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PROVINCE OF BRITISH COLUMBIA

THIRTY-FOURTH REPORT

OF THE

PROVINCIAL BOARD OF HEALTH

INCLUDING

NINETEENTH REPORT OF MEDICAL INSPECTION OF SCHOOLS, YEAR ENDED JUNE 30TH, 1930



PRINTED BY AUTHORITY OF THE LEGISLATIVE ASSEMBLY.

VICTORIA, B.C.:

Printed by Charles F. Banfield, Printer to the King's Most Excellent Majesty.

1930.



The Provincial Health Officer
January 1930



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Provincial Board of Health, Victoria, B.C., December 1st, 1929.

To His Honour ROBERT RANDOLPH BRUCE,

Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Report of the Provincial Board of Health for the year ended June 30th, 1930.

S. L. HOWE, Provincial Secretary. Digitized by the Internet Archive in 2019 with funding from Wellcome Library

REPORT of the PROVINCIAL BOARD OF HEALTH.

Provincial Board of Health, Victoria, B.C., December 1st, 1930.

The Honourable S. L. Howe, Provincial Secretary, Victoria, B.C.

SIR,—I have the honour to submit the Thirty-fourth Annual Report of the Provincial Board of Health for the year ended June 30th, 1930.

The Annual Report of the Provincial Board of Health is primarily engaged in reporting the statistics of communicable diseases which come within the purview of the Department, and, by comparing the number of cases as reported from year to year, gauge the results of the work of the Board. This is the general conception that the public has of our work, but as we progress we have endeavoured to show the public that the number of cases of infectious diseases reported is more a criticism of, not the Department, but of the conduct of the community itself in regard to their non-observance of the law of the land.

Our whole effort has been directed along the lines of the awakening, in the public conscience, of a sense of their responsibility, and that the results from the enforcement of the health laws can only be brought about by co-operation on the part of the public. Governments may make laws, but they can only keep a step or two ahead of what the public desires, and to get at the desires of the public necessitates a long-continued propaganda in an effort to educate them to their responsibilities. I am pleased to say that during the past few years there has been a remarkable awakening of the public conscience in this matter. They are beginning to realize what the individual as regards his relation to the community means, and as regards the efforts he must make individually in the prevention of disease by attention to personal hygiene, the education of himself and others in the idea of the prevention of disease as distinct from its cause. The inculcation of this idea has been our aim, and our efforts have been to create a broader outlook by the health-work as carried on by the Government.

Formerly it was the highest ambition of public-health workers to show each year a diminished morbidity and mortality rate from certain named diseases. If the Public Health Officer could show that in a brief period of his incumbency he had cut the typhoid death-rate down to one-fifth of its former proportions and had a steadily diminishing rate for scarlet fever or diphtheria, he felt that he had done a great deal. But within the past few years we have had a higher ambition. We have felt that we must deal with more than the negative side of health, and that it was most distinctly within the province of a Health Officer to put forth every effort to raise the vitality of every human unit in his community to the highest point of efficiency. He must no longer be satisfied with the knowledge that from the result of his efforts a number of individuals have survived who might have died from some preventable disease, but he must also feel that he must lay a foundation for the robust citizens of to-morrow, and so our ideals have advanced, taking in not only the previous field of sanitation, but also that of personal hygiene.

How to reach the individual, however, has been the problem. Health Officers could not personally supervise the daily life of each individual in the community, and he recognizes, therefore, the necessity for educational measures, directed both to the end of securing better understanding, and hence better support to the Health Department, and also to so educate the individual as to furnish him with the knowledge of how to promote his individual health and with the incentive to put that knowledge into effect.

That we are accomplishing our purpose is largely due to the fact that a sufficient number of the citizens have become thoroughly interested, and through them, as individuals, organizations have been reached, and public-health work in British Columbia is able to show milestones of progress from year to year.

The greatest advance which we have made is to be noted in the establishment of full-time health units. We have now, in British Columbia, six, and for three of these we are indebted to the Rockefeller Foundation for financial assistance. I would refer you to the report of the Medical Health Officer published in the school division in this Report, as it is evidence of what has been accomplished at Saanich. The school report from Kelowna gives an itemized

account of the public-health work as carried on by the Public Health Nurse under the Medical Health Officer, and is most comprehensive.

The work preceding the establishment of these units was wearisome, to say the least of it, but by concentrating on some points of the districts, where we were endeavouring to establish the unit, produced its results, and during the past year what has been accomplished has verified all our predictions and has satisfied the local authorities that they have made a really worth-while investment.

The Municipal Councils appreciate the great falling-off in the costs of the health-work as carried on previously, and the satisfaction of the parents in regard to the examination and management of the school-children, while they cannot be evaluated in dollars and cents, is a sure indication that these units are upon a permanent basis.

I would suggest that any one reading our Report would turn to the pages where we deal with the school-work, and the account of the results obtained, and particularly the outline of the work as being carried on, will be illuminating.

The establishment of a full-time Medical Health Officer results in his being surrounded by a useful organization, and the influence of a competent man on the job, just as in any other business, is rapidly reflected in better water-supplies, increased sewerage facilities, better protection of milk and food, with resulting lower mortality rates.

There is also a great co-operation from the medical profession. Where part-time men are employed as Medical Health Officers the disadvantages are very apparent. As a rule, the part-time Medical Health Officer has no training in public health, except what he gains by experience; often he loses practice in cases of communicable disease; people find that they are "shut in" by the Medical Health Officer, but may escape if the case is seen by another doctor. Physicians are singularly reluctant to report cases of communicable disease to one who is in competition with them in practice. All these factors—the poor pay, want of co-operation, lack of educated public opinion, and, above all, lack of funds—contribute to render a part-time health service of little value to the community.

We have made a good beginning in British Columbia in the establishment of these and are carrying on the educational work.

INFECTIOUS DISEASES.

In regard to infectious diseases, there has been a much more marked falling-off in the number reported than last year.

Diphtheria is a third less; there were about 1,600 cases of mumps, as compared with 4,260 the year before; measles shows a 50-per-cent. reduction in the number of reported cases.

In regard to scarlet fever, I can quote from a speech made by a local physician at the congress of teachers at Kelowna, when he says:—

"Our pupils have been exceptionally free from epidemics during the year. Just one disease—namely, scarlet fever—for a couple of weeks threatened last autumn to break out, but prompt methods of isolation of the affected ones, close subsequent observation of all contacts, and inoculation of the vast majority of the pupils against the disease who showed by the Dick test a sensitiveness to scarlet fever, enabled us to escape with only seventeen cases in all. This was very creditable and very fortunate, as in a city to the south of us the schools were all closed for weeks, and scores of cases of scarlet fever occurred."

In Kelowna scarlet fever has been a very prevalent disease, but in 1929 immunization was carried out and 1,050 children were immunized, and at the beginning of 1930, 797 children were immunized. There occurred twenty-three cases of scarlet fever in Kelowna and district, all in children who were not immunized on account of refusal of the parents to do so. None of the children, who were not immunized on account of a negative Dick test, fell ill with the disease.

This is being followed in Kelowna by immunization for diphtheria, which was begun immediately on the opening of the schools in September. Slips were sent to the parents asking for their consent, and 85 per cent. of the slips were returned asking that the immunization be carried out. We attribute this splendid result to the fact that the public recognized that scarlet fever had been practically wiped out in the district owing to the immunization against it. We are receiving splendid support from the public.

Vaccination against smallpox is being carried out in the face of much opposition from our good friends the anti-vaccinationists, and we are pleased to report a decided falling-off in the cases of smallpox—from 738 last year to 157 this year.

There were forty-two cases of poliomyelitis reported, with six deaths, as against 116 cases last year. We were very fortunate in this respect.

It is to be noted that, with the improvement in our epidemiological branch during the past year, the cases of contagious diseases were very much better reported, and consequently the decreases this year, in view of the better reports, mean a great deal more than simply noting the difference as between the number of cases reported in both years.

It is a splendid indication that, in spite of our "anti" friends, the people are recognizing more and more, from our closer contact with them and our educational campaigns, the remedy for epidemics lies in their own hands.

During the early part of this year the public press were reporting, particularly in California, the development of a number of cases of psittacosis, which is an infectious disease transmitted through parrots. The crews of ships from the Orient make a business of bringing over birds in an effort to make a little money, and these are sold to various people at the points of landing.

In March two cases were reported by Dr. Ridewood, of Victoria. This was followed in April, 1930, of a report by the Medical Health Officer of Burnaby, Dr. McIntosh, on the Mainland, of seven cases. A number of people became infected and we had to request the Federal Government to place an embargo on the landing of these birds. This was done immediately, at the request of the Provincial Government. After the embargo came into effect there were no further cases shown.

Dr. Chisholm, our Epidemiologist, reported fully, and copies of his report were sent to the United States authorities, who had shown a great interest and assisted in a most courteous manner in our attempts to control the condition.

TUBERCULOSIS.

As regards tuberculosis, we have a slight falling-off this year in the number of cases reported. At the same time, we are seriously concerned with the question of T.B.

When consulting the figures, in the report of our Travelling Diagnostician, for T.B., the large Indian population, the fact that the climate in our Province invited demobilization of our army, a privilege which was granted by the Government, which accounts for 400 cases at the Sanatorium, all must be taken into consideration. Further, the climatic conditions induce many people who are affected to come to British Columbia.

In discussing this matter with the Superintendent of our Sanatorium, I asked if he would give us suggestions as to such changes that might be brought about to enable us to assume a larger control of the incipient cases. People suffering from the disease will not go to the Sanatorium until too late. The result is that we have many advanced cases there that should not be in the institution at all. While we recognize that an advanced case in the home is a great menace, yet under the scheme which has been suggested these advanced cases would have to be taken care of by the local hospitals, and we would concentrate our work on an educational programme. Dr. Lapp, the Superintendent of the Sanatorium, reported as follows:—

"It is quite apparent, from the high death-rate and the long waiting-list for admission to the Sanatorium, that more active and vigorous methods should be adopted to deal with tuberculosis in the Province.

"Under the present arrangements, only a small percentage of the active cases can receive treatment at the Sanatorium. Many of these remain for long periods (from one to several years), becoming homeless while there. They also lose all ambition and gradually become more and more discontented and unappreciative of the costly care and treatment provided for them. Those patients who are kept waiting for admission have had no training in the proper methods of treatment. Therefore they usually become worse and are often in the incurable stage by the time we are able to admit them. This is not true of Tranquille alone, but all large Canadian sanatoria have the same experience.

"There are two ways in which the situation may be met. The first, a very expensive way, would be the building of more and more Sanatorium accommodation to admit all diagnosed cases

and provide long periods of treatment. The other is not so passive and much less expensive. It is the limitation of the stay of all patients in the Sanatorium and the establishment of a Field Service sufficient to supervise all patients and contacts before and after their period of Sanatorium education. I feel convinced that the latter is the method which will do the greatest good to the greatest number and would strongly recommend that such a plan be put in operation at an early date.

"I recommend this plan for your consideration because it involves no capital expenditure, promises to produce the quickest return, and can be dropped at any time if it is not found to be satisfactory. It should postpone the need for additional Sanatorium beds for a long time, reduce the cost of treating each patient, shorten the period of treatment, and be of great educational value.

"Briefly, the plan is to create a new department at the Sanatorium to be known as the Field Service Department, and the Sanatorium would become the centre of all Government antituberculosis activities. The Medical Superintendent might be called the Director of Tuberculosis Work. It is most important that the Sanatorium and Field Service work be under one direction, so that uniform policies can be formulated to guide the patient, both in the Sanatorium and in the home.

"The Field Service Department would be composed of a central office at the Sanatorium, in charge of a competent Public Health Nurse with tuberculosis training, and extension clinics and visiting nurses working out from the Sanatorium.

"Each clinic would be composed of a doctor and a nurse. They would require a portable X-ray outfit. They would work with the family doctor, diagnosing new cases, examining contacts, studying home conditions, and advising about treatment while the patient was in the home. A visiting nurse for each district should supplement the work of the clinic. To give adequate service the Province should be divided into districts of such a size that one clinic could cover a district each month.

"Instead of being, as at present, a resthaven for a few of the tuberculous, the Sanatorium would become an educational centre and a much more active institution than at present. All newly diagnosed cases would be sent to it for a period of education and treatment varying according to the particular needs of each. No patient would be kept in the Sanatorium for more than four to six months unless some special treatment made it advisable.

"After the period of education and treatment at the Sanatorium the patient would be returned to the home, where he would continue treatment under the guidance of the field-workers. During the time the patient was in Sanatorium the people at home would be advised regarding preparations for receiving the patient back. The Sanatorium officials would be familiar with home conditions and therefore in a better position to advise the patient.

"Other advantages of this plan would be: First, the amount of valuable data which could be gathered by the field-workers; second, a great many more people would assume their responsibilities towards the sick members of their families; third, an increased revenue for the Sanatorium would result from the investigations of the field-workers; and also from the knowledge that treatment in Sanatorium would be necessary for a few months rather than a few years.

"The cost of such a plan would depend on the number of clinics necessary. I believe that three clinics could do the work. The cost of each clinic, including salaries and expenses of the doctor and two nurses and the X-ray expenses, would amount to about \$13,000 per annum. It is already costing the Government over \$6,000 for the inadequate service provided by one clinic, so that the increased cost would not be more than \$35,000 at the most. This is very cheap compared with the cost of providing more beds. Fifty beds would mean a capital expenditure of at least \$125,000 and an annual maintenance of \$50,000, and would do very little towards dealing with the tuberculosis problem.

"Under present conditions we can treat at the Sanatorium only 330 patients. Estimating conservatively by standard methods, there are over 2,000 active cases of tuberculosis in the Province. Also under present conditions 330 patients are reaping the entire benefit of the Sanatorium. The remainder of the active cases, whose need is just as great, do not get any chance whatever which might come to them from a period of education and treatment in the

Sanatorium. This is most unfair. An institution designed to serve all the taxpayers should not be restricted to the few who, by good fortune, manage to gain admission and remain for indefinite periods because there is no other provision made for them. For the Sanatorium to do the greatest good for the greatest number it will be necessary to institute some plan whereby all diagnosed cases can receive the benefit of its education.

"This plan is not entirely new, as I find it is being successfully carried out in parts of the United States and a somewhat similar plan is to be instituted in the Maritime Provinces. An active field force is engaged in Saskatchewan chiefly in diagnostic work and gathering material for statistics. Saskatchewan provides more Sanatorium beds and does not stress home treatment. I favour home treatment, but only after a suitable period of education at the Sanatorium, and, I might add, only under skilled guidance.

"Now that I have a good, well-organized staff at the Sanatorium, I feel capable of assuming the duties entailed in directing this extra department which seems to me to be so necessary at the present time. I would recommend that it be given a trial for either three or five years and feel confident that the results would be very gratifying."

Accompanying our Report is a graph showing and contrasting the death-rates from tuberculosis and cancer. It may be noticed that the tendency of the cancer results is consistently upwards.

LABORATORIES.

In regard to our laboratories, we have arrived at the parting of the ways. We have been subsidizing two laboratories connected with our largest hospitals.

The public-health work has increased to where 58 per cent. of the work done in these laboratories is public-health work. The clinical side is suffering consequently, and the laboratories are not large enough nor sufficiently well staffed to meet this great increase. Consequently, a determination has been arrived at to establish a Provincial laboratory in Vancouver, our commercial capital, in which we hope that we will be able to look after the work of the City of Vancouver should such an arrangement meet with the approval of the city authorities.

