly with corresponding need for increased staff. In the laboratory, new methods of sterility testing of antibiotics have been developed.

As manufacturers' samples of antibiotics are received, labelling is checked and faulty labelling practices are brought to the attention of the proper authorities in the Food and Drug Divisions. The latter have, towards the end of the past year, undertaken for us a survey of injectable antibiotics on the Canadian market, together with certain pertinent data which will be a useful guide to further work. Technical information has been exchanged with manufacturers and visits have been made to some of their plants.

In connection with the revision of those regulations under the Food and Drugs Act which apply to antibiotics a serious attempt to devise significant regulations which would cause the manufacturers no undue hardship was made. To this end technical data were requested from manufacturers and a conference with representatives from the Canadian Pharmaceutical Manufacturers Association was held at the Laboratory of Hygiene, at which the proposed new regulations were discussed.

An additional service has been established on a firmer basis this past year, viz., the supplying of hospitals and provincial laboratories with standard penicillin and streptomycin for laboratory use.

Penicillin

During the past year, 822 samples were received. Over 1,000 potency assays were performed; 136 sterility and pyrogen tests and 73 animal toxicity tests were done. A number of warnings to manufacturers regarding potency, sterility or labelling were issued and inferior products removed from the market.

Laboratory work on the Canadian market survey of non-injectable antibiotic preparations (about 350 samples) was completed. These products had not been checked previously and an alarming number of them were found to be well below labelled strength. This work was reported to the Laboratory Section of the Canadian Public Health Association in December 1947 at Toronto and was later published in *The Canadian Pharmaceutical Journal*. Based on the findings of this survey, recommendations were made for new regulations covering these products (i.e. penicillin tablets, ointments and the like).

Another extra-departmental service is the testing of penicillin done for the Inspection Board of Canada. This material is used in the hospitals of the Departments of National Defence and of Veterans Affairs.

Along investigational lines considerable work has been done on both the examination of existing methods and the development of new methods for the chemical estimation of penicillin. Over half a dozen such methods have been investigated. It is planned to extend this work particularly in the field of stability testing, the stability of a product being of great importance to distributor and consumer.

During the past year, further work on penicillinase was completed and reported at the Society of American Bacteriologists in Philadelphia, later being published in *The Journal of Biological Chemistry*.

Streptomycin

Samples of streptomycin to the number of 165 have been examined. This figure represents an increase of 250 per cent over the previous year's work. As this product is both newer and relatively more toxic than penicillin, closer control is maintained. On the basis of potency, sterility and toxicity tests, some samples have been rejected as unfit for sale to the public; in less serious cases, manufacturers have been warned.

During the past year, in cooperation with another division of this department, spectrographic methods were used for the demonstration of toxic trace metals in commercial streptomycin samples.

Other Antibiotics

Less well known antibiotics have been introduced and these require the maximum attention which our limited facilities can devote to them. In addition, new types of preparations of penicillin and streptomycin are continually being added to the existing list. These new products require the development of new techniques. As this feature is likely to grow in a cumulative fashion, the early acquisition of the requisite staff, in order that its training may be begun, is highly desirable.

Some preliminary work on the preparation of new antibiotics has been initiated.

Disinfectants

Under the regulations of the Pest Control Products Act, administered by the Department of Agriculture, disinfectant products are tested in the Laboratory of Hygiene for the Department of Agriculture. Of 201 products tested during the past year, 23 were quaternary ammonium compounds. Of the total number examined, 30 were found to be below requirements and the Department of Agriculture was advised accordingly.

SECTION OF ANIMAL COLONY MAINTENANCE AND PATHOLOGY

The Laboratory of Hygiene requires a steady supply of healthy normal standardized animals for potency, toxicity and pyrogen tests on biological agents and food, for the production of complement and antisera, and for experimental or research work. These animals, namely guinea pigs, rabbits and mice, are bred and raised in colonies maintained solely for that purpose. The complexity of the problems involved in the maintenance of these colonies has made it necessary to appoint a specialist, and a Veterinarian was appointed.

The following number of animals were supplied by this section during the fiscal year to the Laboratory of Hygiene, the Food and Drugs Divisions, the Kamloops Laboratory, as well as to some Provincial Public Health Laboratories, hospitals, and universities which required our assistance: 10,755 guinea pigs, 570 rabbits and 8,058 mice. An average of 5,425 guinea pigs, 164 rabbits and four sheep have been maintained in our colonies throughout the year. The sheep are kept for production of erythrocytes. An average of 420 guinea pigs, 170 rabbits and 262 mice have been maintained in our main experimental animal room. Assistance has been given to the technical staff of the Laboratory in the preparation and handling of animals for operations whenever required.

The mouse colony had been found infected with lymphocytic choriomeningitis, a virus disease which precluded the use of these mice for virus work. Due to the practical impossibility of eradicating this disease, the colony has been destroyed. A new mouse colony has been established with strain C.F.W. This strain was originally established from the Swiss Albino stock of the Rockefeller Institute by Dr. Leslie T. Webster through selective inbreeding for sensitivity to neurotropic viruses. The mice of this strain have been found sensitive to rabies, St. Louis encephalitis, equine encephalitis (1936), influenza, poliomyelitis, Japanese encephalitis and many other viruses. They have also shown sensitivity to certain bacterial agents such as *Hemophilus pertussis* and certain strains of streptococci. The stock obtained has been inbred for many generations and selected for homozygosity.

WESTERN BRANCH, KAMLOOPS, B.C.

This Laboratory has now been in operation for nine consecutive years. Its special function has been the study of diseases transmissible from animals to man, more especially those diseases—Rocky Mountain spotted fever, tick paralysis, tularemia, and bubonic plague—which are transmitted through the medium of ticks and insects. This year, as in previous years, the greater part of the work was carried out in cooperation with the Departments of Health of Saskatchewan, Alberta, and British Columbia.

In Saskatchewan and Alberta, the field work, i.e. the collection of the various specimens—ticks, rodents, and their ectoparasites—is left entirely to the Provincial Departments of Health.

In British Columbia, because of the especial danger of the introduction of plague through rats escaping from ships engaged in American and Oriental trade, a slightly different arrangement has been in force since 1943. Here the Provincial Department of Health provides the field equipment—truck, traps, guns, ammunition, etc.—but the Department of National Health and Welfare employs the field personnel and directs the field work.

The laboratory part of the investigations, i.e. the species determination of the ectoparasites, infectivity tests, and identification of the pathogens uncovered, virulence tests, etc. is carried out by the Western Branch, Laboratory of Hygiene, and reports of the findings are submitted to the health department of the province concerned.

During the year, 136 lots of ticks (22 host and 5,921 drag ticks), 350 flea pools (6,203 fleas) and 418 tissue pools (portions of spleens, livers, and glands taken from 5,125 rodents) as shown in Table 12, were examined.

Rocky Mountain Spotted Fever

Evidence of this infection was found in only one lot of ticks (*Dermacentor andersoni*) submitted from near Milk River, Alberta. No ticks were submitted from Saskatchewan and, with the exception of three (*Ixodes angustus*) removed from rats taken in the coastal area, none were collected in British Columbia.

Tularemia

For the first time since the inception of the laboratory no sign of this disease was encountered this year.

Plague

In British Columbia, a continuous survey was made throughout the year but only in the coastal area of the province. Rodents (rats and mice) were collected in Vancouver and adjacent municipalities in the Fraser Valley, and at Victoria, Sidney, Duncan, Ladysmith, Nanaimo, Port Alberni, and Courtenay on Vancouver Island. Some 285 tissue pools and 177 flea pools (1,516 fleas) taken from 3,625 rodents, which includes 40 removed from ships after fumigation, were examined, as shown in Table 12. The species of fleas found on the rats in the various locations is indicated in Table 14. Acknowledgement is made to Mr. George Holland of the Division of Entomology for assistance in determining the species of the less common varieties. It will be noted that *Xenopsylla cheopis*, the Oriental rat flea and classical plague vector, was found on only one lot of rats, a lot taken on the garbage dump in Vancouver. No evidence of plague was found in any of the British Columbia specimens.

In Saskatchewan, collections of the native (Richardson) ground squirrel were made in the Alask-Kindersley area during the brief period from July 20 to August 30. Thirty-nine flea pools (2,687 fleas) and 11 tissue pools taken from 446 squirrels were submitted to the laboratory. Four of the flea pools proved positive for plague (*Pasteurella pestis*) as indicated in Table 13.

In Alberta, two field crews operated from May 10 to August 28. Collections of ticks, ground squirrels, and other native fauna were made over a large area in the south-east part of the province. As shown in Table 12, 134 flea pools (2,000 fleas) and 122 tissue pools taken from 1,054 rodents were submitted for examination. Four of the tissue pools and nine of the flea pools, all from Richardson ground squirrels, proved positive for plague (*P. pestis*), Table 13.

This is the largest number of positive plague specimens recorded for Alberta in a single year since the inception of the laboratory—a finding which may be considered illustrative of the insidious nature of plague infection. In 1946, despite the fact that a much larger number of rodents was collected in the same general area of the province, no infection was discovered. A satisfactory explanation of why such “cycles of infection” occur is, as yet, not available.

So far, it appears that the domestic rat has failed to colonize in the Province of Alberta. How long this fortunate circumstance may last is problematical. So long as it does, plague is not a health menace in Alberta cities, but worthy of note, perhaps, are the facts that, according to reports, an occasional rat is finding its way into the province and that plague infection was found this year within 50 miles of the city of Calgary. If the rat succeeds in becoming established in that area, plague may readily become a serious problem.

Pseudotuberculosis

The existence of *Pasteurella pseudotuberculosis-rodentium* infection was proved in tissue specimens submitted from rats taken at Victoria, Duncan, Alberni, and Courtenay, Vancouver Island. Just what the significance of these findings may be is not at present apparent. One of the strains—that encountered in the Victoria area—proved highly virulent for laboratory animals and induced lesions closely resembling those of true plague. Since there is some suggestion that the causative agent of pseudotuberculosis is a variant of *P. pestis*, which might in time revert to a typical plague strain, repeated surveys of the infected areas, possibly over a period of years, seems advisable.

Tuberculosis

The typing of strains of *Mycobacterium tuberculosis* isolated from patients suffering from pulmonary infections, has been continued. This project was undertaken three years ago as a supplementary study, with a view to ascertaining what percentage of the cases of pulmonary tuberculosis occurring in British Columbia is due to, or associated with, the bovine type of organism. The study provides a means of utilizing surplus and discarded laboratory animals which are no longer serviceable for other studies and is thus carried out with but little inconvenience and expense.

Sputum specimens taken from 195 patients in Tranquille Sanatorium and 11 from patients in Coqualeetza Indian Hospital at Sardis have been received and the examination of 192 of these has now been completed. Of this number, only one has yielded a culture considered definitely characteristic of the bovine type of micro-organism. A few others are of indefinite type and are being investigated further.

Bacterial Cultures

Stock cultures of several strains of *Pasteurella pestis*, *P. tularensis*, *P. pseudotuberculosis-rodentium*, *Brucella abortus*, *Proteus* OX-2, OX-19, OX-K, and certain strains of virus and rickettsial infections are maintained in the laboratory for type studies and for the preparation of diagnostic antigens.

Brucella abortus

In order that a standard *Br. abortus* antigen and suitable control sera might be made available for provincial and other laboratories doing diagnostic tests, an intensive study of the agglutinability of a number of strains of *Br. abortus* was

carried out and the preparation of antiserum was undertaken. This study was fitted in with other studies as opportunity permitted and thus required considerable time.

A large number of tests were carried out and various methods of adjusting antigens were examined. The investigation is still being carried on and additional tests are being done in an attempt to acquire greater facility in detecting irregularities in the agglutination phenomenon. The Laboratory is now in a position to supply a standard antigen, and also control sera in moderate quantities, to laboratories desiring it.

Psittacosis

Studies for the detection of this infection were carried out along with those employed for *P. tularensis* on a few specimens of sputum submitted by medical practitioners from patients suffering from so-called virus pneumonia. No evidence of psittacosis was recovered from these specimens.

A number of parakeets submitted by the Senior Health Officer of the Metropolitan Health Unit, Vancouver, from an aviary in New Westminster, were also examined by means of animal inoculation for psittacosis. Examination of the birds was requested by the British Columbia health authorities upon learning from the Epidemiologist for the province of Quebec that a shipment of budgerigars consigned from New Westminster to Montreal had led to an outbreak of psittacosis in the latter city. Examination of the six birds submitted to the laboratory failed to reveal any evidence of the virus of psittacosis but blood taken from the owner of the aviary, blood from the owner's wife, who helped in the aviary, and also blood from an employee of the aviary, all gave positive results when tested by the complement fixation method for psittacosis, both at this laboratory and at the George Williams Hooper Foundation Laboratory at the University of California. In view of these findings, the examination of more birds from the aviary was recommended. A second lot of parakeets has now been received and virus tests of their tissues are being carried out at the present time.

The work at this laboratory—work which deals perhaps with the most infectious and most highly fatal pathogenic organisms met with in Canada—is being carried out under unsatisfactory conditions. The building in which our infected animals are housed, and in which the greater part of the laboratory work is, of necessity, undertaken, is grossly overcrowded and badly arranged, thus adding greatly and unnecessarily to the risk of accidental infections in the staff members. If the laboratory is to be continued indefinitely in its present location, the provision of larger quarters, together with extensive changes in the arrangement of the space in the infected unit, should be considered with a view to providing a greater measure of safety for the laboratory staff.

TECHNICAL ADVISORY COMMITTEE ON PUBLIC HEALTH LABORATORY SERVICES

Meeting in Ottawa on December 11 and 12, 1947, the Technical Advisory Committee on Public Health Laboratory Services adopted several important resolutions bearing on the functions and scope of the Laboratory of Hygiene.

The Committee urged that the Laboratory of Hygiene (a) explore scientific facilities in Canada for the diagnosis and study of virus diseases, (b) endeavour to secure collaboration of laboratories which may offer such facilities, and, in the event of securing such collaboration, serve as a national coordinating centre to which demands for information and diagnostic aid may be referred by provincial health departments, and (c) that national virus laboratory facilities be provided as soon as possible.

Finding that need exists for definite information relative to the comparative value of certain serologic tests, particularly with reference to correlation of laboratory results with clinical observations, the Committee asked the Laboratory of Hygiene to organize, or undertake studies, in collaboration with provincial laboratories, syphilologists and other clinicians, in order to secure better understanding of these laboratory tests, particularly screen tests and those employing cardiolipin antigens.

Finding that previous serodiagnostic surveys had proven of great value in improving the accuracy of serologic tests in central laboratories, the Committee recommended that the Laboratory of Hygiene arrange another survey as soon as convenient.

The opinion was expressed that the Laboratory of Hygiene is quite capable of serving as a control laboratory in serologic surveys and the Committee recommended that the Laboratory serve as the referee laboratory in future surveys.

Because of the presence of Salmonellosis in Canada, the impracticability for most provincial laboratories to maintain a complete *Salmonella* typing service, and the desirability of effective correlation between the laboratory and the epidemiologist, the Committee recommended that a *Salmonella* typing centre be established as soon as possible by the Laboratory of Hygiene.

Expressing itself as concerned about lack of facilities for recording and organization of pathological data relating to malignant tumours, the Committee urged the Department of National Health and Welfare to establish a national registry for this purpose, after consultation with recognized authorities, including the National Cancer Institute.

It was requested that the Laboratory of Hygiene supply 100 per cent of the complement requirements of the provincial health departments.

It was recommended that the Laboratory of Hygiene continue its service of the serological identification of Haemolytic streptococci and of the typing of diphtheria bacilli, and it was requested that standard suspensions for routine Widal agglutination tests be supplied to all provincial health departments.

Finally, the Committee was unanimous that every attempt should be made to establish a closer relationship between the epidemiologist and the laboratory.

MENTAL HEALTH DIVISION

The Mental Health Division, although it was established only in December, 1945, and has had no increase in its technical staff, has made considerable progress in carrying out its functions as originally set forth, namely: planning, in consultation with the provinces, 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 with 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.

An Advisory Committee on Mental Health was established by Order-in-Council in August, 1947. It consists of the Deputy Minister of National Health, the directors of the provincial mental health services, two representatives from the departments of psychiatry of the medical schools, and the Chief of the Mental Health Division. The first meeting of the Advisory Committee was held on October 1, 1947, and at this meeting two subcommittees were appointed—one on Research and Statistics, the other on Training of Personnel. The Subcommittee

on Research and Statistics held its first meeting on February 27, 1948. At this meeting specific recommendations were made to the Dominion Bureau of Statistics as to statistical data required.

The Second Dominion-Provincial Conference followed the meeting of the Advisory Committee on Mental Health on October 1, 2, and 3, 1947. Members of the Advisory Committee became delegates to the conference. The conference was also attended by representatives of medical schools, of national voluntary agencies in this field—the National Committee for Mental Hygiene (Canada)—and of the federal government Departments of Justice, National Defence, Veterans Affairs, and the Dominion Bureau of Statistics. The agenda of the meeting afforded opportunities for discussions of the many phases of the mental health programmes of the provinces, such as problems of staffing and servicing mental hospitals, standards, statistics, hospital construction, mental health clinics, public education, research, etc.

The survey of the nursing and attendant situation existing in the mental hospitals of Canada, started in the last month of the previous fiscal year, was completed during the summer of 1947. The purpose of the survey was to obtain an accurate estimate of the present situation in the mental hospitals as to the shortage of nurses and attendants, the training programmes which were being conducted, recruiting policies in effect, and the general working conditions, with relation to existing facilities as to residence, quarters, etc. Recommendations were made regarding recruitment programmes, administrative set-up of the nursing services, the staff, and facilities needed for an adequate teaching programme, etc. The report of this survey was made to the Dominion-Provincial Conference on Mental Health, and to the Dominion Council of Health at its meeting in October, 1947.

INFORMATIONAL WORK

Considerable progress was made in public education through wide distribution of pamphlets and films, as well as the supplying of speakers for a considerable number of public meetings. The division participated in various conferences and a paper was given by the Chief of the division on *Wanted—A Public Health Educational Programme in Mental Health*—at the Conference of Health Educators. A pamphlet on the psychological aspects of *Feeding the Pre-School Child* was prepared by the Chief of the division for the Nutrition Division of the department and was widely distributed.

Of the series of pamphlets dealing with problems of child training, which were produced through the cooperation of several divisions of the department, three were published in 1947, namely, *Obedience*, *Feeding Habits* and *Bedwetting*. Material was prepared for three additional pamphlets—on *Temper*, *Fear*, and *Sex Instruction*. A manuscript was prepared on *The Home Care and Training of the Mentally Retarded Child*. This will be produced in booklet form for distribution.

The film *The Feeling of Rejection*, produced for the department by the National Film Board with the cooperation of the medical staff of the Allan Memorial Institute of Psychiatry of McGill University, was released during 1947. It has been widely acclaimed by leaders in psychiatry and in child psychology as one of the most effective films in the field. A second film in the series on Mental Mechanisms, *The Feeling of Hostility*, was in production during the year and was to be released early in April, 1948. The production of a film on Child Training, *Why Won't Tommy Eat?* was sponsored. It is to be released also during 1948.

Consultant service was rendered by the Mental Health Division to the Narcotic Control Division, Immigration Medical Services, Hospital Design Division, Nutrition Division, Civil Service Health Division, Civil Aviation Medicine Division, and Indian Health Services of the department, and to the Departments of Justice and National Defence, the Canadian Broadcasting Corporation,

the National Film Board and the Dominion Bureau of Statistics. As a member of the Technical Advisory Committee on Narcotic Drug Addiction, the Chief of the division visited the U.S. Public Health Service Hospitals in Lexington, Kentucky, and Fort Worth, Texas, in order to observe methods of treating narcotic drug addicts. The States of Illinois and Michigan were visited, for the purpose of conferring with the State officials regarding treatment of criminal sexual psychopaths.

Revisits were made to some of the provinces and representatives of the Department took part in conferences on mental health matters on those occasions. Advice has been sought by the provinces on various phases of their mental health programmes, such as separate institutions for mental defectives, segregation of the aged mentally ill, psychiatric wards in general hospitals, mental health clinics, etc.

Assistance was given to some of the provinces in finding teaching and supervisory staff in the nursing field, and in developing curricula for teaching programmes.

Many other services were performed during the year, such as reviewing films to be used in this and related fields, reviewing script for films which are being prepared, and writing book reviews.

NARCOTIC CONTROL DIVISION

The Division of Narcotic Control is responsible for the administration of the Opium and Narcotic Drug Act. Such administration requires supervision of narcotic stocks within the country, control of imports and exports of narcotics and the ensuring of availability of supplies within the boundaries of Canada at all times. Conversely, the vigorous suppression of illegal activities, in connection with the diversion of narcotics from legitimate channels, is also a matter of prime concern.

Close relation with other countries which are signatory to the various narcotic limitation conventions, and particularly with both Great Britain and the United States, which countries represent the main sources of basic narcotic supplies for Canada, is also of great importance. The fact that the supply situation of such drugs in Canada has improved steadily during the post-war period is ample evidence that these relations are of the highest order.

Naturally, with the ever-present problems of addiction and control, the division is constantly canvassing the possibilities of new methods for combatting illegal activities and, during 1947, certain definite forward steps were taken to implement such restraint.

STUDY DRUG ADDICTION

At the request of the Chief, Division of Narcotic Control, a study of the narcotic drug situation in Canada was undertaken by a Senior Research Assistant of the department's Research Division, to "provide statistical and other factual data on which could be based plans for further reduction and, if possible, elimination, of drug addiction in Canada." The completed study, *A Report on Drug Addiction in Canada*, was presented to the Dominion Council of Health and to the Technical Advisory Committee on Narcotic Drug Addiction. This comprehensive report includes an appraisal of the present situation, as revealed by available information and authoritative data regarding the etiology, treatment and other aspects of drug addiction. The report is being brought to the attention of the medical and legal associations and of enforcement officers, and generally will be made available to those seriously interested in the drug addiction problem in Canada.

The Technical Committee referred to above was established by Order-in-Council P.C. 2427, July 8, 1947, after the research study was initiated. The Committee is to assist and advise the Minister on matters relating to narcotic enforcement and the control and treatment of addiction. Membership of the Committee is representative of the departments concerned in the problem of drug addiction in Canada, particularly the Penitentiaries and Law Branches of the Department of Justice, the Royal Canadian Mounted Police and the Department of National Health and Welfare. The members also bring to consideration of the problem extensive training and experience in administrative, legal, psychiatric, penal, enforcement, pharmaceutical and research fields. The comprehensive nature of the Committee's composition has been of value and is, in fact, essential, in view of the complex nature of the problem.

At the first meeting of the Committee there was a full discussion of the many aspects of the group's responsibilities and it was decided to establish the following sub-committees to deal with specific phases of the subject:

- Treatment and Treatment Facilities;
- New Drugs of Addiction, and Tests for Identification;
- Uniform Model Provincial Legislation;
- Parole Supervision and Vocational Guidance, and
- Educational and Publicity Policy.

Subsequent meetings of the Committee considered the interim reports of these sub-committees. Particular reference should be made to the progress achieved in the preparation of tests for the new drug *Methadon*. The department has been very fortunate in securing for this work the services of Dr. G. H. W. Lucas, Professor of Toxicology at the University of Toronto, who has been carrying out the research at that institution. The Technical Committee has devoted the major portion of its attention to the question of the treatment of drug addiction and several members have visited the U.S. Public Health Service's hospitals at Lexington, Kentucky, and at Fort Worth, Texas. The matter of treatment methods and facilities is receiving detailed consideration.

CO-ORDINATE ENFORCEMENT

Also during 1947, the Chief, Division of Narcotic Control, entered into negotiations with Canadian and United States enforcement bodies and arranged a joint meeting, subsequently known as the *Pacific Coast Conference*, which took place in Vancouver during the month of April, 1947. Attending this Conference were representatives from the Office of the Commissioner of Narcotics, Washington, D.C., the United States Coast Guard Services and the U.S. Customs, as well as R.C.M. Police and Canadian Immigration and Customs authorities, and representatives of the Department of National Health and Welfare. As a result of the meetings, plans were made which ensure even greater co-operation and mutual aid in the matter of restraint of the illicit movement of narcotics.

Another phase of the control situation was explored when the Chief of the division, in co-operation with the Commissioner, R.C.M. Police, arranged a specialized course of instruction covering a period of 30 days, for R.C.M.P. personnel engaged in inspection of narcotic records maintained by retail druggists, and in other phases of narcotic administration. This course consisted of lectures in elementary pharmacy, instruction in administrative procedure under provisions of the Opium and Narcotic Drug Act, and practical demonstrations of work performed in the field, involving inspections and maintenance of records in drug stores and hospitals. The standard of requirements for those attending the course was set at a high level and the results obtained, both in final examinations and at subsequent work in the field, by those receiving this instruction, were extremely gratifying.

In a further step towards the training of enforcement personnel, an Order-in-Council was passed authorizing the production of a film by the National Film Board of Canada which, when completed, will be used for training members of enforcement organizations in Canada. The film will depict graphically the methods of operation and habits of addicts and illicit distributors, and, conversely, the counteracting methods presently available to enforcement personnel.

DOMESTIC NARCOTIC MARKET

Having regard to the necessity of keeping all narcotic drugs under rigid control, the department, after due consideration, secured an Order-in-Council adding *Methadon*, a new synthetic drug, to the Schedule to the Opium and Narcotic Drug Act. While it was not anticipated that supplies of *Methadon* would be available for import during 1947, owing to the fact that necessary action had not been completed by the United Nations to bring that product under international control, it was recognized that adequate protective measures should be taken in anticipation of this synthetic drug's appearance on the Canadian market.

Through the co-operation of United States narcotic authorities, a *Morphine* derivative known as *Metopon*, which was developed by the United States Public Health Service, in conjunction with other participating organizations, was made available during the year to Canadian physicians for the relief of pain in the treatment of cancer cases. Supplies of *Metopon* are being released on a very restricted plan of distribution under present arrangements and form part of a clinical evaluation programme undertaken by United States health authorities.

This new drug possesses high analgesic effectiveness by oral administration, thus eliminating the disadvantages of hypodermic injection. Another marked advantage associated with the administration of *Metopon* is the slow development of tolerance and dependence. These properties place this drug in a class by itself for the treatment of chronic suffering from malignancies, and it is for that purpose *exclusively* that *Metopon* has been made available to the medical profession in Canada.

During the year the department received applications submitted by a number of pharmaceutical firms desirous of marketing narcotic products and, after thorough investigation, a small number of such firms were issued with wholesale licenses. The result was an increase in the total number of licenses granted, from 129 in 1946 to 136 in 1947. (See Table 15, page 142).

Throughout the year regular monthly sales reports were received from narcotic wholesalers covering all transactions made in respect of narcotics, except those involving *Codeine* compounds. Similarly, the department's chemist-auditors inspected the books and stocks of all narcotic wholesalers across Canada, special attention being given by them to security measures employed by these firms, as well as to systems used in 193 major hospitals, respecting their control of narcotic drugs.

Special mention should be made of the amount of detailed work covered by the auditors in the course of their inspections and audits, as well as on enquiries into many civilian and professional cases across the country that had been causing the division concern.

Narcotic records of drug stores were, as usual, checked regularly by the R.C.M. Police, acting on behalf of the department. Additionally, periodic sales reports covering a three-month period were received from druggists from all parts of Canada and careful attention was given by competent employees of the division to the information these contained. In this manner valuable advice in regard to the activities of known addicts throughout the country was assimilated and used as circumstances indicated.

Adhering to the departmental policy of facilitating legitimate export relations with countries which have ratified the Narcotic Conventions, the division issued 169 export licenses during 1947, a marked contrast to the 87 licenses issued during 1946. While the majority of these licenses covered exports to Newfoundland and to the West Indies, licenses were also issued permitting exports to South America and, in one instance, to Africa. The number of import licenses remained about the same, totalling 106 during 1947, as compared with 99 during 1946. (See Table 16, page 142.)

Imports and consumption of narcotics within Canada remained at about the average of previous years. It is of interest to note, however, that a considerable increase in imports and consumption of the synthetic drug *Demerol* was offset by a corresponding decrease in imports and consumption of *Morphine*. (See Tables 17 and 18, pages 143 and 144.)

The department continued to enjoy the splendid co-operation of professional colleges and associations whose members are entrusted with handling narcotic drugs. This is an excellent and essential liaison, since it represents the only source of authentic information regarding the status of such professional personnel in each province.

Expenditures for professional and legal services in connection with the prosecution of narcotic cases initiated by federal authorities totalled \$44,334.61 during 1947, while the amount received from penalties imposed, seizures and fees for licenses issued under the Opium and Narcotic Drug Act, was \$13,802.00.

ILLICIT TRAFFIC

Heroin of the Mexican brown variety continued to be an important factor in the illicit traffic during 1947. However, apprehension of the main known distributors, and stiff sentences handed out by the courts in regard to such offences, are expected to establish a strong deterrent to future activities in this regard. No great difficulty was experienced with attempts to smuggle narcotics into Canada from the Orient, and it is felt that narcotic control generally was maintained at a high level.

The diversion of narcotics from legitimate sources by means of thefts from wholesalers, institutions, physicians, dentists and veterinary surgeons continued to be a source of supply for addicts. The R.C.M. Police, as well as the various provincial and municipal police forces, continued to combat this phase of the illegal market with every weapon of modern crime detection, and their success is indicated by the increasing number of convictions on narcotic charges across Canada.

Enforcement authorities' files on recent cases offer proof of progress made by co-operating police forces in the fight against drug smuggler, pedlar and addict, and reveal the widespread nature of illicit trafficking in narcotics.

One of the biggest Opium seizures on the West Coast in years was made in October 1947, and demonstrated the international ramifications of the drug rings. As a result of information from a dockyard worker, newspaper parcels containing 373 pounds of *Opium* were discovered at the base of cranes aboard a tramp steamer from the Orient, in a Vancouver dock for repairs. This case was still under investigation at close of the year. Narcotics are believed to have been smuggled aboard, unknown to ship's officers, while the vessel was at Indian ports.

Confirming what narcotic control officers know, that the field of operations of those handling drugs outside the law is continent-wide, another case during the past year linked Ontario with the Pacific Coast, while, in still other investigations, proof was obtained of movements of illicit narcotics from Calgary to Vancouver and between Toronto and Winnipeg.

If they ever doubted the value of drugs in the underworld, two Toronto police officers were given proof of it when, seizing a suspicious character with what was later proven to be a large quantity of *Heroin*, they reported that they were offered a bribe of \$10,000 to "forget it."

Of particular interest to law enforcement officers was a case in Vancouver in the Fall of 1947, when the chance discovery of drugs in a hotel washroom led to conviction of a well-known character as an habitual criminal. This man, who had a lengthy record, is believed to be the first dealt with under the habitual offenders section incorporated into the Criminal Code, and which amendment became effective only in July last year.

Close co-operation between enforcement officers at widely separated points and painstaking investigatory work, often at considerable personal risk, are shown in the year's narcotic control division reports to have been rewarded by the clearing up of many important and involved cases.

CRIMES AND CONVICTIONS

Actual thefts of supplies reported during the calendar year 1947 were from the following legitimate sources:

Wholesalers	5
Retail druggists.....	44
Physicians	87
Veterinary Surgeons.....	2
Hospitals	20
Government hospitals, airports, etc.....	5
	—
Total	163
	—

This shows a considerable decrease from the total of 227 such thefts during 1946. Of the 87 thefts from physicians, the vast majority were from doctors' cars, most of which had been left unlocked, with the physician's medical bag in the car.

During the judicial year ended September 30, 1947, there were 262 convictions under the Opium and Narcotic Drug Act, as compared with 215 during the previous year, a condition of affairs that fully demonstrated the efficacy of police methods. (See Tables 19 and 20, pages 145 and 146). Of the total convictions, 241 were for illegal possession. A large percentage of these cases emanated from sources that indicated trafficking and theft. Professional people convicted during the year included four physicians, two veterinary surgeons and one druggist. In the same period, 15 convictions were registered under the Criminal Code of Canada in connection with narcotic matters.

The statistics presented above are necessarily for the judicial year, to permit inclusion of all municipal and provincial convictions reported to the Dominion Bureau of Statistics, and of which this division may not have been advised immediately.

In the last six months of the fiscal year one further conviction was registered against a physician, under the Opium and Narcotic Drug Act, and one against a dentist, under the Criminal Code of Canada, as well as 132 general convictions under the Opium and Narcotic Drug Act.

Of the 262 convictions under the Opium and Narcotic Drug Act, it is of interest to note that 261 cases resulted in gaol or penitentiary sentences, while, in the remaining case, a fine was imposed under provisions of Section 10 of the Narcotic Act. It is also of interest to note that 89 per cent of these cases were

initiated by federal authority and 11 per cent as a result of activities of municipal and provincial police. The latter were also instrumental in obtaining convictions relating to narcotic matters under the Criminal Code of Canada.

Breakdown of the 261 cases under the Opium and Narcotic Drug Act, involving gaol or penitentiary sentences, reveals that:

136	were for periods up to one year;
69	“ “ “ from one to two years;
36	“ “ “ “ two to three years;
12	“ “ “ “ three to four years;
5	“ “ “ “ five to six years;
1	was for a period of from six to seven years, and
2	were for periods of from seven to eight years.

Of the 262 convictions under the Opium and Narcotic Drug Act, three occurred in Nova Scotia, 21 in Quebec, 109 in Ontario, 20 in Manitoba, seven in Saskatchewan, nine in Alberta and 93 in British Columbia.

Racial origins involved were:

British and Canadian	.....	240	Russian	.....	1
American	.....	5	Chinese	.....	16

Drugs concerned in cases relating to possession, transportation and/or trafficking were:

Opium	.....	63
Morphine	.....	55
Heroin	.....	135
Demerol	.....	4
Cocaine	.....	1
Codeine	.....	1
Alleged Drug	.....	1

Details of the amount of narcotic drugs seized or received from illicit channels during the calendar year 1947 are given in Table 21, page 146.

It is interesting to note that Canada remains comparatively free from problems related to illicit use of *Marihuana*, and, in fact, no evidence of *Marihuana* being used for illegal purposes was reported to this division in 1947.

Illicit use of narcotics in relation to race-track activities remains a very insignificant problem in Canada. This is due to the fact that saliva tests are carried out at all leading race-tracks by experienced veterinarians who, in turn, are assisted by members of the R.C.M. Police. Also, a systematic check of personnel and equipment accompanying horses entering Canada for racing purposes is carried out, as a matter of course, by qualified enforcement officers.

Cultivation of the *Opium* poppy on the part of individuals who were unaware of the fact that such cultivation was a contravention of the law, occurred at various points in Canada during 1947. Warnings were issued by the police, who also supervised destruction of the crops. It is felt that this method of educating the offenders, who are largely Central Europeans, will eventually resolve this particular problem.

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 Canadian customs. A few shipments were found to have a narcotic content and were either seized or returned to the sender because importation of the narcotic in question had not been authorized by this department.

During 1947, a total of 13 Chinese and two English persons, who had been convicted of narcotic offences and had served sentences imposed on them, were deported to their respective countries, bringing the total number of individuals deported under the Opium and Narcotic Drug Act in the past 26 years to 1,348.

INTERNATIONAL CONTROL

With reference to Canadian international obligations in respect of narcotic matters, it is acknowledged that such responsibilities are of paramount importance by reason of Canada's position as a signatory to the various narcotic conventions, holding membership on the United Nations' Narcotic Commission and having a keen interest in the international, as well as the domestic control of narcotic drugs.

International commitments oblige Canada to submit estimates annually of narcotic requirements for the ensuing year. Further required is a comprehensive exchange of information in regard to licit and illicit trade in narcotics with other countries, through the medium of the international control body, as well as periodic reports to that organization, at stated intervals, in respect to the Canadian supply situation.

Canadian narcotic authorities have been pleased again to acknowledge their indebtedness for the assistance and co-operation they have continued to enjoy from the United States Commissioner of Narcotics and from the Executive Director of the Drugs Branch, Home Office, Great Britain. They have also acknowledged the invaluable work of the Royal Canadian Mounted Police and of all provincial and municipal enforcement organizations throughout Canada, without whose unstinted and unflinching co-operation, interest and application, Canada could not have maintained present high standards in the field of narcotic control.

NUTRITION DIVISION

The Nutrition Division is organized to define for the department the extent of nutrition problems in Canada, and to contribute towards amelioration of them in the interest of public health. It functions by giving advice, services and material, as requested, to provincial health departments, and by carrying on such independent investigations as can be done best by a federal office. Results of such investigations are intended primarily to further the practical (provincial, municipal or local) endeavour.

The division is organized into the following sections:

- (a) Research activities;
- (b) Nutrition Education;
- (c) Advice in Group Feeding, and
- (d) Reference Library Service.

In addition, the Chief of the division acts in a consultant and advisory capacity to various agencies, including other departments of government and international bodies.

Activities of the division's services during the year are reviewed below.

RESEARCH

Research continued to occupy an important place in the work of the division during the year. The nutrition survey of school children at Levis and Missisquoi counties in Quebec was completed. The number of children taking part in all phases of the survey was 372.

In July, 1947, in conjunction with the Rural Level of Living Study (Department of National Health and Welfare—Department of Agriculture), a survey was made of 119 families (449 individuals) in three areas in Saskatchewan and one in Alberta. The survey included medical examinations, biochemical estimations and a one-day dietary study.

A complete family nutrition survey was carried out in the Porcupine Health Unit, a northern Ontario mining area, of which Timmins is the key town. Approximately 100 families were represented in the number completing the survey.

A nutrition survey has been started in the Foothills Health Unit in southern Alberta and two dietary studies have been completed. Weekly diet records at two seasons of the year were kept by 109 families (451 individuals). The nutrition clinic which completed this survey was to take place in the latter part of May, 1948.

Some research on dietary survey techniques was also in progress. Currently, the main objectives are to determine (a) whether small samples would yield general results comparable to those obtained with large samples and (b) whether dietary records kept for periods of less than seven days yield results similar to those obtained on the basis of one-week studies.

Laboratory Section—In addition to the biochemical examinations performed in connection with the surveys, several other problems were studied in the nutrition laboratory. An extensive investigation of methods of estimating haemoglobin was undertaken and various instruments in common use were recalibrated by oxygen-capacity and iron methods. Miscellaneous problems included decalcification of tooth enamel and preliminary work on *Lactobacillus acidophilus* counts. Laboratory results were tabulated and data were interpreted.

NUTRITION EDUCATION

The production of materials—pamphlets, posters, films and filmstrips—is of major concern, since provincial nutritionists rely largely on the federal division for their supplies, and the evaluation of such materials is undertaken.

New materials produced in English and French during the year consisted of:

Posters—

Food Model Posters

Planned Meals

Pamphlets—

The How and Why of Nutrition Surveys

Recipe Cards for 100 Servings

Sample Menus (doctors' pads)

Canada's Food Rules (pads)

Good Red Blood

School Lunch Bulletin Series

Films and Filmstrips—

Stanley Takes a Trip

The Internal Triangle

The Why We Eat Series:

Why Eat?

Why Eat Fruits?

Why Eat Milk?

Why Eat Cereals?

Why Eat Meat?

Why Eat Vegetables?

Each month material was provided to the Information Services Division for adaptation for press and radio release.

At frequent intervals during the year *Table Exhibits* were produced and evaluated in the office. Photos of these, with specifications for construction, were sent to the provincial health departments so that similar exhibits could be produced, if desired, for clinics, welfare agencies, etc.

School lunch work was encouraged through a series of articles prepared for the monthly provincial teachers' magazines, and one nutritionist was sent to Saskatchewan for several weeks to assist the provincial nutritionists in promoting rural school lunch activities.

GROUP FEEDING

At the request of other divisions of the department, and of other government departments, associations and individuals, assistance has been given to:

- (1) the Hospital Design Division, in planning of kitchen design and equipment, (One specific project was the designing of plans for the new kitchen and cafeteria for the Regina General Hospital);
- (2) the Penitentiaries Branch of the Department of Justice, on prisoners' rations;
- (3) the Pulp and Paper Research Institute of Canada, on menu planning and required food supplies, so that the food service and the eating habits of loggers might be improved;
- (4) camp and welfare organizations, on organizing camp feeding, (Both publications, *Feeding 50 Campers* and *Feeding 20 Campers*, were revised in English and French, and have wide usage);
- (5) industries and institutions, on kitchen planning and food services;
- (6) the Anglican School Administration, on feeding in residential schools, so that the children in the schools operated by the administration might be better fed. Two short courses were given for cooks and assistant cooks in Indian Residential Schools. Following this course, a monthly mimeographed bulletin entitled *Just Between Cooks* was sent to all cooks at the residential schools.

During the year a consultant service was created for small hospitals and institutions, to give assistance in improving the food service for people eating in these establishments. As a primary step to this end, at the request of provincial and other government departments, surveys have been made of food service in:

Three Alberta hospitals;

Twenty-nine Nova Scotia hospitals and twenty-one Nova Scotia institutions (sanatoria and welfare institutions);

Thirty-eight Indian residential schools.

In January, the Hotel Association of Canada asked the Nutrition Division to set up a research branch to investigate the total amount of food wasted in the home and in public eating places, plus quantities condemned as unfit for consumption, and to compile statistics giving an over-all picture of the amount of food wasted, spoiled or condemned across Canada. This project has been started, and surveys in public eating places and homes will be carried out during the coming fiscal year.

Laboratory Test Kitchen—Plans have been completed, equipment ordered and work commenced on the new laboratory kitchen for the division. This kitchen is being developed to further the work of the division in preparing information on quantity feeding. An advisory committee, including the official representative of the Canadian Dietetic Association, has been established by the Canadian Council on Nutrition.

Publications—The preparation of publications and articles for bulletins and magazines continued to be a major activity. New publications included:

Recipes for 100 Servings

Manual for Cooks in Indian Residential Schools and Manual for Assistant Cooks

Just Between Cooks—a mimeographed monthly publication

Equipment and Method for Hand Dishwashing—suitable for use in small institutions.

Post-War Trends—In March 1947, 1,500 questionnaires were distributed to industries which had been on war contracts, to ascertain the present extent of inplant feeding. Approximately 50 per cent replied and the report, *Trends in Industrial Feeding in Canada Since the War*, was prepared. The momentum of the war has caused industry to continue opening food services, even in small plants.

REFERENCE SECTION

Requests for information were received from housewives, school teachers and students, home economists, dietitians, doctors, nurses and patients, commercial firms, hospitals and government departments. A large percentage of these were simply requests for publications, and could be referred to provincial health departments which distribute our literature in the provinces.

Many requests were for information on the nutritive value of foods, information regarding vitamins in general or with reference to a specific vitamin in which the inquirer was interested, composition of an adequate diet, how to be well-fed at low cost, effect of geography on problems of health, and nutritional problems of old age. A suitable file of references is maintained in the library.

A monthly bulletin, *Canadian Nutrition Notes*, is published, containing original articles of interest to nutrition workers, abstracts of current literature in the field of nutrition, and news notes from all parts of Canada where nutrition work is being carried on.

CO-OPERATIVE PROJECTS

Although the internal organization of the division is such that specialized work is delegated to specific sections, there are projects on which the entire staff work together. One of these was the nutrition institute, arranged for one day in November, for Victorian Order nurses. At the request of the national V.O.N. office, papers on nutrition, as it relates to public health nursing, were given by various members of the division's staff, and films and exhibits were shown to the group.

During the summer, a course of ten lectures on various aspects of nutrition was given to newly-appointed nursing counsellors of the Civil Service Health Division of the department, by members of this division. At this time the nurses became thoroughly acquainted with the educational material available for their use.

Another type of project on which the staff collaborated was the follow-up educational programme developed from the Timmins survey. The Research section carried out the nutrition survey and, on its completion, when the local health department requested help in making use of the results, an educational programme was developed in the division. Two nutritionists (one from the Educational section and one from the Reference section) were sent to Timmins to carry out the proposed programme, which consisted mainly of in-service training of the health department personnel, and interpretation of survey results to professional and lay groups.

The Chief of the division, in addition to directing the regular activities, carried out some of the clinical surveys and was called upon by the Minister, the Deputy Ministers and the department generally for numerous projects, ranging from the preparation of a report for the Food and Agriculture Organization and advice on import restrictions, to appearing as a technical witness in a court prosecution for allegedly misleading advertising. Co-operation with the Dental Health Division, the Family Allowances Division, the Laboratory of Hygiene, the Food and Drug Divisions, the Mental Health Division and the Hospital Design Division, was encouraged and stimulated by special efforts and joint projects.

Co-operation with other government departments, including Agriculture, Fisheries, Justice, National Research Council, etc., has been noteworthy. Scientific papers were delivered at both American and Canadian Public Health Association conventions, to the American Institute of Nutrition and smaller local meetings.

Lectures were given at the Universities of Montreal and Toronto and at Macdonald College, McGill University. Public addresses were also given to various groups, such as nurses, Home and School clubs, the National Dairy Council, and the Health League of Canada. Various articles were written for medical and other journals.

Government Nutrition Committees—During the year the Canadian Council on Nutrition continued to act in an advisory capacity to the department and the 5th annual meeting of the Dominion-Provincial Nutrition Committee was held. This year it was arranged in conjunction with a conference of Health Educators, a joint meeting being held for one day.

The Nutrition Division continued to welcome visitors at all times and, during the year, in addition to scores of Canadians, was visited by six persons from the United States, three from Great Britain, two from the Food and Agriculture Organization, two from the Netherlands, two from Australia, one from Newfoundland and one from India.

PUBLIC HEALTH ENGINEERING DIVISION

The primary function of the Public Health Engineering Division is to deal with problems resulting from investigations made in the field of *sanitation*. Such work requires the services of professional engineers especially trained and experienced in the intricacies of public health. Their duties include supervision of all matters of sanitation particular to carriers engaged in interprovincial and international traffic; inspection of working conditions in offices occupied by civil servants; co-operation with all departments of the federal government, provincial governments and the United States Public Health Service; supervision of sanitation on property owned by the Dominion of Canada and construction projects financed by the dominion; control of sanitation as it applies to the shellfish industry; examination of the problems associated with water supply, sewage disposal, garbage incineration etc., as they occur in the Northwest 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; design and preparation of plans of sewerage systems and sewage treatment plants for such centres; association in the activities of the International Joint Commission investigating boundary water pollution, etc.

This fiscal year marked the retirement of Mr. G. H. Ferguson as Chief of the division and the appointment of Mr. J. R. Menzies as his successor. Mr. Menzies formerly held the position of Supervising Engineer for the Atlantic Region. The staff as a whole suffered a net decrease during the year as the addition of several professional engineers failed to fill all the vacancies created by those leaving the service. However, the volume and efficiency of the work handled remained approximately the same as that of the previous fiscal year.

BOUNDARY WATERS

During the past year investigation of the pollution of boundary waters was continued in the Sault Ste. Marie and Detroit-Windsor areas. The field work along the St. Mary's River in the vicinity of Sault Ste. Marie, was brought nearly to completion, while that along the Detroit River, Lake St. Clair and St. Clair River will require a few months to complete. All investigations were carried out in co-operation and collaboration with the United States Public Health Service, the State of Michigan Health Department, and the Health Department of Ontario.

An indication of the volume of field work carried out this year by the Canadian Section engaged in the investigation for the International Joint Commission may be derived from the following statistical data:

Number of samples taken for bacteriological analyses.....	2,078
Number of samples taken for chemical analyses.....	4,014
Number of determinations made.....	12,077

The volume of this work shows a considerable increase over that of the previous year. This was due mostly to the fact that a great deal of time was spent during last year in setting up the machinery for the pollution investigation.

TRAVELLERS' HEALTH

In the interests of public health a close check is maintained on all inter-provincial and international carriers regarding matters of sanitation. Considering the large number of people who travel within the borders of Canada alone every year, the importance of this work can be appreciated. For instance 632,000 passengers were carried by Canadian commercial "A" airlines during the fiscal year ending March 31, 1948. In that same period 242,000,000 passenger miles were flown. The increase in air travel, although not spectacular, is clearly indicated by the figures given for the calendar year ending December 31, 1947:

Passenger miles flown.....	234,000,000
Passengers carried	621,000.

These statistics, applying only to domestic air travel, were furnished by the Bureau of Statistics, Department of Transport. To maintain the standards of sanitation necessary for the protection of air travellers, more than 40 surveys were made of airports and upwards of 150 water samples were taken from aeroplanes. This work will be expanded, as required, to keep pace with the increase in air travel.

Regarding travel by railway it is to be noted that, during the fiscal year ending March 31, 1948, 37,462,000 passengers were carried by Canadian railways and 3,650,000,000 revenue passenger miles were travelled. Considering that three times the population of Canada travel inside the Dominion every year by railway, the magnitude of the work carried out by the Public Health Engineering Division with regard to railway sanitation may be fully realized. During this fiscal year more than 1,500 water samples were taken from drinking and culinary

water outlets on passenger trains for bacteriological analyses, 450 water samples were collected from outlets in coachyards, 180 coachyards were examined for compliance with approved methods of handling and sterilizing equipment, filling coolers and water tanks, general sanitation etc., over 160 railway water supply sources were examined. In addition, examinations were made of the sanitary condition of the kitchens and food storage lockers of 35 dining cars and 10 food storage depots, while general sanitation on 80 passenger trains was examined by engineers travelling on business.

Sources from which ice was obtained for use aboard common carriers engaged in interprovincial and international traffic were examined, and recommendations, based on 60 sanitary surveys of the watershed and sampling of water and ice, were made to the interested organizations.

In order to safeguard the health of crews of freight vessels, and of crews and passengers on ferries and passenger vessels, continuous supervision of water supply, treatment apparatus and methods of water handling was provided. During the year, 140 vessel water supply systems were examined for compliance with regulations, and more than 2,200 samples of drinking and culinary water were collected from vessels. In addition, 15 harbours were visited and 24 shore sources of vessel water supply were examined. On the whole, sanitary conditions aboard vessels were found to be highly satisfactory.

SANITATION

As in the past, engineers connected with this division extended full co-operation to provincial Departments of Health. A point of interest that may be noted here is the acquisition of a professional engineer by the Province of Prince Edward Island for public health work. This province formerly lacked professional services of this nature, and much of the work connected with sanitation was carried out by this division.

Co-operation with other departments of the federal government was extended by all engineers of the division. Problems in water supply, sewage disposal, and sanitation in the Northwest Territories continued to hold the interest of the division. Of particular importance was the sewage treatment plant designed by this division, in co-operation with the Department of Public Works, for Yellowknife, Northwest Territories. Since this was the first attempt to install such a system so far north, the difficulties of design were many and varied. After much preliminary planning, it was finally decided to use sedimentation tanks in conjunction with heated sludge digestion tanks. The problem of adequate heat required careful calculations. Information to be gained from the operation of this plant will be most helpful when designs of sewage treatment plants in the Far North are required in the future.

Several surveys of national parks were carried out, in collaboration with officials of the Lands, Parks and Forests Branch of the Department of Mines and Resources, and with local park officials. Co-operative work with the Department of National Defence was maintained throughout the year, although the volume and scope of this work has been considerably reduced in comparison with that performed during war years.

Problems in sewage disposal, water supply, and sanitation on Indian Reservations, health centres of the Department of Veterans Affairs, hospital projects, etc., received the active attention of this division. Plans of septic tanks for hospitals and institutions of a similar nature were prepared upon request.

SHELLFISH SAFEGUARDS

With respect to the shellfish industry, engineers of this division who were located in the Atlantic and Pacific Regions continued to maintain constant supervision of shellfish areas and shucking and packing plants. In all, 40 sanitary surveys of shellfish areas were made, and 20 shucking and packing plants were examined for compliance with regulations governing the shellfish industry. Vessels of the scallop fishing fleet were also examined and export certificates issued when these conformed to requirements. Export certificates for shucked clams and shell oysters were also issued by this division. Work of this nature was carried out in co-operation with the Department of Fisheries.

GENERAL

Sanitary surveys made, in addition to those already mentioned, numbered 80. Over 600 water samples were collected on these surveys.

Visits were made to munition plants on 21 occasions to investigate problems associated with water supply and sewage disposal.

Frequent visits were also made to sewage disposal works, in order to ensure satisfactory operation and to check the adequacy of measures taken to protect public health from diseases caused by insufficiently treated sewage effluent. Examinations during the year totalled 50. Tests for residual chlorine were made and samples of effluent were collected for bacteriological analyses. Recommendations for improvement were made when these were deemed necessary.

The division maintains only one laboratory, situated in British Columbia. This laboratory confines itself to the mineral analysis of water. During the year, 91 samples of water were analysed for total mineral content, while 20 were analysed for fluorine content only. The activities of this laboratory are being extended to include analyses of sewage and sewage effluents. The laboratories of the provincial health departments, under co-operative agreement, analyse water samples sent in by this division, for bacteria, etc.

An outbreak of typhoid fever at Moose Factory Island was investigated by one of the division's engineers, and remedial measures were recommended. Investigations of this nature are fortunately very few—an indication of the great advances made in public health control during the past quarter-century.

QUARANTINE, IMMIGRATION MEDICAL AND SICK MARINERS SERVICES

A—QUARANTINE SERVICE

This service, the oldest health activity of the Dominion Government, is designed and operated for the purpose of preventing the entry of infectious disease into Canada from without, through traffic arriving by water, air or at the inland boundary. Its authority is, *An Act Respecting Quarantine*, and the *Quarantine Regulations*.

Vessels are inspected on arrival during the day and, at night, on request. Radio pratique is in effect, except for arrivals from the Orient.

No cases of *smallpox*, *typhus*, *yellow fever*, *bubonic plague* or *cholera* were found on board vessels on arrival in Canadian ports, although these diseases were present in the ports and countries from which many of these vessels sailed.

However, 64 cases of minor infectious disease, with 27 contacts, were reported.

During the year, a total of 2,618 vessels, having on board 193,231 persons, were inspected by the medical officers of this Service. Of this number, 133,028 were members of the crews, 59,869 were passengers, and 334 were distressed seamen and others.

A total of 713 vessels were inspected for vermin and rodents. Of these, 338 had come from plague-infected ports. Fumigation was carried out on 93 vessels, 367 were granted exemption certificates and 175 had their certificates endorsed. A total of 623 rats and 18 mice were recovered.

During the year 59 vessels applied for duplicate pratique and 1,551 for radio pratique.

Local customs officers, in their capacity of quarantine officers at unorganized ports, reported the entry of 21 vessels.

Additional duties were carried out, as usual, by the service's medical officers, such as medical examination of pilots and civil servants, immigration medical examination and the treatment of sick mariners.

Draft Quarantine Regulations for air travel, in relation to the International Sanitary Convention for Aerial Navigation, 1944, which were previously prepared, have received further consideration. A definite quarantine service has been functioning at Dorval airport near Montreal. Dorval is a fully organized sanitary airdrome. Satisfactory arrangements have also been made for medical inspection, when necessary, of aircraft arriving at Sydney, N.S., Moncton, N.B., Malton airport, near Toronto, and at Sea Island near Vancouver.

Prior to this year, official approval had been given to agencies in Toronto and Montreal, at which *yellow fever* and other inoculations could be given and certified by this Service on the International approved forms. During the year other centres were approved for this purpose. There are now 12 centres, extending across Canada, where such service may be obtained. A total of 437 inoculations against *yellow fever* have been carried out during the year.

Aircraft, including their passengers and crew members, were subjected to medical inspection following arrival from Overseas, as follows:

Dorval, P.Q.	756
Sydney, N.S.	98
Malton, Ont.	193.

Statistics on ships boarded by Quarantine Officers during the year, with the total personnel on board, by groups, are contained in Table 24, page 150.

Detailed report on the inspection of vessels for deratization will be found in Table 25, page 150.

B—IMMIGRATION MEDICAL SERVICE

Authority for the activities of the Immigration Medical Service is the *Immigration Act* and Regulations. The medical officers who act as advisers to the Immigration Department, in connection with the medical clauses of the *Immigration Act*, were originally members of the staff of the Immigration Department, but, in 1919, when a Department of Health was established, these medical officers were transferred to the new department and have functioned as the Immigration Medical Service since that time.

This Service supplies medical advice to the Immigration Branch, Department of Mines and Resources, with regard to the physical condition of applicants for emigration. In the majority of instances, prospective emigrants are examined by the Overseas Medical Service of the department 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 previously by the Canadian Immigration Medical Service overseas, a complete medical examination is carried out at the Canadian port of arrival. As a result of the advice of the department's

medical officers, the Immigration Branch is, then, able to determine whether or not the individual concerned should be prohibited from entering Canada for medical reasons.

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

Overseas headquarters of the Immigration Medical Service is in London, England. Full-time Canadian medical officers are stationed in the United Kingdom, at London and at Glasgow, and, on the Continent, at Paris, Brussels and The Hague. In addition, there are 587 approved roster doctors in the United Kingdom, and others at Oslo, Norway; Stockholm, Sweden; Copenhagen, Denmark; Warsaw, Poland; Prague, Czechoslovakia; Athens, Greece, and Lisbon, Portugal. Six of the doctors of the Service accompany Immigration examining teams, dealing with Displaced Persons in Occupied Germany and Austria.

At the end of the fiscal year, there were 20 full-time medical officers in the Service overseas.

Arrangements are made whereby immigrants from other European countries are examined by a full-time medical officer of the Overseas service. Special arrangements are made for medical examinations in India and China. Immigrants from other countries are examined on arrival at Canadian border ports of entry.

All immigrants are required to have an X-ray examination of the chest before entry is approved, except those from the United States of America, New Zealand and Australia. A total of 1,035 X-ray films were referred to Ottawa, and 41 of the individuals concerned were certified.

In Canada, 52,805 immigrants were medically inspected on arrival at ocean ports. A total of 95,782 prospective emigrants were medically examined overseas. Medical re-examinations of 6,454 individuals were made before a final decision was rendered as to their condition. In addition, 22,796 non-immigrants were given careful medical supervision on arrival.

A total of 1,992 individuals were refused permanent admission to Canada as a result of these examinations.

One deportee was examined at the port of Montreal during the year.

Summary of activities of the Immigration Medical Service, details of examinations, and details of certifications and dispositions of cases, both at Canadian ports and overseas, will be found in Tables 26, 27 and 28, on pages 151 and 152.

C—SICK MARINERS SERVICE

Part V of *An Act Respecting Shipping* has existed, with various amendments, since 1867. The Act provides medical and surgical treatment of all members of the crews of those vessels paying 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 permitted.

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.

Out of a total crew membership of 91,579, treatment was given to 19,607 sick mariners.

During the fiscal year a number of Indian patients were hospitalized in the Tuberculosis ward of the Marine Hospital at Sydney, N.S. These Indian patients are referred to the hospital by the Indian Agent and the Indian Health Service. The number of Indians in hospital during the year was 14; the number of patient days, 829; the average number of days per patient, 59.2.

Details of diseases and injuries treated; of vessels, dues and expenditures; of revenues and expenditure by provinces; and of treatment and hospitalization of sick mariners, will be found in Tables 29 to 32 inclusive, pages 153 and 154.

D—LEPROSY

Bentinck Island, B.C.

During the year two patients were discharged from the Dominion Government Hospital for Treatment of Leprosy at Bentinck Island, B.C. They both rejoined their families and were referred to provincial health authorities for further supervision, this arrangement having previously been concurred in by the two provinces concerned. Routine care and treatment of patients and maintenance of equipment has been carried on. Relative information follows:

Patients remaining from last year	3
Admitted during the year	0
Died during the year	0
Released during the year	2
Remaining in hospital	1

The patient who remains is a Chinese male.

Tracadie, N.B.

The leprosarium at Tracadie is a wing of the Hotel Dieu de St. Joseph Hospital, built by the Sisterhood known as the Sisters of the Hotel Dieu, of Tracadie, N.B. This Sisterhood received a grant from the dominion government to assist in the construction of this wing. This division pays the Hotel Dieu de St. Joseph Hospital for the care of leper patients on a per diem basis. The quarters are very suitable to the purpose for which they were designed.

The seven patients who were in this hospital during the previous year still remain and there was one new admission, making a total of eight. Five of these 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 four are females. Three are of French Canadian origin, one of French and Scotch descent, two of Russian ancestry (one Canadian born), and two Chinese.

Particulars are as follows:

Remaining from last year	7
Admitted during the year	1
Died during the year	0
Discharged during the year	0
Remaining in hospital	8

VENEREAL DISEASE CONTROL DIVISION

In its role of providing leadership in reducing the menace of venereal infections in Canada, the Division of Venereal Disease Control has continued to stress the several defined measures directed to this end, by planning adequate control measures on a comprehensive basis, administration of the federal grants, accumulation of statistical data, co-ordination and correlation of accepted procedures, provision of lay and professional educational services and the encouragement of research and improved training facilities.

The principal activities throughout the year involved the following:

- (a) continued administration and distribution of the federal cash grant, materials and anti-venereal disease drugs, to the provinces, according to the regulations set forth in Order in Council P.C. 1690;
- (b) addition of Medical Consultant, Dr. A. G. Laroche, to staff of federal Division of Venereal Disease Control;
- (c) further development and distribution of venereal disease educational material, and other informational activities;
- (d) continuation of project involving review of venereal disease documents of all service personnel (Navy, Army and Air Force) and provision of information, upon request, to provincial venereal disease control divisions;
- (e) arrangements undertaken for production of additional supply of anti-arsenical compound "BAL" for therapeutic and research purposes;
- (f) preparation for convening of Third Federal-Provincial Conference of Venereal Disease Control Directors and participation in Eastern and Western Regional Conferences;
- (g) continued compilation and expansion of Quarterly Statistical Report on Venereal Disease in Canada;
- (h) enactment of amendments to sections of Criminal Code dealing with prostitution;
- (i) increasing activity with respect to closer liaison with foreign countries and the World Health Organization.

In addition to the above general features, there were a number of minor activities and routine procedures which were undertaken and, in the main, successfully completed. These included routine liaison visits to provincial venereal disease control divisions, and other activities, such as revision of certain record forms in general use throughout Canada, and the development of new forms for the purpose of unifying general procedure in venereal disease control. Other activities were carried out according to the established function of the division.

FEDERAL GRANTS

The federal grants to assist the provinces in combating venereal diseases were administered and distributed according to the regulations set forth in Order in Council P.C. 1690. These include the cash grant made to each province and the 15 per cent reserve held at the federal level and utilized for the purchase of educational and other material which, in the opinion of the provincial and federal authorities concerned, will best implement the preventive measures specified.

The following is the distribution of the federal grants according to Order in Council P.C. 1690:

	Total Grant	Material and Educational Reserve (15%)	Net Cash Grant (85%)
	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	5,063 35	759 50	4,303 85
Nova Scotia.....	11,145 99	1,671 90	9,474 09
New Brunswick.....	9,416 83	1,412 52	8,004 31
Quebec.....	45,206 55	6,780 98	38,425 57
Ontario.....	50,374 57	7,556 19	42,818 38
Manitoba.....	12,130 11	1,819 52	10,310 59
Saskatchewan.....	13,318 56	1,997 78	11,320 78
Alberta.....	13,001 64	1,950 25	11,051 39
British Columbia.....	15,342 40	2,301 36	13,041 04
CANADA (exclusive of Yukon and Northwest 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 a basis of population was as follows:

	Distribution of Grant
	\$ cts.
Prince Edward Island.....	382 50
Nova Scotia.....	2,570 50
New Brunswick.....	1,948 50
Quebec.....	14,822 50
Ontario.....	16,681 50
Manitoba.....	2,924 50
Saskatchewan.....	3,352 00
Alberta.....	3,238 00
British Columbia.....	4,080 00
CANADA (exclusive of Yukon and Northwest Territories).....	50,000 00

EDUCATION

The development and distribution of venereal disease educational materials was carried on throughout the year with special emphasis being placed upon certain projects, as follows:

- (a) completion and distribution of Platform Presentation Charts;
- (b) development of booklet as a guide in the use of the Platform Presentation Charts;
- (c) development and distribution of all-purpose film strip *Protection against V.D.*;
- (d) preparation of booklet related to *BAL*, for use by physicians;
- (e) distribution of venereal disease posters;
- (f) development and distribution of professional blotter;
- (g) development of blotter series (six) for lay distribution;
- (h) distribution of miscellaneous educational literature for both medical profession and for general application.

In addition to these activities, the professional staff engaged in the following other educational measures.

The Chief of the division, as Chairman of the Section of Venereal Disease Control of the Canadian Public Health Association, attended the Executive Council meeting May 19, and presided over the Sectional Meeting on May 22, 1947, during the C.P.H.A. meeting. Seven technical papers on venereal disease control were presented, including one by the Chief of the Division, *Review of Venereal Disease Control Activities in Canada*. The Chief of the division was re-elected chairman for the following year.

During the course of the Fourth Western Canada Venereal Disease Conference, the divisional chief presented an address dealing with the present and future of venereal disease control in Canada.

The Medical Consultant attended the combined meeting of Dalhousie University Medical Faculty and the Nova Scotia Division of the Canadian Medical Association, during October 1947. An address was given dealing with accuracy of diagnosis and adequacy of treatment for syphilis.

In keeping with the policy of exploring and studying the most up-to-date measures in V.D. control for the benefit of provincial venereal disease control divisions, the Medical Consultant attended the special series of U.S. Public Health Service lectures on this subject in Hot Springs, Arkansas, for a three-week period during October and November 1947.

REVIEW OF SERVICE PERSONNEL V.D. RECORDS

When discharges of Service personnel had become virtually completed, by way of a preliminary survey, the review of syphilis treatment records of Army personnel was undertaken by the federal division. It was found, after a brief sampling that, in a significant percentage of cases, the information provided from service discharge centres to provincial health departments was either incomplete or inaccurate. With the object of providing complete and accurate information regarding discharged service personnel who would be residing in the various provinces, and thus assuring, to the best of one's ability, that the future health and well-being of such personnel would be safeguarded, the Division undertook to review the syphilis records of Army personnel, following which Naval and Air Force documents would similarly be considered.

The procedure involved necessitates the examination and condensation of all available data, which is placed upon a permanent record card and, by comparison with earlier correspondence with provincial health departments, the adequacy of information previously provided is determined. This is supplemented as deemed advisable.

Initially, Army records only were included in the review. However, following consultation with appropriate R.C.N. and R.C.A.F. authorities, arrangements were made for the division to secure medical documents of respective personnel for review purposes. Channels of communication were also cleared regarding the reporting of venereal disease in the armed services and procedure to be followed in respect of notifying service V.D. cases on discharge of service personnel.

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 offered to the federal division during 1946, for study and therapeutic use. After considerable investigation, appropriate solutions of this compound were prepared, through the assistance of the Connaught Laboratories in Toronto, and were distributed early in 1947 to various interested agencies, provincial health departments, service branches, etc. Reports on the therapeutic application of the material were accumulated for the purpose of supplementing information already published.

Toward the end of the fiscal year it was found that the originally prepared supply of *BAL* had been distributed almost in its entirety. Steps were, therefore, instituted to process an additional quantity of approximately 3,600 ampoules of the 10 per cent solution for extension of the research project on this compound and the continuation of its therapeutic employment, particularly since the material is still not available through commercial sources in Canada.

QUARTERLY STATISTICAL REPORT ON VENEREAL DISEASE

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 two years ago, has been 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 figures in Canada.

The Report issued at the end of 1947 (ninth), was expanded to include venereal disease statistics for certain large cities throughout Canada. Figures on syphilis, gonorrhoea and total V.D. for 17 Canadian cities have been accumulated by the Division of Venereal Disease Control and are now incorporated as a continuing feature in this report.

A copy of the Report issued at the end of 1947 is published in Tables 33 to 42, inclusive, pages 154 to 159.

CONFERENCES OF VENEREAL DISEASE CONTROL DIRECTORS

Two Regional Conferences of Venereal Disease Control Directors were held during the year. One, the First Eastern Canada Conference, was convened in Montreal, May 6-7, 1947, and the other, the Fourth Western Canada Conference, in Winnipeg, May 16 and 17.

Comprehensive agenda were considered at both conferences and plans were formulated for future progress in this field. Appropriate resolutions were given unanimous approval and will be implemented by those most directly concerned. The Chief of the federal division was able to report the proceedings of the Eastern Conference to those assembled at the Western meeting, thus bringing into closer association the activities of all engaged in this work.

On March 22-23, 1948, the Third Federal-Provincial Conference of Venereal Disease Control Directors was assembled in Ottawa. Appropriate representatives from provincial and municipal venereal disease control divisions, as well as the Armed Forces and other governmental agencies, were in attendance.

The discussion centred about items which would most actively contribute toward the control and ultimate eradication of venereal disease in all provinces throughout Canada. As a result of the deliberations, four resolutions were directed to the attention of the Dominion Council of Health. These dealt with the liberalization of application of the 15 per cent reserve allotment of the federal grant for various educational purposes, the approval of the draft of the revised National Notification Form of Venereal Disease with minor modifications, approval of a method of reporting quantitative serologic tests for syphilis and the stimulation of closer liaison between laboratory and clinical workers in the field of venereal disease control.

AMENDMENTS TO CRIMINAL CODE DEALING WITH PROSTITUTION

In an effort to strengthen the legal sector against venereal disease, during 1945 the division took an active part in setting up an interdepartmental committee for the study of the sections of the Criminal Code of Canada dealing with prostitution. As a result of several meetings of this committee, appropriate recommendations were formulated and sent to the Minister of Justice.

These recommendations were incorporated, in the main, as amendments to the Criminal Code, into Bill 364, an Act to Amend the Criminal Code, which was passed by Parliament on July 3, 1947. In general, these amendments to Section 229 of the Criminal Code will considerably strengthen this section, which deals with prostitutes, houses of prostitution, procurers and others associated with this vice.

LIAISON

From time to time the division has been in communication with the Venereal Disease Control Officer of the World Health Organization, providing information regarding control methods throughout Canada and appropriate recommendations for consideration with respect to international aspects of venereal disease control.

The division took an active part in ensuring adequacy of treatment and follow-up for the group of Polish ex-soldiers who entered Canada as immigrants during November and December, 1946. A number of these were found infected with various types of venereal disease and the division accumulated details with respect to treatment administered, and other pertinent information, with the purpose of conveying this to venereal disease control authorities in the provinces in which these immigrants would be residing. In general, the procedure functioned in a satisfactory manner and, through the co-operation of the Department of Labour and provincial health authorities, all possible steps were taken to ensure the future health of these immigrants.

A Directory, listing venereal disease control officials along the international border between the United States and the Dominion of Canada, was prepared and has been circulated to appropriate authorities in both the United States and Canada.

The Directory of Venereal Disease Clinics in all Canadian provinces was revised during June and has been made available to all venereal disease control authorities.

RECORDS

As a result of a resolution brought forward at the First Eastern Regional Conference, concurred in by the Western Regional Group and endorsed by the Dominion Council of Health, the division undertook the study of a revision of the national notification form of venereal disease. The proposed revision was approved by the Third Federal-Provincial V.D. Conference and will be submitted at the next meeting of the Dominion Council of Health for final approval.

The division has also undertaken the preparation of certain venereal disease forms, e.g., personal case record for all persons receiving anti-syphilitic therapy, in an effort to encourage the standardization and uniformity of records being maintained throughout all provinces.

STATISTICS

In considering figures given in Tables 33 to 42 on pages 154 to 159, it should be borne in mind that there are strong reasons to suspect the reporting of venereal disease, particularly gonorrhoea, to be inadequate. Consequently,

the figures as they are presented should be assessed on a basis of their comparison with related figures to evaluate trends, rather than as representing the true picture of one or several aspects of the venereal disease problem in Canada.

Tables have been prepared partly on the basis of information to the Dominion Bureau of Statistics in the *Summary of Cases of Communicable Diseases in Canada, as reported by the Provincial Health Departments*, and partly by the federal Division of Venereal Disease Control from information provided by provincial divisions of Venereal Disease Control.

A review of venereal disease figures for the year 1947 shows a dramatic fall in the number of reported cases of both syphilis and gonorrhoea, amounting to a total of 8,080 cases, all types. However, a consideration of the quarterly picture and the trend throughout the year demonstrates a definite diminution in the rate of improvement as the year progressed, becoming almost nil at the year's end.

This is illustrated by the finding that, while the total number of cases reported during 1947 represents a 19 per cent reduction by comparison with the previous year, an inspection of the progress, as shown by the rate of improvement by quarters for all types of V.D., is as follows:

First quarter	485—5 per cent improvement
Second quarter	751—8 per cent improvement
Third quarter	148—2 per cent improvement
Fourth quarter	91—1 per cent improvement.

From these findings it would appear that the major impetus given the anti-V.D. campaign throughout 1946 and early 1947 had diminished considerably.

However, indications respecting the reported cases of all types of venereal disease during the first quarter of 1948, demonstrate an increasing rate of reduction, at least equal to that during the previous calendar year.

WORLD HEALTH ORGANIZATION

During the year the department maintained active participation in meetings of the Interim Commission of the World Health Organization, and was represented at three sessions held during the period.

Besides carrying on certain international health functions previously performed by the Office Internationale d'Hygiene Publique, the League of Nations Health Organization, and UNRRA, the Interim Commission continued its work towards the establishment of a permanent World Health Organization, which will come into being upon the ratification of the constitution by 26 member states of the United Nations. As of March 31, 1948, 25 states had deposited instruments of ratification with the executive secretary, and it appeared that the First World Health Assembly would be convened early in the next fiscal year for the purpose of setting up the World Health Organization, as a permanent specialized agency of the United Nations.

Canada also played a prominent part on the Expert Committee for the Preparation of the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death, which met in Ottawa in March, 1947, and again in Geneva in October, 1947.

WELFARE BRANCH

Divisions of the Welfare Branch of the department include: Family Allowances, Old Age Pensions, Physical Fitness, Voluntary War Relief and War Charities.

The Welfare Branch has been responsible for the administration of the grant of \$50,000 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, served as Alternate Delegate at the Fifth and Sixth Sessions of the Economic and Social Council, and was also Canadian representative on the Social Commission of the Economic and Social Council. Mr. R. B. Curry, National Director of Family Allowances, served as Alternate Delegate at the Third Session of the Social Commission. Mrs. D. B. Sinclair, Executive Assistant to the Deputy Minister, is the Canadian representative on the International Children's Emergency Fund, and served as one of the Canadian delegates to the United Nations' Educational, Scientific and Cultural Organization meeting in Mexico City in November, 1947.