In connection with the laboratory-work, vaccines and antitoxins are sent out free on request, and for the year ended June 30th, 1930, the following have been furnished: 8,955 points smallpox vaccine, 8,144,000 units diphtheria antitoxin, 2,855 doses diphtheria toxoid, 31 packages Schick test for diphtheria, 511 packages 2 c.c. (prophylactic) scarlet fever antitoxin, 219 packages 15 c.c. (curative) scarlet fever antitoxin, 166 packages Dick test for scarlet fever, 898 doses scarlet fever toxin (for active immunization), 620 doses typhoid vaccine, 92,500 units tetanus antitoxin, and 23 packages 20 c.c. anti-meningococcus serum.

HEALTH UNITS.

We are pleased to say that we have had another unit established, under a most capable full-time Medical Health Officer, in the District of North Vancouver.

The progress and the work carried on at the points already established is being fully reported on in this Report, and I would suggest that they be read over carefully, especially by those in official positions who have the handling of the taxpayers' money.

Where we have established the units, the present expenditure is much below the cost of a most inefficient service which was being carried on previous to the establishment of the unit; that is, in actual money. The benefit to the health of the community, and particularly the benefits to the children, the decrease in the loss of school-time, and the reduction in the number of retarders in the schools, is hard to evaluate in dollars and cents, but these results are the most valuable contribution to the work.

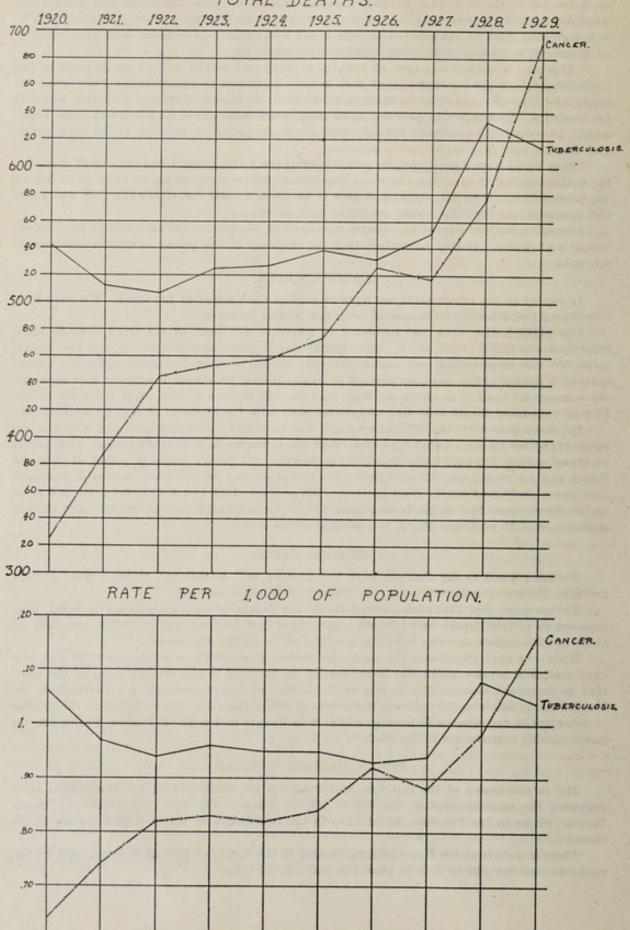
PUBLIC-HEALTH NURSING.

The establishment of the full-time health unit is the outgrowth of the educational work following the establishment of the Public Health Nurses. We now have thirty-two Public Health Nurses in the Province, in addition to the twenty-five or thirty School Nurses in the cities.

There is a class at the University graduating in the spring of 1931 of eighteen, and we feel confident that we will be able to place the majority of these.

CANCER AND TUBERCULOSIS IN BRITISH COLUMBIA, 1920-1929.

TOTAL DEATHS.



Our extension of the nursing service has been hindered by the fact that we have been unable to obtain nurses that come up to our requirements. Our one basic requirement in our public-health work is a trained personnel.

The nursing-work is carried on at present as a generalized work; that is, there is a certain amount of nursing visits to people, but the nurse does not go in her capacity as a nurse, other than to advise; she makes a call the same as a physician does, and the people are rapidly grasping the fact that the nurses are teachers—"public-health teachers" is what we prefer to call them.

I am including in the Report the report from the Kelowna Health Unit, submitted by Anne Frances Grindon, R.N., nurse in charge, and it will in a general way give the basis of our work in the schools.

We are incorporating a graph in this Report showing infant mortality rates in each Province and the Dominion. British Columbia has a very enviable position during the past ten years, as having the lowest infant mortality rate in the Dominion of Canada.

VENEREAL CLINICS.

Our venereal clinics are carrying on their work in a most satisfactory manner. Their real purport is being better understood by the people and we are producing markedly good results in rendering the syphilitic patients non-infective.

It has been ten years since we began the work in our clinics and the reduction in the cases in our mental asylums suffering from the after-effects of syphilis has been more than 50 per cent.; but the preventive side is a problem which requires very earnest work to bring about appreciable results.

As a result of the ten years' work, we feel that there has not been any appreciable difference made in the incidence of syphilis, and we believe that concentration of our efforts on treating and curing, or at least producing a non-infective condition, is our only hope for the future, to prevent the transmission of the disease. This may be read as an admission of defeat in regard to the results of prevention, but the question of prevention is so large and deals with the control of forces that we consider does not come within the purview of the Health Departments. Home influences and religious teaching are the means that would produce the greatest result in regard to prevention. The responsibility for effecting a change through these influences does not rest with the Health Departments.

Until the public realizes that venereal disease does not differ from any of the other infectious diseases, other than in the lasting effect which they produce, and should be treated as such and not considered something that should be referred to only in whispers, can we hope to produce any material effect in regard to prevention.

SANITATION.

With increased population, both permanent and transient, the work of this division has increased to such an extent that it is continuous the year round, without observance of holidays.

New industries to develop our natural resources have called for more field-work, and in this respect we are very fortunate indeed in the co-operation that we are receiving from the management of the larger companies, and also of the individual workers, in the appreciation of the fact of their appreciation of the value of good health as an asset in carrying out their work.

Briefly, our work comprises supervision of auto tourist camps, bathing camps, fruit-canneries, fish-canneries, oyster-beds, mining and logging camps, and nuisances, and there is included in this Report the Chief Sanitary Inspector's report of his activities during the past year.

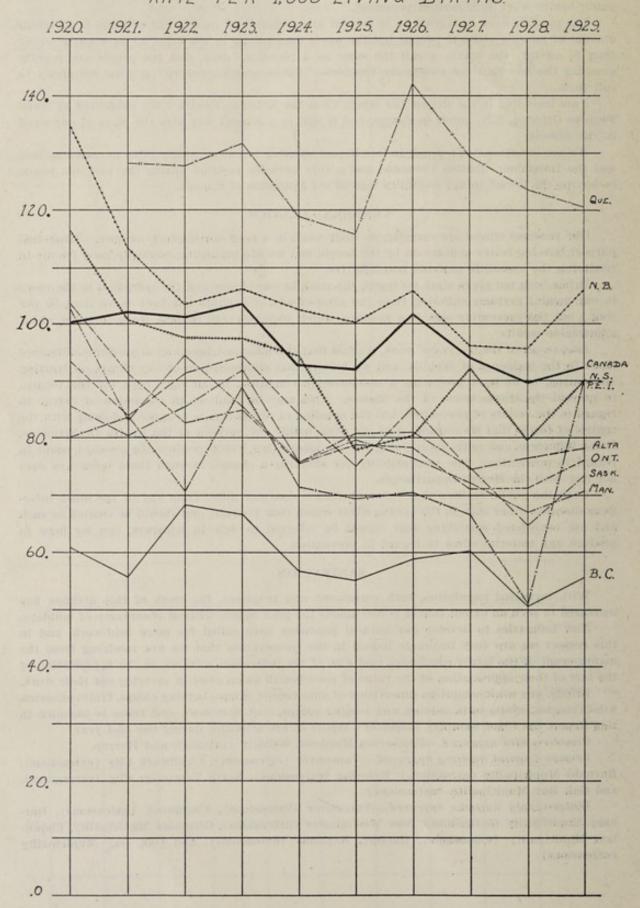
Cemetery-sites approved .- Pemberton Meadows, Gellatly (private), and Harrop.

Sewage-disposal Systems approved.—Vancouver (extensions), Chilliwack City (extensions), Burnaby Municipality (extensions), Kelowna (extensions), North Vancouver City (extensions), and Oak Bay Municipality (extensions).

Water-supply Systems approved.—Vancouver (extensions), Cranbrook (extensions), Burnaby Municipality (extensions), New Westminster (extensions), Glenmore Municipality, Coquitlam Municipality (extensions), Quesnel, Nanaimo (extensions), and Oak Bay Municipality (extensions).

INFANT MORTALITY BY PROVINCES AND CANADA AS A WHOLE, 1920-1929.

RATE PER 1,000 LIVING BIRTHS.



EDUCATIONAL.

Our educational efforts are carried out through a constant and increasing number of talks to different organizations, and this is supplemented by our bulletins and pamphlets on various subjects. During the year we have distributed 240,000 pamphlets.

We have constant requests for these, and we use every avenue of distribution possible, and in this connection, in reference to the advance of our work, I must express the Department's great appreciation of the co-operation that we are receiving from the Women's Institutes of British Columbia, of which there are 138 in the Province.

These institutes have made public-health work the most important branch of their programme and we are particularly pleased with the great interest they take in the work in the schools. The individual members of these institutes have many calls upon their time, but they have never varied in their interest nor in their co-operation with us in the health-work in British Columbia, and we consider that the advances that we have made are largely due to their interest, and what is particularly pleasing is the knowledge that this interest has never waned and our outlook for the future in this respect is very promising.

We are appending a full report of the Medical Inspection of Schools, and I think any one reading it will find it very interesting in the demonstration that we are able to give of the improvements and the splendid manner in which our nurses are handling the work.

In conclusion, Sir, permit me to express for myself and staff our appreciation of the co-operation which we receive from yourself, an interest that is based upon the idea of understanding the policies and details of the Department and lending to our success your help and encouragement, and I would especially recommend for your consideration my own appreciation of the splendid co-operation that I receive from the members of the staff. They have been with us for a number of years, thoroughly understand the details of the work, and devote not a perfunctory few hours a day, but an intelligent interest in the work that has been of great help to me, for I feel that without their co-operation I should have felt very much lost.

I have the honour to be, Sir, Your obedient servant,

H. E. YOUNG,

Provincial Health Officer.

GENERAL REPORTS.

SANITARY INSPECTION.

Sanitary Inspector's Office, Victoria, B.C., June 30th, 1930.

H. E. Young, M.D., C.M., LL.D., Provincial Health Officer, Victoria, B.C.

Sir,—I have the honour the present my Twentieth Annual Report on General Sanitary Inspection for the Provincial Board of Health.

During the past year this branch of the Health Department has found its most arduous duties that of dealing with nuisances, chiefly the result of industrial expansion adjacent to thickly populated areas.

Every good citizen encourages and shouts for more factories and pay-rolls until smoke and odour clouds his serenity; then the Sanitary Officer must abate it or be damned!

Our files have volumes to show where investors looking around for a site to start a tannery or other such factory are invited and welcomed by Trade Boards and citizens to locate in their midst; then after a season or so neighbours protest and petition for their removal because of smoke or smell.

Fox-farms, abattoirs, fish-oil and fertilizer factories seem to be the chief offenders, and it must be admitted are not desirable in a residential or business district.

Regulations are now being put into effect which will effectually check the trouble by reasonable isolation.

SUMMER RESORTS.

About 95 per cent. of the numerous British Columbia summer resorts are located in unorganized territory. Order and sanitation rest almost entirely upon the hands of our Police-Sanitary Officers. Every summer camp and swimming-beach has been well crowded this year and without break or trouble of any nature at these health resorts. This, of course, is the result of intelligent and cheerful co-operation on the part of our city visitors in quest of recreation and health.

LOGGING CAMPS.

The logging industry is not as active as last year, but all camps comply fully with our Industrial Camp Regulations. They are periodically visited by Provincial Police Sanitary Officers and reported upon to this Department. The camp of twenty years ago would not be tolerated by employer or employee to-day. The food supplied at industrial camps is equal to the best hotels and the sleeping accommodation superior to the average city lodging-house. No industrial strife exists in British Columbia to-day. We do not claim credit for such condition, but it is fair to assume that the enforcement of regulations for improved health conditions for the industrial workers must have had some part in the peaceful conditions now existing in our logging and mining camps, and also in our company towns, where the sanitary conditions are always commented upon most favourably by passing tourists or visitors.

FRUIT- AND VEGETABLE-CANNING ESTABLISHMENTS.

The majority of these establishments are located in sunny Okanagan. Our departmental regulations governing the operation of these canneries have proved to be satisfactory and the operators have co-operated most fully in observance. Train-loads of delicious fruit and vegetables are being shipped to growing and appreciative markets in Canada and overseas. This is undoubtedly the result of the excellence of flavour and care in packing and handling. Grown, picked, stored, and prepared with most exceptional climatic and sanitary conditions under Government supervision, it would indeed be difficult to predict the future for such a desirable and favoured food.

FISH-CANNERIES.

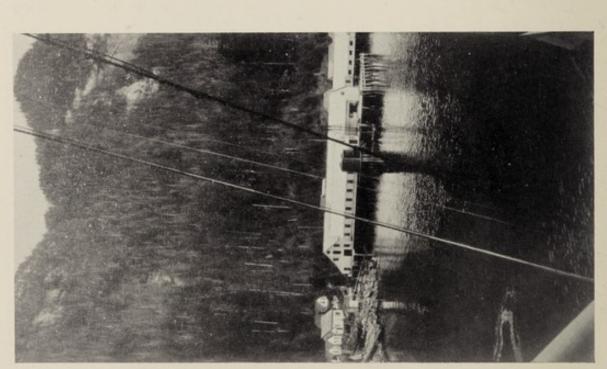
The salmon-fishing season just closing has been one of the best on record, quality and size being all that could be desired. The total pack amounts to 1,813,604 cases. Fishermen have



FISHERMEN WAITING THEIR TURN TO DELIVER NIGHT'S CATCH, STEVESTON, B.C., 1930.



"A FAIR DRIFT." SALMON JUST IN FROM SEA.



TYPICAL SALMON-CANNERY, B.C. COAST-LINE.

reaped a rich harvest owing to high fixed price per fish. Approximately 135 canneries and fish plants were operated this season. The regulations for the sanitary handling of fish have been strictly observed by the canners throughout the season. Salmon landed on the cannery wharf fresh and firm, and from then on to the time they are canned and cooked they are handled by gloved human hands only for washing and cleaning the entrails from the fish; the balance of the operation—cutting, filling, weighing, and cooking—is all performed by ingenious machinery. Employees are furnished with clean linen uniforms and gloves whilst handling the raw fish. The cannery floors, trays, and troughs are thoroughly washed daily during the canning season, and all knives and machinery are under constant watchful eyes of mechanical experts to guard against rust or fish cuttings, and thus the enviable reputation of British Columbia canned salmon is maintained. It might also be added that these plants are also subject to frequent visits by Provincial Board of Health Officers and also Federal Fishery Overseers.

OYSTER-CULTURE.

The cultivation of oysters at several points of our coast-line is now established and being carried out with gratifying and profitable rewards. The quality is such that the demand from outside points is beyond the supply. Every oyster-bed in British Columbia is located in waters absolutely free from contamination and operated under sanitary conditions prescribed by this Department and subject to frequent inspection.

During the past year we have been called upon to advise many of our progressive municipalities on matters of sewage-disposal, water-pollution, and nuisances.

The number of industrial camp inspections total 370; visits to canneries total 110; watershed visits total 9; and visits to various sections for the abatement of nuisances total 23.

The foregoing gives an outline of the work of this branch of your Department. The service has been carried out systematically and I have received cordial co-operation from employers and employees alike. I have not had to resort to the Courts, and it would ill become me to conclude without an expression of official gratitude to our Provincial Police for their generous and cheerful assistance throughout the length and breadth of British Columbia.