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

FAMILY ALLOWANCES DIVISION

The Family Allowances Act became effective August, 1944. The first payments of Family Allowances were made in July, 1945. At the end of the past fiscal year, i.e. March 31, 1948, there were 1,671,906 family allowances accounts in pay, showing an increase of about 83,000 accounts during the year, or an average of some 7,000 additional accounts per month.

The amounts paid in each province during each month of the fiscal year are set out in Table 43, page 159. An examination of this table shows that the total amount of Family Allowances paid in the fiscal year came to \$264,073,281. That the rate of monthly increase in the total payments in all Canada is levelling off is indicated by the fact that, while the average monthly increase during the fiscal year was approximately \$50,000, the increase per month in the last five months of the fiscal year was only \$38,000. Moreover, a considerable proportion of this was accounted for by larger than average adjustments in Family Allowances accounts in the Northwest Territories and Yukon. It would appear that the rate of increase in payments per month at the close of the fiscal year was levelling off at about \$30,000. This levelling off of costs indicates that the post-war crest in marriages and establishment of new families has been passed, and that future changes will reflect the increases more normal to Canada.

The number of accounts in pay varies slightly from the number of families in pay because of payments made through child welfare agencies and other organizations. Table 44, page 160, indicates the families in pay through the fiscal year. It will be noted that, at the close of the fiscal year, there were 1,669,944 families in pay. During the first half of the year the average monthly

increase in families in pay was about 7,400, while, in the latter half of the fiscal year, the average monthly increase in families in pay fell to 5,500. This is another indication of the process of levelling off previously referred to.

The gain in the number of accounts in pay and in families in pay, as well as in the actual cost of Family Allowances per month, was the result, almost wholly, of increases in population accounted for by births and by immigration. There was no single factor, such as the change in income tax legislation in the fiscal year preceding, to cause an unusual rise in the number of families and of accounts in pay.

Administration

After nearly three years of Family Allowances the situation with regard to accommodation in Regional Offices for this work has become quite satisfactory, on the whole. One region, namely New Brunswick, is still seriously cramped for space.

With regard to staff, there was a minimum of change at senior levels. Mr. S. J. Bailey, first Regional Director for the Northwest Territories and Yukon, was transferred to the Bureau of Northwest Territories, where his attention is largely given to matters concerning Family Allowances. Mr. W. F. Hendershot assumed the duties of Regional Director, Northwest Territories and Yukon, in addition to those of Executive Assistant to the National Director. One new appointee, Miss Jean Graham, became Supervisor of Welfare Services for the Ontario Regional Office at the beginning of the fiscal year.

Very considerable attention was given during the year to the matter of long-term organization of Regional Offices, with respect to staff. The Organization Branch of the Civil Service Commission joined with the department in making surveys of Family Allowances offices and, as a result, agreement was reached as to the number of personnel required over a long term. The original establishment in 1945 was undertaken on comparatively short notice and hence was subject to adjustment as the size and nature of the problem of administration of Family Allowances became more apparent. In addition to the problems of organization, much time was spent on the subject of permanency of employment. During the fiscal year it was possible to determine the percentage of permanent positions that could be created in Regional Offices and suitable measures were taken to secure permanent appointments for an increased number of employees. In passing, it should be observed that the proportion of employees having overseas active service preference is particularly high in Family Allowances offices.

During the year two conferences of senior Family Allowances officials were held in Ottawa. The first, in June, 1947, brought together Regional Directors, and the second, in March, 1948, included the Supervisors of Welfare Services from each region. These conferences proved extremely useful and resulted in amplification of existing policy and the further development of procedure as required by the growing programme of Family Allowances administration.

Co-operation with Provinces

Reference is made in the annual report for the previous fiscal year to the agreements between this Department and provincial and local authorities for aid in investigating possible abuse in the use of Family Allowances by the recipients. The agreements in effect in the previous fiscal year were continued without change in the fiscal year under review, except in respect to Nova Scotia. There, where a minimum sum of \$1,050 monthly had been paid to the provincial department in the previous fiscal year, by the terms of a new agreement this sum was reduced to \$750 monthly. This in no way reflects lessening of work, but rather is a sum more in line with costs. In addition, arrangements similar to

that already existing in respect to New Brunswick, where the department is authorized to pay local welfare agencies directly for investigation and reports on cases, were authorized for agencies in Quebec and Alberta.

When cases arise that appear to involve welfare problems, they are referred by the Family Allowances Division, through the medium of the Regional Office, to the provincial department charged with the administration of public welfare or to an appropriate public or private agency, such as is used in New Brunswick, Quebec or Alberta. In all cases the department is authorized to pay \$5 for each requested and acceptable report. These arrangements have shown most valuable results.

In addition to the type of investigation carried out through provincial or local facilities, Family Allowances offices use staff members in certain areas where necessary. During the fiscal year a total of 10,636 cases were investigated as follows:

Through the facilities of the provinces	3,858
Through other local agencies	897
Through Family Allowances Regional Office staff	5,881.

The 10,000 cases investigated during the fiscal year must be observed in relation to the 1,669,944 families receiving Family Allowances as of March, 1948. The incidence of cases warranting investigation, when seen in proper perspective, is not great.

An analysis of the source of cases under review by the welfare sections of Family Allowances Regional Offices indicates that some 36 per cent of them came from social agencies, including institutions; 26 per cent from the families themselves, or from close relatives; 8 per cent from private individuals and the remaining 30 per cent arose from clerical work within the Family Allowances offices, in studying the eligibility of applicants. A review of the action taken indicates that, in approximately one-third of the cases, no change was found necessary; in other words, the payee was considered a suitable recipient of the allowances. In other cases, changes of payee were made, or a third-party administrator was used in a minority of cases. It is of interest to note that, in the matter of complaints of misuse of allowances, of 1,580 such cases reported, 1,046 were discovered on investigation to be unfounded, so that payment was undisturbed.

Use of Allowances

Surveys are in hand to determine the nature of the use of Family Allowances by recipients generally. It is believed that such surveys, based upon scientific sampling of Canadian families, will enable the administration to obtain precise information as to the uses to which Family Allowances are put. Surveys to date indicate that Family Allowances continue to be used in the main for: (a) better clothing; (b) more nutritious food; (c) such items as dental care, educational and recreational advancement. In addition, it is indicated that, in some families, Family Allowances find their way, in part at least, into *deferred* benefits for children, through such media as savings accounts or life insurance.

Currently, the data of an extensive survey carried on during the fiscal year in Western Canada are being studied. This survey was set out in some detail in the last annual report for this division. It has, in the meantime, been completed and its results are being determined. This survey should enable the administration to see the relation of Family Allowances to family budgets, family spending patterns and consumer costs. Further work of the same nature has been done in the Maritime provinces and the results there will shortly be forthcoming.

During the fiscal year, the Dominion Bureau of Statistics laid plans for a Dominion-wide study of family income and expenditures, to be conducted during 1948; the results of this study should be invaluable in assessing the impact of Family Allowances upon family expenditures. This task is by no means easy when it is remembered that Family Allowances furnish only a portion of the family income. To isolate Family Allowances, and to study their effect, requires the most skilled and patient type of investigation. Moreover, the effect of Family Allowances upon Canadian family expenditures is more difficult to assess because of the rapid rise in living costs in the last three years.

It is probably true, to a considerable degree, that, while Family Allowances were designed to improve living standards, a considerable part of their effect has been to help maintain *existing* living standards. In other words, the plight of Canadian homes, in the face of greatly increased living costs, would have been much more serious had Family Allowances *not* been paid. An even greater test of Family Allowances may come if, for any reason, present high levels of employment slacken and incomes decrease. In such a period, particularly if the cost of living fails to decrease as rapidly as family incomes may do, then the value of Family Allowances will become even more apparent.

School Attendance

School attendance is a matter of importance in respect to Family Allowances, since the payment of such allowances is conditioned on the child attending school as required by the province concerned. School attendance has continued to improve. This improvement is probably, in some degree, due to Family Allowances, both because the family is anxious not to prejudice its receipt of Family Allowances by failure to keep the child in school, and also by the fact that the allowances have enabled families to provide better clothing and other necessities for school attendance.

Suitable arrangements with each provincial Department of Education for co-operation in regard to school attendance have been continued and each province has been most helpful to the Family Allowances administration in this matter. During the year 51,181 cases of improper absence from school were reported to Family Allowances Regional Offices. The allowances were suspended in respect to 21,769 children. Subsequently, on resumption of school attendance by the children, some 8,104 such children had their Family Allowances reinstated. That the provinces have realized the very great value that is afforded to them by Family Allowances in respect to ensuring proper attendance of children at school is indicated by an excerpt from a typical annual report of the chief educational authority in one of the provinces:

"When a parent has been warned that he must cause his child to attend school regularly and the child does not do so and has no legal excuse for his absence, it is recommended to the Family Allowances Branch of the Department of National Health and Welfare that payments be discontinued. They are resumed when the attendance of the child becomes satisfactory.

"That threat of the loss of payments of Family Allowances was instrumental in causing a number of careless parents to take more interest in the educational welfare of their children. When properly used for the children, Family Allowances also tend toward improved attendance by making better food and clothing possible."

The arrangements made in the preceding year with respect to information regarding children under sixteen years of age who are employed in industry were continued. The facilities of the Unemployment Insurance Commission have aided Regional Directors considerably in determining children who are

above compulsory school attendance age, and who, being employed for wages, are no longer eligible for Family Allowances. The action of the U.I.C. officials has enabled Family Allowances Regional Offices to find a considerable number of such cases. These would be most difficult to determine otherwise, since the only alternative source of information would be the families themselves. Actually, numerous families *do* report to Family Allowances Regional Offices when their children under sixteen years of age take employment for wages or salary.

Welfare Agencies

Reference should be made to the role of welfare agencies in respect to Family Allowances. It has already been indicated that welfare agencies have investigated numerous cases for Family Allowances Regional Offices when investigation seemed in order and reports were required. In three provinces, New Brunswick, Quebec and Alberta, agencies, when available, are used in this way. They are paid directly. In other provinces, while the investigation is requested of the provincial authority, that authority, in turn, often uses the welfare agencies to do the actual investigation. Agencies, moreover, are used as payees of Family Allowances. They act as "parent" to numerous children and exercise parental rights in respect to placement and the type of care that these children get. The most sought type of care is through the use of foster homes. From time to time agencies also use the institutional type of care.

As was set out in the last preceding report of this division, institutions are themselves not permitted to be payees of Family Allowances. However, children in institutions, if maintained by a "parent", who may be the usual parent or an agency, may get the benefit of Family Allowances through that parent. This means that welfare agencies using foster homes, as they do extensively, and institutions to a lesser degree, become a channel through which the benefits of Family Allowances are brought to many children who are outside the ordinary home. At the close of the fiscal year, 11,717 accounts for Family Allowances were in pay to private and public child-placing agencies.

Indians and Eskimos

Indian accounts at the close of the fiscal year numbered 16,958 and Eskimo accounts 1,441. Since a considerable proportion of the accounts paid to these indigenous races are "in kind", constant attention is required in regard to the items which it is permissible to supply such families from traders' stores. During the year a conference on this subject, between Family Allowances officials and those representing the Department of Mines and Resources, as well as the Bureau of Northwest Territories, resulted in action to modify the permissible items on the purchase list and to bring it better into line with the needs of the recipients, as demonstrated by the experience of the past three years.

Valuable Liaison

During the year the National Director of Family Allowances had the opportunity to gain further insight into matters of social security and social welfare advances through meetings and conferences with persons and organizations outside Canada. One such occasion was furnished by the Massachusetts Conference on Social Work and another by the sixth session of the Economic and Social Council of the United Nations, during February and March, 1948. There the National Director attended as adviser to the Canadian delegation, and subsequently he served as alternate delegate for Canada to the Social Commission of the Economic and Social Council.

The Assistant National Director, during July and August, 1947, attended the fifth session of the Economic and Social Council as an adviser to the Canadian delegation.

These meetings furnish invaluable opportunities to get better knowledge of social problems from an international point of view, and also to gain the acquaintance of persons who have made noteworthy contributions towards the solution of such problems.

The administration of Family Allowances also benefited during the fiscal year by the visits at Ottawa of Mr. B. F. Waters, Chairman of the Social Security Commission of New Zealand, and of Miss Marie-Louise Seville, a prominent social worker from France. In addition, visits were also paid to the National Office, and to some of the regional offices, by Mr. John Nembaris and Mr. Michel P. Goutos, both of whom were holders of fellowships in social welfare from the United Nations. These two gentlemen were engaged in the study of Canadian social welfare and while visiting in our offices, in order to gain acquaintance with Family Allowances, they were able to give valuable information regarding social welfare in their own country, Greece.

Checking Eligibility

Several subjects with respect to Family Allowances deserve particular attention. The verification of birth dates is a matter of importance. Since payment is related to the exact age of the child, it is necessary that the birth date claimed on the registration form be checked for its accuracy. At the end of the preceding fiscal year, 1,417,459 of the claimed birth dates had not yet been verified. This represented something over one-third of the birth dates that it had been necessary to verify. The greater part, some 87 per cent of the total number of unverified births as of March 31, 1947, were in the province of Quebec, where birth verification had begun only in January, 1947. Such progress has been made during the fiscal year ending March 31, 1948, in respect to verification, that only 355,502 still remain unverified in all Canada. The number verified in Quebec at the end of the fiscal year is nearly *one million*, and it is anticipated that progress there will continue at such a rate as to bring that province wholly into line with other provinces by the latter part of 1948.

The matter of overpayments is also important. The principal causes of overpayments appear to be mistakes on the registration form with respect to birth dates, improper absence from school, non-maintenance, employment for wages or salary, and duplicate accounts. Failure to maintain, as the Family Allowances Act requires, appears to create the greatest number of overpayments. At the end of the fiscal year the overpayments totalled \$493,215.83. Of this, \$258,885.80 is recoverable by deductions from a continuing account, and \$229,334.43 by direct collection from the recipient. The balance of \$4,985.60 was regarded as probably non-collectable. This amount is a tiny proportion, only, of Family Allowances paid.

It should be observed that the trend with regard to the volume of overpayments is in the direction of decrease rather than increase. Each of the last two months of the fiscal year shows a decrease in the cumulative total of overpayments; in other words, recoveries against overpayments that existed were greater than additional overpayments set up. As time goes on, overpayments arising through such causes as errors in birth dates on the registration form, and through duplicate accounts, will decrease. The progress of birth verification is such as to make overpayments in these areas much less likely, or if they occur, much less sizable before they are found.

Registrations

Registrations during the fiscal year numbered 412,721. This included families applying for the first time, as well as supplementary registrations on behalf of additional children in families already registered. The breakdown between these two groups shows original registrations covered 175,287 children and supplementary registrations 237,434. Deaths reported to Family Allowances Regional Offices numbered 11,148. Of these 7,019 were reported directly by the

parents; 3,331 were first reported by the Bureaux of Vital Statistics and 798 reports were otherwise received. It will be noted that a high proportion of death advices are given, in the first instance, by the parents concerned.

Contact with Parents

The contact of Family Allowances Regional Offices with the recipients of Family Allowances is a point of interest. The number of office interviews during the fiscal year amounted to 75,521, or an average per working day of 277 interviews, in the ten Regional Offices. Some two million letters were received or posted from Regional Offices during the fiscal year. They were in respect to 1,671,906 Family Allowance accounts.

In addition to the individual letters mailed from Regional Offices there was a very large volume of so-called "stuffer" letters, going out to payees of Family Allowances with their cheques. These letters served to call to their attention certain important considerations with respect to school attendance, employment of children for wages, and related subjects. It was felt that, so long a time having elapsed since Family Allowances first became payable and the effects of publicity given to Family Allowances at that time having, in consequence, waned, it was important to bring to the attention of payees their responsibilities in this connection.

This leads to an observation in respect to publicity generally. During the fiscal year a policy was adopted in sending each new applicant for Family Allowances an "award" letter. This letter, posted when the registration form has been approved, gives payees information on such subjects as rates of allowances, actual amount presently payable to this applicant, time of automatic changes, requirements with regard to work, school attendance, maintenance, and use of the Family Allowances to be received. This goes a long way to ensure against misuse of Family Allowances and to prevent subsequent suspensions and creation of overpayments.

In addition, during the fiscal year further attention was given to the preparation of a booklet, planned to be issued in 1948, which will give much basic information on Family Allowances. This booklet will be made available to all payees on request. This sizable project will be such as to make available to payees information on the subject of child health and care, diet, clothing, and related topics. The booklet will also serve as general informational material for use by public and private welfare agencies and all types of organizations concerned with social welfare.

Correspondence from parents continues to form a valuable source of information as to the use given to Family Allowances payments by those parents. This correspondence indicates that such purchases as those made for children's clothing, food, dental and medical care, recreation and education, are the most important types of expenditure for Family Allowances. Information gained from correspondence is somewhat less accurate than that gained from a scientific survey, since those who write in voluntarily do not necessarily form a true sample of the whole Canadian population who are receiving Family Allowances. However, such letters do give an interesting view in determining the uses to which many thousands of Canadian mothers put their Family Allowances cheques.

Follow-up Work

During the year it was possible to secure the authority of Treasury Board for the employment of a number of social workers in the various Regional Offices. Before this, there had been one such person professionally trained in welfare matters in each Regional Office. The additional staff of trained workers will make it possible to give more adequate review to cases referred for investigation and to make appropriate recommendations upon the case reports received from provincial or local agencies who may carry out the actual investigation

for the Department. In some provinces, where provincial and local facilities may be unavailable or inadequate, the social workers from the Family Allowances Regional Offices will be in a position to do more investigation themselves. The policy of the department has been not to employ social workers of its own in this type of investigational work if existing facilities were available and adequate.

Appeal Tribunal

During the year the first appeal tribunal for Family Allowances was organized. This is in the province of Quebec, where it was possible to secure the services of Judge J. N. Francoeur, Mr. W. Q. Stobo and Mr. Gaston Pratte, three highly qualified persons in Quebec City, to act as members of the tribunal. In only a very limited number of cases have the payees expressed a desire to have an adverse decision of the Regional Director reviewed by a tribunal. The few cases that had been pending in Quebec have now all been settled.

Some comment is desirable in connection with prosecutions for improper registration, fraud, or other criminal action with respect to Family Allowances. At the end of the fiscal year, in all Canada, eight cases had been put forward for criminal prosecution. In seven of these cases convictions were obtained and appropriate sentences fixed. The eighth case is pending. The prosecutions that were conducted happened to be distributed throughout Canada. They served to bring home to people generally their responsibilities under the Family Allowances Act and to discourage criminal abuse of this social welfare measure. A number of cases arose where prosecution would have been justified in view of the nature of the offence but in which it was felt that conviction would merely result in incarceration of the mother and the bringing of undue hardship to the children. The social aspects of the matter had to be balanced against purely legal concepts, and in some such cases criminal charges were not pressed. The prosecutions carried out, however, indicate clearly that the Department will not hesitate to lay charges where advisable. Happily, very few persons in Canada have shown dishonesty in respect to Family Allowances and prosecutions have, accordingly, been necessary only rarely.

Child Population

It would possibly be of value to canvass a few of the broad questions with regard to population changes and significant shifts in Canadian population recently. Table 50, page 164, indicates a classification of families by number of children, showing increases in the number of families, with percentages. Examination of this table brings out some interesting facts. It will be noted that the percentage increase in families having one, two, three or four children in receipt of Family Allowances varies from 6 per cent down to 2.7 per cent. On the other hand, families having five or more children, with two minor exceptions, showed decreases, as between March 31, 1947, and March 31, 1948. Taking the one, two, three and four children families as a group, it is found that they numbered, on March 31, 1947, 1,442,465, and on March 31, 1948, 1,520,488, an increase of 5.3 per cent for the group. Considering, as a group, those families having five or more children in receipt of Family Allowances, it will be seen that they totalled, on March 31, 1947, 150,286, and on March 31, 1948, 149,456, a decrease of 0.6 per cent.

These statistics indicate that, in the last year, there has been a distinct levelling off, and even a recession, in the number of families in Canada with five or more children in receipt of Family Allowances, whereas the total in the group having one, two, three or four children has continued to show a significant increase. These facts would appear to refute arguments, made earlier,

that the effect of Family Allowances would be to *increase* the number of larger families. As a matter of fact, it appears that Canada has reached a point of stabilization, for the meantime at least, with respect to its number of families with five or more children under the age of sixteen years.

Further studies with respect to birth rates in Canada and among its provinces, as well as in respect to the number of live births, are set out in Table 53, page 165. There, a comparison between rates in 1944 and 1947 is shown, and percentage increases in birth rates between those two years are indicated. It will be seen that the birth rate for Canada as a whole increased 20·2 per cent from 1944 to 1947. 1944 was the last full year before Family Allowances were paid. 1947, on the other hand, was the first full year after demobilization had been completed. It has commonly been accepted that demobilization is the greatest single factor in the increased birth rates which have been common to belligerent countries.

The national birth rate for the United States for 1944 was 20·2 per 1,000 population, and for 1947, 25·9 per 1,000 population, an increase of 28·2 per cent. If Family Allowances were to have a significant influence in increasing the national birth rate, one might suppose that in Canada, with Family Allowances becoming effective in 1945, the percentage increase would have been as high, or higher, than that obtaining in the United States, where no such social legislation was enacted. Yet, the fact remains that the percentage increase in the United States, for the same period, was markedly higher. There are, of course, a number of other elements entering the picture, such as, possibly, an even higher pace of demobilization in the United States, or economic factors, such as abnormally high family incomes.

Table 53, page 165, sets out, also, statistics with regard to live-births in Canada and its provinces, in 1944 and 1947. It will be seen that the percentage increase in live births for Canada as a whole was 26·2 per cent. Among the provinces it varied from 39·3 per cent for Ontario, and 37·6 per cent for British Columbia, down to 13·1 per cent for Quebec. It will be noted that, in seven of the nine provinces, the percentage increase in the three years was above the national percentage, whereas Nova Scotia was somewhat below, and the province of Quebec distinctly below, the national average in this respect.

Population Trends

The shifts in population within Canada are worthy of reference. Table 48, page 162, indicates the transfer of Family Allowance accounts between provinces. It will be noted that, while the "transfers in" markedly exceeded "transfers out" in British Columbia and Ontario, on the other hand "transfers out" greatly exceeded "transfers in" in Saskatchewan, Nova Scotia and Manitoba. In the other provinces the changes were much less significant.

These transfers indicate a substantial move of families with children under sixteen years of age into Ontario and British Columbia and a corresponding loss of such families in Saskatchewan, Nova Scotia and Manitoba. The tendency noted last year toward movement to industrially-advanced Ontario and toward British Columbia, continues. Whether or not these figures indicate long term trends in this direction is open to speculation. Certainly, the marked move from Saskatchewan, in spite of continuing favourable economic conditions there because of recent crops, poses a problem in population trends. This is the only province in Canada where the payments of Family Allowances have become lower during the fiscal year; in other words, departures of families have more than offset the internal increases in families, as reflected by payments of Family Allowances.

Cost of Administration

While the costs of Family Allowances are set out in Table 43, page 159, no reference has been made to the administrative costs of providing these benefits. These costs are, with very minor exceptions, borne wholly by the Department of National Health and Welfare, and by the Departments of Finance and Public Works. The costs during the fiscal year for these three departments are as follows:

Department of National Health and Welfare.	\$1,660,123 22
Department of Finance.	2,079,267 01
Department of Public Works.	142,839 00

It will be noted that the total of less than \$4,000,000 represents approximately 1½ per cent of the Family Allowances paid. In other words, of every \$100 provided for Family Allowances \$98.50 is paid to recipients.

In connection with the administration of Family Allowances, thanks are due to all departments of government, to provincial and local authorities, and to all those who have aided so greatly during the year in forwarding the whole broad programme. Special credit is due to the Chief Treasury Officer, the District Treasury Officers and their staffs for co-operation and assistance, without which it would have been impossible to carry out the application of Family Allowances legislation.

OLD AGE PENSIONS AND PENSIONS FOR BLIND PERSONS

The scheme for payment of Old Age Pensions and Pensions for Blind Persons operates under Dominion legislation. The actual responsibility for the administration of pensions, however, rests with the Provinces. The Dominion's part in the scheme consists of an audit of accounts, limited to an examination of the paylists submitted monthly by the provinces and the pensioners' files held by provincial pension authorities.

This examination is made by the Old Age Pensions Division of the Department of National Health and Welfare. Payments to the provinces are made by the Comptroller of the Treasury, following a further examination of the paylists by the Auditor General. All accounts submitted must be certified by provincial auditors.

In addition to dealing with individual cases, the Division takes part in various administrative activities incidental to the payment of pensions, and it acts as pension authority for a small number of applicants and pensioners in the Northwest Territories. Changes in the Regulations are made from time to time on the recommendations of a Dominion-Provincial Board, referred to as "The Interprovincial Board."

Certain provinces pay supplemental allowances to persons in receipt of pensions under the Old Age Pensions Act. Such allowances are not subject to any control by Dominion authorities.

Tables 54, 55, 56 and 57 (pages 166 and 167), 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, 1948.

PHYSICAL FITNESS DIVISION AND THE NATIONAL COUNCIL ON PHYSICAL FITNESS

Under terms of the National Physical Fitness Act, which was enacted by Parliament in 1943, and is administered by the Department of National Health and Welfare through its Physical Fitness Division, the federal government makes available to the provinces a sum not exceeding \$255,000.00 annually for the promotion of *fitness* in all its aspects. The money is divided among the provinces on a per capita basis, subject to a mutually satisfactory agreement.

At the present time British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick, Prince Edward Island, Nova Scotia, and the Northwest Territories are operating fitness programmes aided by financial grants from the National Physical Fitness Fund.

It is noteworthy that the provinces have been able to promote a wide variety of programme, at the same time maintaining an over-all unity of purpose. In the main, their policy has been one of helping communities to help themselves, of assisting existing public and private agencies, and of supplementing local efforts only when the demands are beyond the resources of the public and private agencies of the community.

The increasing financial investment which communities are making signifies a growing appreciation of the contribution recreation can and does make in providing a richer and more satisfying life for its citizens. Recreation in Canada is becoming big business, requiring expert, trained leadership, if the taxpayers are to obtain full value for the money they spend on recreational services. The many hundreds of small communities and rural areas which so far have provided few, if any, organized recreational opportunities at public expense are the places offering the greatest possibilities for new expansion.

Since the fitness programme is calculated primarily to develop and to maintain the fitness, physical and mental, of all the people, it has a therapeutic aspect of great potential value in relation to the development of public health measures.

PHYSICAL FITNESS DIVISION

Administration

The actual carrying out of physical fitness and recreational projects is a provincial and community responsibility. The Physical Fitness Division acts as a clearing house among the provinces for the latest information about physical fitness, recreation, physical education, community centres, sports and allied activities. It keeps in touch with the latest developments abroad and circulates reports on them. Other divisions or departments of government working in related fields use its consultative services, as do large numbers of individuals and organizations from all parts of Canada who request information and advice.

The Acting Director visited the four western provinces during April and May, 1947, and the maritime provinces during October, 1947. Attendance at national executive meetings and conferences was limited due to lack of professional staff in the division, but constant correspondence has kept the division in touch with significant trends throughout the nation.

Close liaison has been developed and maintained with each of the Commonwealth countries. Periodic exchanges of publications and information are in operation. Exchanges of information have been carried on with the Scandinavian countries. Swimming pool and community centre designs and plans received from them are of particular interest.

The division was represented at conventions in the United States of the American Association for Health, Physical Education and Recreation, and the Society of State Directors (U.S.A.) in April, and of the American Recreation Congress, American Recreation Society, the Industrial Recreation Association and the National Recreation Association in October, 1947.

Reports on developments in the field of physical education, recreation and fitness in Canada have been prepared for the Argentine Republic, Brazil, Mexico, Italy and Greece, at their request.

INFORMATION MATERIAL

Information relevant to fitness, recreation, physical education, cultural activities, community centres, reports on new projects and research in Canada and in other countries, new procedures and developments, has been issued in bulletin form to Council members, interested organizations and individuals.

The Physical Fitness Division has prepared a number of reports at the request of members of the National Council on Physical Fitness and of national organizations.

Pamphlets

Fit for Tomorrow—The January supplement of *Canada's Health and Welfare* magazine was devoted to recreation. This was circulated to approximately 80,000 persons, and additional copies were purchased to meet the steady demand for information on the topics treated.

Daily Does It—The text for both English and French editions was completed during the year and is now in press.

Guide for Community Recreation Leaders—The text was completed during the year and is now in press.

National Aquatic Standards for Canada—These were completed, endorsed by the national associations who co-operated in setting them up and approved by the National Council on Physical Fitness. Printed in a wall chart format, they will be available in both English and French.

Films

Fit for Tomorrow—This film was produced as an introduction to a series on recreation and fitness topics.

Film on Urban Recreation—This film is being produced jointly with the National Film Board and will be released early in the new fiscal year. It is anticipated that it will be effective in stimulating neighbourhood effort.

Film Strips

The Wetzel Grid—A film strip illustrating the use of the grid as a measuring device and the techniques involved in its use for evaluating physical status in terms of growth and development, was undertaken. The grid can be used as a tool for health service personnel and teachers and also as a basis for classifying boys and girls for physical activity.

Displays

Information displays are loaned to the provinces and to national organizations holding conferences. Two new displays were prepared during the year—a small display on camping, and a large general display showing the inter-relationship of local, provincial and federal services and the wide variety of opportunities offered to persons seeking fitness through recreation.

Press and Radio

Information on specific aspects of the fitness and recreational programme in Canada was released to daily and weekly newspapers and to magazines from time to time. Background material was provided on request for journalists and radio commentators, and information on sundry aspects of fitness and recreation was disseminated through the department's special services to radio stations and newspapers.

All informational material was developed in co-operation with the Information Services Division.

Preview Film Library

The film library service, initiated by this division in co-operation with the National Film Board in 1946, at the request of the National Council on Physical Fitness, provides a visual catalogue of 16mm instructional and promotional films on recreation and physical education from which potential purchasing groups may select films for their libraries on the basis of having actually seen them. During 1947-48, the service was continued and expanded to include films on arts and crafts, music, hobbies, etc., in the field of cultural recreation, and on the development of activities for young children.

(a) Primary Circuit

In its second year of operation, 45 additional films, selected by the national appraisal committees of experts as the best in each aspect of recreation, have been given primary circulation to 18 major cities in the nine provinces, on a regular schedule. These films fall into categories as follows: Physical Recreation—23; Arts and Crafts—12; Music—4; Children's Films—4; Community Organization—2.

One entire shipment (or "Block") consisted of films with commentary in French.

Through the technical and promotional facilities of the National Film Board and its regional offices, these 45 films, in the nine "blocks" have been shown to local provincial committees. As a result, hundreds of people representing scores of government departments, organizations and agencies interested in purchasing this type of film have become aware of the visual catalogue at their disposal and have made full use of the privilege afforded them. To the end of March, with the circuits only two-thirds completed, 50 films are known to have been purchased and an additional 95 recommended for purchase.

The service has greatly stimulated the growth of film libraries by additions to existing ones and by establishment of new ones.

Digest sheets, outlining the content, purpose and technical details of the films and quoting the evaluation of the national appraisal committee concerned, are edited and mimeographed by this division to accompany each "block" of films circulated. They are available for distribution on request.

As each national appraisal committee completes its survey of all films in its particular field of recreation, it reports its findings and makes recommendations to the Division of Physical Fitness regarding gaps which need to be filled by production of new films.

(b) Secondary Circuit

After completion of the primary circuit, films are available on request for secondary circulation on an arranged schedule similar to the primary circuit or to recreation officials or groups for "preview with a view to purchase".

A complete secondary circuit of the first year's selection was arranged for Moncton and Saint John, N.B., and the same service is being extended to 20 centres in Ontario during 1948. More than 40 other requests have been received from all parts of Canada.

Arrangements have been made that, on completion of the secondary circuit, the films will be available on loan at a nominal service charge, through the National Film Society.

(c) *Appraisal Committees*

The appraisal committees have met regularly, and it is anticipated that they will have completed their surveys by next fall. Following is a summary of their work for the year:

Committee	Films Screened	Films Approved	Films to be Screened
Physical Recreation.....	90	25	100
Camping.....	50	10	New production only
Cultural.....	100	30	80
Children's Films.....		Just established	
French Commentary.....		To be established	

(d) *Co-operation with the Joint Planning Commission*

At the request of the Joint Planning Commission of the Canadian Association for Adult Education, the Physical Fitness Division is making its committee reports available for use by the Commission in compiling film evaluations for use in adult education. A revised appraisal form has been prepared to meet the needs of both groups.

REPORTS PREPARED ON REQUEST 1947-1948

List of Canadian Communities Promoting a Community Centre Programme—Compiled at the request of the United Kingdom Information Office, April, 1947,—Revised October, 1947—Second Revision May, 1948.

List of Speakers submitted by members of the National Council on Physical Fitness and Provincial Directors—Prepared at the request of National Associations—April 1947, Revised September 1947.

Report of the Aquatic Committee (Swimming, Water Safety, Life Saving) convened by the National Council on Physical Fitness in Ottawa, February 20, 1947, and in Toronto, May 19 and 20, 1947.

Report on the Interpretation of the Amateur Definition, February 1948. Compiled from information received from Canadian Sports Governing Bodies.

Report on Physical Education and Recreation in Jails and Reformatories, April 1948.

Reports of Provincial Committees on Simplified Rules for Team Games, March 1948.

Summary of Camping Regulations and Legislation in Canada, March 1948.

Summary of Provincial Legislation and Regulations Regarding Construction, Care and Maintenance of Swimming Pools and Bathing Beaches in Canada, March 1948.

Summary of Data on Football in Canada—(a) Canadian Football; (b) Association Football; (c) English Rugby—Prepared in response to an official request from France, through the Under-Secretary of State for External Affairs, January, 1948.

Summary of Physical Education and Recreation in the Provinces of the Dominion of Canada. Compiled from summaries submitted by Provincial Departments of Education, Teacher Training institutions, and Universities offering courses in Physical Education and/or Recreation—Prepared in response to an official request from Mexico through the Under-Secretary of State for External Affairs, December 1947.

Summary of Graduating and Post-Graduating Canadian Students in Health, Physical Education or allied fields, April, 1948.

LEADERSHIP TRAINING

Leadership training continues to be the most acute problem. Small communities and rural areas appear to be unable to afford the full time services of a trained person to direct community recreation activities. As yet, provincial supervisory and consultant staffs are not sufficiently large to meet the regional needs.

The need for providing on-the-job training for community recreation directors is increasingly apparent. Courses adapted specifically to their needs are not available at present.

The Physical Fitness Division issues a list of applicants twice each year to assist employers in the recruitment of appropriate personnel. In addition, contacts are maintained with Canadian students attending college courses in other countries which would qualify them for employment in this field in Canada.

An additional problem arises from the fact that professional persons working in the fields of physical education and recreation are unable to obtain post-graduate training in Canada. With the expansion of the programme, with the need for adequately trained staff on the higher levels, with new demands for specialized training, it is unfortunate that Canadians are forced to obtain such training outside of Canada.

The National Council on Physical Fitness has repeatedly urged that provision be made for post-graduate training in physical education and recreation in Canada and that the necessary financial aid be provided to implement their request, a precedent for this having been established in the provision of post-graduate training for social workers.

THE NATIONAL COUNCIL ON PHYSICAL FITNESS

The National Council on Physical Fitness is an advisory body, appointed by the Governor General in Council, which meets twice each year to discuss the over-all programme and to advise the Minister of National Health and Welfare on various aspects of it. In some provinces, provincial fitness councils function on lines comparable to the national council.

The Council met in Ottawa on September 16-18, 1947. Ministerial approval was obtained to defer the second meeting until April 10-13, 1948.

<i>Members of the National Council on Physical Fitness</i>	Appointment expires
J. H. Ross, B.Sc., Acting Chairman	
M. H. Brewer, B.A., Department of Education, Fredericton N.B.	Dec. 31, 1949
H. M. Devenney, M.A., Director of Physical Fitness, Department of Health and Public Welfare, Winnipeg, Manitoba	Dec. 31, 1949
C. E. Hendry, M.A., Professor, School of Social Work, University of Toronto, Toronto, Ontario	Aug. 31, 1950
J. B. Kirkpatrick, Ed.D., Director of Physical Fitness and Recreation, Saskatchewan Recreation Movement, Department of Public Health, Regina, Sask.	Dec. 31, 1950

	Appointment expires
E. Lee, B.A., Director of Physical Education and Recreation, Department of Education, Vancouver, B.C.	Dec. 31, 1948
J. H. Ross, B.Sc., Director of Health and Recreation, Depart- ment of Education, Calgary, Alberta.....	Dec. 31, 1948
W. C. Ross, B.A., D.D., Director of Physical Fitness, Depart- ment of Public Health, Halifax, N.S.	Dec. 31, 1948
L. W. Shaw, M.A., Deputy Minister and Director of Education, Department of Education, Charlottetown, P.E.I.	Dec. 31, 1949.

Observers

- H. R. Lamberton, M.A., B.Ed.—Bureau of Northwest Territories, Dept. of
Mines and Resources, Ottawa, Ontario.
- J. W. McKinnon, B.A., B.Paed.—Bureau of Northwest Territories, Dept. of
Mines and Resources, Ottawa, Ontario.
- A. L. Phelps, M.A., Ph.D.—Canadian Arts Council.