I have, etc.,

Frank Degrey, Chief Sanitary Inspector.

COMBINED REPORT OF TRAVELLING MEDICAL HEALTH OFFICER AND INSPECTOR OF HOSPITALS.

PROVINCIAL BOARD OF HEALTH,

VICTORIA, B.C., July 31st, 1930.

H. E. Young, M.D., C.M., LL.D.,

Provincial Health Officer, Victoria, B.C.

Sir,—I have the honour to submit herewith my Seventh Annual Report as Travelling Medical Health Officer and Inspector of Hospitals for the Province.

You will see from the statements given below that there has been a very great increase in the number of cases examined at our clinics this last year, in comparison with other years. In fact, the increase was so great that the clinical part of our work overshadowed the other divisions of our activities—namely, the Educational and the Hospital Inspection Services. This will be seen when these are dealt with later in this report. This condition of increasing numbers of examinations yearly is just a recurrence of what has taken place each year since the work was started in 1923. The increase is greater, however, in 1929–30.

This condition, I take it, is an evidence of the appreciation by the medical profession and by the public in general of this line of public-health service. It was only made possible by the hearty co-operation of the above named, along with the local Health Officers, Public Health Nurses, but especially by the valuable assistance of the Travelling Nurse and X-ray unit provided out of funds from the Christmas-seal sale.

It has been possible to cover the entire Province pretty thoroughly this last year and at the same time to carry out our programme of clinics at stated times. Thus, Victoria has had regular clinics of a week's duration—sometimes longer—every two months; Nanaimo, Ladysmith, and Duncan, about three times a year; and clinic at New Westminster, begun early in 1929, has been continued at three- or four-month intervals. This clinic appears to be a much appreciated service, not only by the doctors of New Westminster, but by those from the Lower Fraser Valley as well. This clinic will be continued.

It is now our fixed policy to hold all clinics at hospitals instead of partly at doctors' offices, as in the past. This was made necessary on account of our portable X-ray service, and I would here like to express my appreciation of the hearty co-operation of the hospital lady superintendents and staffs in our work, often at considerable inconvenience to them. It, however, has this advantage to the hospital, in that it makes it more or less a unit in public-health work—a position I am convinced all our hospitals should occupy.

The total number of examinations made during the year was 1,779. Of these, 1,222 were new cases and 557 were re-examinations.

The 557 cases returning for re-examination may be classified as follows: Pulmonary tuber-culosis, 201; T.B. joints, 11; suspects, 95; 142 as various non-tuberculous findings (the most important of which are pleurisy, mixed infection, bronchitis, bronchial asthma, bronchiectasis, pneumonia, mediastinitis, empyema, silicosis, anthracosis, cervical adenitis, abscess lung, etc.); and 108 as negative.

The 1,222 new cases may be classified as follows: 220 as positively tuberculosis, of which 186 were pulmonary tuberculosis and 34 non-pulmonary tuberculosis; 137 as suspects; 316 as other chest conditions; 6 non-tuberculosis bone conditions; 49 other diagnosis; and 494 negative findings.

Of the above 1,222 cases, 233 were examined on account of contact only with open cases of tuberculosis. Of these 233 cases, 18 were classed as positively tuberculosis, of which 11 were pulmonary tuberculosis and 7 non-pulmonary tuberculosis; 34 as suspects; bronchitis, 4; pleurisy, 7; mediastinitis, 11; cervical adenitis, 4; mixed infection, 2; other diagnosis, 3; and negative findings, 150.

The pleurisies above mentioned were practically all of a chronic type, consequently presumably tubercular.

Classifying the new positive T.B. cases (pulmonary and hylus T.B. only) according to nationality, making 186 in all, gives us the following: Born in British Columbia, 54, of whom 15 were Indians; other Canadian Provinces, 30; British Isles, 48; other European countries, 21; United States of America, 9; Japan, 4; China, 3; Hindu, 1; and doubtful, 16.

Of the 186 positive cases of T.B. diagnosis, 23, or 12 per cent., had resided in British Columbia less than three years. The origin of these is as follows:—

Under 1 year—		
Other Canadian Provinces	5	
British	5	
Foreign	6	
From 1 to 2 years—	-	16
Other Canadian Provinces	2	
British	2	
Foreign	1	
From 2 to 3 years—	-	5
Other Canadian Provinces	****	
British	2	
Foreign	****	
	-	2
		-
Total		23

NURSING AND X-RAY SERVICE.

The total X-ray examinations were 1,179. This X-ray work has been done for the most part by our nurse, Miss J. B. Peters, whose services, as well as the X-ray equipment and upkeep, was made possible through the Christmas-seal sale. As stated last year, a portable X-ray has many advantages over using equipment available in each town, the most important of which is the uniformity of the films, hence greater ease and accuracy of interpretation.

Miss Peters has been of great assistance also in making and filing reports of cases examined. Aided by portable typewriter, all our reports to doctors are sent out in form of a letter instead of on cards as formerly. Records consequently are much more valuable than formerly.

Comparative Report.	1928-29.	1929-30.
Total examinations	991	1,779
Re-examinations	290	557
New cases	701	1,222
Positive T.B. (new)	117	186
T.B. other organs	10	34
Suspects	95	137
Non-T.B,	479	865

The number of clinics held during the past year has been 83. The new cases of tuberculosis in Greater Victoria during 1929-30 was 42.

You will notice in the figures above that there is a large number classed as suspects. This is accounted for in many ways. We might say that in a goodly number we "suspect" they are not tubercular. Any case that it was felt should be followed up and returned for future examination was put in this category, to assure that they would not be overlooked. Again, most of the cases of pleurisy were so classed. Of these there were a particularly large number, more than the year previous, and in 1928–29 I made special mention of it. These, with the large number of cases classed as mixed infection, for want of a better name, cases which show peribronchial irritation on X-ray films and a history of a good deal of disability extending over long periods of time, seem to be an ever-increasing number. At times it is very difficult to distinguish these cases from tuberculous disease.

In view of the great increase in clinical work, thus lessening time available for other branches of the service of equal or greater importance, I would suggest that the question of increasing the personnel of this branch be very seriously considered. A suggestion that I have already made in a previous report seems to me feasible and would work to the benefit of the public, also the institution. I refer to the suggestion of having one of the medical staff at Tranquille Sanatorium take part of clinics in the Interior. I believe the Medical Superintendent, Dr. A. D. Lapp, is prepared to give the matter consideration at least. There will probably be sufficient funds available from the seal-sale to provide another nurse for such clinics. In fact, there is sufficient work now to employ another nurse, and this has been seriously considered by the Tranquille Publishing Society.

One sees the necessity for greater education of the public when one comes in contact with the irreparable damage that is being done by the indiscriminate use of heliotherapy or "sun cure." The sun is a very powerful curative agent, but for that very reason should only be taken in very well-regulated dosage. Every summer brings its quota of cases that had been making good progress towards recovery. A short holiday at the beach and they return home with a fairly quiescent lesion whipped into activity from which the patient may or may not recover.

While for the last two years we have had to report an increase in our mortality statistics from tuberculosis, a very marked increase in 1928, I ventured to suggest that this large rise was probably only temporary or accidental, as it had happened in most of the other Provinces of Canada a year or two previously. This is partly borne out by a moderate drop in the death-rate for 1929.

There is some evidence that the type of disease is changing. We appear to be getting more of the acute type of disease in the young adolescents. From information to hand, that does not seem to be confined to British Columbia, but reports from other parts of Canada and also of Europe are the same.

When the new 100-bed Greaves Building at Tranquille was in course of construction, we believed that on occupation it would relieve the congestion there for some years to come. This, however, has not proved to be the case to any great extent, as there is now almost continually a waiting-list, making it difficult to get cases admitted when diagnosed, and some, at least, of the early cases become moderately advanced ones before admission to the Sanatorium. This condition obtains not because of the increased number of tuberculosis cases, but the readiness with which people accept Sanatorium treatment. It is very seldom that we now have a case that refuses to go to Sanatorium when advised to do so, whereas a few years ago this was a very common condition. Thus it would seem that we already should be considering how best to extend our facilities for taking care of these unfortunate people. If the recommendations of the Hospital Commission with regard to Vancouver should be carried out, it will no doubt relieve the condition partially, but this is a development that is going to take some years to fulfil.

The following analysis of deaths from tuberculosis is of interest:-

CHINESE, BRITISH COLUMBIA.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Chinese Population.	T.B. Rate per 1,000 Population.
1921	49	220	22.26	23,533	2.08
1922	64	232	27.58	23,533	2.72
1923	44	228	19.29	23,533	1.87
1924	40	211	18.95	23,533	1.70
925	44	195	22.56	23,533	1.87
926	59	224	26.34	23,533	2.55
927	50	211	23.69	23,533	2.12
1928	45	224	20.08	23,533	1.91
1929	43	258	16.66	20,000	2.15

BRITISH COLUMBIA INDIANS.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Indian Population.	T.B. Rate per 1,000 Population.
921	104	364	28.57	25,694	4.05
922	99	370	26.76	25,694	3.85
1923	133	432	30.79	25,694	5.18
1924	125	457	27.35	25,694	4.86
1925	155	436	35.55	24,316	6.37
926	145	416	34.85	24,316	5.96
927	151	524	28.81	24,316	6.20
1928	175	497	35.21	24,316	7.19
1929	170	540	31.48	25,107	6.77

JAPANESE, BRITISH COLUMBIA.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Japanese Population.	T.B. Rate per 1,000 Population.
1921	33	142	23.24	15,006	2.19
1922	22	190	11.58	15,806	1.38
1923	24	158	15.19	16,004	1.49
1924	23	150	15.33	17,418	1.32
925	33	195	16.92	18,226	1.81
926	28	161	17.39	19,048	1.47
927	35	209	16.74	19,048	1.83
1928	27	170	15.88	19,048	1.41
1929	39	191	20.41	19,455	2.00

RACES OTHER THAN CHINESE, JAPANESE, AND BRITISH COLUMBIA INDIANS.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	326	3,846	8.47	460,349	0.70
1922	322	4,115	7.82	474,917	0.67
1923	324	4.179	7.75	478,769	0.67
1924	339	4,186	8.09	486,355	0.69
1925	306	4,119	7.42	494,925	0.61
1926	300	4,673	6.42	501,103	0.59
1927	315	4,806	6.55	508,103	0.61
1928	386	5,019	7.69	516,103	0.74
1929	363	5,408	6.71	526,438	0.68

BRITISH COLUMBIA, ALL RACES INCLUDED.

Year.	Deaths from Tuberculosis.	Deaths, all Causes.	T.B. Rate per Cent., all Deaths.	Population.	T.B. Rate per 1,000 Population.
1921	512	4.572	11.19	524,582	0.97
1922	507	4,907	10.33	539,000	0.94
1923	525	4,997	10.50	544,000	0.96
1924	527	5.004	10.53	553,000	0.95
1925	538	4,945	10.87	561,000	0.95
1926	532	5,474	9.72	568,000	0.93
1927	551	5,750	9.58	575,000	0.95
1928	633	5,910	10.79	583,000	1.08
1929	615	6,397	9.61	591,000	1.04

THE EDUCATIONAL PART OF THE WORK.

As stated earlier in this report, due to the great increase in the clinical service, educational propaganda was of necessity neglected.

Addresses were given to one class of high-school pupils; one District Convention of Women's Institutes at Chilliwack; one Gyro Club; one Rotary Club; one Public Health Nursing class at the University of British Columbia; six classes of nurses-in-training. I also attended the annual meeting of the Tranquille Publishing Society.

HOSPITAL INSPECTION.

As Hospital Inspector, fifty-five private hospitals were inspected; in one case four inspections were made; in another, three; and still another, two. Also forty-one public hospitals and two isolation units.

Twelve meetings with Hospital Boards were held; twenty-three with committees of Boards; and seventeen interviews with Superintendent and Secretary.

Private hospital licences issued during year, 51, of which 7 were new licences. Private hospitals licences refused, 3.

During the past year I have attended meetings of the British Columbia Hospital Association; the opening of the new wing of the Lourdes Hospital, Campbell River; interviewed Provincial Fire Marshal, Mr. Thomas; three visits to Tranquille Sanatorium; one staff luncheon, St. Joseph's Hospital; four interviews, Mr. Winn and others of the Workmen's Compensation Board; attended annual meeting of the British Columbia Medical Association, as well as Summer School under the auspices of the same society; attended several meetings of the Victoria Medical Society; three meetings of the Vancouver Medical Society, at which new by-laws and new policy of the Vancouver General Hospital were discussed; also attended meeting of the Vancouver General Hospital Board, at which the representatives of the Vancouver Medical Society presented their views to the Board re the change in policy from an open to partially closed hospital; also attended inaugural meeting of the Hospital Commission on November 4th at City Hall, Vancouver.

New hospitals or extensions have been made during the year as follows: New Nurses' Homes at both the Royal Jubilee and St. Joseph's Hospitals in Victoria; the Tuberculosis Pavilion at the Jubilee Hospital is being remodelled and added to; new Nurses' Home is in course of construction at St. Paul's Hospital, Vancouver; also a new one at the Royal Columbian Hospital, New Westminster, recently occupied; new wing has been added to Lourdes Hospital, Campbell River, which brings that institution up-to-date and more than doubles the bed capacity; new wing has been added at Penticton Hospital; and a new unit is in course of construction at Trail, which when completed will about double their bed capacity and give some modern facilities for isolation cases; a new hospital, very much needed, is in course of construction at Hazelton; a small cottage hospital has recently been opened at Creston. Burns Lake, I understand, has not yet got beyond the negotiation stage. Smithers still needs a hospital badly and it is to be hoped that some arrangement of financing can be made shortly.

No questions of sufficient importance for a formal meeting of the Board of Arbitration were submitted, but some informal discussions took place between the Inspector of Municipalities and myself.

Once again I would like to express to you my keen appreciation of your cordial co-operation and helpful assistance at all times in this particular line of health-work; also for much timely advice in connection with hospital-work. I would also like to express my sincere thanks to the doctors and nurses, and especially to nursing and clinical staffs of the many hospitals in which clinics were held, for their ever-ready and willing co-operation.

I have, etc.,

A. S. Lamb, M.D., Travelling Medical Health Officer and Hospital Inspector.

REPORT OF EPIDEMIOLOGIST.

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., September 19th, 1930.

H. E. Young, M.D., C.M., LL.D., Provincial Health Officer, Victoria, B.C.

Sir.—I have the honour to submit herewith a report of the epidemiological work for the year 1929-30.

As there are many factors to be considered in the epidemiology of infectious diseases in addition to the time, location, and number of cases, it was decided that every effort should be spent in the beginning of our activities to establish a system of receiving reports of infectious diseases which would quicken the Department's knowledge of their presence and at the same time provide direct and periodic communication with the individual physicians of the Province, or where there is a full-time urban or municipal health officer, indirectly through his department with the physicians who are practising in his district.

Accordingly, just as soon as the necessary arrangements could be made, a card system of reporting was established toward the end of November. These cards were franked and stamped with our return address and sent to the physicians of the Province every week, who in turn entered the infectious diseases experienced in their clientele for the past week and returned to the Department. These cards called for the number of individual cases, age, race, sex, and location. Of the total number of cards sent out during the year, about 90 per cent. have been returned, which illustrates that our information of infectious diseases is obtained from a source which represents approximately 90 per cent. of the total population. It also shows that the physicians have taken an active interest in supplying the Department with specific data.

By the use of graphs and further analysis of these statistics the rise and fall of the infectious-disease incidence, collectively and individually, has been recorded for every month of the year. The seasonal variations are also shown, and through the co-operation of the Department of Vital Statistics the fatalities from the diseases reported have been recorded. All of which has provided the Department with a general view of health conditions and a numerical evaluation of the communicable-disease incidence. It will also provide the Board of Health with a greater wealth of material and data, which will be of benefit in the control of these diseases in the future.