Standing Committees—N.C.P.F.

- Community Organization ... E. Lee, B.A.; H. R. Lamberton, M.A., B.Ed.
- Leadership Training W. C. Ross, B.A., D.D.; J. W. McKinnon, B.A.,
B.Paed.
- Policy J. H. Ross, B.Sc.
- Programme H. M. Devenney, M.A.; M. H. Brewer, B.A.
- Publications C. E. Hendry, M. A.
- Resolutions H. M. Devenney, M. A.; W. C. Ross, B.A., D.D.;
J. H. Ross, B.Sc.
- Research J. B. Kirkpatrick, Ed. D.; L. W. Shaw, M.A.

Appointments to the N.C.P.F.

In August, 1947, Mr. C. E. Hendry, M.A., professor, School of Social Work, University of Toronto, Toronto, Ontario, was appointed as a member of the Council. Mr. Ernest Lee, B.A., director of physical education and recreation, Vancouver, B.C., was appointed to fill the vacancy caused by Mr. Jerry Mathisen's resignation. Dr. J. B. Kirkpatrick, director of physical fitness and recreation, Saskatchewan Recreation Movement, Regina, Sask., completed his term of office in December, 1947, and was reappointed for a three-year term.

At its eighth meeting, in September, 1947, the National Council on Physical Fitness recommended that when further appointments of members to the Council are contemplated, serious consideration should be given by the Minister to the naming of women members.

The Northwest Territories, having signed an agreement under the terms of the National Physical Fitness Act, requested representation on the Council. Action on this request is pending.

The Canadian Arts Council, in December, 1947, was granted the privilege of sending an observer to attend the Council meetings.

The Canadian Association for Health, Physical Education and Recreation, in March, 1948, requested the same privilege. Action on this request is pending.

National Council Activities

In carrying out its duties under section 4 (1) (b) of the Act, the National Council on Physical Fitness has been active in its capacity as a co-ordinating body. Outstanding in this field are:

1. *National Aquatic Standards for Canada*

In 1944 the aquatic committee of the National Council on Physical Fitness requested the Canadian Association for Health, Physical Education and Recreation (the professional association in this field) to appoint a research committee to study the problem of tests and measurements as applied to aquatics. Upon receipt of their report the Council convened a meeting of representatives of all national groups who had established tests or standards in these activities and the Canadian Association for Health, Physical Education and Recreation.

As a result of their co-operative efforts the National Aquatic Standards for Canada were endorsed by the national executive of each of the groups and were formally approved by the National Council on Physical Fitness.

The standards are now being printed in English and French in the form of a wall chart and will be distributed through national agencies and the provincial fitness offices.

2. *Canadian Recreation Congress*

An exploratory meeting was convened on September 30, 1947, by the Minister of National Health and Welfare, on the advice of the National Council on Physical Fitness. The purpose of the meeting was to discuss the need for a jointly-planned national conference on recreation and leisure time service. It was thought that if such a plan were adopted it would be possible to provide, through joint action, certain services and resources which could not be provided by individual groups. Subsequent meetings in Toronto and in Montreal resulted in the election of an executive body empowered to organize and to hold a Canadian Recreation Congress in September, 1949, under the leadership of Mr. Henri Gonthier and Mr. C. E. Hendry, co-presidents.

3. *Provincial Liaison*

Provincial annual reports show marked increase in the use of National Council on Physical Fitness members for purposes of liaison and co-ordination. Recognition of the service they are rendering is indicated in the growing list of executive positions they hold on educational, recreational, cultural and community boards. Since most of the members hold the strategic position of provincial director, they are able to implement the policies to which the National Council on Physical Fitness, and their own provincial government, subscribe.

Community Recreation—Statement of Policy

With the rapid increase in the number of community recreation programmes, provincial policies concerning them have developed markedly in the last year. At its eighth meeting held in September, 1947, the Council developed a comprehensive statement on policy. "The Functions of the Local Community, Provincial Government and the Federal Government in the Fitness and Recreation Program." The widespread approval accorded this statement has given it added significance.

Scholarships

In accordance with the duties set forth in section 4 of the National Physical Fitness Act; the National Council on Physical Fitness at its earliest meetings recommended the provision of scholarships to encourage the professional training of persons in the field of physical education and recreation due to the fact that the demand greatly exceeded the supply.

At the eighth meeting the Council passed the following resolution:

"Resolved that an item be included in the administrative budget for scholarships to enable a small number of promising people to undertake post-graduate study in the field of physical education and recreation and that this study include certain areas of research which will assist in developing the Canadian fitness program; and be it further resolved that such scholarship, if granted, be given only to persons recommended by their physical fitness authority to the awards committee of the National Council."

National Amateur Athletic Achievement Award

The National Council on Physical Fitness established this award in 1947 for presentation to persons who bring honour to Canada through distinguished achievement in amateur athletics. The award will be made from time to time on the recommendations of a selection committee, subject to approval by the National Council on Physical Fitness.

The selection committee, under the chairmanship of the chairman of the National Council on Physical Fitness' standing committee on leadership training, includes the president of the Amateur Athletic Union of Canada, the president of the Canadian Arts Council, the president of the National Council of Women, the president of the Federated Women's Institutes of Canada, a representative of French speaking groups and the director of the Physical Fitness Division.

The first award was presented to Miss Barbara Ann Scott in recognition of the honour she has brought to herself and to her fellow-Canadians by her achievements in winning the women's figure skating championships of Canada, North America, Europe, and the world. The presentation was made by His Excellency, the Governor-General, assisted by the Honourable Paul Martin, Minister of National Health and Welfare, and Mr. J. H. Ross, acting chairman of the National Council on Physical Fitness, on December 13, 1947 in Ottawa.

Community Recreation

At the eighth meeting the following resolutions were passed by the Council:

"Whereas recreation is now recognized as a basic human need; and, whereas adequate recreation services on a continuing basis for everybody is a public responsibility; and whereas experience to date has demonstrated the necessity of requiring appropriate as well as adequate financial support; be it resolved that this Council urge upon provincial Physical Fitness Councils or advisory committees the necessity of local communities providing a continuing and solid basis for programmes of community recreation through a system of local tax support, and further, that they promote this basic principle among the responsible bodies within the province."

"Resolved that this Council suggest to all provincial Councils that serious consideration be given to the provision of financial support to local community recreation programmes on a formula to be determined by each province in relation to the provincial resources and the community needs."

Institutional Programmes

At the eighth meeting the following resolution was passed by the Council:

"Resolved that this Council commends the programs of recreational therapy now being conducted in various public institutions such as mental hospitals, jails and reformatories and veterans' hospitals, and that the Council recommends that a study of the methods and progress to date, both in Canada and other places where data is available, be made by the Physical Fitness Division for the Council and other responsible officials."

AGREEMENTS WITH THE PROVINCES

During the year New Brunswick and the Northwest Territories entered into an agreement with the federal government, thus becoming eligible for grants under the terms of the act. Agreements were renewed by Prince Edward Island, Manitoba, Alberta and British Columbia.

PROVINCIAL AGREEMENTS, FINANCIAL ASSISTANCE TO THE PROVINCES,
TOTAL EXPENDITURES

Provinces	Administered Provincially by the	Current Agreement Expires	Total Amount Expended by the Provinces 1947-48	Federal Share of Provincial Expenditures 1947-48	PER CAPITA EXPENDITURE 1947-48 (1)		
					Total	Fed.	Prov.
			\$ cts.	\$ cts.	\$ cts.	cts.	cts.
P.E.I.....	Dept. of Education, Charlottetown...	31 Mar. 49	11,052 03	2,326 25 (2a)	9-302	1-955	7-347
N.S.....	Dept. of Public Health, Halifax.....	31 Dec. 48	22,847 13	11,317 75	3-953	1-955	1-998
N.B.....	Dept. of Education, Fredericton.....	31 Mar. 52	4,373 71	2,186 86	-956	-478	-478
Man.....	Dept. of Health and Public Welfare, Winnipeg.....	31 Mar. 49	13,364 83 (3)	6,018 84 (3)	1-831	-915	-915
Sask.....	Dept. of Health, Regina.....	31 Dec. 53	56,901 96	17,545 75	8-305	1-955	6-350
Alta.....	Dept. of Education, Calgary.....	31 Mar. 51	57,374 70	19,488 12 (2b)	9-161	1-955	7-206
B.C.....	Dept. of Education, Vancouver.....	31 Mar. 49	87,721 85	16,015 75	10-725	1-955	8-770
N.W.T.....	Education Division, Department of Mines and Resources, Ottawa.....	31 Mar. 52	21,000 00	234 00	174-592	1-955	172-637

1. Per capita expenditures are computed on the basis of the 1941 census. In instances where agreements were in force for a period other than 12 months, calculations are made on the average for a twelve-month period.
2. On renewal in 1947 agreements were made for such periods as would correspond to the fiscal year instead of a variety of expiration dates during the calendar year.
 - (a) Prince Edward Island.....15 month period ending March 31, 48
 - (b) Alberta.....15 month period ending March 31, 48
3. Manitoba—account submitted after end of fiscal year 1947-48.

The financial statement for the fiscal year ended March 31, 1948, of the administration of the National Physical Fitness Fund, and assistance to the provinces, will be found in Table 58, page 168.

PROVINCIAL FITNESS PROGRAMMES

Alberta

Alberta has no provincial physical fitness act. Authority to enter into agreement with the federal government is based on general departmental legislation.

Hon. I. Casey, Minister of Education

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

Administrative Staff

Director, Mr. J. H. Ross, B.Sc.

Supervisor, Mr. W. A. Hutton, B.A. (On leave, 1947-48, to take post-graduate course in rural recreation)

Assistant Supervisor, Mrs. Stella Raby.

Financial Assistance Given to Provincial Groups

1. Costs of administration
2. Remuneration of leaders and pianists for authorized groups
3. Leaders' manuals

4. Costs of supervision
5. Winter conferences of leaders
6. Assistance to centres in obtaining equipment at cost.

Activities are provided and instructors 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) School dormitories
- (g) Service clubs, churches, Y.W.C.A., Y.M.C.A., etc.
- (h) Blind groups and sighted guides.

7. The 45 films held in the film library of the Audio Visual Aids Branch can be obtained on request by interested communities, schools, etc.

The film digest, issued by the Division of Physical Fitness, Ottawa, is also available on request.

Leadership Training

Summer School for Leaders

Second annual session at Red Deer, July 7 to August 8, 1947

Attendance	140
Alberta communities represented	52
Staff	8
Certificates granted	126 (94 interim, 32 permanent)

Winter Conferences

Edmonton December 13, 1947.....	39 leaders
Calgary December 20, 1947.....	50 leaders

To date, over 600 recreation leaders have been trained and 190 Alberta communities supplied with leaders.

New Publications

1. "Health and Recreation Branch, Alberta—1948"—Printed—This is a revision of the original booklet, published in 1947, to assist communities interested in participating in the health and recreation programme.

2. Newsletters, September and November, 1947—Mimeographed. These were prepared by Mr. Hutton and Mrs. Raby and contained administrative information and news items helpful to community centre leaders.

<i>Expansion of Physical Fitness Programme</i>	1946-47	1947-48
Number of communities participating	59	72
Number of centres operated	366	classes—9515
Number of paid leaders	139	192
Number of participants	18,348	21,597
Total attendance	168,093	179,921

British Columbia

British Columbia has no provincial physical fitness act. Authority to enter into agreement with the federal government is based on general departmental legislation.

Hon. W. T. Straith, K.C., Minister of Education

Mr. Ernest Lee, B.A., Member of the National Council on Physical Fitness.

Administrative Staff

- Director, Mr. E. Lee
- Supervisor of Community Recreation (Men), Mr. J. Mathisen
- Supervisor of Community Recreation (Women), Mrs. H. Keatley
- District Supervisors, 3
- Special Supervisors, 2
- Instructors, 4
- Instructresses, 3
- Office Staff, 2
- Part-time Instructors, 85.

Financial Assistance given to Provincial Groups

1. Contributions to salaries of community centre recreation directors, 11 centres
2. Leadership training
3. Assistance toward provincial high school track and field meets —billeting, prizes, and general expenses.

Expansion of Physical Fitness Programme

Number of centres in operation	202
Number of registrants	9,404
Number in attendance	104,876

These numbers do not include 11 community centres supported partially by grants from the provincial physical education and recreation office.

Information and guidance, including films, are distributed to all these centres from the provincial office.

The tremendous increase in interest in the building and operating of community centres in the province led the Minister of Education to set up an advisory committee to study and report on the relationship of the government to community centres. The completed report indicates the need for aid toward both capital and operating expenses.

Provincial High School Meets

The first track and field meet was held in Vancouver, sponsored by the Division assisted by the University of British Columbia.

Revision of Provincial Programme of Studies—Grades 1—12

Health and Physical Education

*Special Projects*1. *Travelling Recreational Leaders' Clinic*

In the fall of 1947 this project was initiated to provide leadership training, consultative service and supervisory assistance in sparsely populated rural areas. One thousand people living in the northern and interior sections of British Columbia were served by the clinic which centred its activities in 11 communities. Its success indicated the wisdom of incorporating it as a continuing service.

The new impetus given by this project is shown by active participation in hobby clubs, drama groups, sports and games clubs and revitalized school programmes.

Members of the clinic were: Mr. Lorne Brown, supervisor of school health and physical education; Mrs. H. Keatley, provincial supervisor of women's recreational centres; Mr. J. Mathisen, provincial supervisor of men's recreational

centres; Mr. K. Large, assistant director, University of British Columbia, Extension Department; Mr. H. S. Hurn, provincial director of school and community drama, and Miss Jean Travis, craft instructress, University of British Columbia, Extension Department.

2. Institutional Programmes

(a) Penal

The Oakalla Prison Farm experiment has proved so successful that, if funds permitted, daily classes recommended by the prison authorities would be arranged.

At present one part-time instructor leads a "star" class twice each week. Classes are scheduled for two hour periods. The "star" class assists in a recreation programme for all inmates.

(b) Mental

The success of experimental classes at New Westminster and Essondale indicates the need for considerable expansion of this service.

Manitoba

The Province of Manitoba operates its fitness programme under the terms of a provincial physical fitness act.

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

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

Administrative Staff

Director Hart M. Devenney, M.A.

Assistant to the Director George Nick (on leave for professional study)

Field Supervisor George Senyk

Supervisor Women's and Girls' Work . Miss Arva Stewart, B.H. & P.E.
(Appointment to become effective September, 1948)

Physical Fitness Council

The Physical Fitness Council meets twice a year. It makes recommendations to the Minister of Health and Public Welfare and to the National Council on Physical Fitness.

The members are: Charles A. Barbour, Robert Jarman, Dr. E. Johnson, Mrs. Robert McQueen, Mrs. T. W. Neelands, Lucien Paquin, David Strain, Miss Pauline Tennant, E. J. Tyler and Wray Youmans.

Standing committees have been established on leadership under the chairmanship of Mr. Strain; on community organization under the chairmanship of Mr. Barbour and on programme under the chairmanship of Mr. Youmans.

Expansion of Fitness Programme

There is an increasing recognition of the physical fitness office as a resource and advisory centre where specific aid can be obtained on programmes and leadership.

Number of interviews in office	150
Number of places visited	32
Number of communities organized or assisted	28

Development of Provincial Sports Events—

- (1) Annual high school curling bonspiel, co-operating with the Manitoba Physical Education Association and the Manitoba Curling Association
- (2) Provincial high school track and field meet, co-operating with the Manitoba Physical Education Association
- (3) Inter-School suburban swimming meet.

Special Projects

Survey of physical education Brandon, resulting in the employment of a qualified person to supervise the school programme.

Leadership Training

1. Gimli Summer School—July, 1947
Attendance—212
Curriculum—Grades 1-9
Supervisor—Director of Physical Fitness.
2. Normal School
Full-time Instructress—supervised by Director
Lectures on school organization for physical education and recreation—by the Director
After-school classes in folk and square dancing—by the Director.
3. Refresher Courses
Length—seven to ten days
Attendance—15-75.
4. Anglican Young People's Conference, October, 1947
Course given by the Director on recreation leadership.
5. United Church Camp at Clear Lake
Course (10-day) given by Mr. Nick on recreation leadership.
6. Leadership Conferences
New community committees with director and assistant
Discussion topics: (1) organization; (2) programme promotion; (3) leadership.

<i>Distribution of Resource Materials and Programme Aids</i>	Copies
1. "Physical Fitness in Manitoba"	5,000
2. Fitness and Recreation—general	700
3. Physical Recreation	2,700
4. Community Organization	2,000
5. Handbooks	350
6. Hockey Rink Plans	50
7. Instructional Films—shown to 10,000 people	

One printed publication and six new mimeographed pamphlets were issued during the year.

New Brunswick

New Brunswick has no provincial physical fitness act. Authority to enter into agreement with the federal government is based on general departmental legislation.

The fitness programme was initiated in September, 1947. In February, 1948, an agreement was signed with the federal government. During the first six months major attention was given to organization and to the courses for teachers-in-training in the Normal College.

Hon. C. H. Blakeny, B.A., LL.D.—Minister of Education

M. H. Brewer, B.A.—Member of the National Council on Physical Fitness.

Administrative Staff

Director—S. T. Spicer, B.A., B.Ed., M.P.E.

Assistant Director—W. L. H. Rothernel.

Projects

As New Brunswick is predominantly rural, the division is building on the foundation of the school as a community centre, in particular the rural high school. The Department of Education purposes to build 50 such rural community-centred schools. Some of these are already in operation.

Urban—Four cities and towns have full-time directors.

Rural—Recreation Councils have been established in three villages.

Schools—New courses of study have been prepared for all school grades.

The Department of Education Lending Library has been augmented.

Educational films are available through the Visual Aids Bureau.

Courses in the theory and practice of physical education have been introduced in the Normal College.

Short courses for voluntary recreation leaders have been made available.

Publications

Two mimeographed pamphlets have been prepared: "Organization for Recreation in your Community" and "A Suggested Method for Co-ordinating a Community Recreation Survey".

Northwest Territories

On January 13, 1948, an agreement was signed between the federal government and the Northwest Territories, effective from April 1, 1947, to March 31, 1952.

The Education Division of the Northwest Territories administration will be largely responsible for putting into effect the various aspects of the fitness programme. Due to the scattered population, it is expected that community programmes will be school-centred and that the school teacher will frequently function as the recreation leader.

Hon. J. A. Glen, K.C., Minister of Mines and Resources.

J. W. McKinnon, B.A., B.Paed., Superintendent of Education, Bureau of Northwest Territories, Department of Mines and Resources.

H. R. Lamberton, M.A., B.Ed., Bureau of Northwest Territories, Department of Mines and Resources.

The plan outlined by the Northwest Territories includes:

- (a) Development of schools as centres of community activity;
- (b) Provision of (i) equipment for sports and physical recreation; (ii) materials and supplies for handicrafts; (iii) films and projectors; (iv) radios with record players and records; (v) improved library facilities.
- (c) Establishment of civil service positions for all teachers in day schools.
- (d) Provision of adequate salary schedules for teachers.
- (e) Introduction of new positions for welfare teachers who will give community leadership on a twelve-months basis.

It is noteworthy that the Northwest Territories have spent \$21,000 on this programme in its first year of operation.

Nova Scotia

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 programme.

Hon. F. R. Davis, M.D., C.M., Minister of 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. (on leave).

Assistant Supervisor of Nutrition Education—Miss Barbara Robertson, B.Sc.

Assistant Supervisor of Physical Education—Miss Freda Wales.

Assistant Supervisor of Physical Education—Miss Dorothy Walker.

Advisory Committee

An advisory committee advises on the fitness programme and acts as an inter-departmental co-ordinating body. Its members are:

Hon. F. R. Davis, Minister of Health (Chairman).

Dr. H. F. Munro, Superintendent of Education.

Dr. P. S. Campbell, Deputy Minister of Health.

Dr. W. V. Longley, Director of Extension.

Mr. H. P. Moffatt, Assistant Superintendent of Education.

Dr. Wm. C. Ross, Director of Physical Fitness.

New Publications

"Playground Equipment", Physical Fitness Division, Department of Public Health—Printed.

Leadership Training

1. Courses provided at the summer school:

(a) Physical education—207 in attendance.

(b) Nutrition—30 in attendance.

2. Training provided for playground leaders:

(a) Halifax—60 in attendance.

(b) Sydney—20 in attendance.

3. Rural Courses—requested by Hants County Farmers' Association—provided by the Physical Fitness Division, Department of Public Health, Nova Scotia.

Kennetcook—ten-day course in adult education and recreation—participants from five or six communities.

Barrington—five-day course in adult education and recreation—28 participants.

Expansion of the Fitness Programme

Schools—The slow growth of four years ago has developed into an expansion greater than can be properly cared for with the present staff. It should be noted that results from four successive summer schools and regular classes at the Normal College and the universities are becoming evident in the schools. Teachers holding a degree in health and physical education are increasingly receiving appointments to direct physical education in the schools.

Athletic programmes have been developed in the schools in co-operation with the Headmasters' Association of the province. Particular attention has been given to basketball, football, and track and field events.

Mr. Hugh Noble, supervisor of physical education, has prepared a new curriculum for junior and senior high schools. It is expected that directors recently appointed will introduce it at the beginning of the fall term.

Basketball tournaments held in Halifax, in co-operation with the Headmasters' Association, during the Easter vacation, will probably become an annual event, as have other athletic programmes.

Communities

Four years have seen a four-fold increase in the number of community recreation programmes. With the opening of the school term in the fall of 1948, it is expected that 30 community directors will be employed.

Provincial

In October, 1947, a Nova Scotia Branch of the Canadian Association for Health, Physical Education and Recreation was formed.

Prince Edward Island

Prince Edward Island has no provincial physical fitness act. Authority to enter into agreement with the federal government is based on general departmental legislation.

Hon. J. Walter Jones, M.A., B.Sc.A.,—Premier and Minister of Education
L. W. Shaw, M.A.—Deputy Minister and Director of Education, Member of the National Council on Physical Fitness.

Administrative Staff

Director—W. W. Reid, B.A., D.S.O.

Physical Fitness Director, Prince of Wales College—W. Inman.

Expansion of Fitness Programme

Working on a very small budget the province has continued to carry out its programme through established groups. This co-operation of advisory and financial aid has resulted in one hundred-fold expansion of its programme.

(a) in Schools

Initiation of a new course in physical education, theory and practice, for teachers-in-training at Prince of Wales College.

Establishment of a course in physical education for all students at Prince of Wales College.

Provision of summer courses for teachers and voluntary recreation leaders.

(b) in Communities

An athletic field was opened at Charlottetown.

Sports leagues have been formed.

Seven playgrounds have been put into operation.

Three cinder tracks were built.

(c) in Organizations

The Women's Institute again received a grant for the music and drama festival.

The Boy Scouts and Girl Guides report increased enrolment.

Saskatchewan

The province of Saskatchewan operates its fitness programme under the terms of a provincial physical fitness act.

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

Dr. J. B. Kirkpatrick—Member of the National Council on Physical Fitness.

Administrative Staff

Director—J. B. Kirkpatrick, Ed.D.

Assistant Director—Miss Margaret Nicholson (on educational leave)

Administrative Assistant—E. W. Stinson

Specialist in Drama—Mrs. M. E. Burgess

Specialist in Social Recreation and Drama—Mrs. R. O. Hamilton

Specialist in Youth Groups and Crafts—Miss M. Bird.

Field Representatives—Mr. C. M. Bedford, Prince Albert, (on educational leave); Mr. J. Farthing, Saskatoon; Mr. J. Wilkie, Estevan; Mr. C. S. Glew, (on educational leave).

Provincial Physical Fitness Council

The Council met in April, 1947, at Regina and in September, 1947, at Saskatoon. Its duties are:

1. To consider proposals by the National Council on Physical Fitness and to make recommendations to the Minister of Public Health thereon.
2. To recommend activities which would promote fitness in Saskatchewan.
3. To consider proposals from the Minister and make recommendations thereon.

Members

Dr. C. F. W. Hames, (Chairman), Deputy Minister of Public Health; Miss S. Covey; Mr. S. Fowler; Rev. Fr. A. Gocki; Mr. R. B. Gould; Mr. E. W. Griffiths; Mr. S. Hampson; Mr. R. H. Heane; Mr. E. H. M. Knowles; Rev. J. S. Leith; Mr. I. McMillan; Mr. L. C. Nelson; Mrs. J. C. Oliver; Professor B. G. Oxner and Mr. W. A. Wellband.

Recommendations

1. "That the National Council on Physical Fitness institute a film strip service in addition to the already existing excellent service on movie films."
2. "To favour any steps toward stabilization of employment for those engaged in recreation work."

Financial Assistance Given to Provincial Groups

1. Scholarships for recreation leaders' courses (\$25 each).

Physical education and recreation	49
Drama	20
Music	10
Arts and Crafts	10
Art	8
2. Scholarships for helping teachers or supervisors (\$100 each)— 4.
3. Scholarships for rural apprentice students at Dominion-Provincial youth training schools (\$50 each)— 4.
4. Costs of two civic recreation directors' meetings.

Leadership Training

Leadership for recreation and physical education was provided by the Physical Fitness and Recreation Division as follows:

1. Summer school staff, including, for the first time, a drama specialist.
2. A recreation leader and four assistants-in-training for Dominion-Provincial youth training schools.
3. Recreation workers for co-operative schools for rural young people.
4. Representatives to direct one day in-service training sessions at teachers' institutes. Instruction was given in creative dramatics, and in tumbling, balancing, and pyramid building.

5. Staff to organize and instruct hockey coaches' schools.

Two provincial conferences of civic recreation directors, members of civic boards, and the Fitness Division staff were held. A supervisors' handbook was published as an outcome of these meetings.

*Expansion of the Fitness Programme*1. *Promotion of Provincial Sports Meets and Tours*

- (a) Track and field activities have been greatly extended.
- (b) A speed skating tour was sponsored for Craig McKay.

2. *Promotion of Cultural Aspects of Recreation*

- (a) A drama specialist was made available to schools and teachers' institutes and an area drama programme was organized by the field representative.

Schools interested and visited by specialist 17
 Schools which produced plays 9

3. *Promotion of a Hockey School for Juvenile players and coaches*

Held at Nipawin, this school was attended by 72 players and 24 coaches.

*Special Projects*A. *A Camping Conference*, called by the Saskatchewan Recreation Movement in May, 1947, organized the Saskatchewan Branch of the Canadian Camping Association.

A member of the Saskatchewan Recreation Movement staff made a survey of camps and prepared a report which was mimeographed by the Division for distribution by the association.

B. *Institutional Programmes*(a) *Penal*

The Saskatchewan Penal Commission was appointed in 1946 to make a survey of penal institutions. Its report contained recommendations by the director of physical fitness and recreation in an Appendix based on a survey by the Division staff.

Following these recommendations, a member of the staff of the provincial jail at Moosomin was sent to Saskatoon to take the summer school physical education class.

The winter physical education classes at the Regina jail have been extended throughout the summer months.

(b) *Mental*

A recreation programme was organized on an experimental basis at Weyburn for one year under the supervision of a field representative. Similar work was undertaken at North Battleford for a shorter period.

The programme at Weyburn included:

- (i) Curling, weekly dances, Saturday evening concert, Easter concert, staff newspaper

Group games—volleyball, badminton, ball, tennis, horseshoes.

- (ii) Recreational therapy course for attendants

- (iii) Three lectures by the director

- (iv) Drama activities organized by drama representative.

A large measure of patient participation was developed. Possibilities for the future were for inter-ward competition, dancing classes, and clubs—knitting, reading, curling, etc.

New Publications

"Supervisor's Handbook for Playground and Paddling Pools"

"Recreational Dances"

"Tumbling, Balancing and Pyramid Building"

"Suggestions for Recreational School Activities"

"Let's Go—Suggestions for Social Evenings—Issue No. 1"

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 in accordance with 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, the continued volume of voluntary overseas relief and the necessity for export control making it advisable to maintain this wartime service after the Department of National War Services ceased to exist.

OVERSEAS RELIEF

The division continued to act as liaison between the various overseas relief organizations and the government departments and agencies concerned in securing approval of the export of goods and the transferring of cash for relief purposes. The total of goods shipped and cash transferred amounted to \$14,233,679.97, of which \$9,231,886.12 went to Britain. Altogether, some three hundred organizations were engaged in this work, and the geographical distribution of the supplies was wide. Relief sent was as follows:

New and used wearing apparel	\$5,726,458.15
Foodstuffs	3,501,137.38
Drugs and hospital supplies	966,271.94
Miscellaneous goods	420,209.38
Cash transferred	3,619,603.12
Total	<u>\$14,233,679.97</u>

In compiling these figures, all used wearing apparel was valued at one dollar per pound, and miscellaneous collections of foodstuffs at twenty-five cents per pound.

FOODSTUFFS FOR BRITAIN

Shipments of foodstuffs to Great Britain during the year totalled \$1,825,511.11, of which the Red Cross sent approximately one million dollars worth through its special "Food for Britain Campaign." Cities and towns from coast to coast, as well as overseas relief societies, were active in foodstuffs collections for Britain. The British Government offered to pay ocean transportation charges on all foodstuffs consigned to the Gifts Allocation Centre of the British Ministry of Food for free distribution. The division acted as liaison between those making such food shipments and the British Food Mission, Ottawa. It also endeavoured to guide the organizers of such campaigns so that the types of food collected would not interfere with minimum domestic requirements or with the government's contractual obligations to Britain.

CASH TRANSFERS

The established policy is to discourage the transfer of cash except to pay for the maintenance of workers in the field, or for transportation and distribution costs in the country of destination. Cash transfers during last year included two notable exceptions to this principle. One was the transfer of \$1,500,000 by the Canadian Red Cross Society to Britain, which was necessary to render speedy assistance to flood victims. The second was the cash transferred by Canadian C.A.R.E. to its New York office to pay for overseas gift parcels. Through the efforts of this division arrangements were made for C.A.R.E. to purchase in Canada to the extent at least of the Canadian contribution. This arrangement will ultimately eliminate the necessity for cash transfers.

NEW FUNDS

During the year the Division gave such assistance as was deemed appropriate to two new Funds in their work of organization and preparation for national campaigns. One was the Canadian Council for Reconstruction through UNESCO (CCRU) which made its appeal in conjunction with the United Nations Appeal for Children (UNAC). The other was the United Emergency Fund for Britain, organized to co-ordinate the efforts of all societies engaged in overseas relief to Britain.

EXPORT CONTROLS

In January and February of this year a number of items were removed from export control by the Department of Trade and Commerce, including such items as wool and rayon garments and textiles, leather goods and canned fish of all types. This has simplified the work of the division in that it is no longer necessary to set up relief export quotas of such goods. However, exports of these goods in large quantities by a relief organization are still referred to the division by the Foreign Exchange Control Board when the organization concerned applies for the necessary Canadian Customs and Export permit.

WAR CHARITIES DIVISION

During the past fiscal year the War Charities Division continued administration of the War Charities Act, which originally provided that no person or group might, directly or indirectly, solicit or make an appeal to the public for donations or subscriptions, in money or kind, for any War Charity Fund, unless registered under the Act.

An Act to amend the War Charities Act, 1939, (assented to June 27, 1947), limited its provisions to War Charities funds which were already the subject of registration under the Act. Consequently, following the passage of the amending Bill, the Division's responsibility for dealing with applications for registration ceased, and attention was directed to the proper termination of registrations still in effect. Such registrations were continued for the number of months necessary to wind up the activities of the Fund and to permit the preparation of a satisfactory final audited statement.

Provisions were made for renewals of registration affecting Funds unable to wind up their activities immediately. This, of course, meant reviewing the status of the Funds concerned, at their expiry date.

With respect to Funds which were not expended entirely the final audited statement required a supplementary statement of proposals for the liquidation of any balance on hand, plus the assurance that the Administrators of the Fund unanimously concurred in the utilization of the monies in accordance with proposals.

Provided the final statement and the proposals were satisfactory, the registration of the War Charity Fund was terminated and, subject to its liquidation in accordance with the proposals, the Fund was freed from the provisions of the War Charities Act. Any further fund-raising activities were not subject to the Act but, of course, continued to be subject to any laws which might be applicable to them.

The Act provided, and the Minister appointed, a Charities Co-ordination Board, to deal with remaining assets in dispute when winding up the affairs of a Fund.

Pursuant to prevailing policy, renewals of certificates were issued only to Funds disadvantageously affected by normal expiry.

In November, war charity ledgers and departmental financial statements covering war charity receipts and expenditures for 1946 were completed. (The 1947 figures could not be prepared by the end of the fiscal year, since the deadline for reports from Funds is April 30 following; hence, ledgers could be balanced only in the latter part of the year, as an insufficient number of financial statements had been received and, therefore, a relatively true picture of funds raised would be unavailable earlier.)

Thus, this Division's activities during the year were two-fold. From April 1 to approximately the end of June, the administration of the War Charities Act, in its full aspect, was carried on as formerly, while, from July 1 until the close of the year, the main function had been to administer the Act applicable to Funds registered prior to the passage of the Amendment, plus proper liquidation of as many registrations as possible in accordance with the tenets of the Act.

Some statistics relating to operations of the War Charities Division follow:

War Charities Funds registered under the Act, as at	
April 1, 1947	1,864
War Charities Funds registered under the Act, as at	
March 31, 1948	347
Registrations cancelled during fiscal year	1,517
Registrations renewed during fiscal year	194

DEPARTMENTAL SECRETARY'S DIVISION

The Departmental Secretary continued to be assisted by the Deputy Minister for the administration of the Departmental Secretary's Division, consisting of the Secretary, General Secretary, Chief Clerk, Mail and Communications, Printing, Stationery, and Supplies, and the Chief Clerk, Departmental Secretary, and Secretary.

The Departmental Secretary continued to be responsible for the administration of departmental accounts, the management of the Departmental Secretary's Division, the Departmental Secretary's Office, and the Departmental Secretary's Office. The Departmental Secretary also continued to be responsible for the management of departmental accounts, the management of the Departmental Secretary's Division, the Departmental Secretary's Office, and the Departmental Secretary's Office. The Departmental Secretary also continued to be responsible for the management of departmental accounts, the management of the Departmental Secretary's Division, the Departmental Secretary's Office, and the Departmental Secretary's Office.

Increase in the activities of many of the divisions of the Department was reflected strikingly in those of the Departmental Secretary's Division. The work of the sections of the Division during the year was briefly as follows:

Pursuant to prevailing policy, annual reports of registrars were issued only to Funds disadvantageously affected by natural causes.

In November, war charities registrars and departmental financial statements relating to the year ending 31st March 1918 were computed. The 1917 figures could not be prepared by the end of the fiscal year, since the final accounts for 1917 were not available until April 30 following. Funds registrars could be balanced only in the latter part of the year, as an insufficient number of financial statements had been received and, therefore, a relatively true picture of funds raised would be unavailable earlier.

Thus, this Division's activities during the year were two-fold. From April 1 to approximately the end of June, the administration of the War Charities Act, in its full scope, was carried on as formerly, while, from June 1 until the close of the year, the main function had been to administer the Act applicable to Funds registered prior to the passage of the Amendment, plus proper liquidation of the many registrations as possible in accordance with the terms of the Act.

Some statistics relating to operations of the War Charities Division follow:

War Charities Funds registered under the Act as amended	1,804
War Charities Funds registered under the Act as in force	387
Registrations cancelled during fiscal year	1,517
Registrations renewed during fiscal year	104

WAR CHARITIES DIVISION

The War Charities Division, established by the War Charities Act, 1915, was organized on July 1, 1915, and is a part of the War Charities Act, 1915, which was amended by the War Charities Act, 1917, and the War Charities Act, 1918. The Division is responsible for the registration and liquidation of War Charities Funds, and for the collection and distribution of contributions to such Funds.

The War Charities Act, 1915, provided for the registration of War Charities Funds, and for the collection and distribution of contributions to such Funds. The War Charities Act, 1917, amended the War Charities Act, 1915, and provided for the registration of War Charities Funds, and for the collection and distribution of contributions to such Funds. The War Charities Act, 1918, amended the War Charities Act, 1917, and provided for the registration of War Charities Funds, and for the collection and distribution of contributions to such Funds.

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ADMINISTRATION BRANCH

Establishment of new divisions and initiation of additional undertakings within the department, with consequent calls upon services at head office, led to increase of work for all divisions of the Administration Branch during the year. Wider federal participation in Canada's health fields, with resulting important conferences and considerable documentation they required, contributed to a heavier demand than in previous years for professional and administrative assistance.

The Administration Branch consists of: Departmental Library, Departmental Secretary's Division, Information Services Division, Legal Division, Personnel Division, Research Division and Purchasing and Supply Division. Detail of the work of these divisions is given below.

DEPARTMENTAL LIBRARY

To meet the needs of the expanding department, the Library acquired many additional reference and scientific books. Incoming publications of special significance were circulated to chiefs of divisions and other key personnel.

During the year a branch library was established in the new quarters of the Laboratory of Hygiene.

DEPARTMENTAL SECRETARY'S DIVISION

During the past year the Departmental Secretary continued to be responsible to the Deputy Ministers for the administration of the Departmental Secretary's Division, comprising the Accounts Section, Central Registry (including Mail and Messenger services), Correspondence Section, Departmental Stenographic and Typing Pool, Duplicating Section and Reporting Section.

The Departmental Secretary was also responsible for assisting in discussion of departmental estimates with Treasury Board and on the floor of the House of Commons; preparing Parliamentary Answers, Returns to Orders for Return, and other material for tabling in Parliament by the Minister; approving over 21,000 accounts payable on behalf of the Deputy Ministers; preparing and distributing daily to senior officers of the Department a compilation of references in Parliament to matters of interest to this department and preparing a detailed subject index of same; approving, with respect to financial implications, all submissions to Privy Council and Treasury Board; arranging for the recording, distributing, gazetting, printing and tabling, when required, of Orders-in-Council and Treasury Board Minutes; issuing administrative circulars; preparing the departmental Annual Report; organizing the departmental Canada Savings Bond campaign and charitable campaigns; answering numerous and varied enquiries from the public, members of Parliament and officials of this and other government departments; etc.

Increase in the activities of many of the divisions of the Department was reflected strikingly in those of the Departmental Secretary's Division. The work of the sections of the Division is dealt with briefly below:

Accounts and Estimates Section

A large share of the heavy volume of work entailed in the preparation of Main and Supplementary Estimates is borne by this section, which also acts as internal auditor for the department. More than 21,000 accounts payable were pre-audited during the year before approval on the Deputy Ministers' behalf and transmission to the Chief Treasury Officer for payment.

Central Registry (including Mail and Messenger services)

Approximately 140,000 files are retained in Central Registry and the three sub-Registries. Some 30,000 files were reviewed during the year and 10,000 new files created. Approximately 2,800,000 pieces of mail were handled during the fiscal year.

Correspondence Section

This Section aided many divisions of the department by preparing over 31,000 replies to incoming letters of both a specific and general departmental nature.

Departmental Stenographic and Typing Pool

Stenographic and typing assistance was provided to all divisions of the department by this pool.

Duplicating Section

In addition to specialized reproduction service this section duplicated four and a half million sheets and addressed close to two million pieces of material. Addressograph lists totalling 115,000 names were maintained.

Reporting Section

This Section was responsible for the reporting of many conferences and meetings during the fiscal year.

INFORMATION SERVICES DIVISION

The Information Services Division comprises an Editorial Section, a Biological Photographic Laboratory, and Distribution and Clerical Sections, the latter including an intra-departmental press clipping service.

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 aim of the various orders and regulations for which it is responsible in terms readily understood by the ordinary citizen and through the media of publicity which will reach everyone, and (2) to co-operate with provincial departments in the field of public health education, through the production, on a "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 of 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. . . ."

Acting on the recommendation of the Dominion Council of Health, that meetings be held annually of government authorities in the field of health information, for discussion of common problems and correlation of their programmes, the Department, through the Information Services Division, sponsored a second Conference of Health Educators, held at Ottawa on March 3, 4 and 5.

Hon. Paul Martin, Minister of National Health and Welfare, the Deputy Ministers, and chiefs of various Divisions, addressed the conference, which was attended by representatives of national voluntary agencies in the health and welfare fields, as well as by official health workers from all the provinces. Also participating was Miss Jean Henderson, Chief of the Office of Health Information, United States Public Health Service, of the Federal Security Agency, Washington, D.C.

One day of the meeting was devoted to information relating to nutrition, the health educators being joined by representatives to a Dominion-Provincial Nutrition Conference, just concluding.

As its work in all fields expanded, staff of the Division was strengthened by the appointment of two male and two female editors (one bilingual).

A detailed review of the year's activities follows:

BULLETINS

The national magazine *Canada's Health and Welfare*, which commenced publication in October 1945, was issued by the Division 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 the voluntary and independent health, welfare and social service organizations, it seeks, in an attractive eight-page format, 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.

With an increasing number of applications for inclusion on its mailing list, the publication attained a monthly circulation of more than 83,000 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 and women's organizations, libraries, newspapers and radio stations.

Publication of bi-monthly eight-page, two-colour supplements to *Canada's Health and Welfare*, devoted to particular problems outstanding in the health and welfare picture, was initiated with the April, 1947 issue. These covered *Cancer, Venereal Disease, Immunization, Tuberculosis, Physical Fitness and Arthritis*. At the request of voluntary agencies and provincial health departments, hundreds of thousands of reprints of all these supplements were made available to them for further distribution.

Information Services Division also edited and directed monthly publication of the *Industrial Health Bulletin*, a four-page magazine addressed, in both English and French, to those concerned with the health and welfare of workers, and covering 35,000 addressees, and the Editorial Section was responsible for production in both languages of *Canadian Nutrition Notes*, information digest of the Nutrition Division, consisting of eight pages of material for nearly 8,000 persons in its field.

DISPLAYS

Complementing its informational effort in other media, the division arranged displays at every opportunity and, during the year, explored various arrangements for production and installation of such material.

Continuous use was made of large display windows at the front of the centrally-located building housing the department's head office at Ottawa. Under arrangement with the Informational Displays Division of the National Film Board, effective displays were erected there, in series. These dealt successively with—the role of the *Dominion Council of Health*, *Venereal Disease* control measures, *Holiday Health*, the work and function of *Canada's Food and Drug Divisions*, *Immunization*, *Mental Health*, *Fitness through winter recreation*, *Colds and the Respiratory Infections*, and with *Nutrition*.

Agreement was made with provincial health departments for use of these and similar displays for exhibition under provincial auspices. The division provided photographs, specifications and materials, so that the provinces could construct their own displays, and it acted as liaison with the National Film Board where provinces desired to have duplicate panels prepared for them at Ottawa.

Sets of small displays for use at rural fairs were devised and distributed for exhibition, dealing with *national health* generally, *infant care*, *pure water* and *pasteurization of milk*, and for the Nutrition Division there were produced portable three-panel displays dealing with *food values*. A *dental health* display was arranged for use at dental association meetings, while *welfare* displays were created for exhibition on the occasion of welfare and children's aid society gatherings.

Under the title *How to spend your Family Allowance Cheque*, sets of displays were arranged for use by Regional Family Allowance offices in the various provinces. These were exhibited widely at fairs and conferences in regional areas.

EXHIBITS

With reopening of many of the major exhibitions and fairs which had been closed during war years, the Division considered the use of exhibits to publicize its work and to arouse public concern for health conservation.

Although it was not possible to arrange to participate in any of the big shows this year, plans were initiated for the presentation of the department's "story" in an effective manner at a later date.

How this may be accomplished was demonstrated by success of the 30-foot exhibit constructed for the Department by the Canadian Exhibition Commission of the Department of Trade and Commerce, and set up to represent Canada at international meetings held in the United States. This display, under the overall title *Canada's Health and Welfare Program*, and depicting the respective roles of federal, provincial and municipal authorities in the Dominion's health and welfare structure, created much interest at the 75th annual convention of the American Public Health Association, held in Atlantic City, N.J., in October.

This exhibit is to be used during the 1948-49 fiscal year at several large gatherings, being adapted, as required, to portray the importance of the nation's welfare agencies and facilities, as well as of her health services.

A display entitled *Fitness through Recreation* was made for the Physical Fitness Division to use early in 1948 at the Montreal convention of the Canadian Association on Health, Physical Education and Recreation. Also for the Physical Fitness Division, arrangements were made through the Canadian Exhibition Commission for an exhibit at the 1948 International Congress on Physical Education, Recreation and Rehabilitation, in London, England.

PRESS

Spot news releases were issued by the Division throughout the year to The Canadian Press, The British United Press, and members of the Parliamentary Press Gallery, and special releases were provided to trade and technical journals dealing with various phases of departmental activity. Picture stories were developed, in collaboration with various feature services and press photographers.

Newspaper and radio writers, magazine editors and free-lance writers, continued to look to the division for information and to use it as liaison with official health and welfare news sources. On request, manuscripts, art layout, etc., were checked for factual accuracy and, in many instances, features and articles were prepared by the editors of the division for publication or broadcast.

More than 300 English-language and 75 French-language weekly newspapers continued to use material issued in syndicated column form under the title, *Canada's Health*. A number of new papers asked for this service.

Press Fillers, issued also in both languages and consisting of brief health hints approved by medical officers of the department, were used widely by many daily newspapers and other publications to which they were provided.

At the end of the year the division was planning an additional newspaper feature service in the form of health cartoons by a famous wartime Canadian artist. Sample cartoons distributed to weekly newspaper editors were well received and it was indicated that there would be wide acceptance of such material. The cartoons will be provided in matrix form to newspapers requesting this service.

An effective cartoon was provided by the division for newspaper use as a contribution to the national voluntary effort *Clean Up Week*.

RADIO

Several new radio outlets were added to the division's daily free service of "spot" announcements, issued under the title *National Health Notes*. All these stations asked for the notes, and correspondence arising from broadcast of the material indicated that they were used frequently.

First issued in October 1938, by the Publicity and Health Education Division of the former department of Pensions and National Health, the radio Notes, then a new departure in public service broadcasting, have been used daily, ever since, on some 90 English and 26 French radio stations.

Additional radio publicity was secured through co-operation with the Professional Institute of the Civil Service of Canada. Two officials of the department broadcast over a private Ottawa radio station in the Institute's series of talks on the public service, and copies of their talks were provided by the Institute to its branches all over Canada. The talks this year dealt with administration of *Family Allowances among Canada's Indians and Eskimos*, and the department's activities in maintaining *health among federal civil servants*.

FILMS AND FILM LIBRARIES

In co-operation with the National Film Board of Canada, the Division continued its programme of visual health education through the medium of the screen, during the year. Several films were completed and work on others initiated.

Canada's progress in this field was noted with interest abroad. The department and the National Film Board jointly were highly complimented on techniques employed and standards attained when some of Canada's health films were shown to professional audiences in the United States.

Commencing in January, 1948, a series of pre-views of new films was held at several provincial capitals, where capacity audiences, responding to invitations issued by co-operating provincial and federal authorities, were given an opportunity of seeing work being carried on in this field. Provincial cabinet members, local health officers and other leaders in communities where the films were shown, commended the work and formally introduced the films on behalf of the department.

The director attended premieres from Ontario to the Pacific Coast and promotional effort on these occasions resulted in much favourable publicity. For details of film production see Table 59 (Page 169).

Through these pictures and films acquired, the division augmented collections of prints in the four Film Libraries to serve the health and welfare fields. The Film Libraries are:

- (i) National Health Library, a one-print collection of more than 180 recommended health education films;
- (ii) National Medical and Biological Film Library, consisting of more than 180 instructional films for the use of medical groups, including some suitable for graduate instruction in the biological sciences;
- (iii) Physical Fitness Preview Library, of more than 90 recommended recreational films; and
- (iv) Welfare Film Library, for which a selection of films is being made.

Prints in the first two of these libraries are now deposited with the National Film Society, a non-profit organization with headquarters at 172 Wellington street, Ottawa. Enquiries concerning films in these libraries may be addressed to the Society.

POSTERS

Colour and cartoon techniques were employed effectively in numerous posters produced this year. Particularly striking were cartoons in a series prepared for use in government establishments, to remind civil servants of factors affecting efficiency and attendance.

Bright posters were also produced for distribution among Canada's Indians and Eskimos, stressing health factors and, at end of the year, the division was working on an attractive health calendar for Indian parents. Posters in this series included illustrations of food and clothing available through Family Allowances.

The *Health is Earning Power* series, for use in industry, was reproduced in quantity to meet heavy demand.

Assisting the Nutrition Division in promoting a Vitamin D campaign, the division, at the years' end, was producing an attractive poster on the subject. Also for the Nutrition Division, wall charts, food maps and Canada's Food Rules were reprinted in quantity.

PUBLICATIONS

In attractive format, the division produced large numbers of publications during the year, and undertook the preparation of others.

A booklet was issued under the title *Canada's Health and Welfare Program* to explain the respective roles of federal, provincial, municipal and voluntary agencies and to present a general outline of the health and welfare picture in Canada.

For the benefit of Canadians proceeding abroad, a book entitled *Bon Voyage*, and containing useful health hints, was issued in both languages.

Several folders under the general title *Child Training* were produced for the Child and Maternal Health and the Mental Health Divisions. A publication on *Polio* was produced and widely distributed, as epidemics threatened during July. Folders were also printed for the Nutrition Division and for the Dental Health Division and an informational leaflet was issued for the Civil Service Health Division.

For the Blindness Control Division a book entitled *Eyestrain* was edited and printed and *V.D.—What You Should Know* was produced as a guide for the Venereal Disease presentation charts issued last year.

A whole series of "stuffers" to be enclosed with Family Allowance cheques for Indians was designed for the Welfare Branch, these emphasizing health factors and the wise use of this additional money.

A French translation was printed of the sizeable book *Control of Communicable Diseases*, produced in Canada by permission of the American Public Health Association, the original issuer.

For use by the National Cancer Institute of Canada, the division prepared and printed a striking folder on *Cancer*.

It was necessary to reprint in quantity the widely-used reference book, *The Canadian Mother and Child*, and the division also arranged for additional supplies of other national health publications, including *Care of the Feet* and booklets produced for the Industrial Health Division and dealing with work hazards.

During the year, work was undertaken on the preparation of a textbook, with illustrations, to explain to the public the functions of the Food and Drug Divisions. This book will be available for distribution in both languages, under the title *Pure Food-Safe Drugs*. Work was also initiated on a series of books on Posture, *Up the Years—from One to Six*; on publications for the Child and Maternal Health Division entitled *Ten Points to Remember—Before and After the Baby Comes*, and *Whooping Cough is a Baby Killer*, as well as a folder on *Good Red Blood* for the Nutrition Division. Another project commenced was a folder for distribution abroad to persons proposing to immigrate to the Dominion, explaining the principles of *Health Care in Canada*.

For detailed list of departmental publications and posters see Table 60 (Page 172).

PHOTOGRAPHIC LABORATORY

Some of the most interesting results of the division's operations were achieved in its Biological Photographic Laboratory, established to provide for the scientific recording requirements of the various divisions of the department, as well as to supply pictorial material for informational use.

As its staff was built up, and the most modern equipment installed, the laboratory this year exercised considerable ingenuity in devising novel techniques resulting in work which has already won praise in international photographic circles.

A display of the laboratory's work held at Rochester, N.Y., under auspices of the American Biological Photographic Association, led to inclusion of some of its exhibits in a collection sent on circuit of United States professional gatherings. The laboratory also has been complimented on its effective development of colour slides.

During the year the laboratory made plans to extend its facilities for colour-processing and for all types of photographic work, including photo-microphotography. It provides equipment for field work by professional and scientific personnel of the Department, and it has assembled a valuable library of prints and camera studies for use in publications, at displays, etc.

DISTRIBUTION

Samples of all material produced by the division were supplied, by agreement, to health education officials of all the provinces, resulting in a continuous requisitioning of books, posters, etc., from the Department, for local distribution.

Requests were received from many sources, including Europe and distant points in the Antipodes, for permission to obtain Canadian health publications in quantity, and it became necessary to arrange for reprinting of some of the

department's material at the expense of countries wishing to make use of it. Thus, for the first time, the division acted as liaison between other countries and the King's Printer in making available health education productions in bulk.

The Distribution Section arranged shipments of publications and other informational productions to the number of more than 2,000,000 (of which 560,000 were in French), to provincial and municipal health departments, local health units and others co-operating in placing this material in the hands of Canadians from coast to coast.

In addition, the division continued to receive many direct applications for informational material of all types, as well as for inclusion on the department's various mailing lists. The section handled approximately 125,000 such requests. Many enquiries were referred to health authorities of the provinces in which they originated, but much supplementary information sought involved considerable correspondence and direct mailing, in many instances, of special compilations of publications and reports.

Additional responsibilities of this section included maintenance of distribution lists for the departmental bulletins, the control of files of recipients of the several features produced by the division, the assembly and shipping of stocks of posters, displays and exhibits, and supervision of the division's stores of radio transcriptions and film prints.

LEGAL DIVISION

The Legal Division, in addition to purely legal work in connection with the departmental statutes and activities, provided many services of an administrative nature during the year. These latter include representation on various advisory committees, preparation of reports, correspondence, and consultation on matters of administrative policy.

Amongst the general legal duties performed by the division are included, interpretation of statutes and regulations within the departmental administration, and amendments thereto; submissions to Council; preparation of contracts with provincial as well as private authorities; leases and legal documents of all kinds; the supervision of collection of overpayments under the Family Allowances Act; advice on enforcement of departmental statutes, including prosecutions; and, the giving of legal advice to the department and its officers.

In particular the following are amongst the legal services which were performed for the department in relation to particular subjects:

WELFARE BRANCH

1. *Old Age Pensions*

To provide for an increase in the amount of pensions and the amount of income allowable to a pensioner, substantial changes were made to the Old Age Pensions Act by Chapter 67 of the Statutes of 1947. The drafting of these amendments was the responsibility of the Legal Division and resulted in the preparation of new agreements with the respective provinces to supersede existing agreements and to implement the provisions of the amending Act.

In addition to such agreements the changes in the legislation required a complete revision of the regulations in the Old Age Pensions Act. These revised regulations were the subject of discussion at the meeting of the Interprovincial Board on Old Age Pensions, January 12, 13 and 14, 1948. Following such meeting the regulations were subsequently enacted by Order in Council P.C. 1860 of April 29, 1948, now constituting the regulations under the Old Age Pensions Act as amended by Chapter 67 of 1947.

Legal opinions and rulings on the interpretation of the Old Age Pensions Act and regulations for the department and for the respective pension authorities, were also given.

2. *Family Allowances Act*

The regulations under the Family Allowances Act, which had been amended from time to time in the light of experience gained, were the subject of a thorough revision and consolidation by the Legal Division. The revised regulations were the subject of consideration at a conference of the administrative officers of the Family Allowances Division.

In addition to revision of the regulations, questions of interpretation of the Act and the regulations were referred to the Legal Division. These constituted more than 200 references covering all phases of the Family Allowances administration.

The Legal Division is responsible for the collection procedure involving overpayment of Family Allowances which have been referred to the national office and which number more than 300.

The first prosecutions under the Family Allowances Act were instituted during the year.

Prosecutions were instituted in the provinces of Nova Scotia, New Brunswick, Quebec, Ontario and Alberta, against parties with respect to fraudulent applications and the improper obtaining of monies. A number of these prosecutions were completed during the year with the conviction of the accused.

3. *War Charities Act*

The administration of the War Charities Act was, for practical purposes, transferred to the Department of National Health and Welfare.

Amongst the various legal services rendered was the preparation of an amendment to the Act to suspend its operation in so far as certain new regulations were concerned. The amendment is contained in Chapter 48 of the Statutes of 1947.

Following the amending of the Act, the question of regulations was considered and appropriate notices were prepared with respect to the winding up of the War Charities Funds. The Legal Division gave a number of opinions with respect to various funds and legal problems arising under the Act.

4. *National Physical Fitness Act*

The Province of New Brunswick and the Northwest Territories decided to come under the scheme as embraced by the National Physical Fitness Act, and appropriate agreements were accordingly entered into. These agreements were prepared by the Legal Division which also prepared renewal agreements with four other provinces with whom physical fitness agreements had previously existed.

The Legal Division gave consideration to the matter of regulations under the National Physical Fitness Act and to a number of matters at the request of the National Council on Physical Fitness.

HEALTH BRANCH

5. *Food and Drugs Act*

The major undertaking during the year in connection with the Food and Drugs Act was to assist in the complete revision of the regulations under the Act. The regulations comprise some 250 pages and cover administrative matters as well as standards of quality and identity for food and drugs. The work involved, and which is not finally completed, necessitated regular meetings throughout the year of a committee of specialists on which this division was represented.

In addition to the revision of the regulations the division participated in the drafting of new regulations covering alcoholic beverages and cosmetics. These were the subject of many conferences and discussions with representatives of the industries concerned.

In addition to the foregoing, the Legal division participated in a number of prosecutions under the Food and Drugs Act in which interpretive aspects of the Act were involved. In co-operation with the appropriate officers of the Food and Drug Divisions, certain prosecutions were undertaken under the legislation pertaining to misleading advertising. As a result of the latter, certain jurisprudence has been established which should form a valuable guide, both to the departmental officers and to persons in the industry.

Apart from the foregoing, the division gave many opinions on various aspects of the Food and Drugs Act and participated in matters concerned with policy involving the administration of the Act.

6. *Opium and Narcotic Drug Act*

The division assisted the Narcotic Control Division with respect to a number of its prosecutions, including an appeal; gave many opinions and rulings on interpretation, as well as prepared the necessary documents connected with the forfeiture of vehicles under Section 21 of the Act.

A conference was convened in Vancouver, at which were represented certain United States and Canadian government officials who were directly or indirectly concerned with the narcotic traffic. The Legal Adviser acted as chairman of this committee and assisted in the preparation of the report which was made at the conclusion of the conference.

The division prepared the necessary documentation for the establishment of the Technical Advisory Committee on Narcotic Drug Addiction and assisted in the drafting of the interim report of the committee. This necessitated a consideration of legislation at the provincial level and also certain legislation in the United States of America dealing with narcotic drug addiction.

7. *Indian Health Services*

The division prepared a large number of submissions to Council covering construction of hospital facilities, transfer of staff and other matters required in the administration of the Directorate of Indian Health Services.

Consideration was given to amendments to the health regulations administered by the directorate, concerning Indians, and to its responsibility with respect to the provision of health services for Indians.

8. *General*

Apart from the above specific duties, the division was concerned with the incorporation of the National Cancer Institute of Canada and did the necessary work therefor, and of the Canadian Arthritis and Rheumatism Society.

The Legal Adviser succeeded Dr. J. Llew. Little as Chairman of the committee on health benefits for civil servants. The work involved in this included the collecting of information in Canada with respect to various forms of pre-paid medical coverage, drafting of reports and their consideration by a committee representative of certain departments of government and civil service organizations.

Considerable work was done during the year in connection with health insurance, health insurance studies and other aspects of social security legislation. This involved the consideration of comparable legislation in other countries, the study of constitutional and other problems in Canada relating to the question of social security, attendance at conferences, and the drafting of legislation.

In addition to the above specific statutes, the division was concerned with a number of other statutes and regulations administered in the department. Included in these is Public Works Health Act, Proprietary and Patent Medicines Act, regulations covering water for drinking and culinary purposes on vessels and common carriers, the Department of National Health and Welfare Act, and the Sick Mariners portion of the Canada Shipping Act.

The above merely highlights certain of the legal and administrative services performed by the division during the year and does not exhaustively reflect the variety of matters and problems which are handled by it.

PERSONNEL DIVISION

Staff of the department at the end of the fiscal year totalled 2,329 temporary and permanent employees.

Details will be found in Table 61, page 175.

PURCHASING AND SUPPLY DIVISION

The Purchasing and Supply Division has the responsibility for procurement and delivery of supplies for all divisions, including the Directorate of Indian Health Services. It supplies departmental establishments, as well as hospitals, all over Canada.

Hospitals of the Directorate of Indian Health Services, having a total bed capacity of some 1,875, require continued supplies of all necessities. The Savard Park Hospital, Quebec, P.Q., with a bed capacity of 250, was taken over during the year, entailing a steady supply of hospital and commissary needs.

The task of providing stationery, office supplies and office furniture has expanded in proportion to the growth of the department, resulting this year in heavy increase in the work of this division.

RESEARCH DIVISION

The Research Division was established in December 1944, to conduct socio-economic research in health and welfare, as provided under Section 5(b) of the Department of National Health and Welfare Act.

Principle responsibility of the division is the collection, analysis and evaluation, for officers of the department, of basic information in all aspects of health, welfare and social security, with special emphasis on underlying principles, costs, methods of financing, social effectiveness and administrative methods.

The division participates, or assists, in the preparation of surveys conducted by the department and other organizations, and advises in the drawing up of departmental policy and programmes. Reports and monographs prepared on request, or arising from the work of the division, are published from time to time and are supplied to government and other organizations in Canada and abroad. In the same way, the findings of the division have provided background data for addresses given by departmental officers at conferences and other meetings.

SOCIAL SECURITY STUDIES

The major work of the division for several months of the year was carried out in co-operation with Dr. Harry M. Cassidy, Director of the School of Social Work, University of Toronto, in the conduct of social security studies for departmental use. For these studies, several monographs, together with the greater part of the statistical analysis required, were contributed by officers of the division, who also assisted Dr. Cassidy in the preparation of the main body of this work. The division has also been carrying on a continuing study of the social security programme outlined in the Dominion Government's Proposals of 1945.

NATIONAL HEALTH PROGRAMME

With respect to the health proposals, a considerable part of the preliminary work leading to initiation of a national health programme was carried out by the division, in cooperation with the Health Insurance Studies directorate. To investigate different aspects of hospital construction grants, the Officer in Charge of the division, with the Chief of the Hospital Design Division, spent some time studying the American hospital construction programme, both with the Hospital Facilities Division of the United States Public Health Service in Washington, and with one of the State agencies, in order to observe the actual working of such a programme under state jurisdiction.

The division prepared, for departmental officers, material indicating existing facilities, services and shortages in the fields covered by proposed health grants, together with data showing the development of the grants, the allocation of each grant between the provinces, suggested plans for surveys, and other material which might be of assistance to the provinces in formulating their plans for use of such grants.

Health planning has also been assisted through the annual publication of *The Survey of Physicians in Canada*. This statistical summary of the supply and distribution of, and demand for, Canadian physicians, as it exists in the year under review, is prepared in collaboration with the Officer in Charge of the Registry of Physicians. The report is available to medical schools, libraries, provincial and municipal health organizations, lay groups working with problems of medical care, and any others interested in the development of the medical profession in Canada, and continues the record of the supply and distribution of the physician population of Canada which was initiated at the time of the National Health Survey of 1943. This Register is maintained through the voluntary contribution of information from individual doctors, medical schools, licensing bodies, medical societies, and others.

OTHER RESEARCH

Assistance was given to the Family Allowances Division in connection with proposed research studies and to the Dominion Bureau of Statistics in the planning of the survey of income and expenditures to be conducted in conjunction with the September 1948 Labour Force Survey. Continuous assistance was extended throughout the year to the Departmental Consultant on Family Economics.

On the appointment of the Special Committee of the House of Commons on Prices, the division was employed on the assembling of background data concerning the establishment and operation of the 1919 and 1934 House Committees on Prices, Price Spreads and Cost of Living.

The work of the division also included a continuing study of the costs and services involved in the extension of federal health and welfare services to Newfoundland, in the event that Newfoundland should elect to enter the Dominion: consultation and liaison with the Old Age Pensions Division in the

preparation of the 1947 amendment to the Old Age Pensions Act; preparation of a comprehensive report for the United Nations on child welfare measures in Canada; a report, based on data of the Dominion Bureau of Statistics, concerning major sex offences, from 1930 to 1945 (which was used by Dr. Gendreau, Deputy Commissioner of Penitentiaries, at a meeting of the Canadian Penal Association's Committee on Sex Crimes); studies of the present scope of the subject of geriatrics; the incidence of diabetes mellitus in Canada, and of compulsory measures in Canadian provinces regarding certain communicable diseases; preparation of the sections dealing with Welfare and Social Security, for the *Canada Year Book*; continuing general study of the welfare and social security problems arising through increased immigration into Canada; review of federal, provincial and municipal expenditures on health, welfare and social security, and other work of a similar nature.

The division also continued its responsibility for the preparation of the feature *Global Report* in the departmental bulletin, *Canada's Health and Welfare*.

Close co-operation was maintained with the Health Insurance Studies directorate of the department and assistance was rendered to it, especially in the computation of costs, methods of financing, and other problems of lay health administration. Similarly, close liaison was maintained with the Dominion Bureau of Statistics and with other bodies participating directly or indirectly in social studies.

Arrangements have been completed with the provinces, and with other governments, for the division to be supplied with new legislation and regulations and descriptions of new administrative methods. This information, together with publications and other source material, is analysed and prepared in the division for presentation in summary form. It is made available to the United Nations, the World Health Organization and other international agencies and foreign governments, through the Department of External Affairs, in meeting their requests for information concerning Canadian health and welfare programmes.

Study is being given to the encouragement of a planned and integrated programme of research across the Dominion, in which provincial research bodies, the Schools of Social Work, the voluntary agencies, the division and other organizations engaged in social studies, may be of mutual assistance.

The division was represented at the National Conference on Personnel and Social Work, which met in Ottawa in January, 1948, to consider ways of supplying the increased demand for social workers and the most effective use of trained workers now in the field. One of the senior officers of the division represented the department at the National Conference on the Citizenship Problems of New Immigrants, under auspices of the Canadian Citizenship Council, to discuss, among other things, the problem of extending welfare and health services, both public and private, to immigrants and their families.

The Officer in Charge of the division visited Washington during the year to study the organization and functioning of the federal Bureau of Research and Statistics of the Social Security Administration there. As a result of that visit and subsequent communication with officers of the U.S. Federal Security Agency, a close liaison has been established with a number of Bureaux and Divisions in the Social Security Administration and the U.S. Public Health Service.

NARCOTIC REPORT

During the year one of the Senior Research Assistants of the division served as a member and secretary of the interdepartmental Technical Advisory Committee on Narcotic Drug Addiction, and conducted a survey of the narcotic drug

situation in Canada for the Chief of the department's Division of Narcotic Control, in order to provide statistical and other factual data on which to base plans for the future reduction and, if possible, elimination, of drug addiction in Canada. His report, which included an appraisal of the present situation, as revealed by available information and a discussion of authoritative data regarding etiology, treatment and other aspects of drug addiction, was published at the request of the Technical Advisory Committee, for the use of enforcement officers, members of the medical and related professions, and others interested in drug addiction problems.

Further studies in the subject of drug addiction have been carried on, both independently and in collaboration with the Narcotic Control Division and the Royal Canadian Mounted Police. These studies have included investigation of police and departmental store data on thefts by addicts in Toronto, to determine economic loss due to drug addiction. A study of the number of addicts in Canada resulted in the establishment in the Narcotic Control Division of an index of more than 2,000 known addicts.

DENTAL STUDIES

In the co-operation extended by the department to the Ontario Department of Health, in the study of the effect of fluorine on reduction of caries in children's teeth, the Research Division assisted the Dental Health Division in planning the supervision and analysis of the statistical methods employed.

A member of the division's staff chose statistical samples of school children in Brantford, Ont., where the drinking water has been artificially fluorinated since June 20, 1945, and, as a control, in Sarnia, Ont., where the drinking water is fluorine-free. Dental examinations of these children were carried out by the Dental Health Division and assistance was given by the Research Division in compilation and analysis of the results. Completion of this project includes the establishment, also, of a naturally fluorinated control in Stratford, Ont., and the repetition of the surveys biennially, for about eight years.

CHIEF TREASURY OFFICER

The Chief Treasury Officer's Statement of Estimates and Expenditures, and Statement of Open and Revenue Accounts, for the fiscal year ended March 31, 1948, are presented in Tables 62 and 63, on pages 176 to 185 inclusive.

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
(Civil Service Health Division)
HEALTH UNIT STATISTICS
Fiscal Year 1947-48

	No. 1 No. 2 Temporary Building	No. 2 Woods Building	No. 3 No. 8 Temporary Building	No. 4 "A" Building, D.N.D.	No. 5 "B" Building, D.N.D.	No. 6 "C" Building, D.N.D.	No. 7 Bureau of Mines	No. 8 Jackson Building, annex	No. 9 Hunter Building	No. 10 No. 6 Temporary Building	Total
TOTAL VISITS.....	5,321	179	5,867	3,870	3,098	6,223	2,155	5,641	1,985	1,330	35,659
Male.....	2,186	85	2,319	1,067	691	2,391	1,851	1,123	1,064	474	13,251
Female.....	3,135	94	3,548	2,803	2,407	3,832	304	4,518	921	856	22,418
NATURE OF VISITS—											
First Visit.....	3,885	130	4,983	2,588	1,959	3,946	1,232	3,997	1,404	1,011	25,135
Repeat Visits.....	1,436	49	884	1,282	1,139	2,277	923	1,644	581	319	10,534
Illness.....	3,577	82	1,819	1,753	1,511	2,695	397	2,415	484	596	15,326
Accident.....	670	58	685	671	338	459	542	570	303	294	4,590
Consultation.....	282	14	249	447	481	1,328	731	486	575	126	4,719
Return to Work Visits.....	792	25	3,114	1,001	730	1,741	470	2,170	623	314	10,983
Days Lost due to Casual Absence.....	820	27	2,795	1,004	1,004	1,692	990	2,117	1,115	315	11,878
CLASSIFICATION—											
Respiratory.....	1,041	15	1,254	670	406	1,004	358	1,087	424	255	6,514
Digestive.....	336	13	902	304	327	523	95	462	146	89	3,233
Non-respiratory and non-digestive—											
Skin and Cellular.....	227	23	307	105	65	225	84	154	74	45	1,306
Menstrual Disorders.....	244	9	448	351	258	313	19	552	77	76	2,347
Emotional Disorders, Nervousness.....	44	2	44	14	60	43	17	78	25	18	345
Ill-defined and All Others.....	1,479	35	1,663	850	654	1,441	390	1,237	439	347	8,505
NON-INDUSTRIAL INJURIES.....	354	17	218	149	145	223	73	324	155	128	1,786
INDUSTRIAL INJURIES.....	146	15	142	103	51	174	215	97	53	52	1,048
CONTAGIOUS DISEASES.....	14	1	2	1	3	.....	1	6	11	1	40
DISPOSAL—											
Sent Home.....	130	3	103	64	65	51	32	186	71	44	749
Return to Work.....	4,801	166	5,610	3,576	2,809	5,796	2,087	5,079	1,833	1,166	32,899
Referred to H.C.....	175	6	63	45	21	34	8	151	23	17	544
Referred to Family Physician.....	215	4	91	185	227	341	28	225	58	103	1,477
Average No. Personnel under-Supervision.....											9,710

TABLE 3
(Civil Service Health Division)
HEALTH CENTRE STATISTICS
Fiscal Year 1947-48

Items	Total
TOTAL VISITS	3,534
Male.....	2,084
Female.....	1,450
First Visits.....	2,168
Repeat Visits.....	1,366
PHYSICAL EXAMINATIONS—	
Pre-Employment, Permanency, etc.....	589
Obligatory Examination with immunization.....	110
Voluntary.....	143
Other.....	375
OTHER SERVICES—	
Accident Industrial.....	92
Accident Non-Industrial.....	180
Immunization.....	625
Consultation Interview, etc.....	1,583
DISPOSAL—	
Return to Work.....	3,212
Sent Home.....	130
Referred to Family Physician.....	332
LABORATORY PROCEDURES—	
Haemoglobin Tests.....	183
Red Blood Counts.....	106
White Blood Counts.....	130
Differential Counts.....	24
Urinalyses.....	689
Venepunctures for Serology.....	18
Tests for Sedimentation Rates.....	38
Glucose Tolerance Curves.....	2
Estimations of Fasting Blood Sugars.....	12

(Laboratory Procedures Recorded only for Last Five Months.)

TABLE 4
(Civil Service Health Division)
SICKNESS IN THE CIVIL SERVICE
July 1, 1947 to March 31, 1948

Time Lost	Number of Illnesses			Total Days Lost			Average Days Lost per Illness
	Male	Female	Total	Male	Female	Total	
*1-3 days.....	3,995	4,909	8,904	7,283	8,486	15,769	1.7
4-10 days.....	8,429	5,863	14,292	53,693	35,907	89,600	6.3
Over 10 days.....	7,169	3,974	11,143	229,425	118,910	348,335	31.3
Total.....	19,593	14,746	34,339	290,401	163,303	453,704	13.2

* NOTE:—These figures represent certified illness only and do not include "casual" sick leave of less than four days requiring no physician's certificate except where allowance of eight days has been exhausted.