STANDARDIZED LIST OF NOTIFIABLE DISEASES.

In compiling this list the Dominion Council of Health has included all the infectious diseases that may occur in Canada. The Provincial Board of Health has adopted this list as the notification standard for the Province, and it is from reports on the individual diseases comprising this list that we have compiled our morbidity statistics. The diseases included in the list are as follows:—

Anthrax.

Actinomycosis.

Botulism.

Cerebrospinal meningitis.

Chicken-pox.

Cholera, Asiatic.

Conjunctivitis (acute infectious, includ-

ing ophthalmia neonatorum).

Diphtheria.

Dysentery, amobic and bacillary.

Encephalitis. Erysipelas.

German measles.

Influenza, epidemic.

Glanders.

Leprosy.

Malaria.

Malignant œdema.

Measles.

Mumps.

Paratyphoid fever.

Pellagra. Plague. Pneumonia—

(a.) Acute lobar.

(b.) Bronchial or lobular.

Poliomyelitis.

Puerperal septicæmia.

Rabies.

Scarlet fever.

Septic sore throat.

Smallpox.

Tetanus.

Trachoma.

Trichinosis.

Tuberculosis.

Typhoid fever.

Typhus fever.

Undulant fever.

Whooping-cough. Yellow fever.

It is the intention of the Dominion Council of Health to standardize the reporting of these conditions throughout Canada. On receipt of information by weekly and monthly reports from the various Provincial Boards of Health regarding the prevalence of infectious diseases, the Dominion Council of Health forwards its analysis to the Public Health Bureau of the League of Nations. This system has been established in practically every country in the world, so that in the end returns can be made up of the universal prevalence of infectious diseases and the individual countries notified every week. Once a month this weekly report is followed by an acute analysis of the epidemiological prevalence of the major infectious diseases. In adopting this list of reportable diseases we are not only establishing a standard type of information for the Province and Canada, but we are becoming indirectly associated with the department of the League of Nations which has as its objective the consideration of infectious diseases from a universal standpoint.

For the year 1929-30 the infectious diseases reported to this Department are as follows:-

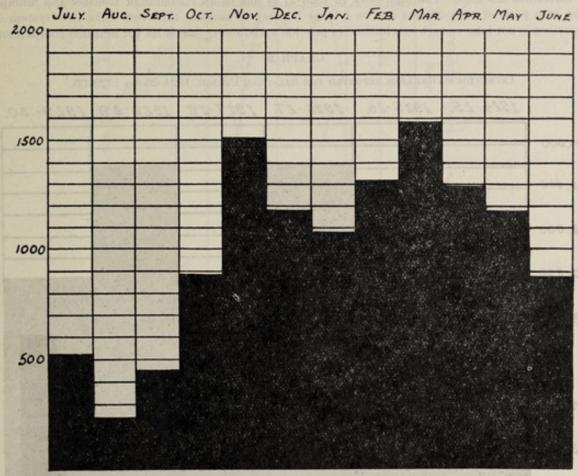
Diseases.		Deaths.
Cerebrospinal meningitis	21	10
Chicken-pox	2,214	0
Conjunctivitis	351	0
Diphtheria	667	24
Dysentery	52	2
Dysentery (amœbic)	1	0
Dysentery (bacillary)	4	0
Encephalitis	2	4
Erysipelas	140	7
German measles	181	0
Influenza	1,224	88
Malaria	2	0
Measles	2,142	51
Mumps	1,688	0
Paratyphoid fever	11	1
Poliomyelitis		6
Scarlet fever	616	8
Septic throat (including tonsillitis and quinsy)	191	11
Smallpox	157	0
Tetanus		1
Trachoma	10 ·	0
Tuberculosis	384	584
Typhoid fever	70	10
Undulant fever	3	0
Whooping-cough	1,701	14
Control of the Contro		SERVICE STATE
Totals	11,875	821
. yalipifol, yo. ialii (yata ii (ai))		

Owing to the irregular manner in which pneumonia has been reported and also due to the fact that our larger centres of population have not provided us with information regarding its prevalence, it was felt that no good purpose would be served by quoting figures which represent an indifferent picture of the prevalence of this condition. Accordingly, in our infectious-disease total pneumonia is not included. Pneumonia deaths for the year, however, were 226.

The above list of reported diseases and deaths are shown in Graph A.

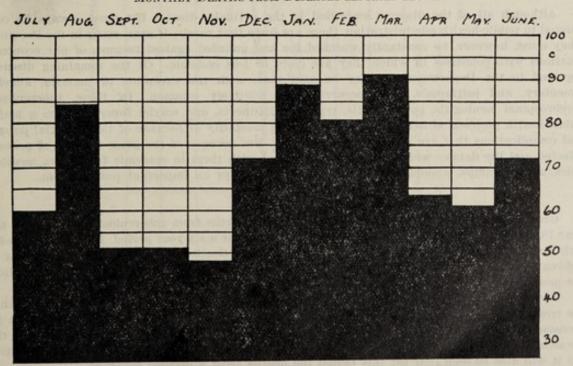
GRAPH A.

MONTHLY INCIDENT OF INFECTIOUS DISEASES REPORTED FOR YEAR 1929-30.



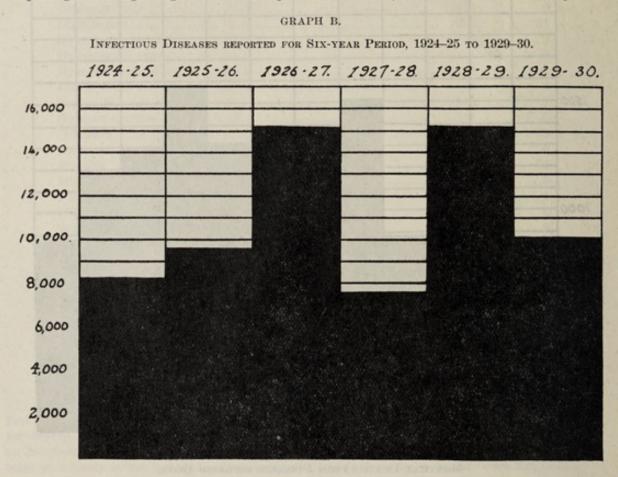
Total diseases (less pneumonia), 11,875; morbidity-rate per thousand, 20.

MONTHLY DEATHS FROM DISEASES REPORTED ABOVE.



Total deaths (less pneumonia), 821; case fatality, 6.9 per cent.; crude death-rate per thousand, 1.4.

As illustrated in Graph B, the year 1929–30 does not present an extraordinarily large number of infectious diseases. The high peak in 1926–27 is due to an epidemic of measles and mumps. The high peak of 1928–29 was due to a large number of measles reported. The new system of reporting is not long enough established to provide satisfactory statistics for detailed comparison.

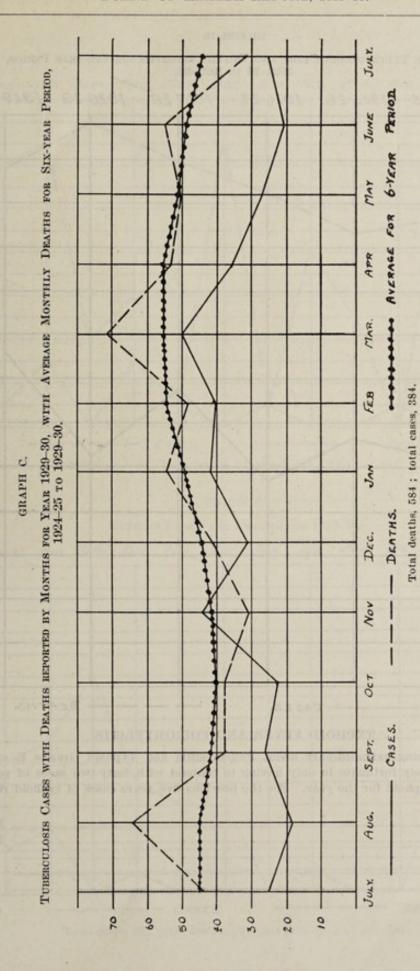


Although all of the diseases embodied in the notifiable-disease list must always be considered in public-health administration, there are some that rarely, if ever, occur in the Province. They must, however, be constantly watched for and guarded against because of our economic relations with countries in which they are more or less endemic. Of the remaining diseases reported to the Department, it may be said that, with the exception of malaria, amedic dysentery, and psittacosis, their occurrence is relatively common. Of these, tuberculosis, cerebrospinal meningitis, poliomyelitis, typhoid, diphtheria, and scarlet fever occasion a major public-health problem, either because of their high mortality or because of the potential danger and complications that are associated with them. But because of the great number of persons affected and the danger which is always associated with them in epidemic formation, measles, chicken-pox, mumps, whooping-cough, and smallpox occupy an important position also.

TUBERCULOSIS.

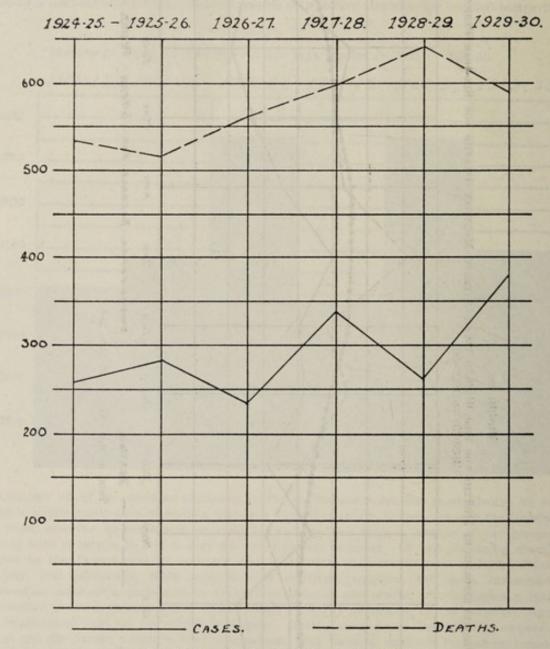
Graph C shows the monthly number of cases and deaths from tuberculosis reported for the year 1929–30, together with the average monthly deaths for a six-year period, 1924–25 to 1929–30. This graph shows that the greatest number of cases and deaths are reported for the months of February, March, April, and May. The average deaths for the six-year period closely follow the monthly mortality trend for the year 1929–30.

Graph D is a comparison of the deaths and cases for a six-year period. It will be seen that the trend of reported cases is decidedly upward. This upward trend is not due so much to an increase in the disease as it is due to a great improvement in the reporting of tuberculosis by the physicians of British Columbia. The year 1929–30 shows the largest number of cases reported, but it will also be seen that for this period the deaths show a decided decrease.



GRAPH D.

YEARLY TUBERCULOSIS CASES AND DEATHS REPORTED FOR SIX-YEAR PERIOD, 1924-25 to 1929-30.



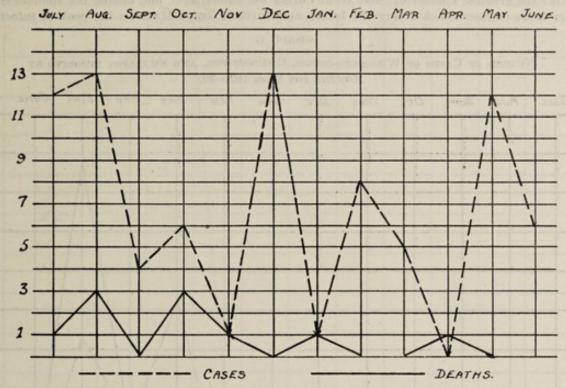
TYPHOID FEVER AND POLIOMYELITIS.

There is nothing extraordinary about Poliomyelitis and Typhoid Graphs E and F. We have been extremely fortunate in only having to contend with forty-two cases of poliomyelitis and 70 cases of typhoid for the year. For the previous five years cases of typhoid reported are as follows:—

1924-25	109
1925-26	109
1926-27	64
1927-28	67
1928-29	89

GRAPH E.

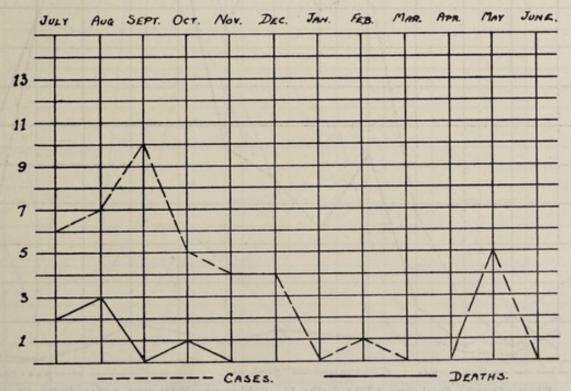
POLIOMYELITIS CASES AND DEATHS FOR 1929-30.



Total cases, 42; total deaths, 6; case fatality, 14.5 per cent.

GRAPH F.

TYPHOID CASES AND DEATHS FOR 1929-30.

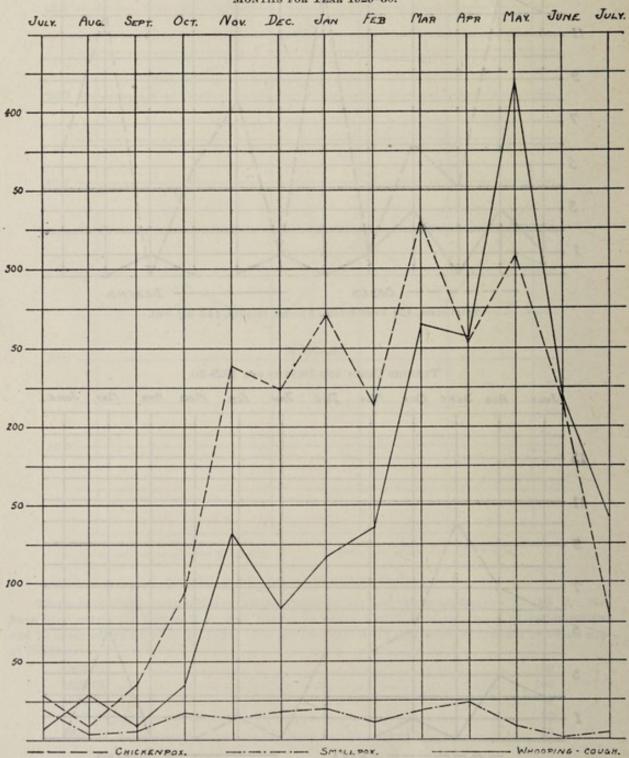


Total cases, 70; total deaths, 10; case fatality, 14.2 per cent.

Graphs G and H illustrate the monthly occurrence of the more common infectious diseases that are generally found amongst pre-school and school children. It is interesting to note that by far the greatest number of cases occur during the school term, and during the summer holidays these diseases reach a very low level; and, further, Graph H shows the peak of infection

GRAPH G.

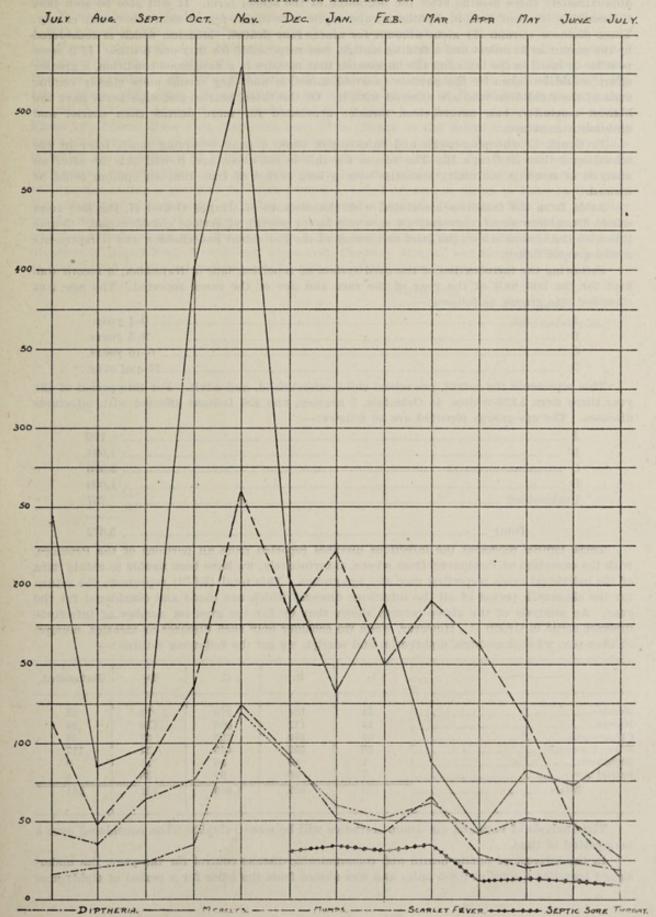
NUMBER OF CASES OF WHOOPING-COUGH, CHICKEN-POX, AND SMALLPOX REPORTED BY MONTHS FOR YEAR 1929-30.



Whooping-cough: Total cases, 1,701; deaths, 14. Chicken-pox: Total cases, 2,214; deaths, nil.

Smallpox: Total cases, 157; deaths, nil.

GRAPH H.—Cases of Measles, Scarlet, Diphtheria, Mumps, and Septic Throat reported by Months for Year 1929-30.



Measles: Total cases, 2,142; deaths, 51. Scarlet: Total cases, 616; deaths, 8. Diphtheria: Total cases, 667; deaths, 24. *Septic throat: Total cases, 191; deaths, 11. (*Includes tonsillitis and quinsy.)

for measles, scarlet, diphtheria, and mumps as occurring during the month of November, approximately three months after the beginning of the school term. It will also be seen that the monthly trend of scarlet, diphtheria, and septic sore throat follow each other very closely. These diseases (Graph H) alone account for ninety-four deaths. Measles, which is considered by the parent as harmless and a trifling matter, was responsible for fifty-one deaths. If it were possible to instil in the lay mind the impression that measles is a dangerous condition, a greater effort would be taken by the parents to avoid infection and they would more closely confine such of their children who are affected with it. Of the three, scarlet and diphtheria have the highest mortality, but, nevertheless, measles accounted for more deaths than scarlet and diphtheria combined.

In Graph G whooping-cough and chicken-pox show a peak occurring much later in the school term than in Graph H. The reason for this is not clear, and it will only be after an analysis of monthly morbidity statistics over a long period of time that an opinion could be formed.

Aside from the fatalities associated with the diseases of Graphs G and H, the loss from school attendance alone represents an economic factor worthy of serious consideration. Couple this with the economic loss, the grief and worry of the individual householder, and it represents a still greater deficit.

Following the introduction of the card system of reporting late in November, a record was kept for the last half of the year of the race and age of the cases reported. The age was classified into groups as follows:—

A	 0-1 year.
В	 2-5 years.
C	 6-16 years.
D	 7 and over.

This represents the infant, pre-school child, school-child, and adult. For this period of the year there were 5,133 whites, 44 Orientals, 5 negroes, and 490 Indians affected with infectious diseases. The age-groups reported are as follows:—

A	176 1,094
<u>c</u>	
Unclassified	757
Total	5,672

These figures represent the infectious diseases reported from all portions of the Province, with the exception of Vancouver, from where, unfortunately, we have been unable to obtain data of the individual cases respecting race and age-groups. This total (5,672) represents the return for the six-month period of all the infectious diseases which are listed and considered for the year. An analysis of the above returns shows that by far the greatest number of infectious diseases occur in Group C. However, when we consider only such diseases as measles, mumps, chicken-pox, whooping-cough, diphtheria, and scarlet, we get the following returns:—

	A.	В.	C.	D.	Unclassified.
Measles	31	154	270	73	23
Mumps	12	112	366	119	39
Chicken-pox	36	276	755	57	68
Whooping-cough	68	399	425	21	117
Diphtheria	1	10	56	13	0
Scarlet fever	7	46	97	38	4
Totals	155	897	1,969	321	251

The analysis of race and age-group statistics will be more valuable when considered over a long period of time.

In the interest of public health and communicable-disease control for the year, the undersigned travelled a total of 9,895 miles and was absent from the office for a period of eighty-nine days. These activities included investigations of outbreaks of infectious disease, talks, and radio broadcasts.

During the first week in May an investigation of an outbreak of psittacosis was concluded. A full report of this investigation has already been forwarded.

From the returns of the Medical Inspectors of Schools published in the annual reports for the years 1927–28 and 1928–29, the prevalence of goitre amongst the school-children of the Province was calculated. Of the 99,006 pupils examined in 1928, 6,526 were reported as suffering from goitre. This gives a morbidity rate per hundred of 6.6. Of the 96,036 pupils examined in 1929, 6,473 were reported as having goitre, which gives a morbidity rate per hundred of 6.7. These two figures show that there has been little change in the goitre incidence for the two years considered. In addition to this, an attempt was made to locate the areas in the Province in which the prevalence of goitre was most marked. Accordingly, the per cent. of goitre in each school was calculated and they were located on the map by pins of various colours, each colour representing a group of per cent. from 0–1, 1–5, 5–10, and so on up to 100. In this way the percentage of occurrence of goitre was grouped about the Province. The pins occurring within the borders of the various mining divisions were grouped and the percentage of goitre was then calculated for that division. The highest percentage of goitre was found in the mining divisions of Grand Forks-Greenwood, Ainsworth, Osoyoos, Alberni, and Slocan. This scheme is to be followed for the succeeding years in order to establish the goitre trend.

I have, etc.,
A. R. Chisholm, M.D.,

Epidemiologist.

Tarte	Total	
Test	Whooping-	2008 1 1 2 1 8 2 1 1 8 1 1 8 1 1 8 1 1 8 1 1 1 1
1930.	Undulant Feret.	
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, TO	Tuberculosis,	H 410 4 00 01 00 H 00 HH 011-
1929,	Trachoma.	
JULY,	Tetanus.	
10000	Smallpox.	9
NCE	Septic Sore Throat.	8 998 11 1 1 1 20 1 20 1 30 1 4 1
PROVINCE,	Scarlet Fever.	88
E PE	Poliomyelitis.	
THE	Paratyphoid Fever.	
S IN	Mumps	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISEASES	Mensles.	4100 84 68 100 100 100 100 100 100 100 100 100 10
ISE	Malaria.	
	Influenza.	100 100 110 110 110 110 110 110 110 110
CONTAGIOUS	German Measles.	
NTA	Erysipelas.	
	Encephalitie	
S OF	Dysentery (Bacillary).	
CASES	Dysentery (Amoebic).	
E C	Dysentery.	ot 9
RN	Diphtheria.	L
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G RI	Chicken-pox.	23 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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[0.1	Trachoma.	10	10
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(CE,	Scarlet Fever.	20 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	27
VIV	Pollomyelitis.	36	42
PR(Paratyphoid Ferer.	1 1	
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IN.	Measles.	1410 1010 1010 1010 1010 1010 1010 1010	855 20 20 2142
DISEASES IN THE	Malaria.	61	01
SEA	Induenza.	175 1109 2 5 11109 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 13 27 2 27
	Measles.	115	3
TAGIOUS	Erysipelas.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	110
TAG	Encephalitis	C4	01
CON	Dysentery (Bacillary).	7	7
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F C	Diphtheria.	159 6 6 6 6 6 6	13 13
O N	Conjunctivitis	8 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 351
TUR	Chicken-pox.	1159 1159 1171 6 6 4 4 0 4 6 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21 2214
RE	Cerebrospinal Meningitis.	8 61	21
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REPORT ON MEDICAL INSPECTION OF SCHOOLS.

PROVINCIAL BOARD OF HEALTH, VICTORIA, B.C., December 1st, 1930.

The Honourable S. L. Howe, Provincial Secretary, Victoria, B.C.

Sir,—Herewith I beg leave to hand you the Nineteenth Annual Report of the Medical Inspection of Schools for the Province of British Columbia.

Nothing succeeds like success, and I can truly apply this to the advances that are being made in the school-health work throughout the Province. Particularly are we sensible of the increasing interest taken by the School Boards.

When we began the work, we often found opposition from the people whom we hoped would have been our greatest helpers, and it was some time before, aided as we were by the efforts of the Women's Institutes, that we were able to convince officials that we were not simply trying to increase taxes, but that we were doing our best, and succeeding, in reducing taxes, and that the service that we were offering them, while on the face of it would apparently cost more money, would produce results financially, and more especially in keeping up school attendance and reducing expenditure by saving money by the diminution of the number of retarders. There has been a change in the picture, and now we find, in attending meetings, that whereas formerly the audience was made up of women with one or two lone men, now we find at least half of our audiences are men who are becoming increasingly interested in the work and give their time and lend their influence to carrying it on.

We are controlling epidemics through the work of our nurses, who are specially educated for their positions, and we do not permit of a school being closed unless an epidemic, which fortunately has not occurred, is of such proportions as to materially affect the attendance when it would be better to close. If a suspicious case develops, the nurse is there immediately, sends the child home, and examines into the home conditions and contacts, and the nurse repeats the visits to the school daily and contacts are watched. The result is there is no epidemic; one pupil may lose, after he has become infected with the disease, the time necessary to effect a recovery, but the class as a whole is saved from interruption of the work. In former years a few cases of scarlet fever or diphtheria would result in the closing of the school for two or three weeks, and any teacher will tell you that as far as the term is concerned the children have lost it. That means repetition and consequent expense. This does not occur now and medical men who closed the schools are very promptly informed that there is no necessity for this.

This has done more to attract the attention of officials than possibly anything else.

Our work is systematized under the various heads, and this is set forth very clearly in the report which follows of the work done in the Kelowna District, which is an outline of the work as carried out in the different districts of the Province:—

THE SECOND ANNUAL REPORT OF THE PROVINCIAL PUBLIC HEALTH NURSING SERVICE FOR THE KELOWNA RURAL DISTRICTS, JULY, 1929, TO JUNE, 1930.

I have much pleasure in presenting for the approval of the Kelowna Rural Schools Health Association the Second Annual Report of the Provincial Public Health Nursing Service for the Kelowna Rural Districts.

The report embraces all phases of school-work, child-welfare, and public-health organization in the Rural Districts of Okanagan Mission, Benvoulin, East Kelowna, South-east Kelowna, Rutland, Ellison, Winfield, Okanagan Centre, Westbank, Westbank Ferry, and Ewings Landing, an area of some 100 square miles, with an estimated population of approximately 3,625 adults, 725 school-children, and 360 pre-school children.

In January, 1930, the work of the Westbank District was taken over by the Victorian Order of Nurses, leaving some 583 children entered during the year on the school registers for the remaining nine schools.

SECTION I .- SCHOOL-WORK.

The school-children have been regularly visited and inspected by the School Nurse during the year; records kept of defects found by the School Medical Health Officer in his examinations; home visits made to prevent the spread of communicable disease; the correction of defects and promotion of health; and health education given in the schools by personal talks to the child and class instruction. In co-operation with the teachers and parents, a Health Crusade has been organized in Okanagan Mission, Okanagan. East Kelowna, South-east Kelowna, and Rutland schools, in which 150 children have kept a daily chart of health chores done during a period of ten weeks. Two hundred and twenty-two Health Crusaders' badges have been distributed and many children have taken home their charts to work on in the summer holidays. In this way splendid health habits are inculcated which we hope will never be forgotten.

Three prizes were presented by Dr. G. A. Ootmar, S.M.O., to pupils in East Kelowna School and Rutland School for the best progress in healthy development due to the faithful keeping of health rules.

Number of visits to schools by nurse	233
Number of inspections of children by nurse	
Number of weighings and measurings by nurse	1,167
Number of weighings (gaining)	1,108
Number of weighings (underweight)	221
Number of health talks given	89
Number of home school visits	178
School Medical Examination.	
Number of children examined by doctor	561
New defects found	218

An itemized account for each school of all defects is to be found in the classification report of the School Medical Officer.

Defects found Improved.

An interesting item is the number of defects found improved during the past year:

Tonsils: 90 children found improved; 22 children had diseased tonsils taken out.

Teeth: 53 children went to the dentist. Goitre: 43 children found improved.

Malnutrition: 22 children 7 to 10 per cent. underweight made gains from 4 to 12 lb.

Eyes: 8 children obtained glasses.

Much improvement has taken place in communicable skin conditions (pediculosis, impetigo, ringworm, and scabies); 19 exclusions (affecting 11 children) were made, as compared with 48 exclusions last year.

Defects which should be Improved.

Malnutrition and Underweight.—During the school-year there have been 66 children in our rural schools 10 per cent. and more underweight and 46 children from 5 to 10 per cent. underweight; 9 of these children have gained their normal weight for age and height, 66 have much improved in weight, and 21 children have not gained in weight. In spite of careful instruction and emphasis laid on proper weight by the giving of weight-tags, many children do not like milk and vegetables and refuse to take cod-liver oil or enough rest. When co-operation has been obtained the results have been excellent, some of the children gaining from 5 to 12 lb. in the nine months.

It is purposed next year to have a routine test for all persistently underweight children, as diabetes has been found by Dr. Ootmar to have been the cause in several of the children coming to the pre-school clinic.

In the dental survey, recently made by the dentists of Kelowna, 518 children were examined, and 359 were found to need attention for their teeth in the nine rural schools listed for underweight conditions. A large percentage of this work should be done on the permanent teeth. No doubt dental caries accounts for a certain amount of malnutrition among the children.

Underweight Children.

School.	Border-line, 5-10 per Cent. under.	Mainutrition, 10 per Cent. and over.	Not improved.	Improved.	O.K.
Winfield	4	4	4	4	
Okanagan Centre	3	3	1	5	****
Ewings Landing	1	5		5	
Rutland	16	25	8	24	4
Ellison	3	5	2	5	1
South-east Kelowna	1	2		1	
Cast Kelowna	8	16	3	13	3
Okanagan Mission	7	3	3	5	2
Okanagan	3	3		4	****
Totals	46	66	21	66	9

Defects of Vision.

One hundred and nine children were found by the nurse to have defects of vision, ranging from a slight maladjustment to very serious defects.

It is purposed to hold an eye clinic at an early date under Dr. McNamee, the eye, ear, nose, and throat specialist of Kamloops. Children with the most serious defects will be attended to first of all, and we hope in time to have all defective eyes checked by the specialist.

In connection with the correction of defects, 145 notices were sent to parents, referring the children to their own physicians for care.

Communicable Diseases.

The rural schools have been remarkably free on the whole from communicable diseases during the school-year 1929-30.

Disease and School. No.	of Cases.
Measles—	
Okanagan	1
Rutland	3
East Kelowna	12
Winfield	4
Okanagan Mission	2
Diphtheria—Mission Creek	1
Scarlet fever—	
Mission Creek	1
Rutland	4
East Kelowna	2
Chicken-pox—Rutland	1
Whooping-cough—Ewings Landing	8
	-
Total cases	39

Children in centact excluded from school numbered 36, and in the various districts a total of 95 cases and contacts were reported to the Medical Officer of Health, thus preventing the spread of disease and protecting other children. Nineteen throat-swabs were taken by the nurse of suspicious cases.

Our thanks are due to parents and school-teachers who co-operated with the health authorities by reporting cases and keeping quarantine. Only by the co-operation of every one concerned can the spread of communicable disease be prevented.

Campaign for Active Immunization against Scarlet Fever.

In November, 1929, a scarlet-fever epidemic of a mild type was prevalent in a city some 40 miles south of Kelowna. Schools were closed and the epidemic was spreading into the surrounding districts. Kelowna and districts, as central points in the valley, were daily in danger of infection. A campaign for active immunization against scarlet fever was organized in Kelowna and the surrounding districts.