TABLE 5
(Civil Service Health Division)

SICKNESS IN THE CIVIL SERVICE

Number of illnesses and number of days lost by class of disease, showing the average days lost for each class by sex
July 1, 1947 to March 31, 1948

Int. List No.	Class of disease	Number of illnesses			Number of days lost			Average days lost		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
00-13	Infective and parasitic diseases	424	302	726	10,967	6,716	17,683	25.9	22.2	24.4
14-23	Neoplasms	171	184	355	5,722	6,142	11,864	33.5	33.4	33.4
24-28	Allergic, endocrine system, metabolic and nutritional diseases	392	295	597	6,870	3,285	10,155	17.5	16.0	17.0
29-	Diseases of the blood and blood-forming organs	73	166	239	2,529	3,868.5	6,397.5	34.6	23.3	26.8
30-32	Mental, psychoneurotic, and personality disorders	382	388	770	11,399	10,126	21,525	29.8	26.1	28.0
33-39	Diseases of the nervous system and sense organs	765	547	1,312	13,457.5	4,699.5	18,157	17.6	8.6	13.8
40-46	Diseases of the circulatory system	1,077	325	1,402	36,328.5	6,561.5	42,890	33.7	20.2	30.6
47-52	Diseases of the respiratory system	7,551	6,645	14,196	65,739	57,901.5	123,640.5	8.7	8.7	8.7
53-58	Diseases of the digestive system	2,435	1,976	4,411	40,188	18,730	58,918	16.5	9.5	13.4
59-63	Diseases of the genito-urinary system	380	808	1,188	9,033	7,453.5	16,486.5	23.8	9.2	13.9
64-68	Deliveries and complications of pregnancy, childbirth and the puerperium	934	32	966	4,887.5	499	5,386.5	12.2	15.6	15.6
69-71	Diseases of the skin and cellular tissue	934	492	1,426	11,435	4,887.5	16,322.5	12.2	9.9	11.4
72-74	Diseases of the bones and organs of movement	1,248	416	1,664	21,532	5,352	26,884	17.3	12.9	16.2
75-	Congenital malformations	10	6	16	476	141	617	47.6	23.5	38.6
78-79	Symptoms and ill-defined conditions	1,852	1,524	3,376	21,591.5	16,496.5	38,088	11.7	10.8	11.3
80-99	Accidents and results of old injuries	1,899	730	2,629	33,133.5	10,443.5	43,577	17.4	14.3	16.6
		19,593	14,746	34,339	290,401	163,303	453,704	14.8	11.1	13.2

TABLE 6
(Civil Service Health Division)
SICKNESS IN THE CIVIL SERVICE
Number of Illnesses by Class of Disease
1-3 days, 4-10 days, over 10 days and by Sex
July 1, 1947 to March 31, 1948

Int. List No.	Class of Disease	1-3 Days		4-10 Days		Over 10 Days		Total		
		Male	Female	Male	Female	Male	Female	Male	Female	
		Total	Total	Total	Total	Total	Total	Total	Total	
00-13	Infective and parasitic...	28	33	61	98	263	171	402	302	726
14-23	Neoplasms.....	7	17	24	35	73	132	258	184	355
24-28	Allergic, endocrine system, etc.....	62	38	100	79	225	88	272	205	597
29-	Blood and blood-forming organs.....	4	13	17	43	61	51	161	166	239
30-32	Mental, psychoneurotic, etc.....	22	25	47	82	168	281	555	388	770
33-39	Nervous system and sense organs.....	147	252	399	164	472	310	441	547	1,312
40-46	Circulatory system.....	87	48	135	99	324	765	943	325	1,402
47-52	Respiratory system.....	1,695	2,285	3,980	3,173	7,247	1,782	2,969	6,645	14,196
53-58	Digestive system.....	597	846	1,443	663	1,539	962	1,429	1,976	4,411
59-63	Genito-urinary system.....	33	418	451	186	317	216	420	380	1,188
64-68	Complications of pregnancy.....	.....	6	6	10	10	.....	16	32	32
69-71	Skin and cellular tissue.....	114	91	205	248	719	349	502	492	1,426
72-74	Bones and organs of movement.....	208	119	327	173	666	547	671	416	1,664
75-	Congenital malformations.....	.....	1	1	2	5	7	10	6	16
78-79	Symptoms, and ill-defined.....	656	571	1,227	504	1,142	449	1,007	1,524	3,376
80-99	Accidents and injuries.....	335	146	481	304	1,061	807	1,087	1,730	2,629
		3,995	4,909	8,904	5,863	14,292	7,169	11,143	14,746	34,339

TABLE 7
(Civil Service Health Division)

SICKNESS IN THE CIVIL SERVICE
Number of Days Lost by Class of Disease
1-3 Days, 4-10 Days, over 10 Days and by Sex
July 1, 1947 to March 31, 1948

Int. List No.	Class of Disease	1-3 Days		4-10 Days		Over 10 Days		Total			
		Male	Female	Male	Female	Male	Female	Male	Female		
		Total	Total	Total	Total	Total	Total	Total	Total		
00-13	Infective and parasitic...	52.5	66.5	1,106.5	637.5	1,744	9,808	15,820	6,716	10,967	17,683
14-23	Neoplasms.....	18	26	264.5	228	492.5	5,439.5	11,327.5	6,142	5,722	11,864
24-28	Allergic, endocrine system, etc.....	111.5	55.5	923.5	535	1,458.5	5,835	8,529.5	3,285	6,870	10,155
29-	Blood and blood-forming organs.....	10.5	21.5	138.5	312.5	451	2,380	5,914.5	3,868.5	2,529	6,397.5
30-32	Mental, psychoneurotic, etc.....	40.5	42.5	587.5	602	1,189.5	10,771	20,252.5	10,126	11,399	21,525
33-39	Nervous system and sense organs.....	269	390	2,185.5	1,004.5	3,190	11,003	14,308	4,699.5	13,457.5	18,157
40-46	Circulatory system.....	163.5	87	1,593	659	2,252	34,572	40,387.5	6,561.5	36,328.5	42,890
47-52	Respiratory system.....	3,366	4,365.5	25,444	19,089	44,533	36,929	71,376	65,739	57,901.5	123,640.5
53-58	Digestive system.....	1,007.5	1,321.5	5,487.5	3,985.5	9,473	33,693	47,116	40,188	18,730	58,918
59-63	Genito-urinary system.....	63.5	617.5	861	1,197	2,058	8,108.5	13,747.5	9,033	7,453.5	16,486.5
64-68	Complications of pregnancy.....	.....	9.5	.....	66	66	.....	423.5	.....	499	499
69-71	Skin and cellular tissue.....	119.5	158	3,024.5	1,560	4,584.5	8,291	11,460.5	11,435	4,887.5	16,322.5
72-74	Bones and organs of movement.....	402.5	152.5	3,211	1,046	4,257	17,918.5	22,072	21,532	5,352	26,884
75-	Congenital malformations.....	.....	1	15	15	30	461	586	476	141	617
78-79	Symptoms, and ill-defined.....	1,019.5	907.5	3,988	3,062	7,050	16,584	29,111	21,591.5	16,496.5	38,088
80-99	Accidents and injuries.....	639	263.5	4,862.5	1,908	6,770.5	27,632	35,904	33,133.5	10,443.5	43,577
		7,283	8,485.5	53,692.5	35,907	89,599.5	229,425.5	348,336	290,401	163,303	453,704

TABLE 8
(Food and Drug Divisions)

ANALYTICAL WORK

Fiscal Year 1947-48

Sources of Samples	Laboratories						Total
	Halifax	Montreal	Ottawa	Toronto	Winnipeg	Vancouver	
(a) Inspectors of Food and Drugs—							
(1) Domestic.....	697	1,184	746	542	1,264	437	4,870
(2) Imports.....	1,053	1,705	259	1,695	2,842	3,972	11,526
(3) Examined at Customs	2,928	20,213	182	1,758	9,902	6,165	41,148
(b) Department of Agriculture.....	14	154	37	2,168	177	95	2,645
(c) Department of National Defence.....	18	5	628	6	11	31	699
(d) Royal Canadian Mounted Police.....	47	34	17	240	40	304	682
(d) Other Departments of Government.....	263	645	42	35	20	1,733	2,738
(f) Intradepartmental.....			5				5
(g) Miscellaneous.....		3		28	27	118	176
(h) Samples sent to Ottawa..	176	204		41	7	59	487
Totals.....	5,196	24,147	1,916	6,513	14,290	12,914	64,976

TABLE 9
(Food and Drug Divisions)

EXAMINATION OF SAMPLES OF THE MORE IMPORTANT FOODS

Fiscal year 1947-48

	Laboratories						Total	Adult-erated	Mis-branded
	Hali-fax	Mont-real	Ottawa	Toronto	Winni-peg	Van-couver			
Alimentary Pastes.....		2		7		6	15		5
Baking Powder—Leaven- ing Agents or Chemicals	24	16	1		17	9	67	20	17
Bakery Products—Cakes, Pastry, etc.....	61	68	5	40	39	90	303	1	147
Beverage and Beverage Concentrates.....	20	343	63	58	765	82	1,331	17	182
Bread, Flour and Cereals.	3	30	36	10	16	23	118	3	29
Breakfast Foods.....		2	11		7	10	30	3	10
Confectionery.....	72	64	13	108	74	279	610	19	179
Dairy Products.....	2	44	11	15	8	15	95	5	30
Dessert Powders and Mixes.....	31	17	8	48	46	15	165		44
Eggs and Egg Products.....		1			2		3		1
Fish and Fish Products.....	29	69	4		3	85	190	6	23
Food Colours and Fla- vours.....	73	45	11	21	49	11	210	12	80
Foods Oriental.....			4		86	4	94		75
Fruit—Fresh.....		93		2	19	687	801	6	4
Fruit—Canned.....	2	2		9	7	75	95	2	4
Fruit—Dried.....	134	175	33	122	450	374	1,288	154	20
Fruit—Glazed or Candied		1	1		14	4	20	7	9
Gelatin.....	3				4	1	8	1	3
Honey and Honey Pro- ducts.....	8	2	1	5	2	3	21	3	4
Jams and Jellies.....	9	4	2	4	12	18	49	2	9
Juices and Syrups.....	117	17	6	20	13	209	382	1	61
Lard and Shortening.....		2	2		1		5		
Liquors Distilled and Fer- mented.....	6						6		1
Meat and Meat Products.	62	221	223	84	299	168	1,057	212	15
Nuts.....	44	331	3	191	267	89	925	18	22
Oils.....	15	49	4	25	14	4	111	8	29
Pickles.....		2	5		64	19	90	1	9
Preservatives.....	1			1	5		7	1	
Salad Dressings—Sand- wich Spreads and other Condiments.....	11	33	26	54	60	163	347	22	76
Soup and Soup Mixes.....		4	2		3	1	10		1
Spices.....	27	69	12	20	49	59	236	6	34
Sugar and Substitutes.....		1			7	14	22	1	1
Sweeteners—Artificial.....		1			3	1	5	1	4
Syrups and Molasses.....	48	2	2	1	11	2	66	3	8
Vegetables—Canned.....	7	28	20	21	4	33	113	12	22
Vegetables—Dried.....	10	5	1		2	20	38		4
Vegetables—Fresh.....		2		7		2	11	3	1
Vinegar.....	1	11	1	1	5	3	22	2	3
Water.....		5					5		3

TABLE 10
(Food and Drug Divisions)

DRUGS EXAMINED

Fiscal Year 1947-48

Laboratory at	LABORATORY EXAMINATION				Passed by Inspectors at Customs	Grand Total	Adulterated	Mis-branded
	Do-mestic	Imports	Miscel-laneous	Total				
Halifax.....	252	678	.....	930	2,928	3,858	84	141
Montreal.....	381	749	669	1,799	15,558	17,357	99	692
Ottawa.....	269	223	.....	492	137	629	19	196
Toronto.....	226	1,137	268	1,631	1,146	2,777	6	188
Winnipeg.....	270	1,335	.....	1,605	7,337	8,942	53	989
Vancouver.....	95	1,576	.....	1,671	3,461	5,132	47	634
Total.....	1,493	5,698	937	8,128	30,567	38,695	308	2,840

TABLE 11
(Food and Drug Divisions)

INSPECTION SERVICES

	Radio		Other Advertisements		Labelling	
	English	French	Folders	Press	Labels	Cartons
Totals.....	6,751	1,210	309	187	1,848	279

TABLE 12
(Laboratory of Hygiene)

SUMMARY OF SPECIMENS COLLECTED

Fiscal Year 1947-48

Crew	Animal	Number	Fleas	Flea Pools	Tissue Pools	Ticks	
SASKATCHEWAN Dept. Public Health	Richardson Ground Squirrel	446	2,687	39	11		
	Totals.....	446	2,687	39	11		
ALBERTA Dept. Public Health	Richardson Ground Squirrel	912	1,787	123	87		
	Squirrels Various species	7	164	3	2	19 host ticks	
	Mice Various species	113	21	5	23	5,921 drag ticks	
	Other animals	22	28	3	10		
	Totals.....	1,054	2,000	134	122	5,940	
BRITISH COLUMBIA	National Health and Welfare	Norway Rat <i>Rattus norveg.</i>	3,453	1,473	173	250	3 host ticks
		Black Rat <i>Rattus rattus</i>	2				
		House Mouse <i>Mus musculus</i>	100	8	1	21	
	Totals.....	3,555	1,481	174	271	3	
	Vancouver Health Dept.	Norway Rat <i>Rattus norveg.</i>	30	35	3	6	
SHIPS in B.C. Ports	National Health and Welfare	Black Rat <i>Rattus rattus</i>	22			8	
		Alexandrine Rat <i>Rattus r. alex.</i>	17				
		House Mouse <i>Mus musculus</i>	1				
	Totals.....	40			8		
	British Columbia Totals.....	3,625	1,516	177	285	3	
	GRAND TOTALS.....	5,125	6,203	350	418	5,943	

TABLE 13
(Laboratory of Hygiene)

COMPARATIVE RESULTS OF SURVEYS

Fiscal Years 1946-47, 1947-48

1946-47..... Number Positive.....

Province	Rod-ents	Fleas	Flea Pools	Tissue Pools	Ticks	R.M.S.F.*	Plague	Pseudo T.B.*	Tula-remia
British Columbia.....	6,767	3,198	263	403	.....	.....	.....	3	1
Alberta.....	1,844	4,771	202	64	2,226	.....	.....	.....	.....
Saskatchewan.....	1,887	5,528	102	34	1,243	.....	2	.....	.....

1947-48..... Number Positive.....

British Columbia.....	3,625	1,516	177	285	3	.....	.....	5	.....
Alberta.....	1,054	2,000	134	122	5,940	1	13	.....	.....
Saskatchewan.....	446	2,687	39	11	.....	.....	4	.....	.....

* R.M.S.F. = Rocky Mountain spotted fever.
Pseudo T.B. = Pasteurella pseudotuberculosis-rodentium.

TABLE 14
(Laboratory of Hygiene)

FLEAS FOUND ON RATS IN BRITISH COLUMBIA

Fiscal year 1947-48

Location	No. Rats Collected	No. Fleas Collected		
		<i>Nosopsyllus fasciatus</i>	<i>Xenopsylla cheopis</i>	Others
Vancouver.....	192	52	.....	16
Vancouver City Health Department.....	30	26	9	.....
Ladner.....	493	165	.....	.....
Langley.....	416	51	.....	.....
Victoria.....	1,280	1,119	.....	3
Ladysmith.....	69	9	.....	.....
Duncan.....	200	35	.....	2
Nanaimo.....	69	1	.....	.....
Courtenay.....	308	13	.....	.....
Port Alberni.....	528	15	.....	.....
Ships (after fumigation).....	40	.....	.....	.....
Totals.....	3,625	1,486	9	21*

* Includes: 6 *Ctenocephalides canis*—dog flea,
5 *Pulex irritans*—human flea,
5 *Ceratophyllus niger*—western hen flea,
4 *Catallagia charlottensis*—deer mouse flea,
1 *Monopsyllus ciliatus protinus*—red squirrel flea,

TABLE 15
(Narcotic Control Division)

NUMBER OF WHOLESALE AND RETAIL DRUGGISTS' LICENSES ISSUED UNDER THE
OPIUM AND NARCOTIC DRUG ACT

Calendar Year 1947

Wholesale.....	136
Retail.....	14

TABLE 16
(Narcotic Control Division)

NUMBER OF IMPORT AND EXPORT LICENSES ISSUED

Calendar Year 1947

COUNTRY FROM WHICH IMPORTED—	NUMBER OF LICENSES ISSUED—
Great Britain.....	35 (one subsequently cancelled)
United States.....	66
France.....	5
Total.....	106 (one subsequently cancelled)

COUNTRY TO WHICH EXPORTED—	NUMBER OF LICENSES ISSUED—
Antigua.....	1
Bahamas.....	7
Barbados.....	8
Bermuda.....	4
British Guiana.....	3
British Honduras.....	1
Columbia.....	2
Jamaica.....	16
Newfoundland.....	118 (one subsequently cancelled)
Nigeria.....	1
Trinidad.....	8
Total.....	169 (one subsequently cancelled)

TABLE 18

(Narcotic Control Division)

IMPORTS OF MAIN NARCOTICS

1938 to 1947 inclusive

(Unit of Weight—Ounce, Pure Drug)

YEAR	RAW OPIUM	MEDICINAL OPIUM AND PREPARATIONS	MORPHINE	HEROIN	COCAINE	ETHYL-MORPHINE	DILAUDIDE	PAPAVERINE	CODEINE	DEMEROL
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
1947	3,360	6,458	1,046	906	2,169	745	18	961	36,915	9,018

TABLE 19
 (Narcotic Control Division)
 CONVICTIONS UNDER THE OPIUM AND NARCOTIC DRUG ACT
 Judicial Year ended September 30, 1947

Province	TOTAL CONVICTIONS			SENTENCE		RACIAL ORIGIN				Total
	Male	Female	Option of a fine	Committed without option	Canadian including British Subjects	Chinese	American	Russian		
Prince Edward Island.....										
Nova Scotia.....	3		1	2	2		1			3
New Brunswick.....										
Quebec.....	18	3		21	17	4				21
Ontario.....	76	33		109	103	4	1	1		109
Manitoba.....	13	7		20	20					20
Saskatchewan.....	7			7	7					7
Alberta.....	5	4		9	9					9
British Columbia.....	74	19		93	82	8	3			93
Totals.....	196	66	1	261	240	16	5	1		262

TABLE 20
(Narcotic Control Division)

CONVICTIONS—NATURE OF OFFENCE

Judicial Year ended September 30, 1947

Province	Possession of Drugs	Selling or Offering for Sale	Send by Mail Sect. 13	Obtaining Drugs from more than one Physician	Professional Cases under Section 6 of the Act	Importing	Transporting	Totals
Prince Edward Island								
Nova Scotia	2			1				3
New Brunswick								
Quebec	16	1			4			21
Ontario	99	10						109
Manitoba	18	2						20
Saskatchewan	6		1					7
Alberta	9							9
British Columbia	91					1	1	93
Totals	241	13	1	1	4	1	1	262

TABLE 21
(Narcotic Control Division)

AMOUNT OF NARCOTIC DRUGS SEIZED OR RECEIVED FROM ILLICIT CHANNELS
Calendar Year 1947

<i>Opium:</i>			
Opium Smoking	1 lb.	12 ozs.	160 grs.
Opium Seconds (Yen Shee)			30 grs.
Raw Opium	5 lbs.	8 ozs.	303 grs.
Twelve Tins, Smoking Opium	5 lbs.	9 ozs.	166 grs.
Opium Powder			424 grs.
Tincture of Opium		9 ozs.	328 grs.
Opium Water	5 lbs.	9 ozs.	281 grs.
Tincture Camphor Compound (Paregoric)		1 oz.	
Galls and Opium Ointment		2 ozs.	
*Decks of Smoking Opium	397		
Decks of Opium Seconds (Yen Shee)	2		
Capsules of Opium Powder	123		
Pills of Smoking Opium	10		
Pills, Lead and Opium Powder	299		
Tablets of Opium Powder	430		
Tablets of Opium (Dover's Powder)	240		
Tablets of Lead and Opium Powder	100		
<i>Morphine: (Salts and Alkaloids combined)</i>			
Morphine		2 ozs.	83 grs.
Morphine Solution 2%			332 grs.
Syrettes ($\frac{1}{2}$ grain Morphine each)	484		
Syrettes ($\frac{1}{4}$ grain Morphine each)	70		
*Decks of Morphine	1		
Capsules of Morphine	218		
Tablets of Morphine	1,439		
Tablets of Morphine and Atropine	555		
<i>Cocaine: (Salts and Alkaloids combined)</i>			
Cocaine		3 ozs.	277 grs.
Cocaine Solution, 2%		1 oz.	218 grs.
Cocaine Solution, 1%			218 grs.
Tablets of Cocaine	34		
<i>Heroin (Diacetylmorphine) (Salts and Alkaloids combined)</i>			
Heroin			27 grs.
Capsules of Heroin	773		
Tablets of Heroin	2,024		

TABLE 21—*Concluded*
(Narcotic Control Division)

AMOUNT OF NARCOTIC DRUGS SEIZED OR RECEIVED FROM ILLICIT CHANNELS

Calendar Year 1947

<i>Codeine: (Salts and Alkaloids combined)</i>		
Codeine.....		5 ozs. 278 grs.
Tablets of Codeine.....	1,504	
Tablets of Codeine in preparations.....	248	
<i>Demerol:</i>		
Demerol in solution.....		27 grs.
<i>Poppy Heads:</i>		
Poppy Heads.....	26 lbs.	13 ozs.
Poppy Head Seed.....	3 lbs.	
Poppy Head Brew.....	21 lbs.	5 ozs.
<i>Alleged Drugs: (Miscellaneous, including Morphine, Heroin, Cocaine and Codeine)</i>		
Drugs, alleged.....		4 ozs.
Capsules of alleged drugs.....	28	
Tablets of alleged drugs.....	211	
<i>Paraphernalia:</i>		
Opium Lamps.....	4	
Opium Lamp Globes.....	2	
Opium Smoking Pipes.....	2	
Opium Pipe Stems.....	2	
Opium Pipe Bowls.....	4	
Opium Pipe Scrapers.....	8	
Yen Hooks (Needles).....	3	
Opium Scales, Chinese, etc.....	1	
Hypodermic Needles.....	143	
Hypodermic Syringes.....	118	
Spoons (used for dissolving drugs).....	93	
Scissors.....	2	
Bowls (Glass and China).....	17	
Hypodermic Cases (Metal, etc.).....	8	
Tins, Jars, Etc., empty.....	9	

* Deck is a small package containing from 2 to 5 grains of drug.

TABLE 22
 (Narcotic Control Division)

ESTIMATED CONSUMPTION OF MAIN NARCOTICS
 1938 to 1947 inclusive
 (Unit of Weight—Ounce Pure Drug)

YEAR	RAW OPTIUM	MEDICINAL OPTIUM AND PRE- PARATIONS	MORPHINE	HEROIN	COCAINE	ETHYL- MORPHINE	DILAUDIDE	PAPAVERINE	CODEINE	DEMEROL
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
1947	3,932	4,734	3,090	881	1,390	1,107	15	715	36,484	5,894

TABLE 23
 (Narcotic Control Division)
 NARCOTIC DRUGS EXPORTED FROM CANADA, BY COUNTRIES
 Calendar Year 1947
 (Unit of Weight—Ounce Pure Drug)

Country exported to	Medicinal opium (pdr.)	Opium contained in tr., ext., pills, etc.	MORPHINE		ETHYLMORPHINE		COCAINE		CODEINE		CANNABIS SATIVA in form of preps.
			Str. (pure drug)	Preps. (pure drug)	Str. (pure drug)	Preps. (pure drug)	Str. (pure drug)	Preps. (pure drug)	Str. (pure drug)	Preps. (pure drug)	
Antigua.....		0.40									
Bahamas.....		12.33	2.49	0.06					0.60	16.91	
Barbados.....										3.71	
Bermuda.....			1.53							10.04	
British Guiana.....										4.54	
British Honduras.....										2.30	
Colombia.....										0.34	
Jamaica.....		45.26								53.71	
Newfoundland.....		360.78	15.75	0.27		1.73	28.80		67.18	325.71	0.10
Nigeria.....		15.98	3.20						4.20		
Trinidad.....		2.46	0.69	0.27						9.60	
		437.21	23.66	0.60		1.73	28.80		71.98	426.86	0.10

TABLE 24
(Quarantine Service)

SHIPS BOARDED BY QUARANTINE OFFICERS

Fiscal Year 1947-48

The following table indicates the number of ships boarded during the fiscal year 1947-48, also total personnel on board, divided into their respective groups.

Station	Vessels Inspected	PERSONNEL INSPECTED						Port Totals
		Passengers				Crews	Cattlemen, Stowaways, Distressed Seamen, Etc.	
		First Class	Cabin and Second Class	Tourist Third	Third Class and Steerage			
Halifax, N.S. . . .	549	12,686	14,931	12,933	7,519	40,466	82	88,617
Saint John, N.B. . .	349	1,107	118	13	4	16,333	48	17,623
Quebec, P.Q.	969	3,793	1,571	2,990	1,380	44,259	145	54,138
William Head, B.C.	751	520	277	.....	27	31,970	59	32,853
Totals	2,618	18,106	16,897	15,936	8,930	133,028	334	193,231

TABLE 25
(Quarantine Service)

VESSELS INSPECTED FOR DERATIZATION

Fiscal Year 1947-48

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.	22	56	4	82	5	6
Sydney, N.S. . . . .	.....	7	.....	7	.....	.....
Saint John, N.B.	5	30	11	46	12	.....
Port Alfred, P.Q. . . . .	.....	26	1	27	.....	.....
Quebec, P.Q.	6	11	.....	17	7	2
Trois-Rivieres, P.Q.	3	6	.....	9	64	.....
Sorel, P.Q.	2	13	.....	15	18	.....
Montreal, P.Q.	7	100	14	121	233	.....
Vancouver, B.C.	44	106	144	294	269	10
Victoria, including Esquimalt	4	15	18	37	15	.....
Totals	93	370	192	655	623	18

TABLE 26
(Immigration Medical Service)

SUMMARY OF ACTIVITIES

Fiscal year 1947-48

<i>Canada—</i>	
Immigrants medically inspected on arrival at ocean ports.....	52,805
Certified as "prohibited" under Immigration Act, Sec. 3 (a), (b) and (k).....	41
Certified as physically defective, Sec. 3(c).....	226
Refused permanent admission.....	27
<i>Overseas—</i>	
Prospective emigrants medically examined.....	95,782
Certified as "prohibited" under Immigration Act, Sec. 3 (a), (b) and (k).....	1,380
Certified as physically defective, Sec. 3 (c).....	12,317
Furthered from 1946-47.....	409
Refused admission.....	1,965

TABLE 27
(Immigration Medical Service)

DETAILS OF EXAMINATIONS

Fiscal Year 1947-48

<i>At Canadian Ports—</i>	
Halifax, N.S.....	29,458
North Sydney, N.S.....	2,374
Sydney, N.S.....	2,590
Pictou, N.S.....	22
Dartmouth, N.S.....	33
Louisburg, N.S.....	61
Moncton, N.B.....	76
Saint John, N.B.....	569
Quebec, P.Q.....	2,238
Port Alfred, P.Q.....	42
Sorel, P.Q.....	32
Dorval, P.Q.....	5,789
Montreal, P.Q.....	1,849
Malton, Ont.....	7,027
Vancouver, B.C.....	482
Victoria, B.C.....	126
Other Ports.....	37
Total.....	52,805

All figures given include rejections.

Examinations Overseas—

By Canadian Medical Officers in British Isles.....	28,974
By Roster Doctors in British Isles.....	34,853
By Canadian Medical Officers on the Continent (Other than Occupied Territory).....	9,282
By Roster Doctors on the Continent (Other than Occupied Territory).....	2,266
By Canadian Medical Officers in Occupied Territory.....	20,407
Total.....	95,782
Re-examinations.....	6,454
Non-immigrants.....	22,976

TABLE 28
(Immigration Medical Service)

DETAILS OF CERTIFICATIONS AND DISPOSITIONS OF CASES
Fiscal Year 1947-48

CANADIAN PORTS

	Admitted	Deported	Pending	Totals
Section 3, s.s. (a)— Mental diseases and defects.....	2*	5	2	9
Section 3, s.s. (b)— Loathsome diseases, including tuberculosis.....	4*	6	17	27
Section 3, s.s. (c)— Physical diseases and defects.....	149	16	61	226
Section 3, s.s. (k)— Constitutional psychopathic inferiority.....			5	5
Totals.....	155	27	85	267

* Temporary entry.

OVERSEAS

	CERTIFICATIONS					Totals	DISPOSALS		
	British Isles		Continent				Admitted	Refused	Pending
	Examined by Canadian Medical Officers	Examined by Roster Doctors	Other than Occupied Territory		*Occu- pied Territory				
			Examined by Canadian Medical Officers	Examined by Roster Doctors						Examined by Canadian Medical Officers
Section 3 (A)— Mental diseases and defects.....	103	71	13	7	6	200	197		
Section 3 (B)— Loathsome diseases in- cluding tuberculosis.....	418	161	74	18	392	1,063	5	685	
Section 3 (C)— Physical diseases and defects.....	3,300	3,101	1,007	175	4,734	12,317	5,816	966	
Section 3 (K)— Constitutional psycho- pathic inferiority....	94	22			1	117	1	117	
Totals.....	3,915	3,355	1,094	200	5,133	(a) 13,697	5,822	1,965	

* Approximate number certified.

(a) Includes 4,855 concerning whom notification of disposal not yet received.

TABLE 29
(Sick Mariners Service)

DISEASES AND INJURIES TREATED
1947-48

General.....	6,821
Nervous System.....	449
Eye, Ear, Nose and Throat.....	2,247
Circulatory System.....	272
Respiratory System.....	815
Gastro-Intestinal.....	1,684
Lymphatic System.....	53
Genito-Urinary System.....	2,190
Skin.....	1,902
Injuries.....	2,084
Fractures.....	422
Dislocations.....	21
All others.....	647
Total.....	19,607

TABLE 30
(Sick Mariners Service)

VESSELS, DUES AND EXPENDITURES
Calendar Year 1947

	Vessels paying dues	Total dues collected		Total number of crews	Total expenditure		Average expenditure for each member of crew	
		\$	cts.		\$	cts.	\$	cts.
Vessels, foreign-going.....	2,406	217,637	91	79,183	229,199	57	2	89
Vessels trading continuously between Canadian ports.....	3,118	9,076	21	12,396	91,217	54	7	36
Totals.....	5,524	226,714	12	91,579	320,417	11	3	50

TABLE 31
(Sick Mariners Service)

REVENUES AND EXPENDITURES BY PROVINCES
1947-48

Province	Revenue		Expenditure	
	\$	cts.	\$	cts.
Head Office.....			2,727	34
Prince Edward Island.....	762	62	3,481	13
Nova Scotia.....	52,879	78	143,459	01
New Brunswick.....	26,859	22	40,784	81
Quebec.....	72,135	12	91,398	07
Manitoba.....	1,294	85	239	00
British Columbia.....	74,284	58	138,838	93
Totals.....	228,216	17	420,928	29

TABLE 32
(Sick Mariners Service)

TREATMENT AND HOSPITALIZATION OF SICK MARINERS
1947-48

	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	British Columbia	Totals
Number of doctors on salary, part time.....		12	2	2	4	20
Total salaries.....		\$11,200.00	\$ 1,200.00	\$ 2,400.00	\$ 5,350.00	\$ 20,150.00
Total seamen treated.....		1,519	148	605	1,249	3,521
Total number of visits.....		10,072	583	848	8,025	19,527
Number sent to hospital.....		740	60	76	538	1,414
Number of doctors on fee basis (including dentists).....	14	79	30	43	54	220
Total fees paid.....	\$ 894.50	\$ 23,174.56	\$ 5,998.67	\$ 7,197.90	\$ 8,958.25	\$ 46,223.88
Total seamen treated.....	110	3,215	968	818	1,317	6,428
Total number of visits.....	287	7,045	1,467	2,491	2,985	14,275
Number sent to hospital.....	16	164	57	230	206	673
Doctors rendering professional assistance.....	1	73	20	40	74	208
Total fees paid.....	\$ 4,000.00	\$ 6,843.40	\$ 1,324.00	\$ 1,760.00	\$17,194.00	\$ 27,161.40
Total seamen treated.....	3	330	41	168	491	1,033
Hospitals treating sick mariners.....	5	30	15	31	26	107
Total hospital costs.....	\$ 1,353.75	\$43,033.26	\$28,606.86	\$56,506.50	\$48,618.48	\$ 178,118.85
Total ward patients.....	23	1,088	339	669	807	2,926
Total hospital days.....	534	13,953	5,959	11,112	10,073	41,631
Total out-patients.....		1,840	1,374	2,830	2,756	8,800
Total out-patient treatments.....		3,121	1,873	4,913	4,990	14,897
Private houses used as emergency hospitals.....		3				3
Total costs.....		\$ 551.00				\$ 551.00
Total seamen treated.....		17				17
Total hospital days.....		213				213

TABLE 33
(Venereal Disease Control Division)

NUMBER OF CASES OF VENEREAL DISEASE IN CANADA AS REPORTED BY
PROVINCIAL HEALTH DEPARTMENTS TO THE
DOMINION BUREAU OF STATISTICS

	1944	1945	1946	1947	1947				
					Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
Total V.D.....	38,772	40,528	41,556	33,476	9,514	9,029	8,278	8,130	8,039
Total Syphilis.....	16,475	15,279	15,217	11,527	3,479	3,332	2,970	2,586	2,639
Syphilis Primary.....		3,607	3,815	2,632	880	817	604	606	605
Syphilis Secondary.....		2,088	2,112	1,581	507	472	409	338	362
Syphilis Others.....		9,584	9,290	7,314	2,092	2,043	1,957	1,642	1,672
Gonorrhoea.....	22,282	25,237	26,286	21,764	6,013	5,666	5,265	5,489	5,344
Other V.D.....	15	12	53	185	22	31	43	55	56
Ratio Gc to Syphilis I and II.....		4.4	4.4	5.2	4.3	4.4	5.2	5.8	5.5
Ratio Gc to Total Syph- hilis.....	1.4	1.7	1.7	1.9	1.7	1.7	1.8	2.1	2.0
Ratio Syphilis I and II to Total Syphilis.....		0.4	0.4	0.4	0.4	0.4	0.3	0.4	0.4

TABLE 34
(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

	1944	1945	1946	1947	1946 Oct.-Dec.	1947			
						Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
<i>Cases—</i>									
CANADA.....	16,475	15,279	15,217	11,527	3,479	3,332	2,970	2,586	2,639
Prince Edward Island.....	35	34	50	66	21	17	13	15	21
Nova Scotia.....	496	664	658	553	149	138	144	117	154
New Brunswick.....	573	413	334	303	83	83	76	75	69
Quebec.....	7,120	6,037	5,425	3,998	1,242	1,118	1,048	934	898
Ontario.....	5,365	4,930	4,807	3,283	1,038	1,009	836	717	721
Manitoba.....	663	622	679	608	177	154	167	144	143
Saskatchewan.....	360	411	643	469	147	136	95	112	126
Alberta.....	573	599	503	472	129	114	120	123	115
British Columbia.....	1,290	1,569	2,118	1,775	493	563	471	349	392
<i>Rate—</i>									
CANADA.....	137.8	126.3	123.9	91.8	113.3	106.1	94.6	82.4	84.0
Prince Edward Island.....	38.5	37.0	53.2	70.2	91.3	73.9	56.5	65.2	91.3
Nova Scotia.....	81.0	106.9	107.5	89.0	97.4	89.0	92.9	75.5	99.4
New Brunswick.....	124.0	88.2	69.6	61.7	69.2	67.5	61.8	61.0	56.1
Quebec.....	203.4	169.5	149.4	107.7	136.8	120.5	112.9	100.6	96.8
Ontario.....	135.3	123.1	117.2	78.4	101.3	96.4	79.8	68.5	68.9
Manitoba.....	90.6	84.5	93.4	81.8	97.3	82.8	89.8	77.4	76.9
Saskatchewan.....	42.6	48.6	77.2	55.7	71.7	64.5	45.0	53.1	59.7
Alberta.....	70.0	72.5	62.6	57.4	64.2	55.3	58.3	59.7	55.8
British Columbia.....	138.4	165.3	211.2	170.0	196.4	215.7	180.5	133.7	150.2

TABLE 35
(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

	1945	1946	1947	1946 Oct.-Dec.	1947			
					Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
<i>Cases—</i>								
CANADA.....	5,695	5,927	4,213	1,387	1,289	1,013	944	967
Prince Edward Island.....	27	25	44	15	11	9	8	16
Nova Scotia.....	31	47	57	23	8	16	17	16
New Brunswick.....	200	238	187	53	50	41	52	44
Quebec.....	1,594	1,446	1,063	345	291	271	256	245
Ontario.....	2,455	2,358	1,434	523	480	334	323	297
Manitoba.....	295	342	273	77	76	71	56	70
Saskatchewan.....	220	395	308	83	90	64	67	87
Alberta.....	210	246	269	79	77	62	68	62
British Columbia.....	663	830	578	189	206	145	97	130
<i>Rate—</i>								
CANADA.....	47.1	48.3	33.5	45.2	41.1	32.3	30.1	30.8
Prince Edward Island.....	29.3	26.6	46.8	65.2	47.8	39.1	34.8	69.6
Nova Scotia.....	5.0	7.7	9.2	15.0	5.2	10.3	11.0	10.3
New Brunswick.....	42.7	49.6	38.1	44.2	40.7	33.3	42.3	35.8
Quebec.....	44.8	39.8	28.6	38.0	31.4	29.2	27.6	26.4
Ontario.....	61.3	57.5	34.2	51.0	45.8	31.9	30.9	28.4
Manitoba.....	40.1	47.0	36.7	42.3	40.9	38.2	30.1	37.6
Saskatchewan.....	26.0	47.4	36.6	39.9	42.7	30.3	31.8	41.2
Alberta.....	25.4	30.6	32.7	39.3	37.4	30.1	33.0	30.1
British Columbia.....	69.9	82.8	55.4	75.3	78.9	55.6	37.2	49.8