The District Medical Health Officer and Rural Health Nurse addressed ten gatherings of parents in the rural districts. The Health Nurse explained the theory of active and passive immunity and the real meaning of "resistance" to disease; the Health Officer, the value of active immunization and the present need of protection. Some 1,800 pamphlets, written by the Health Officer, to be read and signed by parents, were distributed at the meetings and in the schools, the Health Nurse explaining the contents of the pamphlets to the teachers and older children. This pamphlet was also published in the Kelowna Courier through the courtesy of the editor.

The results were most encouraging. Very many parents gave their consent for their children to be protected by active immunization.

At the close of the campaign in February, 1930 :-

In the Rural Districts 77 clinics were held; 562 children (school, pre-school, and infants) were tested by Dick test as to whether they were susceptible to scarlet fever; 1,957 inoculations of scarlet-fever toxin were given.

In the City of Kelowna 32 clinics were held; 688 children were tested for their susceptibility to scarlet fever; 1,931 inoculations of scarlet-fever toxin were given; 597 children completed their full five inoculations to obtain *complete* protection, and many others who were inoculated with three or four doses of toxin obtained a partial immunity to the scarlet-fever germ.

It is interesting to note that, though more than 100 cases of scarlet fever were reported and schools were closed in the city and districts where the epidemic originated, in the City of Kelowna twenty cases only occurred among children who had not been protected by immunization and nine cases in the rural districts.

When we think of the serious after-effects of scarlet fever on the heart and other organs of the body, it is a great satisfaction to know that so many of our local children have been protected.

Dental Survey in the Rural Schools.

A dental survey by Drs. Shepherd, Mathison, Wright, and Day was made in May, 1930, in the schools of Okanagan Mission, Okanagan, Mission Creek, East Kelowna, South-east Kelowna, Rutland, Ellison, Winfield, Okanagan Centre, Joe Rich Valley, Westbank, and Westbank Ferry. Five hundred and eighteen children were examined in the first ten schools, with the following results:—

School.	Children examined.	Found with Defective Teeth.	Cost of Work
East Kelowna	46	41	\$387.00
South-east Kelowna	8	7	70.00
Okanagan Mission	41	25	208,00
Okanagan	38	29	275.00
Rutland	188	168	1,371.00
Ellison	31	29	181.00
Winfield	59	38	453,00
Okanagan Centre	17	13	109.00
foe Rich Valley	15	9	31.00
Mission Creek	75	48	325.00
Totals	518	407	\$3,408.00

Of the 407 children found with defective teeth, 338 were found to have permanent teeth needing repair.

It was surprising to find the number of sixth-year molars which needed attention among the 7-year-old children. This first permanent tooth, which many parents think is a temporary tooth, is perhaps the most important tooth in the mouth. It is the cornerstone of the dental arch and has to last for very many years of life. It is most important that it should be preserved.

Three hundred and sixty-one individual dental cards with the results obtained by the survey were sent to parents, to be signed if they wished the work to be done. Fifty per cent. of these cards came back unsigned. Sixty-eight per cent. of the unsigned cards came back with letters from parents saying that they would much like the work done, but could not afford it. This

means that probably 50 per cent. of our children with defective teeth will not be in a position financially to have attention given to this most important work, which means so much to their health

SECTION II .- CHILD-WELFARE,

Perhaps one of the most interesting and valuable phases of the work has been the development of the child-welfare programme during the past year. This has taken the form of free advisory clinics, in which the pre-school child and infant have been especially considered.

In such a large area it is impossible with one nurse on duty to find time to make as many home visits as we should like, but we are getting into touch with children and parents at clinics held in the various districts.

There have been a total of 1,240 children (school, pre-school, and infants) attending clinics during the past year, making a total of 3,241 attendances at 108 clinics in the rural districts alone.

Eighteen well-baby and pre-school clinics have been held in Rutland, Winfield, Benvoulin, and East Kelowna Districts under the auspices of the local Women's Institutes and Benvoulin Women's Club, with Dr. G. A. Ootmar as attending physician.

In addition to the clinic work, 109 advisory visits re feeding, etc., have been made by the Health Nurse, together with many letters of advice, instructional consultations over the telephone, and detailed written reports to the family physician.

Much time is taken arranging clinics, writing letters and reports, but the result is well worth while when we see the improvement in the babies and children.

There is a total of 131 children on the pre-school and infant register, 111 of whom have attended well-baby and pre-school clinics.

Other free clinics include chest, orthopædic, eye, ear, and nose and throat. Schick test to determine susceptibility to diphtheria: Dick test to determine susceptibility to scarlet fever; active immunization against scarlet fever; and school clinics of the dental survey.

Summary of Free Clinics held July, 1929, to July, 1930.

Type.	No.	Physician.	Children attending.	No. of Attendances
Chest	2	Dr. Lamb, Government Chest Specialist	9	11
Eye, ear, nose, throat	1	Dr. McNamee, Specialist, Kamloops	12	12
Orthopædic	1	Dr. Frank Patterson, Specialist, Vancouver	3	3
to diphtheria)	1	Dr. Ootmar, District M.H.O.	25	25
zation against scarlet fever.	77	Dr. Ootmar, District M.H.O	562	2,519
	18	Dr. Ootmar, District M.H.O	111	153
Well-baby and pre-school Dental survey	8	Drs. Mathison, Wright, Shepherd, and Day	518	518
Totals	108		1,240	3,241

SECTION III .- PUBLIC-HEALTH ORGANIZATION AND DEVELOPMENT.

Meetings addressed.

- (1.) East Kelowna. Subject: Active immunization against diphtheria.
- (2.) Westbank. Subjects: (a) Active immunization against scarlet fever; (b) organization of a local branch of the Victorian Order of Nurses.
- (3.) Peachland. Subjects: (a) Active immunization against scarlet fever; (b) organization of a local branch of the Victorian Order of Nurses.
 - (4.) South-east Kelowna. Subject: Active immunization against scarlet fever.
 - (5.) Benvoulin. Subject: Active immunization against scarlet fever.
 - (6.) Mission Creek. Subject: Active immunization against scarlet fever.
 - (7.) Rutland. Subject: Active immunization against scarlet fever.
 - (8.) Winfield. Subject: Active immunization against scarlet fever.
 - (9.) Ellison. Subject: Active immunization against scarlet fever.
 - (10.) Okanagan Centre. Subject: Active immunization against scarlet fever.
- (11.) Kelowna Women's Institute. Subject: "The Kelowna Health Unit-Its Organization and Aims."

Letters written, Interviews, and Prenatal Hygiene.

Letters written: 155. Interviews: 420.

Prenatal hygiene: Cases opened, 4; number of visits, 11.

Health Exhibit.

A health exhibit for the Kelowna Fall Fair of 1929 was planned in conjunction with Miss Frances Lyne, R.N., Kelowna School Nurse. In the school section a proper lunch for a school-child was demonstrated by means of food models supplemented by suitable posters and literature. In the infant-welfare section stress was laid on the importance of properly modified cow's milk for feeding, as compared with condensed milk, which is a favourite standby of rural mothers. Models were used, together with large posters showing a letter from Dr. Alan Brown, well-known pediatrician of Toronto, Ontario, supplemented by a copy of his well-known book, "The Normal Child," and other suitable literature.

In the public-health section attention was called to the free Government chest clinics by suitable posters and literature. The need of vaccination was stressed by striking posters "adorned" with real photographs of different types of smallpox taken from "Vaccination and Smallpox," obtained from the Federal Department of Health, Ottawa. These aroused much interest and many copies of this publication were distributed, together with some 3,350 booklets dealing with various health subjects.

Many questions were answered by the two city and rural nurses who were on duty at the booth during the one and a half days of the fair.

The Kelowna Rural Schools Health Association, Kelowna Women's Institute, and the Kelowna Board of School Trustees contributed towards the expenses of the booth.

Other Activities.

- (1.) In April, 1930, the Westbank Well-baby and Pre-school Clinic was opened under the auspices of the newly formed Westbank Branch of the Victorian Order of Nurses. Dr. G. H. Ootmar was the attending physician, assisted by Miss Olive Ings, R.N., Victorian Order Nurse in charge; Mrs. A. F. Grindon, R.N., Provincial Health Nurse, Kelowna; and the members of the local branch of the V.O.N. Thirty-four infants and children were present at a well-attended clinic. In May and June clinics were also held at which the Provincial Health Nurse assisted the Victorian Order Nurse in charge.
- (2.) In co-operation with Dr. Frank Patterson, orthopædic specialist, Vancouver, an attempt is being made to send two of our local children suffering from the results of infantile paralysis to Vancouver for treatment. Free transportation has been obtained from the Canadian Pacific Railway. Dr. Patterson, when visiting in Kelowna, very kindly examined these children and we hope that splendid results will follow the treatment.

VISITORS TO THE DISTRICT.

- (1.) Mrs. Appleton, from the Royal Alexandra Solarium on Vancouver Island, arrived in Kelowna in April to visit old patients and prospective patients. She was much pleased by the continued progress at home made by one of our local children, who through the kindness of the Rutland Women's Institute was enabled to spend some years under treatment at the Solarium. Another child assisted by the same institute is to come home soon after a year's treatment, very greatly improved. This is splendid work that the institute is doing to help the children.
- (2.) Miss Margaret Kerr, B.A.Sc. (British Columbia), A.M. (Columbia), Instructress in Public Health Nursing at the University of British Columbia, visited the district in May on a visit of observation. Miss Kerr has been making a tour of the public-health centres of the Province, and expressed herself as much pleased with the child-welfare work being done in the Kelowna Rural Districts.
- (3.) The Provincial Health Officer was a most welcome visitor in Kelowna in April. He interviewed many local people interested in health matters, and as a result of his visit we were able to organize the dental survey of the rural schools, a report of which will be found in the school section of the report.

To conclude, I would express my appreciation and thanks to the local physicians; to the members of the Women's Institutes; to the Executive of the Kelowna Rural Schools Health Association; to the teachers in the schools; to Dr. G. H. Ootmar, District Medical Health Officer,

and School Medical Officer for the rural schools; and to all others who by their kindly interest and co-operation are helping to promote the work of the Provincial Public Health Nursing Service in the Kelowna Rural Districts.

Anne Frances Grindon, R.N.,
Provincial Health Nurse in Charge, Kelowna Rural Districts.

Following are the reports from the full-time Medical Health Officers in Saanich Municipality and Kelowna City. The Saanich report gives us a résumé of the work carried out, including the school-work. The Kelowna report deals more particularly with the work as Medical Health Officer in reference to the work in general.

SAANICH FULL-TIME HEALTH UNIT.

In reply to the many requests received from widely separated parts of the country, we are publishing for the first time a full description of the history, organization, and results accomplished by the Saanich Health Centre from the time it became a full-time unit. The directors of the centre have been frequently criticized for not seeking more publicity for the work of the centre and for not putting on a more attention-drawing programme. It has been the belief of the centre that work along public-health lines carried on continuously produces greater and more lasting results than much energy spent to make a few splashes, the memory of which is soon a thing of the past. Now that the centre is entering upon its fourth year, we feel that our policy has been justified and that we have concrete data on the benefits of organized publichealth work as evidenced by improved health, fewer cases of infectious disease, more publichealth education, and decreased costs to the municipality. The great impetus to public health was given by the war, which opened the eyes of the world to the appalling number of men unfit for service due to defects which may have been corrected in childhood. Since then research has shown that in Canada alone the annual cost to the nation of preventable disease is in excess of one hundred million dollars. This does not take into consideration the cost of invalidism due to causes preventable in childhood, or the cost of State institutions for the care of defectives. This does not take into consideration the infant and maternal mortality due to preventive causes and lack of education.

The realization by our public men that conservation of health is just as important as conservation of natural resources, even more so, has initiated public-health programmes throughout the country. In 1919 public-health work was begun in Saanich with the employment of four nurses to carry out bedside and school nursing. There were also a part-time Medical Officer of Health and School Medical Officer who worked independently of each other and under separate governing bodies. As frequently occurs under such arrangements and without co-ordination, the health-work was incompletely carried out and at too great a cost for the results accomplished. Gradually, however, through education and the untiring efforts of the municipal leaders and the Provincial Health Officer, appreciation of the possibilities of public-health work was brought to such a stage that a demand for an efficient full-time unit as opposed to the inefficiency of part-time work resulted in the organization. In September, 1927, the School Board and the Municipal Council pooled their health activities under a single control and a full-time health unit began to function with the same number of nurses on the staff and a full-time Medical Officer.

A comprehensive survey of the district and schools was made and the following conditions found:—

Saanich is a rural and suburban district about 55 square miles in area and 14,000 inhabitants. The great majority of the population is comprised of wage-earners living near the city. The rural areas are intensely farmed. There are over 180 dairies supplying the district and the city. Other industries are conspicuous by their absence.

Infectious diseases were prevalent owing to a loose control, and as a result schools were frequently closed on account of epidemics. Attendance at the schools was poor for the same reason. For the above reasons it was decided to direct attention to the control of communicable diseases and improvement of the health and supervision of the school population, which has since increased from 1,900 to 2,200. The environment of the school-children was carefully examined and errors in lighting, heating, and sanitation were pointed out and corrected. We

next turned our attention to the school population and upon examination of their health-cards were impressed by their health and apparent freedom from defects such as are found elsewhere. This we soon learned was due to the fact that under the part-time system the children were hurriedly inspected at the rate of about 250 in a single morning. We now proceeded to examine each child as thoroughly as possible, and whereas in the previous year only 562 defects were found, we located 1,977, and secured the correction of 989, as compared with the correction of 80 in the previous year. Every parent is notified of these defects and the correction urged, often necessitating five or six visits by the nurse. So well, apparently, has this medical examination and the nurses' work and child-welfare work succeeded that this year only 371 defects have been found. In fact, the beginners' class of last year showed 40 per cent, fewer defects than any beginners' class in previous years. Our schools have a dentist who has a portable outfit and moves from school to school; excellent results have been obtained with little loss of time to pupils.

This certainly means that the children of to-day will be entering upon adult life with fewer handicaps than their parents and are assured of a better and more efficient life.

We now turned attention to controlling infectious diseases and lessening their cost to the municipality and decreasing the absenteeism of children for this reason. This necessitated frequent inspection by the nurses, and the following figures show what has been done:—

Children i	nspected-
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1926		1.517
		1000
	(full-time unit)	
1930		5,968

We next ruled that every child absent from school three days or longer must be visited by a nurse and then present a certificate signed by the Medical Officer before readmission. From this we have as complete a knowledge and control of infection as is possible. Under nursing supervision the children are allowed to attend school during the incubation period of a disease, thus saving time which under another system would have been lost. The teachers co-operate and send home every child that shows suspicious symptoms. As a result the number of infectious diseases dropped markedly and the attendance increased in the manner shown in the chart appended.

PERCENTAGE OF ATTENDANCE OF ENROLLED PUPILS, SAANICH SCHOOLS.

School-year.	Sept.	Oct.	Nov.	Dec.*	Jan.*	Feb.	March.	April.	May.	June.	Aver-
ingolument to scaling			STR. STR.	N-IDALP	a daney		Phytorial Lands		100		%
1924-25	93.08		88.1	85.3	84.3	79.7	76.8	74.7	74.02	74.1	81.94
1925-26	94.3	89.7	90.3	88.7	80.2	77.8	76.7	79.4	76.8	75.9	83.98
1926-27	93.3	91.3	87.2	84.2	78.4	79.9	81.7	77.7	79.2	76.9	82.981
1927-28 (full-time unit)	93.5	91.6	93.2	89.2	91.2	92.4	92.9	92.8	95.8	92.2	93.481
1928-29	94.7	93.9	92.5	93.3	88.61	90.5	94.01	93.6	90,8	92.9	92.48
1929-30	94.7	93.1	92.9	94.1	87.6	88.3	93.0	93.2	93.2	93.8	92.40

Fifty per cent. of defects corrected of pupils. Pre-school. Entrance this year 40 per cent. less defects than any previous Entrance class.

At the same time the costs of isolation in the hospital, which were borne by the municipality, toboganned as follows:—

1925	\$2,110.00
1926	5,535.00
1927	
1928 (full-time unit)	140.00
1929	795.00
1930	350.00
/m	000100

(The increase for 1929 is due to the isolation of a diphtheria carrier.)

From this point alone the Health Centre has justified its establishment. As a result of our efforts to decrease disease we have in the past two years immunized 600 children against diphtheria, and we are very pleased to report that not a single one of these, though exposed, has contracted diphtheria. The improvement in attendance has raised the scholastic achievement of the pupils, and from the report of the Municipal Inspector of Schools we read that "while the tardation has cost Saanich over \$17,000 in 1928, last year (that is, 1929) the cost of repeaters has been kept down to \$11,000."

Our next effort was directed to the pre-school population. We have registered about 850 children who receive frequent visits by the nurses, and the mothers are given regular instruction in their care and protection. Wherever the members of the staff visit they always leave some public-health education. This has gradually resulted in the lessening of sickness, as shown by the ever-decreasing bedside-nursing visits and the increasing number of visits along preventive lines such as child-welfare and home school visits. The following table illustrates this well:—

Year.	Nursing Visits.	Child-welfare Visits.	Home School Visits.
1926.	2.893	1,714	200
1927	2,966	1,360	148
1928 (full-time unit)	2,355	1,979	1,314
1929	1.853	2,200	3,015
1930	1.721	1,946	2.055

We now have three baby clinics a month where mothers receive instructions and the babies undergo thorough examination. This year we have also established a pre-school dental clinic which has proved a great success.

Along educational lines, in addition to our work in the homes, we have introduced a standard text-book which has been adopted in our schools, and regular instruction is given in all the grades and high school. Children are encouraged to give self-expression along public-health lines by means of posters and essays, for which six prizes in the grade schools and two prizes in the high school are offered. Physical education and sports are given attention. Classes in home-nursing are given where practicable. Addresses to various organizations are given too. Demonstration or exhibit of some phase of public health is given whenever possible. Along the lines of sanitation we have achieved considerable success. We have carried out regular inspections and improvement of the many summer resorts located in Saanich. The dairies, of which there were only thirty registered prior to the establishment of the full-time Health Centre, have now been brought under an efficient supervision by the Health Centre, no licence being granted unless the sanitation and the safety of the supply is approved by the Health Officer. One of our great problems—that is, sewerage—has been receiving considerable attention in the past two years and much improvement is noted. This year an addition to the staff of a Sanitary Inspector, who is also Building Inspector, has been made.

Taken as a whole, the establishment of the Health Centre and its present appreciation by the municipality is something that those responsible for the organization of public health in this municipality may be justly proud of.

> D. Berman, M.D., D.P.H., Medical Officer and Medical School Inspector, Saanich Municipality.

KELOWNA HEALTH UNIT.

TYPHOID CARRIERS.

It was our experience of the last four years that when typhoid epidemics occur in Kelowna and district they were always strangers who fell ill first. In January we had a case of typhoid in a family residing in Rutland District for a few months. In April a man who came from the Prairies died. In August we had a case of typhoid in a girl coming from Winnipeg (six weeks ago), and one case, which is still in the hospital, is in a child whose family came lately

to Kelowna. A woman coming in March from the Prairies was for months in the hospital. All cases (except the one from Winnipeg) were traced to contact with typhoid carriers, some of whom have lived in the valley for a long time. The man, who died in April, was, after his arrival from the Prairies, living close to his sister, who had typhoid years ago. I told the woman to be careful, but the supply of domestic water to a family near by whose well was dry was the cause of the disease in the woman, who came in March from the Prairies.

We have now listed thirteen carriers—two in Rutland and two in Glenmore (cause of two cases, one death), one in Okanagan Mission (one case, one death), and seven in Kelowna, of which one is still employed in a restaurant.

As I have no power to forbid a carrier being employed in a restaurant, I promised the restaurants which did not employ a carrier a clean bill of health, refusing one to the restaurant which still employs a carrier and to which two cases were traced. I certainly hope that we will find a way to prohibit the carriers to be employed in restaurants.

The macroscopical widal was of great value in detecting carriers, followed by a culture of fæces and urine.

We are trying now to get the history of a carrier by testing his blood, fæces, and urine at weekly intervals. It is of very little value to detect carriers when we are unable to control them. This is impossible without proper help. Being overloaded with work in the laboratory and in the field as Health Officer, a Sanitary Inspector is badly needed. He would have to control the carriers, take regular blood and fæces samples, and supervise the dry closets. There are over 400 dry closets in town, unprotected against flies; the contents are emptied about once a month without being disinfected.

CARRIERS.

Mrs. G.—Had typhoid fifteen years ago, when she lived on the Prairies. A few months after she came to Kelowna her daughter, 11 years old, developed typhoid. Widals were taken from the whole family, and Mrs. G. was found to be positive in agglutination and complement fixation test and also had a positive faces culture. Two weeks afterwards she entered the hospital with tubair pregnancy. She left the hospital with a still positive agglutination test, but with negative faces culture.

Mrs. W.—Had typhoid twenty-two years ago. She was positive in blood and fæces. Her brother, who came from the Prairies, developed typhoid and died. Several months later a woman, who got temporarily her drinking-water from the farm where Mrs. W. is living, developed the disease.

Miss B.—Waitress in a hotel. Was positive in agglutination and fæces. Her father, a milk-dealer, Grade A, in whose house the girl lived, delivered milk to a patient with a lung abscess. The patient fell ill with typhoid and typhoid germs were cultivated from the milk.

Mrs. W.—Waitress in a hotel. Had typhoid twelve years ago. Some months ago typhoid cases occurred in the hotel (a newly arrived porter and his wife). She was strongly positive for typhoid, with negative fæces culture.

Miss S.—Waitress in a restaurant. Had no history for typhoid. Was repeatedly found positive for typhoid, with negative fæces culture. In the same restaurant was found a cook, positive in blood and fæces. He returned to China.

Mr. M.—Entered the hospital on December 29th. Was found positive in blood and fæces and was the cause of a case of typhoid in the district in August. He reported every fourteen days, but escaped from control and acted as a cook in a lumber camp, where ten cases of typhoid occurred.

Mrs. A.—Was found to be a carrier in July. There was a history of typhoid fourteen years ago. In August there was one death from typhoid in that part of the district, due to contact with the carrier. There are at present thirteen known typhoid and one paratyphoid carriers residing in Kelowna and district. These carriers have to be visited at regular times, and specimens of blood and urine have to be taken. Systematic educational propaganda should be made to make people understand how to protect others.

SANITARY CONDITIONS.

The sanitary conditions in canneries and packing-houses are asking loudly to be improved—changing the dry closets into water-closets, with facilities to wash hands, etc.

CANNERIES.

In the canneries 200 women stood ten and more hours (sometimes twelve) without an opportunity to sit down. It is true that when asked to be allowed to sit down it was never refused, but the few chairs that were present were far too few to comply with the demand. I ordered a box to be placed near every woman, allowing her to sit down when she wished.

EXHIBITS.

The Health Centre conducted exhibits at six country fairs—Armstrong, Westbank, Kelowna, Peachland, Okanagan Falls, and Oliver—as well as at the Hospital Convention at Vancouver. The results of these exhibits were found to be far-reaching and stimulated widespread interest in prevention of disease, and the Health Centre has already been asked to exhibit next year at several country fairs.

SEPTIC SORE THROAT.

An outbreak of septic sore throat occurred in Kelowna, due to the use of raw milk. Two cows of the herd were found to have streptococcic mastitis. The bacterial count of the milk was 800,000. Immediately the milk was ordered to be pasteurized.

VENEREAL DISEASE.

The educational work that we have been enabled to do has consisted in the distribution of literature dealing with the entire venereal-disease question. We intend to give lectures dealing with this to different groups. The minister of the United Church has invited us to speak about this disease to the oldest boys and we are arranging a date when these lectures will be held.

LECTURES.

Several lectures for parents were held, when smallpox cases in the neighbourhood made it urgent to vaccinate children. Two lectures for adults dealing with this matter were held. The Rotary Club of Kelowna was also addressed. The subject was: "The Fate of the Typhoid Carrier"; and one we held in Vancouver for the British Columbia Hospital Association in joint meeting, with the name: "The Forgotten Room."

This last lecture dealt with the fact that many hospitals have very restricted laboratory facilities (often only one bottle of nitric acid and two with Fehling's solution), and with the fact that in our small laboratory we started a training-school for laboratory aids.

BABY CLINICS.

During the months of July and August the baby clinics were suspended, partly on account of the absence of the Health Nurses and partly due to the fact that the busy times for the mothers come in these months and the attendance would be very small. However, the children who needed supervision, and for whom it was not advisable to do without this, were visited at home each month.

As a rule, we have two afternoons each week occupied with baby clinics; seldom is the attendance less than ten—sometimes we have about thirty attendants. In my yearly report I shall give a more complete report on these clinics, which are of great value, as several times a slight defect was found and soon corrected which would have been hard to correct in later years. Two children at the age of 2 and 3 were found to suffer from diabetes and referred to their family physician.

VACCINATION CLINICS.

These were held the end of July and the beginning of August in all parts of the district and for a week each day in the city. A total of 385 persons were vaccinated, of whom eighty-three were revaccinated. Two cases due to anaphylaxis occurred. One was a veterinarian who as a child was immunized by milking cows with smallpox pustulæ on the udder; one was a farmer who was several times revaccinated (last time without result).

G. A. OOTMAR,

Medical Officer and Medical Inspector of Schools,

Kelowna.

Much interest is being shown in regard to the dental work, and we are very pleased to say that we have made arrangements with the Canadian Dental Association to carry out a survey of the Province as a whole. This will be given effect to in March, 1931. The British Columbia Dental Association is sponsoring this work and it is to be financed without expense to the Province, but by Federal grant and by grants from the insurance companies of Canada.

A complete survey will be made of the school-children. Two days' free service will be given by the dentists to demonstrate the work in each district. All organizations in the district will be asked to form a committee to assist in carrying this out, and we believe that, as an educational measure, this is one of the greatest things that we have as yet attempted. Particularly we would appeal to those who read this Report that, when the time comes, they will lend their assistance in helping us.

Details for the examination for each school follow.

I have, etc.,

H. E. YOUNG,

Provincial Health Officer.

SCHOOLS INSPECTED.

Medical Inspectors: 163.

Reports from Medical Inspectors: 161.

HIGH SCHOOLS.

High schools. 1928-29, 67: Reported, 38; not reported, 29. 1929-30, 67: Reported, 43; not reported, 24.

Pupils inspected: 1928-29, 9,725; 1929-30, 10,759; an increase of 1,034.

JUNIOR HIGH SCHOOLS.

Junior high schools. 1928-29, 4: Reported, 2; not reported, 2. 1929-30, 5: Reported, 3; not reported, 2.

Pupils inspected; 1928-29, 3,065; 1929-30, 4,568; an increase of 1,503.

GRADED CITY SCHOOLS.

Cities. 1928-29, 33: Reported, 32; not reported, 1. 1929-30, 33: Reported, 32; not reported, 1.

Pupils inspected: 1928-29, 48,898; 1929-30, 48,860; a decrease of 38.

RURAL MUNICIPALITY SCHOOLS.

Municipalities. 1928-29, 24: Reported, 23; not reported, 1. 1929-30, 24: Reported, 23; not reported, 1.

Pupils inspected: 1928-29, 16,030; 1929-30, 16,925; an increase of 895.

RURAL AND ASSISTED SCHOOLS.

Schools inspected: 1928-29, 654, at a cost of \$15,255.65; 1929-30, 663, at a cost of \$15,755.40.

Schools not inspected: 1928-29, 71; 1929-30, 106.

Pupils inspected: 1928-29, 18.318: 1929-30, 18.391: an incr

Pupils inspected: 1928-29, 18,318; 1929-30, 18,391; an increase of 73. Cost of inspection per pupil: 1928-29, 83 cents; 1929-30, 85.6 cents.

Percentage of defects: 1928-29, 103.13; 1929-30, 104.24; an increase of 1.11.

STATISTICAL TABLES.

NORMAL

			_			_		_	_				_	_
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Browthing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Vancouver	L. Macmillan		221	230			14	2	3	7	19	27	6	14
Victoria	J. H. Moore		140	141	11		19	1			22	9		1
													н	IGH
Abbotsford	J. M. McDiarmid		68	63	3		6		2	2	5	9	3	15
Anyox: Granby Bay Armstrong	Dr. Learoyd		23 105	23 103			2 6	1	1 4	5	18	39	2	12
Bella Coola			22	22	2	1	3	1	6		15	15	15	
Burnaby: Burnaby, North	J. G. McCammon		146	145			7			1	5	39	4	3
Burnaby, South Chilliwack	J. G. McCammon		334	1			10	1			14		7	-
Courtenay			285 75		2		3	1	10	10	23	15	20	7
Cranbrook	G. E. L. MacKinnon.						9				6	9		7
Cumberland Delta:			50	49	4	1	2	2	3	1	3	9	8	2
Duncan Esquimalt		Miss B. Mitchell	89 94 73	89 88 73	5		10		2	1	7 2			
Fernie	D. Corsan	Miss W. Seymour.	112								3	3	2	3
Grand Forks			75	75			2				2	3	2	
200000000000000000000000000000000000000		ALISS LISUARC	179	149	********		11	1	3	1	3	5	1	,
Kimberley	J. F. Haszard		58	57						2	14	8		5
Ladysmith			-	57			5		2	2	9	1		4
Marle Ridge:	B. B. Marr		97	94			6				1			2
Merritt	G. H. Tutill	Miss II, E. Pawcett.	50	48			1			A TOTAL STREET	4	5	1	6
Mission.	Dr. McIntyre	Miss H. E. Fawcett.	59	59	14		3		2		4	13	3	8
Nanaimo	W. F. Drysdale	Miss N. Armstrong	247	240			18	3	6		4	80	7	24
Nelson	E. C. Arthur		227	214			24	4	1	1	19	33		56
New Denver New Westminster:			21	20			1				1		20	13
Duke of Connaught.			418	406			16	1	1	30	30		14	60
Ocean Falls	Wm. Buchanan	Miss M. Twiddy	6				5				5			1 4
Queen Charlotte Revelstoke	G. A. C. Roberts		193	11				30			65	1	28	
Richmond	W. K. Hall		116	90		4	5	1 49			3			4 7
Salmon Arm	Drs. Beech & Beech		132	80	8		12	3	2		14		12	
Slocan City	F. V. Agnew	***************************************	36				1						7	7
Surrey			92								4			1 2
	AND DESCRIPTION OF THE PARTY OF		30	1000	0		2				6		1	3
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SCHOOLS.