TABLE 36
(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

	1944	1945	1946	1947	1947				
					Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
<i>Cases—</i>									
CANADA.....	22,282	25,237	26,286	21,764	6,013	5,666	5,265	5,489	5,344
Prince Edward Island.....	20	42	97	116	13	22	33	37	24
Nova Scotia.....	1,663	1,176	917	816	213	257	169	206	184
New Brunswick.....	913	1,079	830	649	181	182	158	158	151
Quebec.....	4,259	5,106	5,671	5,820	1,656	1,459	1,531	1,518	1,312
Ontario.....	7,908	8,224	7,324	4,864	1,516	1,252	1,097	1,208	1,307
Manitoba.....	1,737	2,336	2,361	1,925	518	541	464	506	414
Saskatchewan.....	1,123	1,685	2,124	1,278	429	331	322	315	310
Alberta.....	1,522	1,881	2,423	2,257	532	577	513	602	565
British Columbia.....	3,137	3,708	4,539	4,039	955	1,045	978	939	1,077
<i>Rate—</i>									
CANADA.....	186.3	208.5	214.0	173.3	195.8	180.4	167.7	174.8	170.2
Prince Edward Island.....	22.0	45.7	103.2	123.4	56.5	95.7	143.5	160.9	104.3
Nova Scotia.....	271.7	189.4	149.8	131.4	139.2	165.8	109.0	132.9	118.7
New Brunswick.....	197.6	230.6	172.9	132.2	150.8	148.0	128.5	128.5	122.8
Quebec.....	121.7	143.4	156.2	156.8	182.4	157.2	165.0	163.6	141.4
Ontario.....	199.4	205.4	178.6	116.1	147.9	119.6	104.8	115.4	124.8
Manitoba.....	237.3	317.4	324.8	259.1	284.6	290.9	249.5	272.0	222.6
Saskatchewan.....	132.7	199.4	255.0	151.8	206.3	156.9	152.6	149.3	146.9
Alberta.....	186.1	227.7	301.7	274.6	264.7	280.1	249.0	292.2	274.3
British Columbia.....	336.6	390.7	452.5	386.9	380.5	400.4	374.7	359.8	412.6

TABLE 37
(Venereal Disease Control Division)

INCIDENCE OF VENEREAL DISEASE (ALL TYPES) IN LARGER CANADIAN CITIES
AS REPORTED BY PROVINCIAL DIVISIONS OF VENEREAL
DISEASE CONTROL TO THE FEDERAL DIVISION

	1946	1947	1946				1947			
			Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
Charlottetown.....	81	64					18	24	17	5
Halifax.....	69	447	14	20	18	17	114	65	127	141
St. John.....	518	495	125	121	111	161	137	115	118	125
Quebec.....	1,046	744	311	242	205	288	240	173	180	151
Montreal.....	7,763	6,851	2,205	1,745	1,797	2,016	1,845	1,832	1,632	1,527
Ottawa.....	906	548					158	95	152	143
Toronto.....	3,025	2,367					649	543	586	589
Hamilton.....	509	396					90	88	119	99
London.....	284	180					67	47	19	47
Windsor.....	562	294					108	62	65	59
Winnipeg.....	1,550	1,467	381	361	415	393	355	361	380	371
Regina.....	354	284	70	85	110	89	69	82	57	76
Saskatoon.....	390	196	82	118	100	90	55	45	50	46
Calgary.....	648	725	155	161	171	161	168	151	217	189
Edmonton.....	769	787	190	217	191	171	174	164	222	227
Vancouver.....	4,097	3,778	975	1,133	1,052	937	994	943	933	908
Victoria.....	632	472	209	176	126	121	166	148	82	76

TABLE 38
(Venereal Disease Control Division)

RATE PER 100,000 PER ANNUM, OF VENEREAL DISEASE (ALL TYPES) IN LARGER CANADIAN CITIES AS REPORTED BY PROVINCIAL DIVISIONS OF VENEREAL DISEASE CONTROL TO THE FEDERAL DIVISION

—	1946	1947	1946				1947			
			Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
Charlottetown...	540	427					480	640	453	133
Halifax.....	77	502	62	89	80	76	512	292	571	634
St. John.....	1,008	959	973	942	864	1,254	1,061	891	914	969
Quebec.....	615	425	732	569	482	678	549	395	411	345
Montreal.....	624	543	708	561	577	648	584	587	517	484
Ottawa.....	548	331					382	230	367	346
Toronto.....	433	340					373	312	337	338
Hamilton.....	283	220					200	196	264	220
London.....	321	203					303	212	86	212
Windsor.....	469	245					361	208	217	197
Winnipeg.....	692	640	680	644	741	702	620	630	664	648
Regina.....	607	487	480	583	754	610	473	562	391	521
Saskatoon.....	871	438	732	1,053	893	804	491	402	446	411
Calgary.....	648	725	620	644	684	644	672	604	869	756
Edmonton.....	649	664	641	732	645	577	587	553	749	766
Vancouver.....	950	876	905	1,051	976	869	922	875	866	843
Victoria.....	896	669	1,186	998	715	686	942	840	465	431

TABLE 39
(Venereal Disease Control Division)

INCIDENCE OF SYPHILIS (ALL TYPES) IN LARGER CANADIAN CITIES AS REPORTED BY PROVINCIAL DIVISIONS OF VENEREAL DISEASE CONTROL TO THE FEDERAL DIVISION

—	1946	1947	1946				1947			
			Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sep.	Oct.-Dec.
Charlottetown...	27	21					10	2	6	3
Halifax.....	50	185	9	14	17	10	32	28	60	65
St. John.....	139	119	34	28	28	49	32	26	36	25
Quebec.....	508	388	149	123	90	146	106	98	94	90
Montreal.....	3,578	2,531	1,252	817	752	757	749	671	568	543
Ottawa.....	366	256					70	45	84	57
Toronto.....	1,301	872					253	219	200	200
Hamilton.....	191	162					46	43	39	34
London.....	108	72					33	14	5	20
Windsor.....	181	111					38	25	22	26
Winnipeg.....	353	311	84	82	72	115	69	80	77	85
Regina.....	79	41	19	16	29	15	17	5	8	11
Saskatoon.....	106	52	24	36	26	20	16	14	12	10
Calgary.....	107	98	15	45	24	23	20	17	28	33
Edmonton.....	93	106	26	22	21	24	26	23	30	27
Vancouver.....	1,298	1,042	292	365	315	326	321	275	224	222
Victoria.....	210	142	79	41	49	41	49	41	26	26

TABLE 40

(Venereal Disease Control Division)

RATE PER 100,000 PER ANNUM, OF SYPHILIS, (ALL TYPES) IN LARGER CANADIAN CITIES AS REPORTED BY PROVINCIAL DIVISIONS OF VENEREAL DISEASE CONTROL TO THE FEDERAL DIVISION

	1946	1947	1946				1947			
			Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.
Charlottetown...	180	140					266	53	160	80
Halifax.....	55	208	40	62	76	44	144	126	270	292
St. John.....	270	231	264	218	218	382	248	201	279	194
Quebec.....	299	222	351	289	212	344	242	224	215	206
Montreal.....	287	200	402	262	242	243	237	213	180	172
Ottawa.....	221	155					169	109	203	138
Toronto.....	187	125					145	126	115	115
Hamilton.....	106	90					102	96	87	76
London.....	122	81					149	63	23	90
Windsor.....	151	93					127	84	73	87
Winnipeg.....	158	136	150	146	129	205	121	140	134	148
Regina.....	135	70	130	110	199	103	117	34	55	75
Saskatoon.....	237	116	214	321	232	179	143	125	107	89
Calgary.....	107	98	60	180	96	92	80	68	112	132
Edmonton.....	78	89	88	74	71	81	88	78	101	91
Vancouver.....	301	242	271	339	292	302	298	255	208	206
Victoria.....	298	201	448	233	278	233	278	233	147	147

TABLE 41

(Venereal Disease Control Division)

INCIDENCE OF GONORRHOEA IN LARGER CANADIAN CITIES AS REPORTED BY PROVINCIAL DIVISIONS OF VENEREAL DISEASE CONTROL TO THE FEDERAL DIVISION

	1946	1947	1946				1947			
			Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec..
Charlottetown...	54	43					8	22	11	2
Halifax.....	19	262	5	6	1	7	82	37	67	76
St. John.....	379	373	91	93	83	112	104	89	82	98
Quebec.....	537	356	161	119	115	142	134	75	86	61
Montreal.....	4,173	4,324	953	925	1,044	1,251	1,096	1,180	1,064	984
Ottawa.....	540	292					88	50	68	86
Toronto.....	1,724	1,495					396	324	386	389
Hamilton.....	318	234					44	45	80	65
London.....	176	108					34	33	14	27
Windsor.....	381	183					70	37	43	33
Winnipeg.....	1,197	1,156	297	279	343	278	286	281	303	286
Regina.....	275	242	51	69	81	74	62	77	49	54
Saskatoon.....	274	144	58	82	74	60	39	31	38	36
Calgary.....	541	627	140	116	147	138	148	134	189	156
Edmonton.....	676	681	164	195	170	147	148	141	192	200
Vancouver.....	2,757	2,571	682	760	722	593	644	630	651	646
Victoria.....	421	329	130	134	77	80	117	107	56	49

TABLE 42
(Venereal Disease Control Division)

RATE PER 100,000 PER ANNUM OF GONORRHOEA IN LARGER CANADIAN CITIES
AS REPORTED BY PROVINCIAL DIVISIONS OF VENEREAL DISEASE CONTROL
TO THE FEDERAL DIVISION

	1946	1947	1946				1947			
			Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.
Charlottetown...	360	287					213	587	293	53
Halifax.....	21	294	22	27	4	31	369	166	301	342
St. John.....	737	723	709	724	646	872	801	690	635	759
Quebec.....	316	203	379	280	271	334	306	171	197	139
Montreal.....	335	342	306	297	335	410	347	374	337	312
Ottawa.....	327	176					213	121	164	208
Toronto.....	246	215					228	186	222	223
Hamilton.....	177	130					98	100	178	144
London.....	199	122					154	149	63	122
Windsor.....	318	153					234	124	144	110
Winnipeg.....	534	505	530	498	615	496	499	491	529	499
Regina.....	471	415	350	473	555	507	425	528	336	370
Saskatoon.....	612	321	518	732	661	536	348	277	339	321
Calgary.....	541	627	560	464	588	552	592	536	756	624
Edmonton.....	570	574	553	658	574	496	499	476	648	675
Vancouver.....	640	596	633	705	670	759	598	585	604	599
Victoria.....	597	467	737	760	437	454	664	607	318	278

TABLE 43
(Family Allowances Division)
FAMILY ALLOWANCES PAYMENTS
Fiscal Year 1947-48

Province	April	May	June	July	Aug.	Sept.	
	\$	\$	\$	\$	\$	\$	
Prince Edward Island.....	185,801	186,361	186,118	188,120	188,055	188,425	
Nova Scotia.....	1,171,702	1,178,618	1,180,076	1,183,659	1,185,773	1,190,302	
New Brunswick.....	995,236	996,174	1,000,519	1,001,594	1,006,473	1,008,347	
Quebec.....	7,212,032	7,324,663	7,279,512	7,303,600	7,340,804	7,308,986	
Ontario.....	6,359,396	6,385,548	6,403,272	6,430,503	6,448,167	6,492,211	
Manitoba.....	1,227,147	1,230,638	1,233,344	1,236,060	1,245,972	1,239,905	
Saskatchewan.....	1,541,863	1,547,468	1,548,445	1,559,884	1,562,990	1,553,846	
Alberta.....	1,497,925	1,504,142	1,506,546	1,516,269	1,528,430	1,497,075	
British Columbia.....	1,441,184	1,454,142	1,459,798	1,475,943	1,491,041	1,488,733	
Northwest Territories and Yukon.....	36,007	36,696	37,203	37,403	38,048	38,626	
	21,668,293	21,844,450	21,834,833	21,933,035	22,035,753	22,006,456	
Northwest Territories and Yukon Adjustments.....	1,505	21,342	4,939	913	1,660	12,349	
Total.....	21,669,798	21,865,792	21,839,772	21,933,948	22,037,413	22,018,805	
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total
	\$	\$	\$	\$	\$	\$	\$
Prince Edward Island.....	186,121	190,901	189,303	188,722	189,714	189,920	2,257,561
Nova Scotia.....	1,189,797	1,191,123	1,191,155	1,193,587	1,195,081	1,201,713	14,252,586
New Brunswick.....	1,004,065	1,012,087	1,015,388	1,017,235	1,018,667	1,021,368	12,097,153
Quebec.....	7,287,432	7,288,079	7,310,316	7,303,245	7,333,375	7,338,682	87,630,726
Ontario.....	6,494,576	6,450,086	6,506,044	6,521,140	6,542,934	6,551,872	77,585,749
Manitoba.....	1,241,411	1,230,132	1,231,426	1,237,558	1,238,961	1,241,644	14,834,198
Saskatchewan.....	1,546,812	1,544,259	1,543,273	1,540,036	1,540,069	1,541,271	18,570,216
Alberta.....	1,521,246	1,545,349	1,525,366	1,523,383	1,528,518	1,530,803	18,225,052
British Columbia.....	1,507,859	1,519,496	1,530,872	1,548,131	1,556,469	1,564,007	18,037,675
Northwest Territories and Yukon.....	39,099	39,307	39,836	40,886	41,111	41,367	465,589
	22,018,418	22,010,819	22,082,979	22,113,923	22,184,899	22,222,647	263,956,505
Northwest Territories and Yukon Adjustments.....	15,073	13,823	10,318	22,904	9,693	2,257	116,776
Total.....	22,033,491	22,024,642	22,093,297	22,136,827	22,194,592	22,224,904	264,073,281

TABLE 44
(Family Allowances Division)

FAMILIES IN PAY
Fiscal Year 1947-48

Province	April	May	June	July	Aug.	Sept.
Prince Edward Island.....	12,304	12,386	12,426	12,508	12,557	12,583
Nova Scotia.....	84,431	84,782	85,097	85,485	85,814	86,123
New Brunswick.....	65,508	65,858	66,410	66,705	67,106	67,409
Quebec.....	448,659	452,178	455,053	458,068	459,788	460,536
Ontario.....	530,425	533,943	536,826	539,307	541,687	544,096
Manitoba.....	98,053	98,272	98,359	99,159	99,400	99,434
Saskatchewan.....	113,220	113,685	114,131	114,438	114,699	114,693
Alberta.....	115,642	116,182	116,668	117,234	117,820	116,338
British Columbia.....	127,583	128,995	129,977	130,920	131,883	132,324
Northwest Territories and Yukon.....	2,739	2,805	2,845	2,870	2,921	3,017
Total.....	1,598,564	1,609,086	1,617,792	1,626,694	1,633,675	1,636,553
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Prince Edward Island.....	12,537	12,664	12,706	12,687	12,731	12,748
Nova Scotia.....	86,282	86,448	86,644	86,749	87,029	87,170
New Brunswick.....	67,242	67,706	67,998	68,171	68,305	68,510
Quebec.....	462,185	463,945	465,297	465,536	466,904	468,680
Ontario.....	546,343	547,334	549,713	551,141	553,862	555,658
Manitoba.....	99,643	99,256	99,203	99,414	99,697	99,954
Saskatchewan.....	114,583	114,736	114,504	114,148	114,244	114,613
Alberta.....	117,660	118,656	118,991	119,184	119,492	119,739
British Columbia.....	133,768	135,212	136,523	137,946	138,959	139,627
Northwest Territories and Yukon.....	3,054	3,078	3,108	3,192	3,229	3,245
Total.....	1,643,297	1,649,035	1,654,687	1,658,168	1,664,452	1,669,944

TABLE 45
(Family Allowances Division)

AVERAGE ALLOWANCE PER FAMILY
Fiscal Year 1947-48

Province	April	May	June	July	Aug.	Sept.
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	15 10	15 05	14 98	15 04	14 98	14 97
Nova Scotia.....	13 88	13 90	13 87	13 85	13 82	13 82
New Brunswick.....	15 19	15 13	15 06	15 01	15 00	14 96
Quebec.....	16 07	16 20	16 00	15 94	15 97	15 87
Ontario.....	11 99	11 96	11 93	11 92	11 90	11 93
Manitoba.....	12 51	12 52	12 54	12 46	12 53	12 47
Saskatchewan.....	13 62	13 61	13 57	13 63	13 63	13 55
Alberta.....	12 95	12 95	12 91	12 93	12 97	12 87
British Columbia.....	11 30	11 27	11 23	11 27	11 30	11 25
Northwest Territories and Yukon.....	13 15	13 08	13 08	13 03	13 02	12 80
NATIONAL.....	13 55	13 57	13 48	13 48	13 49	13 45
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	14 84	15 07	14 90	14 87	14 90	14 90
Nova Scotia.....	13 79	13 78	13 75	13 76	13 73	13 78
New Brunswick.....	14 93	14 95	14 93	14 92	14 91	14 91
Quebec.....	15 77	15 71	15 71	15 69	15 71	15 66
Ontario.....	11 89	11 78	11 83	11 83	11 81	11 79
Manitoba.....	12 46	12 39	12 41	12 45	12 43	12 42
Saskatchewan.....	13 50	13 46	13 48	13 49	13 48	13 45
Alberta.....	12 93	13 02	12 82	12 78	12 79	12 78
British Columbia.....	11 27	11 24	11 21	11 22	11 20	11 20
Northwest Territories and Yukon.....	12 80	12 77	12 82	12 81	12 73	12 75
NATIONAL.....	13 40	13 35	13 34	13 34	13 33	13 31

TABLE 46
(Family Allowances Division)

CHILDREN IN PAY
Fiscal Year 1947-48

Province	April	May	June	July	August	Sept.
Prince Edward Island.....	31,269	31,390	31,436	31,578	31,642	31,794
Nova Scotia.....	197,266	197,705	198,490	199,304	199,858	200,353
New Brunswick.....	168,944	169,552	170,608	171,214	172,134	172,558
Quebec.....	1,235,076	1,241,185	1,238,151	1,242,211	1,245,644	1,246,219
Ontario.....	1,058,129	1,063,655	1,067,915	1,072,016	1,076,134	1,078,588
Manitoba.....	204,174	204,665	205,040	206,395	207,005	206,208
Saskatchewan.....	256,395	257,145	257,576	259,105	259,547	258,528
Alberta.....	249,129	250,392	250,588	250,978	252,968	249,317
British Columbia.....	243,029	245,725	246,709	249,314	253,215	248,601
Northwest Territories and Yukon.....	6,112	6,235	6,290	6,331	6,475	6,564
TOTAL.....	3,649,523	3,667,649	3,672,803	3,688,446	3,704,622	3,698,730
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Prince Edward Island.....	31,691	31,895	31,972	31,964	32,083	31,861
Nova Scotia.....	200,228	200,491	200,776	201,130	201,653	202,029
New Brunswick.....	172,359	173,076	173,741	174,284	174,830	175,390
Quebec.....	1,248,133	1,248,537	1,251,071	1,252,897	1,256,416	1,260,735
Ontario.....	1,081,863	1,079,584	1,084,422	1,088,172	1,092,158	1,096,779
Manitoba.....	206,594	205,992	205,741	206,383	207,065	207,544
Saskatchewan.....	257,822	257,841	257,471	256,833	257,081	257,611
Alberta.....	251,544	254,907	254,867	255,091	255,761	255,848
British Columbia.....	251,990	254,672	255,867	258,066	260,060	260,752
Northwest Territories and Yukon.....	6,675	6,669	6,752	6,908	6,997	7,023
TOTAL.....	3,708,899	3,713,664	3,722,680	3,731,728	3,744,104	3,755,572

TABLE 47
(Family Allowances Division)
AVERAGE ALLOWANCE PER CHILD
Fiscal Year 1947-48

Province	April	May	June	July	Aug.	Sept.
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	5 94	5 94	5 92	5 96	5 94	5 93
Nova Scotia.....	5 94	5 96	5 94	5 94	5 93	5 94
New Brunswick.....	5 89	5 87	5 86	5 85	5 85	5 84
Quebec.....	5 84	5 90	5 88	5 88	5 89	5 86
Ontario.....	6 01	6 00	6 00	6 00	5 99	6 02
Manitoba.....	6 01	6 01	6 01	5 99	6 01	6 01
Saskatchewan.....	6 01	6 02	6 01	6 02	6 02	6 01
Alberta.....	6 01	6 01	6 01	6 04	6 04	6 00
British Columbia.....	5 93	5 92	5 92	5 92	5 89	5 99
Northwest Territories and Yukon.....	5 89	5 88	5 91	5 91	5 88	5 88
NATIONAL.....	5 94	5 95	5 94	5 95	5 95	5 95
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Prince Edward Island.....	5 87	5 98	5 92	5 90	5 91	5 96
Nova Scotia.....	5 94	5 94	5 93	5 93	5 93	5 95
New Brunswick.....	5 82	5 85	5 84	5 84	5 83	5 82
Quebec.....	5 84	5 84	5 84	5 83	5 84	5 82
Ontario.....	6 00	5 97	6 00	5 99	5 99	5 97
Manitoba.....	6 01	5 97	5 98	6 00	5 98	5 98
Saskatchewan.....	6 00	5 99	5 99	6 00	5 99	5 98
Alberta.....	6 05	6 06	5 98	5 97	5 98	5 98
British Columbia.....	5 98	5 97	5 98	6 00	5 98	6 00
Northwest Territories and Yukon.....	5 86	5 89	5 90	5 92	5 87	5 89
NATIONAL.....	5 94	5 93	5 93	5 92	5 92	5 92

TABLE 48
(Family Allowances Division)

TRANSFERS OF FAMILY ALLOWANCES ACCOUNTS BETWEEN PROVINCES

Fiscal Year 1947-48

	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.....	20	92	47	215	544	128	169	227	456	11	1,909
May.....	31	90	78	224	554	170	246	302	463	9	2,167
June.....	33	110	133	370	601	242	285	305	631	28	2,738
July.....	32	80	92	301	704	179	203	331	583	25	2,530
August.....	25	96	100	186	326	186	226	279	666	23	2,113
September.....	16	79	98	108	690	184	188	294	699	23	2,379
October.....	20	108	98	251	840	198	192	413	905	13	3,038
November.....	32	103	162	371	1,101	271	259	165	1,054	15	3,532
December.....	21	73	101	358	599	226	181	349	904	11	2,823
January.....	19	94	96	349	695	227	207	386	985	22	3,080
February.....	11	63	62	269	575	161	145	215	498	13	2,012
March.....	11	77	70	214	432	180	141	229	418	13	1,785
Total.....	271	1,065	1,137	3,215	7,661	2,352	2,442	3,495	8,262	206	30,106
<i>Transfers out:—</i>											
April.....	24	83	71	298	317	258	253	303	263	7	1,877
May.....	29	131	115	370	482	418	304	367	301	13	2,530
June.....	23	207	109	226	721	293	369	298	248	10	2,504
July.....	16	144	104	326	384	376	472	366	306	16	2,510
August.....	16	184	87	252	418	338	431	411	252	9	2,398
September.....	30	223	93	480	470	374	424	337	226	5	2,662
October.....	36	223	155	416	727	485	628	433	314	17	3,434
November.....	45	325	131	272	667	529	617	291	245	22	3,144
December.....	24	194	97	287	549	336	633	387	252	17	2,776
January.....	32	163	128	196	318	226	800	249	277	11	2,400
February.....	19	92	60	213	382	264	342	323	204	16	1,915
March.....	15	116	72	182	368	224	266	206	256	6	1,711
Total.....	309	2,085	1,222	3,518	5,803	4,121	5,539	3,971	3,144	149	29,861

TABLE 50
(Family Allowances Division)

CLASSIFICATION OF FAMILIES BY NUMBER OF CHILDREN SHOWING INCREASES
IN NUMBER OF FAMILIES, WITH PERCENTAGES

Fiscal Year 1947-48

Number of Children in Family	Number of Families as at March 31, 1946	Number of Families as at March 31, 1947	Number of Families as at March 31, 1948	Increase between March 31, 1947, and March 31, 1948	
				Number	Percentage
					%
1 child.....	554,026	645,684	685,251	39,567	6.0
2 children.....	385,464	444,415	472,448	28,033	6.3
3 ".....	207,241	231,494	238,512	7,018	3.0
4 ".....	114,992	120,872	124,277	3,405	2.7
5 ".....	63,676	67,024	67,602	576	0.9
6 ".....	37,352	38,012	37,126	-886	-2.3
7 ".....	21,486	21,967	22,088	121	0.6
8 ".....	12,164	12,471	12,365	-106	-0.9
9 ".....	6,210	6,349	6,132	-217	-3.0
10 ".....	2,871	2,907	2,766	-141	-4.9
11 ".....	1,132	1,152	991	-161	-13.9
12 ".....	320	307	304	-3	-1.0
13 ".....	106	78	67	-11	-14.1
14 ".....	13	17	14	-3	-17.6
15 ".....	1	2	1	-1	-50.0

TABLE 51
(Family Allowances Division)
STATE OF BIRTH VERIFICATION

Province	Balance still to be verified March 31, 1947	Balance still to be verified March 31, 1948
Prince Edward Island.....	486	204
Nova Scotia.....	6,777	5,980
New Brunswick.....	10,501	12,528
*Quebec.....	1,230,932	294,108
Ontario.....	131,920	23,052
Manitoba.....	4,052	3,212
Saskatchewan.....	14,258	2,906
Alberta.....	6,343	6,280
British Columbia.....	10,939	6,178
Northwest Territories and Yukon.....	1,251	1,054
Total.....	1,417,359	355,502

* Verification began in Quebec a year later than elsewhere.

TABLE 52
(Family Allowances Division)

ACCOUNTS IN PAY THROUGH CHILD-PLACING AGENCIES (PUBLIC AND PRIVATE)

Province	March 31, 1947	March 31, 1948
Prince Edward Island.....		
Nova Scotia.....	658	753
New Brunswick.....	62	108
Quebec.....	800	2,195
Ontario.....	5,343	5,622
Manitoba.....	705	645
Saskatchewan.....	599	700
Alberta.....	497	567
British Columbia.....	980	1,127
Northwest Territories and Yukon.....		
Total.....	9,644	11,717

TABLE 53
(Family Allowances Division)

BIRTH RATES PER 1,000 POPULATION

	Canada	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
1944.....	23.8	25.1	25.5	29.1	29.2	19.7	21.9	21.4	23.7	20.4
1947.....	28.6	32.2	30.8	36.2	31.2	26.0	27.5	27.6	29.8	25.0
Percentage increase in rate in 3 years.....	20.2%	28.7%	20.8%	24.4%	6.8%	32.0%	25.5%	29.0%	25.7%	22.6%

LIVE BIRTHS

1944.....	284,220	2,286	15,598	13,467	102,262	78,090	16,008	18,138	19,372	18,999
1947.....	358,709	3,023	19,122	17,790	115,701	108,748	20,406	23,267	24,509	26,143
Percentage increase in 3 years.....	26.2%	32.2%	22.6%	32.1%	13.1%	39.3%	27.5%	28.3%	26.5%	37.6%

TABLE 54

(Old Age Pensions Division)

NUMBER OF PENSIONERS AND PERCENTAGE OF POPULATION, BY PROVINCES

Fiscal Year 1947-48

Province	Number of pensioners	*Percentage of pensioners to total population	*Percentage of pensioners to population over 70 years of age
Alberta.....	13,792	1.68	46.28
British Columbia.....	21,621	2.07	39.03
Manitoba.....	15,026	2.02	46.09
New Brunswick.....	14,524	2.96	65.72
Nova Scotia.....	16,984	2.73	50.55
Ontario.....	70,765	1.69	32.27
Prince Edward Island.....	2,417	2.57	38.98
Quebec.....	59,204	1.59	47.86
Saskatchewan.....	14,806	1.76	45.84
Northwest Territories.....	19	0.16	10.38
Canada.....	229,158	1.82	41.29

* Percentages based on estimated population as at June 1, 1947—Dominion Bureau of Statistics.

TABLE 55

(Old Age Pensions Division)

TOTAL PAYMENTS AND AVERAGE MONTHLY PAYMENTS, BY PROVINCES

Fiscal Year 1947-48

Province	Average Monthly Pension		Dominion's Payments for Fiscal Year 1947-48		Dominion's Payments since Inception of Act	
	\$	cts.	\$	cts.	\$	cts.
Alberta.....	29	69	3,466,114	21	30,014,327	80
British Columbia.....	29	54	5,171,017	31	41,833,547	27
Manitoba.....	29	71	3,727,392	10	37,164,669	91
New Brunswick.....	29	37	3,634,260	45	22,796,382	07
Nova Scotia.....	29	19	3,943,563	30	31,313,745	89
Ontario.....	29	71	17,999,870	26	175,073,909	23
Prince Edward Island.....	24	82	478,924	19	3,397,102	37
Quebec.....	29	08	14,714,436	55	103,063,569	64
Saskatchewan.....	29	60	3,836,980	15	36,155,968	39
Northwest Territories.....	29	21	5,830	75	41,418	63
Total.....			56,978,389	27	480,854,641	20

TABLE 56
(Old Age Pensions Division)

NUMBER OF BLIND PENSIONERS AND PERCENTAGE OF POPULATION,
BY PROVINCES
Fiscal Year 1947-48

Province	Number of Pensioners	*Percentage of Pensioners to Total Population
Alberta.....	332	.040
British Columbia.....	460	.044
Manitoba.....	455	.061
New Brunswick.....	896	.182
Nova Scotia.....	805	.130
Ontario.....	1,814	.043
Prince Edward Island.....	126	.134
Quebec.....	3,178	.086
Saskatchewan.....	409	.049
Northwest Territories.....	1	.008
Canada.....	8,476	.067

* Percentages based on estimated population as at June 1, 1947—Dominion Bureau of Statistics.

TABLE 57
(Old Age Pensions Division)

TOTAL PAYMENTS TO BLIND AND AVERAGE MONTHLY PAYMENTS, BY PROVINCES
Fiscal Year 1947-48

Province	Average Monthly Pension	Dominion's Payments for Fiscal Year 1947-48	Dominion's Payments Since Inception of Act
	\$ cts.	\$ cts.	\$ cts.
Alberta.....	29 98	81,255 50	463,875 66
British Columbia.....	29 67	108,588 79	654,663 92
Manitoba.....	29 92	114,974 51	675,806 11
New Brunswick.....	29 83	217,407 30	1,427,093 84
Nova Scotia.....	29 59	181,815 41	1,219,461 66
Ontario.....	29 83	464,863 54	3,023,943 98
Prince Edward Island.....	27 91	29,423 60	186,031 39
Quebec.....	29 69	801,694 04	4,654,397 21
Saskatchewan.....	29 78	107,611 31	650,180 55
Northwest Territories.....	30 00	355 00	605 00
Total.....		2,107,989 00	12,956,059 32

TABLE 58
(Physical Fitness Division)

NATIONAL PHYSICAL FITNESS FUND

Fiscal Year 1947-48

ADMINISTRATION

Balance from fiscal year 1946-47.....	\$ 25,986 31
Parliamentary Appropriation 1947-48.....	47,866 00
	<u>\$ 73,852 31</u>

Expenditures—

Salaries.....	\$ 12,064 69
Other Paylist Items.....	130 19
Publicity and Information.....	10,896 44
Telephones, Telegrams and Postage.....	606 70
Equipment.....	471 66
Sundries.....	629 35
Professional and Special Services.....	999 92
Materials and Supplies.....	2,073 69
Freight, Cartage and Express.....	146 68
Transportation and Travel.....	3,919 01
	<u>31,938 33</u>

Balance at end of fiscal year 1947-48.....	\$ 41,913 98
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ASSISTANCE TO PROVINCES

Balance from fiscal year 1946-47.....	237,745 13
Parliamentary Appropriation, 1947-48.....	Nil
	<u>\$ 237,745 13</u>

Expenditures—

Prince Edward Island (1).....	Nil in 1947-48
Nova Scotia.....	\$ 8,685 40
New Brunswick.....	2,186 86
Manitoba (2).....	7,933 66
Saskatchewan (3).....	35,091 50
Alberta (4).....	19,488 12
British Columbia.....	16,015 75
Northwest Territories.....	234 00
	<u>89,635 29</u>

Balance at end of fiscal year 1947-48.....	\$ 148,109 84
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(1) Account paid in 1948-49.

(2) Period of account May 1, 1946-April 30, 1947—paid in 1947-48. Account for 1947-48 not received.

(3) Grant for 1946-47 paid in 1947-48. Grant for 1947-48 paid in 1947-48.

(4) Period of account Jan. 1, 1947 to Mar. 31, 1948.

TABLE 59

(Information Services Division)

HEALTH EDUCATION FILMS AND FILM STRIPS

(The following films, produced for the Division, are available for rent or purchase from the National Film Board, Ottawa, or from any of its regional offices).

Behind the Menu—20 minutes, sound, black and white, English and French.

The film depicts the important role a restaurant plays in today's living. It emphasizes need for care in food handling, cleanliness of staff and premises, and regular inspection of buildings and operations, to ensure safe food at all times.

Condition Improved—Produced in conjunction with the Department of Veterans Affairs—30 minutes, sound, black and white, English and French.

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 part of the film deals with co-operation between therapist and psychiatrist in the treatment of psychoneurosis.

The Feeling of Hostility—20 minutes, sound, black and white, English.

This film and *The Feeling of Rejection* are the first two in a series entitled *Mental Mechanisms*, designed to illustrate the development of personality factors which often lead to emotional difficulties and to physical distress.

The picture tells the story of Clare, whose capacities for love and friendship remained undeveloped because, to her, love meant betrayal and hurt. Her father was killed in her early childhood. Her mother remarries and she is forced to share family affection with a step-father, and later a half-brother. Resentment develops and fosters her determination to win respect, if not love. Her superior intelligence makes her a bright student and her family is impressed, and this admiration takes the place, she feels, of love. Clare eventually becomes an efficient business woman, but a loser in personal happiness. The story ends with her triumph over the feeling of hostility which had impelled her to make herself so successful that she did not need personal love.

The Feeling of Rejection—21 minutes, sound, black and white, English and French.

The film presents the story of Margaret, 23, who, because of over-protection in childhood, was discouraged from growing up as an active and confident person. Although a model child, the adult Margaret is unable to stand up for herself in situations calling for normal competition.

This film is a valuable aid in group psycho-therapy, for parent-teacher education and in instruction of social workers, nurses and medical students.

Fit for Tomorrow—5 minutes, sound, black and white, English.

A short film dealing with the need for physical fitness and for community recreation programs to ensure fitness for all. It outlines the help available with such programs under the National Fitness Act.

Get Rid of Rats!—10 minutes, sound, black and white, English and French.

A film on pest control in towns and cities, showing damage done by rodents. Modern methods of rat control are illustrated and explained.

Invisible Armour—20 minutes, sound, black and white, English and French.

The story of a campaign in a small Canadian town to protect the children from diphtheria through immunization. Shows how to win public support and how to carry out an immunization campaign, meeting various difficulties as they arise.

Know Your Baby—11 minutes, sound, colour, English.

This film illustrates approved methods of psychological care of the newborn infant. A home situation is shown where other children are present: the consideration and understanding necessary until the family adjusts itself to demands of the newcomer are noted. The following aspects of the care of the infant are emphasized and their psychological implications illustrated: clothing and feeding, the bath, breast feeding and bottle feeding, maintenance of normal home atmosphere, prevention of any feeling of neglect in older children in the home.

Let's Look at Water—22 minutes, sound, black and white, English and French.

An account of how a city's water supply is purified. 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, 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, as are recent developments in the treatment of water supplies, including the addition of fluorine as protection against tooth decay, treatment of sewage, etc.

Mother and Her Child—50 minutes, sound, colour, English and French.

Based on the book *The Canadian Mother and Child*, by the Chief of the Department's Child and Maternal Health Division, this film is in two parts—pre-natal and post-natal. Part I covers behaviour and care during pregnancy, with a brief description of preparations for home confinement. The need for medical attention during this period is stressed. Part II deals with the physical and psychological development of the child from birth to the end of the first year. Pointers are given on feeding, bathing and clothing of the child.

Out Beyond Town—10 minutes, sound, black and white, English and French.

Shows modern sanitation practices in rural areas, emphasizing the need for cleanliness of food, milk supply, water sources, privies, farm houses, rural schools. It demonstrates how provincial officers help and advise farmers on improving their sanitary facilities.

Rural Health—Produced in conjunction with the Province of Manitoba: 18 minutes, sound, black and white, English and French.

The story of the first health unit in Manitoba, set up at Dauphin. It deals with preventive medicine as applied to the rural community and emphasizes the need for a planned rural health program.

Sixteen to Twenty-six—18 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. These diseases are shown to be of two distinct types, both highly contagious but curable, particularly in the early stages.

Small Fry—11 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 up improvement in education, diet, environment, etc., which have become apparent in recent years in relation to Family Allowances.

Something to Chew on—20 minutes, sound, colour, English and French.

A film for parents showing the correct care of children's teeth. Stress is laid on the importance of early training and proper diet for the development of healthy teeth. Examples of the lack of proper care are shown as a contrast. The film also suggests services that are desirable in a modern community for the proper care of children's teeth.

Stanley Takes a Trip—20 minutes, sound, colour cartoon, English and French.

Principally designed for children, this film points up, in an entertaining cartoon fashion, the foods required for a normal growing boy. Stanley is shown at the opening fast asleep while fishing, though supposedly having just finished breakfast. Various farm animals are called in to emphasize the lessons of the film.

Very Dangerous—17 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.

What's on Your Mind—10 minutes, sound, black and white, English. (Originally released in the "Canada Carries On" series).

This film indicates some of the ill-effects of today's problems on the mental health of individuals, describes the progress science is making in the treatment of mental and emotional disorders, and debunks a few current fads and quack practices.

Your Morning Milk—10 minutes, sound, black and white, English and French.

Directed to both producers and consumers, this film describes the proper handling of milk, from herd to kitchen and dining room, including comments on the value of pasteurization.

FILMSTRIPS

(Filmstrips listed here have been made available to Provincial Health Departments. Individuals or organizations interested may obtain information regarding purchase from the National Film Board, Print Requisition and Sales Division, Ottawa, or one of the Board's regional offices. Filmstrips may be obtained from the National Film Board for preview with a view to purchase).

Internal Triangle—colour, 50 frames, English and French, silent, captions.

About two teen-age girls, and their adventures with Canada's Food Rules. Script is in rhyme, to bring out in interesting manner the adaptation of various food groups to meal planning.

Introducing Baby—colour, 58 frames, English and French, recording, 4 sides, 12" speed, 78 RPM.

Detailed information on the care of mother and child, from the time baby is born until weaning period.

Nine to Get Ready—colour, 53 frames, English and French, recording, 3 sides, 12", speed 78 RPM.

This filmstrip covers the essential points in prenatal care to ensure the best possible start in life for babies. The importance of regular visits to the doctor, of a complete physical check-up, proper diet and plenty of exercise during the nine months of pregnancy, is stressed. Warnings are included against running the risk of infection, and practical hints are given on maintaining a cheerful outlook throughout this period.

Peppo—colour, 76 frames, English and French, recording, 2 sides, 12", speed 78 RPM.

A new character is introduced in this filmstrip, "Peppo", a bright little fellow who pops out of a Family Allowance 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 what foods contain the various vitamins, minerals and proteins, and how they may be combined to form a balanced meal.

Rural School Lunches—black and white, 56 frames, French or English, silent. (Script available).

This filmstrip describes four plans by which mothers and teachers can make sure that each child is well fed at midday and thus supplied with energy sufficient for school work or play. 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, while, 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.

Why We Eat—A series of six educational filmstrips, about 32 frames each, colour, English and French, silent, captions.

This series deals with nutrition. The first presents the general aspects of the subject and the others deal with one food group each. The strips are designed for children, and are in the form of colour cartoons. The story is told in rhyming couplets. Included in the series are, 1, *Why We Eat*, 2, *Milk*, 3, *Fruit*, 4, *Vegetables*, 5, *Cereals*, and 6, *Meat*.

Protection Against V.D.—black and white, 16 frames, English and French, captions.

Designed for continuous-projection machines, as well as filmstrip projectors, this strip points out the salient facts about venereal diseases.

TABLE 60

(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 officers, nurses, health educators, nutritionists, industrial health personnel and others. All publications and posters are produced in both English and French, except those marked with an asterisk, which are available at present in English only.)

Blindness Control—

Eyestrain.

Save Your Eyes

Child and Maternal Health—

*The Canadian Mother and Child.**Polio (Infantile Paralysis).**Ten Points to Remember—Before and After Baby Comes.**Whooping Cough is a Baby Killer.*

Dental Health—

Healthful Living. (folder).*Your Baby's Teeth.**Your Child's Teeth.* (folder).

Industrial Health—

Skin Diseases in Industry.

Mental Health—

Child Training:

*Bed Wetting—How Can I Correct My Child's Habit?**Fear—What Makes My Child Afraid and Nervous?**Feeding Habits—How Can I Guide My Child's Eating?**Obedience—How Can I Teach My Child to Obey?**Sex—What Shall I Tell My Child?**Temper—How Can I Control My Child's Outbursts?*

Nutrition—

*Canada's Food Rules.***Healthful Eating.**How Well Fed are You?**Let's Talk Food, Mother.**Mother! The School Lunch.***Points About Vitamins.**Score Sheet for Each Day's Meals.**The Lunch Box on the March.*

Physical Fitness—

Aquatic Standards. (folder).*Better Health through Skiing.**Daily Does it.*

Public Health Engineering—

*Air Conditioning and Heating in Relation to Health.**Housing.**Noise and Vibration Control.**The Rat Menace.*

Venereal Disease Control—

Victory Over Disease.

Miscellaneous—

*Bon Voyage—Health Hints for Canadian Travellers.***Canada's Health and Welfare Program.**Cancer.* (folder).*Care of the Feet.**Good Health for Canada's Indians.* (Restricted circulation).*It's No Secret.* (Common Cold).*Pure Food—Safe Drugs.***Smoking.**What You Should Know about Tuberculosis.*

POSTERS

Industrial Health—

- A Guide to Good Health.* (Restricted circulation).
- Avoid Skin Diseases.*
- Carbon Monoxide Poisoning.*
- Care of the Eyes.*
- Care of the Feet.*
- Dirt Spreads Disease.*
- **Don't Be a Dope.* (Adequate Sleep).
- **Don't Grouch About It.* (Self-Discipline).
- **Don't Let a Kachoo Catch You.* (Common Cold).
- **Let's Keep Our Washrooms Clean.* (Environmental Cleanliness).
- **Reach for Better Health.* (Personal Cleanliness).
- Recreation.*
- Sleep.*
- The Plant Nurse.*
- **You Gamble When You Squander Sick Leave.*

Nutrition—

- Canada's Food Rules.*
- Eat a Good Breakfast.*
- Eat a Good Lunch.*
- Eat a Good Third Meal.*
- **Eat Right—Score High.*
- Eat Vegetables Every Day.*
- Kitchen Wall Chart.*
- **Meal Patterns.*
- Milk for Everyone.*

Miscellaneous—

- Get the Most Value from the Food You Buy with Your Family Allowances.*
- Family Allowances for Indian Families.* (Restricted circulation).
- Family Allowances for Eskimo Families.* (In syllabics, restricted circulation).
- **Immunization.* (Set of six posters).

TABLE 61

(Personnel Division)

TOTAL PERMANENT AND TEMPORARY STAFF OF THE DEPARTMENT

As at March 31, 1948

	Permanent	Temporary	Total
ADMINISTRATION BRANCH—			
Minister's Office.....	2	16	18
Departmental Secretary's Division.....	16	67	83
Information Services Division.....	6	18	24
Legal Division.....	2	3	5
Library Division.....	1	6	7
Personnel Division.....	7	34	41
Purchasing and Supply Division.....	3	23	26
Research and Statistics Division.....	3	13	16
Total.....	40	180	220
HEALTH BRANCH—			
Health Branch Administration.....	6	8	14
Advertising and Labels Division.....	2	4	6
Blindness Control Division.....	3	3	6
Child and Maternal Health Division.....	3	2	5
Civil Aviation Medicine Division.....			
Civil Service Health Division.....	8	45	53
Dental Health Division.....	1	4	5
Epidemiology Division.....		4	4
Food and Drugs Division.....	52	64	116
Health Insurance Studies, Directorate of.....	2	3	5
Hospital Design Division.....	1	4	5
Indian Health Services, Directorate of.....	51	602	653
Industrial Health Division.....	4	13	17
Laboratory of Hygiene Division.....	15	53	68
Mental Health Division.....		2	2
Narcotic Control Division.....	8	20	28
Nutrition Division.....	1	31	32
Proprietary or Patent Medicine Division.....	3	4	7
Public Health Engineering Division.....	6	22	28
Quarantine, Immigration Medical and Sick Mariners Services.....	54	248	302
Venereal Disease Control Division.....	1	9	10
Total.....	221	1,145	1,366
WELFARE BRANCH—			
Welfare Branch Administration.....	1	5	6
Family Allowances Division.....	49	657	706
Old Age Pensions Division.....	12	1	13
National War Services Administration Division.....	1		1
Physical Fitness Division.....		8	8
Voluntary War Relief Division.....		5	5
War Charities Division.....		4	4
Total.....	63	680	743
Grand Total.....	324	2,005	2,329

NOTE:—

- (a) At the end of the fiscal year 55 persons were employed on a casual hourly rate basis in the Family Allowances Division of the Welfare Branch.
- (b) At the end of the fiscal year 164 persons were employed on a casual hourly rate basis in the Indian Health Services Directorate of the Health Branch.

TABLE 62
(Chief Treasury Officer)

STATEMENT OF ESTIMATES AND EXPENDITURES

As at March 31, 1948

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
Statute	Minister's Salary and Motor Car Allowance.....	12,000	00	12,000	00				
	Miscellaneous Gratuities.....			1,014	00	1,014	00	Dr.	
	Family Allowance Payments.....	260,000,000	00	263,165,192	33	3,165,192	33	Dr.	
	Old Age Pensions (including Pensions to the Blind) Payments....	37,800,000	00	58,089,960	41	20,289,960	41	Dr.	
	Total.....	297,812,000	00	321,268,166	74	23,456,166	74	Dr.	
200 } 787 }	DEPARTMENTAL ADMINISTRATION—								
	Salaries.....	417,942	00	377,986	59	18,455	41		
	Other Pay-list Items.....	10,257	00	5,352	69	4,904	31		
	Educational and Informational Publicity.....	59,000	00	52,974	89	6,025	11		4,631 56
	Telephones, Telegrams and Postage.....	8,500	00	9,521	21	978	79		
	Equipment.....	26,500	00	25,584	84	4,415	16		3,013 79
	Sundries.....	2,935	00	3,388	29	546	71		312 49
	Professional and Special Services	1,000	00	830	00	170	00		
	Materials and Supplies.....	41,300	00	32,006	10	22,293	90		9,561 20
	Freight, Cartage and Express....	1,170	00	331	55	838	45		
	Transportation and Travelling Expenses.....	15,000	00	14,366	26	2,633	74		
	Allowances and Other Expenses of Delegates to International Conferences.....	20,000	00	379	17	19,620	83		
		603,604	00	522,721	59	80,882	41		17,519 04
201 } 788 }	NATIONAL HEALTH BRANCH ADMINISTRATION—								
	Salaries.....	61,184	00	53,451	05	7,632	95		
	Other Pay-list Items.....	789	00	327	28	461	72		
	Educational and Informational Publicity.....	96,043	00	53,587	12	42,455	88		34,239 40
	Telephones, Telegrams and Postage.....	1,000	00	817	35	182	65		
	Equipment.....	500	00	441	17	158	83		25 33
	Sundries.....	800	00	758	34	41	66		
	Professional and Special Services	2,000	00	1,026	03	973	97		
	Materials and Supplies.....	5,000	00	883	70	4,116	30		978 84
	Freight, Cartage and Express....	500	00	169	42	330	58		
	Transportation and Travelling Expenses.....	10,000	00	6,489	98	3,510	02		
		177,816	00	117,951	44	59,864	56		35,243 57
202 } 789 }	FOOD AND DRUGS—								
	Salaries.....	313,845	00	263,465	25	50,229	75		
	Other Pay-list Items.....	1,101	00	934	20	316	80		
	Educational and Informational Publicity.....	6,000	00	335	30	5,664	70		4,664 70
	Telephones, Telegrams and Postage.....	4,340	00	3,355	54	984	46		
	Equipment.....	33,000	00	33,571	21	4,428	79		2,682 55
	Sundries.....	11,250	00	5,611	09	5,638	91		100 46
	Professional and Special Services	17,700	00	8,994	02	3,705	98		3,289 28
	Materials and Supplies.....	34,800	00	32,166	79	7,633	21		4,298 22
	Freight, Cartage and Express....	1,150	00	1,049	67	100	33		
	Transportation and Travelling Expenses.....	35,400	00	22,356	58	8,043	42		
		458,586	00	371,839	65	86,746	35		15,035 21

STATEMENT OF ESTIMATES AND EXPENDITURES—Con.

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
203 790 607	OPIUM AND NARCOTIC DRUGS—								
	Salaries.....	60,410	00	54,854	94	55	06		
	Other Pay-list Items.....	1,559	00	957	59	601	41		
	Educational and Informational Publicity.....	9,500	00	9,325	12	174	88	174	88
	Telephones, Telegrams and Postage.....	300	00	209	76	90	24		
	Equipment.....	100	00	94	26	5	74	1	78
	Sundries.....	200	00	208	42	91	58		
	Professional and Special Services Materials and Supplies.....	40,000	00	44,679	26	320	74		
	Transportation and Travelling Expenses.....	1,000	00	1,404	04	95	96	13	65
		8,000	00	6,116	26	1,783	74		
		121,069	00	117,849	65	3,219	35	190	31
204 791	PROPRIETARY OR PATENT MEDICINES—								
	Salaries.....	16,956	00	16,567	94	263	06		
	Other Pay-List Items.....	71	00	122	08	73	92		
	Telephones, Telegrams and Postage.....	100	00	28	42	71	58		
	Equipment.....	300	00	102	34	197	66		
	Sundries.....	100	00	37	12	62	88		
	Professional and Special Services Materials and Supplies.....	2,500	00	2,500	00				
	Transportation and Travelling Expenses.....	800	00	458	45	341	55	14	00
		1,000	00	28	85	971	15		
		21,827	00	19,845	20	1,981	80	14	00
205 792	QUARANTINE AND LEPROSY—								
	Salaries.....	198,712	00	173,893	35	10,718	65		
	Other Pay-list Items.....	1,756	00	1,340	26	415	74		
	Telephones, Telegrams and Postage.....	3,000	00	3,591	98	8	02		
	Equipment.....	16,500	00	14,476	58	6,023	42	2,513	87
	Sundries.....	4,700	00	3,588	91	1,111	09	65	06
	Professional and Special Services Materials and Supplies.....	10,000	00	10,939	04	560	96		
	Freight, Cartage and Express....	20,000	00	18,961	98	6,038	02	1,445	71
	Transportation and Travelling Expenses.....	1,000	00	250	16	749	84		
		5,000	00	6,882	47	1,117	53		
		260,668	00	233,924	73	26,743	27	4,024	64
206 793	LABORATORY OF HYGIENE—								
	Salaries.....	166,707	00	141,682	37	24,124	63		
	Other Pay-list Items.....	974	00	670	22	303	78		
	Telephones, Telegrams and Postage.....	500	00	482	91	17	09		
	Equipment.....	27,500	00	16,565	80	9,434	20	8,830	63
	Sundries.....	1,500	00	4,227	13	172	87	107	33
	Professional and Special Services Materials and Supplies.....	1,500	00	50	26	249	74		
	Freight, Cartage and Express....	35,000	00	33,316	53	1,683	47	1,683	47
	Transportation and Travelling Expenses.....	1,000	00	1,208	90	291	10		
		8,000	00	6,930	00	1,270	00		
		242,681	00	205,134	08	37,546	92	10,621	43

STATEMENT OF ESTIMATES AND EXPENDITURES—Con.

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
207 794 73 732	IMMIGRATION MEDICAL SERVICES—								
	Salaries.....	321,974	00	285,474	00				
	Allotted from Vote 73/732 (Dept. of Finance) Salaries.....	2,774	39	2,774	39				
	Other Pay-list Items.....	21,711	00	32,280	78	1,430	22		
	Telephones, Telegrams and Postage.....	5,450	00	3,006	56	43	44		
	Equipment.....	18,350	00	6,243	31	4,106	69	1,140	56
	Sundries.....	16,081	00	11,117	33	4,963	67	100	00
	Professional and Special Services	1,000	00	11,006	25	1,493	75		
	Materials and Supplies.....	46,000	00	65,078	53	1,921	47	1,590	42
	Freight, Cartage and Express....	450	00	304	48	145	52		
	Transportation and Travelling Expenses.....	28,500	00	24,380	48	6,619	52	1,000	00
	Rents.....	11,000	00	3,320	29	7,579	71	200	00
	Lands and Buildings.....	3,000	00	459	84	2,540	16	12	40
		476,290	39	445,446	24	30,844	15	4,043	38
208 795	CHILD AND MATERNAL HEALTH—								
	Salaries.....	28,397	00	20,418	63	7,978	37		
	Other Pay-list Items.....	210	00	88	08	121	92		
	Educational and Informational Publicity.....	64,234	00	62,018	75	2,215	25	641	99
	Equipment.....	500	00	86	31	113	69	10	09
	Sundries.....	500	00	221	95	278	05	15	00
	Professional and Special Services	100	00			600	00		
	Materials and Supplies.....	1,561	00	1,853	03	7	97	2	17
	Freight, Cartage and Express....	2,000	00	1,412	98	587	02		
	Transportation and Travelling Expenses.....	10,000	00	7,445	10	2,054	90	1,105	75
		107,502	00	93,544	83	13,957	17	1,775	00
209 796	PUBLIC HEALTH ENGINEERING—								
	Salaries.....	88,852	00	75,878	95	12,973	05		
	Other Pay-list Items.....	883	00	364	73	518	27		
	Educational and Informational Publicity.....	8,500	00	1,107	54	2,392	46		
	Telephones, Telegrams and Postage.....	3,000	00	1,461	66	1,538	34		
	Equipment.....	14,200	00	19,991	87	3,208	13	1,076	61
	Sundries.....	4,000	00	2,836	37	1,163	63	20	96
	Professional and Special Services	5,000	00	3,333	47	1,666	53		
	Materials and Supplies.....	12,600	00	10,161	51	2,438	49	1,069	58
	Freight, Cartage and Express....	1,000	00	706	83	293	17		
	Transportation and Travelling Expenses.....	35,000	00	20,668	65	10,331	35		
	173,035	00	136,511	58	36,523	42	2,167	15	
210 797	TREATMENT OF SICK MARINERS—								
	Salaries.....	57,182	00	55,581	99	700	01		
	Other Pay-list Items.....	193	00	195	25	97	75		
	Telephones, Telegrams and Postage.....	800	00	686	07	113	93		
	Equipment.....	3,000	00	1,192	45	1,807	55	252	25
	Sundries.....	2,500	00	2,955	83	344	17	6	00
	Professional and Special Services	325,000	00	323,625	85	1,374	15		
	Materials and Supplies.....	35,000	00	33,406	79	1,593	21	84	05
	Transportation and Travelling Expenses.....	3,000	00	2,499	07	500	93		
	Lands and Buildings.....	1,500	00	184	99	1,315	01		
	Rents.....	2,400	00	600	00	1,800	00		
	430,575	00	420,928	29	9,646	71	342	30	

STATEMENT OF ESTIMATES AND EXPENDITURES—*Con.*

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49		
		\$	cts.	\$	cts.	\$	cts.	\$	cts.	
211) 798)	INDUSTRIAL HEALTH—									
		Salaries.....	62,320	00	45,712	36	16,607	64		
		Other Pay-list Items.....	507	00	251	74	255	26		
		Educational and Informational Publicity.....	21,422	00	14,115	83	7,306	17	4,850	00
		Telephones, Telegrams and Postage.....	300	00	247	18	52	82		
		Equipment.....	23,785	00	12,178	09	11,606	91	3,115	82
		Sundries.....	3,220	00	608	07	2,611	93		19 22
		Professional and Special Services	2,000	00	292	95	1,707	05		
		Materials and Supplies.....	10,220	00	5,539	28	4,680	72	1,588	78
		Freight, Cartage and Express....	100	00	225	83	124	17		
		Transportation and Travelling Expenses.....	12,000	00	3,377	96	8,372	04		
			135,874	00	82,549	29	53,324	71	9,573	82
	212) 799)	CIVIL SERVICE HEALTH—								
			Salaries.....	166,906	00	117,925	61	48,820	39	
		Other Pay-list Items.....	918	00	682	03	395	97		
		Educational and Informational Publicity.....	8,000	00	2,614	34	5,385	66	250	00
		Telephones, Telegrams and Postage.....	1,000	00	233	63	766	37		
		Equipment.....	20,929	00	11,913	90	6,015	10	4,126	82
		Sundries.....	3,800	00	1,169	87	2,630	13		8 41
		Professional and Special Services	6,500	00	1,509	50	2,990	50		
		Materials and Supplies.....	10,500	00	13,275	05	2,224	95	1,999	84
		Freight, Cartage and Express....	300	00	77	27	222	73		
		Transportation and Travelling Expenses.....	4,500	00	1,769	96	2,730	04		
		223,353	00	151,171	16	72,181	84	6,385	07	
213	NUTRITION—									
		Salaries.....	67,980	00	66,808	83	991	17		
		Other Pay-list Items.....	468	00	599	19	48	81		
		Educational and Informational Publicity.....	35,000	00	25,508	89	10,991	11	9,348	12
		Telephones, Telegrams and Postage.....	200	00	92	14	107	86		
		Equipment.....	3,000	00	4,403	55	1,596	45	1,146	86
		Sundries.....	800	00	338	75	461	25		20 41
		Professional and Special Services	5,000	00	64	00	436	00		
		Materials and Supplies.....	4,500	00	3,786	18	713	82	287	30
		Freight, Cartage and Express....	1,500	00	712	63	787	37		
		Transportation and Travelling Expenses.....	20,000	00	16,337	64	3,662	36		
		138,448	00	118,651	80	19,796	20	10,802	69	
214	COMBATING VENEREAL DISEASES—									
	ADMINISTRATION—									
		Temporary Assistance.....	25,440	00	21,984	05	3,215	95		
		Other Pay-list Items.....	485	00	383	09	341	91		
		Educational and Informational Publicity.....	4,250	00	2,966	98	1,283	02	1,205	59
		Telephones, Telegrams and Postage.....	200	00	97	25	102	75		
		Equipment.....	300	00	86	62	213	38		7 30
		Sundries.....	500	00	121	00	379	00		1 00
		Materials and Supplies.....	1,500	00	582	71	1,417	29	1,200	00
		Freight, Cartage and Express....	200	00	46	37	153	63		
		Transportation and Travelling Expenses.....	5,000	00	2,689	84	1,810	16		
			37,875	00	28,957	91	8,917	09	2,413	89

STATEMENT OF ESTIMATES AND EXPENDITURES—*Con.*

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
215 800	Assistance to Provinces for control of venereal diseases under regulations approved by the Governor in Council.....	175,730	00	166,969	62	8,760	38	2,140	39
216	Distribution of drugs under regulations approved by the Governor in Council.....	50,000	00	49,440	92	559	08		
217	HEALTH INSURANCE STUDIES—								
	Salaries.....	19,992	00	6,516	24	13,475	76		
	Other Pay-list Items.....	71	00	15	57	55	43		
	Telephones, Telegrams and Postage.....	200	00	54	60	145	40		
	Equipment.....	500	00	84	09	415	91		
	Sundries.....	100	00	2	50	97	50		
	Materials and Supplies.....	2,000	00	154	86	1,845	14		3 50
	Transportation and Travelling Expenses.....	5,000	00	90	65	4,909	35		
		27,863	00	6,918	51	20,944	49		3 50
218	DENTAL HEALTH—								
	Salaries.....	13,408	00	11,071	22	2,236	78		
	Other Pay-list Items.....	43	00	33	65	109	35		
	Educational and Informational Publicity.....	26,500	00	16,541	55	9,958	45		6,058 07
	Telephones, Telegrams and Postage.....	200	00	40	77	159	23		
	Equipment.....	500	00	611	88	238	12		
	Sundries.....	200	00	39	11	160	89		1 25
	Professional and Special Services	3,500	00			3,150	00		500 00
	Materials and Supplies.....	1,000	00	561	52	438	48		3 19
	Freight, Cartage and Express....	200	00	72	99	127	01		
	Transportation and Travelling Expenses.....	5,000	00	3,656	03	1,343	97		
		50,551	00	32,628	72	17,922	28		6,562 51
219	HOSPITAL DESIGNS—								
	Salaries.....	17,580	00	15,058	99	2,521	01		
	Other Pay-list Items.....	57	00	14	85	42	15		
	Telephones, Telegrams and Postage.....	200	00	47	12	152	88		
	Equipment.....	1,000	00	13	26	486	74		
	Sundries.....	500	00	105	60	394	40		
	Professional and Special Services	2,000	00	40	00	1,960	00		
	Materials and Supplies.....	2,000	00	2,335	85	164	15		9 97
	Freight, Cartage and Express....	200	00	14	72	185	28		
	Transportation and Travelling Expenses.....	3,000	00	1,097	35	1,902	65		
		26,537	00	18,727	74	7,809	26		9 97
220	MENTAL HEALTH—								
	Salaries.....	10,773	00	9,084	50	1,688	50		
	Other Pay-list Items.....	175	00	74	04	100	96		
	Educational and Informational Publicity.....	32,000	00	29,850	23	2,149	77		1,569 81
	Telephones, Telegrams and Postage.....	500	00	156	59	343	41		
	Equipment.....	500	00	82	63	867	37		
	Sundries.....	200	00	189	17	10	83		9 00
	Professional and Special Services	3,500	00	3,495	00	5	00		
	Materials and Supplies.....	1,000	00	327	12	222	88		59 94
	Freight, Cartage and Express....	200	00	66	59	133	41		
	Transportation and Travelling Expenses.....	5,000	00	4,410	85	589	15		
		53,848	00	47,736	72	6,111	28		1,638 75

STATEMENT OF ESTIMATES AND EXPENDITURES—*Con.*

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49		
		\$	cts.	\$	cts.	\$	cts.	\$	cts.	
221 802)	BLINDNESS CONTROL—									
		Salaries.....	17,571	00	14,998	75	2,572	25		
		Other Pay-list Items.....	43	00	20	89	22	11		
		Educational and Informational Publicity.....	4,000	00	2,119	63	1,880	37		
		Telephones, Telegrams and Postage.....	300	00	18	64	281	36		
		Equipment.....	300	00	74	21	225	79		113 00
		Sundries.....	500	00	33	26	466	74		
		Professional and Special Services Materials and Supplies.....	25,000	00	10	00	24,990	00		20,000 00
		Freight, Cartage and Express....	1,000	00	361	68	638	32		
		Transportation and Travelling Expenses.....	100	00	21	00	79	00		
			3,000	00	420	76	2,579	24		
			51,814	00	18,078	82	33,735	18		20,113 00
	222	EPIDEMIOLOGY, including the former Tuberculosis Control Division—								
		Temporary Assistance.....	9,804	00	3,998	11	5,805	89		
		Other Pay-list Items.....	43	00	2	53	40	47		
		Educational and Informational Publicity.....	1,000	00	446	58	553	42		
		Telephones, Telegrams and Postage.....	200	00	2	00	198	00		
		Equipment.....	500	00	10	00	490	00		
		Sundries.....	100	00	50		99	50		
		Materials and Supplies.....	2,000	00	439	66	1,560	34		9 50
		Freight, Cartage and Express....	100	00	2	81	97	19		
		Transportation and Travelling Expenses.....	3,000	00	176	65	2,823	35		
			16,747	00	5,078	84	11,668	16		9 50
223	ADVERTISING AND LABELS CONTROL—									
		Salaries.....	16,323	00	11,631	77	4,691	23		
		Other Pay-list Items.....	57	00	126	12	170	88		
		Educational and Informational Publicity.....	750	00			750	00		
		Telephones, Telegrams and Postage.....	100	00	26	47	73	53		
		Equipment.....	500	00	152	64	347	36		
		Sundries.....	50	00			50	00		
		Professional and Special Services Materials and Supplies.....	1,000	00	31	66	628	34		
		Transportation and Travelling Expenses.....	500	00	247	09	252	91		
			2,500	00	877	45	1,622	55		
			21,780	00	13,193	20	8,586	80		

STATEMENT OF ESTIMATES AND EXPENDITURES—*Con.*

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
224	GRANTS TO INSTITUTIONS ASSISTING SAILORS—								
	Navy League of Canada, Halifax, N.S.	200	00	200	00				
	Sailors Institute, North Sydney, N.S.	200	00	200	00				
	Navy League of Canada, Sydney, N.S.	200	00	200	00				
	Seamen's Mission Society, Saint John, N.B.	200	00	200	00				
	Catholic Sailors' Club, Saint John, N.B.	200	00	200	00				
	Catholic Sailors' Club, Montreal, P.Q.	200	00	200	00				
	Montreal Seamen's Institute, Montreal, P.Q.	200	00	200	00				
	Montreal Sailors' Hostel, Montreal, P.Q.	200	00	200	00				
	Catholic Seamen's Club, Quebec, P.Q.	200	00	200	00				
	Quebec Seamen's Institute, Quebec, P.Q.	200	00	200	00				
	Vancouver Sailors' Home, Vancouver, B.C.	200	00	200	00				
	Victoria Seamen's Institute, Victoria, B.C.	200	00	200	00				
		2,400	00	2,400	00				
225 } 803 } 608 }	MEDICAL SERVICES—INDIANS AND ESKIMOS—								
	Salaries and Wages	1,321,363	00	1,012,663	05	112,699	95		
	Other Pay-list Items	5,564	00	872	08	4,691	92		
	Materials and Supplies	450,000	00	640,887	31	9,112	69	17,980	28
	Transportation and Travelling Expenses	200,000	00	239,934	11	65	89		
	Freight, Cartage and Express	17,000	00	44,424	96	575	04		
	Telephones, Telegrams and Postage	8,000	00	11,968	92	31	08		
	Professional and Special Services	2,500,000	00	2,204,549	58	2,690	42		
	Meter Rates	45,000	00	44,790	55	209	45		
	Rents	5,000	00	4,979	68	20	32		
	Equipment Maintenance	25,000	00	44,392	76	5,607	24	594	64
	Repairs to Works and Buildings	79,000	00	104,596	20	25,403	80	833	22
	Acquisition of Property	38,000	00	27,660	00	10,340	00		
	Educational and Informational Publicity	5,000	00	1,066	11	3,933	89		
	Sundries	17,000	00	36,498	51	501	49		
	Acquisition of Equipment	75,000	00	169,955	34	35,804	66	21,835	95
	Construction of Works and Buildings	800,000	00	588,618	63	111,381	37		
		5,590,927	00	5,267,857	79	323,069	21	41,244	09
226	MEDICAL—Grants to Hospitals which care for Indians and Eskimos	219,320	00	200,000	00	19,320	00		

STATEMENT OF ESTIMATES AND EXPENDITURES—*Con.*

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
227	CIVIL AVIATION MEDICINE—								
		10,992	00	727	94	10,264	06		
			43	00	6	62	36	38	
			500	00			500	00	
		1,500	00			1,500	00		
			500	00			500	00	
		5,000	00			5,000	00		
		2,000	00			2,000	00		
			500	00			500	00	
		4,000	00		28	90	3,971	10	
	25,035	00		763	46	24,271	54		
228	WELFARE BRANCH								
	ADMINISTRATION—								
		23,203	00	23,481	71		21	29	
			43	00	132	12		90	88
		3,000	00	2,327	14		672	86	501
			1,000	00	864	52		135	48
		1,000	00		3	20	496	80	6
			500	00	115	56		204	44
		2,000	00	3,495	00		5	00	
		2,000	00		270	99	729	01	3
		100	00		40		99	60	
	6,000	00		2,485	94		3,214	06	
	38,846	00		33,176	58		5,669	42	
								510	
229	FAMILY ALLOWANCE								
	ADMINISTRATION—								
		1,441,830	00	1,367,556	20		74,273	80	
			11,367	00	10,651	33		715	67
		75,000	00	23,063	91		36,936	09	32,153
			87,000	00	48,883	33		38,116	67
		35,000	00	24,083	04		10,916	96	6,681
			3,000	00	2,755	09		244	91
		150,000	00	43,097	13		105,902	87	14,939
		50,000	00	61,514	88		3,485	12	2,082
		1,200	00	2,093	21		106	79	
	50,000	00		31,173	38		18,826	62	
	1,904,397	00		1,614,871	50		289,525	50	
								55,895	
230	OLD AGE PENSIONS AND PENSIONS TO THE BLIND—ADMINISTRATION—								
		29,991	00	32,841	00		25	00	
			15	00	74	04		65	96
			300	00	336	71		163	29
			500	00	579	88		120	12
			250	00	925	80		324	20
		6,500	00	8,330	00		170	00	
			350	00	976	20		198	80
			100	00	24	79		75	21
		16,000	00		8,747	86		27	14
	54,006	00		52,836	28		1,169	72	
								2	
231	NATIONAL PHYSICAL FITNESS—								
	ADMINISTRATION (See also Deposit and Trust Account).....								
	47,866	00		47,866	00				

STATEMENT OF ESTIMATES AND EXPENDITURES—*Con.*

Vote No.	Name of Vote	Estimates		Net Expenditure		Unexpended Balance		Commitments forwarded to 1948-49	
		\$	cts.	\$	cts.	\$	cts.	\$	cts.
232	ASSISTANCE TO SCHOOLS OF SOCIAL WORK	50,000	00	50,000	00				
	MISCELLANEOUS GRANTS—								
	Grant to:								
233	Canadian Welfare Council.....	8,100	00	8,100	00				
234	Canadian National Committee for Mental Hygiene.....	10,000	00	10,000	00				
235	Health League of Canada.....	10,000	00	10,000	00				
236	Canadian National Institute for the Blind.....	18,000	00	18,000	00				
237	L'Association Canadienne Française des Aveugles.....	4,050	00	4,050	00				
238	L'Institut Nazareth de Montréal.....	4,050	00	4,050	00				
239	Montreal Association for the Blind.....	4,050	00	4,050	00				
240	Canadian Tuberculosis Association.....	20,250	00	20,250	00				
241	Victorian Order of Nurses.....	13,100	00	13,100	00				
242	St. John Ambulance Association.....	4,050	00	4,050	00				
243	Canadian Red Cross Society..	10,000	00	10,000	00				
		12,122,520	39	10,801,222	14	1,321,298	25	248,281	94
	Total Ordinary:								
	Statutory.....	297,812,000	00	321,268,166	74	23,456,166	74 Dr.		
	Voted.....	12,122,520	39	10,801,222	14	1,321,298	25	248,281	94
	DEMOBILIZATION AND RECONVERSION—								
	*Chlorination Greater Vancouver Water District.....			6,889	28	6,889	28 Dr.		
553	Old Age Pensions and Pensions to the Blind.....	10,450,000	00	996,417	86	9,453,582	14		
554	Treatment of Canadian Fishermen and Seamen.....	10,000	00	1,226	30	8,773	70		
555	Maintenance, Non Resident Seamen.....	15,000	00	10,499	58	4,500	42		
556	Treatment of Repatriated Merchant Seamen.....	2,000	00	20	00	1,980	00		
557	War Charities Division—Administration—								
	Temporary Assistance.....	29,312	00	25,675	57	2,396	43		
	Other Pay-list Items.....	130	00	206	42	163	58		
	Travelling Expenses.....	500	00	1,711	84	288	16		
	Printing and Stationery.....	200	00	169	44	30	56		
	Miscellaneous.....	1,380	00	187	46	692	54		
		31,522	00	27,950	73	3,571	27		
558 } 73 } 732 }	DIVISION OF VOLUNTARY WAR RELIEF—								
	Temporary Assistance.....	12,248	00	12,163	00				
	Allotted from Vote 73/732 (Dept. of Finance).....	341	92	341	92				
	Other Pay-list Items.....	60	00	176	16	123	84		
	Travelling Expenses.....	500	00	192	00	308	00		
	Miscellaneous.....	500	00	271	98	73	02		
		13,649	92	13,145	06	504	86		
559	Grant to Canadian Nurses' Association.....	46,525	00	46,525	00				
	Total Demobilization and Reconstruction	10,568,696	92	1,102,673	81	9,466,023	11		

* Funds obtained from Dept. of Finance Vote No. 507—Unforeseen Expenses.

TABLE 63
(Chief Treasury Officer)

OPEN AND REVENUE ACCOUNTS

Fiscal Year 1947-48

	Balance March 31, 1947		Receipts		Net Expendi- tures		Balance March 31, 1948	
	\$	cts.	\$	cts.	\$	cts.	\$	cts.
Deposit and Trust Account— National Physical Fitness (See also Vote 231).								
Administration—								
Salaries.....			18,809	00	12,064	69		
Other Paylist Items.....			57	00	130	19		
Educational and Informational Publicity			12,000	00	10,896	44		
Telephones, Telegrams and Postage.....			500	00	608	20		
Equipment.....			500	00	471	66		
Sundries.....			500	00	629	35		
Professional and Special Services.....			4,000	00	999	92		
Materials and Supplies.....			3,000	00	2,484	71		
Freight, Cartage and Express.....			500	00	146	68		
Transportation and Travelling Expenses..			8,000	00	3,919	01		
Assistance to the Provinces.....					89,635	29		
	263,731	44	47,866	00	121,986	14	189,611	30

	Receipts		Balance March 31, 1948	
	\$	cts.	\$	cts.
Unclaimed Cheques Suspense.....	1,356	96	1,356	96

REVENUES—	\$	cts.
Proceeds from Sales.....	8,635	62
Privileges, Licences and Permits.....	16,364	05
Services and Service Fees.....	338,849	12
Refunds, Previous Year's Expenditures.....	10,568	78
Miscellaneous.....	153,508	24
	527,925	81

UNITED STATES BUREAU OF EDUCATION

FINANCIAL STATEMENT FOR THE YEAR 1915

Page No.	Description	1915		Balance	Total	Total	Total
		Actual	Estimated				
100	General Administration	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
101	Instruction	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
102	Research	500,000	500,000	500,000	500,000	500,000	500,000
103	Publicity	200,000	200,000	200,000	200,000	200,000	200,000
104	Printing and Binding	100,000	100,000	100,000	100,000	100,000	100,000
105	Traveling Expenses	50,000	50,000	50,000	50,000	50,000	50,000
106	Telephone	20,000	20,000	20,000	20,000	20,000	20,000
107	Postage	10,000	10,000	10,000	10,000	10,000	10,000
108	Interest on Bonds	100,000	100,000	100,000	100,000	100,000	100,000
109	Interest on Loans	50,000	50,000	50,000	50,000	50,000	50,000
110	Depreciation	10,000	10,000	10,000	10,000	10,000	10,000
111	Reserve for Contingencies	100,000	100,000	100,000	100,000	100,000	100,000
112	Unexpended Balance	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
113	Total	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000

Approved: [Signature] Director