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Bright Sissease 1 Chicken-pox 2	
Corrected vision, 4 Orthopaedic, 1; heart, 2; corrected vision, 22 Nervous, 2; eardiac, 2 Numps; measles; scarlet fever, chicken-pox Epidemic numps Epidemic numps Epidemic numps Epidemic numps Epidemic numps Epidemic numps Epidemic numps Fair ventilation not O. K. Orecrowded Good. Clean; a Good. Clean, a O. K. Clean; a Good. Good. Good. Good. Fair ventilation not O. K. Clean; a Good. Clean, a O. K. Clean; a Good. Good. Good. Good. Fair ventilation not O. K. Clean; a Good.	dequate.
Orthopædic, 1; heart, 2; corrected yinion, 22; eardiac, 2 Numps; measles; scarlet fever, chicken-pox Epidemic numps Epidemic	
Diabetes, 1 Cardiac, 1 Anxemia, 5 Cardiac, 1 Anxemia, 5 Mumps, 47; measles, 5 Measles, 10 Mumps, 2; chicken-pox, 1; torq Good Good Clean, a Good Good Clean, a Good Good Clean, a Crean Crean Clean, a Crean Crean Clean, a Crean Crean Clean, a Crean Crean Clean Crean Clean Crean Clean Crean Clean Crean Crean Clean Crean Crean Crean Clean Crean Good Good Good Crean Good Good Crean Good Crean Good Crean Cr	
Cardiac, 1	dequate.
Mumps, 47; measles, 5. Good. Good. Good. Good. Good. Mumps, 47; measles, 5. Good. Good. Mumps, 2; chicken-pox, 1; torp stillits, 2 Mumps, 1; chicken-pox, 1; torp stillits, 2 Mumps, 1; chicken-pox, 1; torp bella, 6 Servous threatening chorea, 1; chronic bronchitis, 2; cardiac, 2; flat feet, 4; psoriasis, 1 Stiff knee, old osteomyelitis. Defective chests, 4; cardiac, 3. Defective chests, 4; cardiac, 2. Defective chests, 4; cardiac, 2. Defective chests, 4; cardiac, 3.	
Cardiac, 2	dequate.
Cardiac, 2	oloon:
Nerrous threatening chorea, 1; chronic bronchits, 2; cardiac, 2; flat feet, 4; psoriasis, 1 Stiff knee, old osteomyelitis. Defective chests, 4; cardiac, 3 Defective chests, 4; cardiac, 3 1 Mumps, 6 Good Good Good Good Good Good Good Go	ate.
Stiff knee, old osteomyelitis. Defective chests, 4; cardiac, 3. Defective chests, 4; cardiac, 4. Defective chests, 4; cardiac, 3. Defective chests, 4; cardiac, 4. Defective chests, 4; cardiac, 3. Defective chests, 4; cardiac, 4. Defective chests, 4; cardiac, 3. Defective chests, 4; cardiac, 4. Defectiv	; moder
Clean. C	
Whooping-cough (held in control by keeping affected from school) Good Good	
trol by keeping affected from school) Good Good Good Good Good Good Good Goo	
Cardiac, 1; orthopædic, 2 1 1 Scarlet fever, 1; chicken-pox, 2 Poorly heated and Clean; a ventilated 1 Varicella and measles Crowded when more than 30 in class 1 Cood Good Good 2 Preumonia, 1 Heart, 15; acne, 8; eczema, 1 Measles Good Good Cardiac, 3; conjunctivitis, 2 Cardiac, 4; nervous, 2; orthopædic, 2 Cardiac, 4; nervous, 2; orthopædic, 2 Cardiac, 6 Cardiac, 6 Cardiac, 6 Cardiac, 6 Cardiac, 6 Cardiac, 1; orthopædic, 2 Poorly heated and Clean; a ventilated Crowded when more than 30 in class Good Good Cood. Good Good Ves. Good Good Good Good O.K Clean. Good Good Good Good Cardiac, 6 Good Good Good Good Cardiac, 6 Good Good Cardiac, 6 Good Good Cardiac, 6 Good Good Cardiac, 6 Good Good Cardiac, 6	
Varicella and measles Crowded when more Good. Cardiac, 2; stuttering, 1 Cardiac, 5; heart-defects, 5; anæ Measles Good Go	adequate
Drthopædic, 5; heart-defects, 5; anæ-mic, 2; pulmonary, 1 Good Good Good Good Good Good Good Go	
Good Good	
The cumonia, 1	
Good Yes. Good Good Good Good Good Good Good Go	dequate
Cardiac, 3; conjunctivitis, 2 2 Mumps, 1; chicken-pox, 1 Good Good Good Good Good Good Good Good Good Yes Cardiac, 6 Good Yes	
Good Good Good Good Good Good Good Goo	
Good Yes.	
SatisfactoryGood.	
The state of the s	
Cardiac disease, 1	

HIGH

	A THE PERSON	-							F			1	-	
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Topley	F. V. Agnew	1	6				1					1		
TrailVancouver:			183		9			2	3	3	4	23		14
	H. White	Miss M. McLellan.	106	671			25	1			9	171	2	11
Lord Byng	W. Dykes	Miss G. Jeeres	366	500			28				8	102		30
King Edward	H. White	Miss M. MacNaugh-	640	729			30	1	1		13	118	6	26
King George	H. White	ton Miss H. Jukes	367				22	1	1	1000	2	108		10
Kitsilano	H. White W. Dykes	Miss M. Campbell.	371 749	348				1 6			18	33	3	20 61
	G. Lamont		812									235		31
	W. Dykes		228				7		1		3	24		15
	H. White	ton	550	537			19	1	1		19	116	5	33
Technical	G. Lamont	Miss I. Smith	892	1036			14		4		7	126	2	3
Vancouver, North Vancouver, West:	H. Dyer	Miss E. Lowther	358	377	2		18				- 14	4	3	1
Inglewood	A. C. Nash		129				4				10	20	3	4
Vernon	O. Morris	Mrs. I. Martin	140	138							1			1
The state of the s										1				-
											JU	NIO	RH	IGH
				_							-			
Kamloops		Miss O. M. Garrood	318	292	51		22		5		50	51	54	16
Kamloops	M. G. Archibald and and K. Terry	Miss O. M. Garrood	318	292	51		22		5		50	51	54	16
Kamloops		Miss O. M. Garrood	318	292	51		22		5		50	51	54	16
Kamloops		Miss O. M. Garrood	318	292	51		22		5		50	51	54	16
Kamloops		Miss O. M. Garrood	318	292	51		22		5		50	51	54	16
Kamloops		Miss O. M. Garrood	318	292	51		22		5		50	51	54	10
	and K. Terry													
Nelson	and K. Terry E. C. Arthur		349	307			30	1			28	86	2	
Nelson	and K. Terry E. C. Arthur H. White	Miss M. MacNaugh- ton	349					1 3						
Nelson	and K. Terry E. C. Arthur	Miss M. MacNaugh- ton	349 175	307	3		30	1			28	86	2	69
Nelson	E. C. Arthur	Miss M. MacNaugh- ton Miss M. Campbell.	349 175 1546	307 154 1620	247		30 12 74	1 3 7	1 1	1	28 4 62	86 44 446	2 2	69
Nelson	E. C. Arthur	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart	349 175 1546	307 154 1620 896	3 247 196		30 12 74 68	1 3	1 1 3	1 2	28 4 62 45	86 44 446	2 2 14 4	69 8 20
Nelson	E. C. Arthur	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart	349 175 1546	307 154 1620 896	3 247 196		30 12 74 68	1 3 7	1 1	1 2	28 4 62 45	86 44 446	2 2 14 4	69 8 20
Nelson	E. C. Arthur	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart	349 175 1546	307 154 1620 896	3 247 196		30 12 74 68	1 3 7	1 1 3	1 2	28 4 62 45	86 44 446	2 2 14 4	69 8 20
Nelson	E. C. Arthur	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart	349 175 1546	307 154 1620 896	3 247 196		30 12 74 68	1 3 7	1 1 3	1 2	28 4 62 45	86 44 446 164 430	2 2 14 4	69 8 20 64 125
Nelson	E. C. Arthur	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens	349 175 1546 1231 1307	307 154 1620 896 1299	247 196 265		30 12 74 68 84	1 3 7 7 222	1 1 3 3 16	1 2 1	28 4 62 62 GR	86 44 446 164 430	2 2 14 4 11	69 8 20 64 125
Nelson	E. C. Arthur H. White G. Lamont H. White	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens	349 175 1546	307 154 1620 896 1299	3 247 196 265		30 12 74 68 84	1 3 7	1 1 3	1 2 1	288 4 62 45 45 GR	86 44 446 164 430	2 2 14 4 11	69 8 20 64 125 ITY
Nelson	E. C. Arthur H. White G. Lamont H. White	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens	349 175 1546 1231 1307	307 154 1620 896 1299	3 247 196 265		30 12 74 68 84	1 3 7 7 22	11 13 3 166	1 2 1	288 4 62 45 45 GR	866 44 446 446 430 ADE	2 2 14 4 11	69 8 20 64 125 ITY
Nelson	E. C. Arthur H. White G. Lamont H. White	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens	349 175 1546 1231 1307	307 154 1620 896 1299	3 247 196 265		30 12 74 68 84	1 3 7 7 22	11 13 3 166	1 2 1	288 4 62 45 45 GR	866 44 446 446 430 ADE	2 2 14 4 11	69 8 20 64 125 ITY
Nelson	and K. Terry E. C. Arthur H. White G. Lamont H. White	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307	307 154 1620 896 1299	3 247 196 265	4	30 12 74 68 84	1 3 7 7 22	11 13 3 166	1 2 1	28 4 62 45 94 GR	866 44 446 446 430 ADE	2 2 14 4 11	69 8 20 64 125 ITY
Nelson	and K. Terry E. C. Arthur H. White G. Lamont H. White	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307	307 154 1620 896 1299	247 196 265	4	30 12 74 68 84	1 3 7 7 22	16	1 2 1	28 4 62 45 94 GR	86 44 446 164 430 ADE	2 2 14 4 11	69 8 20 64 125 ITY
Nelson	and K. Terry E. C. Arthur H. White G. Lamont H. White A. D. Morgan	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307	307 154 1620 896 1299 106 507	247 196 265	4	30 12 74 68 84	1 3 7 7 222 220	16 60	1 2 1 3 75	28 4 62 45 94 GR	86 44 446 164 430 ADE	2 2 14 4 11 2D C	69 8 20 64 125 ITY
Nelson	and K. Terry E. C. Arthur H. White G. Lamont H. White	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307	307 154 1620 896 1299	247 196 265	4	30 12 74 68 84	1 3 7 7 22	16	1 2 1 3 75	28 4 62 45 94 GR	86 44 446 164 430 ADE	2 2 14 4 11	69 8 20 64 125 ITY
Nelson	and K. Terry E. C. Arthur H. White G. Lamont H. White A. D. Morgan	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307	307 154 1620 896 1299 106 507	3 247 196 265	4	30 12 74 68 84	1 3 7 7 222 220	16 60 22	1 2 1 3 75	28 4 62 45 94 GR	86 44 446 164 430 ADE	2 2 14 4 11 2D C	699 8 200 644 125 ITY 163 41
Nelson	A. D. Morgan R. McCaffery J. McKee G. E. L. McKinnon G. E. L. McKinnon	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307 114 512 406 273 556 46	307 154 1620 896 1299 106 507 399 248 539 45	3 247 196 265	4	30 12 74 68 84 236	1 3 7 7 22 22 20 1	16 60 22	1 2 1 1 3 75 86 88	288 4 62 45 94 94 94 94 94 105 14	866 44 446 164 430 ADE 400 244 72	2 2 14 4 11 58	69 8 20 64 125 ITY 163
Nelson	A. D. Morgan R. McCaffery J. McKee G. E. L. McKinnon G. E. L. McKinnon G. E. L. McKinnon G. E. L. McKinnon	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307 114 512 406	307 154 1620 896 1299 106 507 399 248 539 45	3 247 196 265	4	30 12 74 68 84 236	1 3 7 7 222 220 220 1	11 13 3 166	1 2 1 3 75	28 4 62 45 94 GR 166 218 94 33	86 44 446 446 430 ADE 40 244 72 75 57 6 6 1	2 2 14 4 11 58	125 ITY 163 41 11 9
Nelson	A. D. Morgan R. McCaffery J. McKee G. E. L. McKinnon G. E. L. McKinnon G. E. L. McKinnon G. E. L. McKinnon	Miss M. MacNaughton Miss M. Campbell. Miss M. Ewart Miss V. B. Stevens Miss P. Charlton	349 175 1546 1231 1307 114 512 406 273 556 46 12	307 154 1620 896 1299 106 507 399 248 539 45	3 247 196 265	4	30 12 74 68 84 236	1 3 7 7 222 220 220 1	11 1 3 3 166	1 2 1 3 75	28 4 4 62 45 94 166 218 94 33 105 14 2 2	86 44 446 446 430 ADE 40 244 72 75 57 6 6 1	2 2 14 4 11 CD C	69 8 20 64 125 ITY 163 41

			1	1			
Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
Anæmia, 1	*********		*******			Adequate	Yes.
No. vaccinated, 440; cardiac affec- tions, 2; pulmonary, 1 No. vaccinated, 254; cardiac affec- tions, 3 No. vaccinated, 427; cardiac affec- tions, 2					Mumps, 2; chicken-pox, 1		
No. vaccinated, 246; pulmonary, 1 No. vaccinated, 193 No. vaccinated, 409; cardiac affections, 10; pulmonary, 1 No. vaccinated, 341; cardiac affections, 4 No. vaccinated, 81; cardiac affections, 4					Scarlet fever, 1; measles, 1 mumps, 17 Diphtheria, 1; chicken-pox, 3		
tions, 7 No. vaccinated, 332; cardiac affections, 4; pulmonary, 1 No. vaccinated, 542; cardiac affections, 2 Cardiac, 4; nervous, 1							
Skin-trouble, 2			10000	No.		Good	D-41
SCHOOLS.							
Heart, 3; bronchitis, 2					Few cases measles and chicken- pox	attached to former High School, com- prising one large assembly-hall and six class-rooms for Grades VII. and	ern lavatory ac commodation.
	1000000	14 77 77 78	200000	100000	Measles; varicella	The second secon	100000000000000000000000000000000000000
No. vaccinated, 43							
No. vaccinated, 896; cardiac affec- tions, 11 No. vaccinated, 510; cardiac affec- tions, 15; pulmonary, 1					rier, 1; mumps, 2; chicken-		
No. vaccinated, 480; cardiac affec- tions, 4					Scarlet fever, 2: diphtheria, 2: diphtheria carrier, 1; mumps, 1		
SCHOOLS.							
	1						Good.
Chronic mastoid, 1; congenital dislo- cation of hips, 1; harelip and cleft palate, 1; stuttering, 2; asthma, 2; hay-fever, 1; blepharitis, 12; cho- rea, 2; endocarditis, 1	6			2	Meningitis, 1; scarlet fever, 1; chicken-pox, 62; pneumonia, 2; appendectomy, 2	Condition of build-	Clean; adequate.
					There has been chicken-pox and mumps early in the year. At present there are some cases of whooping-cough. This is very likely to become worse		tion.
Partial paralysis, 1						Good	Clean.
Nervous, 3; pulmonary, 2; cardiac, 3; orthopædic, 3; anæmia, 23; nasal catarrh, 21; skin-disease, 18; wax in ears, 65						Good	Clean.

GRADED CITY

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Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Mahnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Gottre.
Duncan	H. P. Swan	Miss B. Mitchell.	431	396	18	1	11	3	17	5	35	257		1
Enderby			112	107		1	20	1	5	5	21	22		9
Fernie: Central			546	546	30	2	20	3	10	12	35	250	12	31
Annex			80	80	- 2	2	1	1	3	3	4	30	2	2
West	D. Corsan	Winnifred Seymour	60	60	2	1			1	2	6	20	3	4
Grand Forks	W. Truax		286	280	4	3	10	2	20	8	30	55	20	2
Kamloops: Lloyd George			291	280	68	4	47	2	8	17	92	77	73	30
	Kingsley Terry													
	M. C. Lost Date and	Min O M Carroad		004		2	17		1	33	85	75	80	7
Stuart Wood	M. G. Archinaid and Kingsley Terry	Misso, M. Garrood	296	284	-75		-		1	99	00			Town.
Kaslo	D. J. Barelay		101	92	2	3	6		9	9	27	31	7	55
Kelowna			10000	770	Mary Sales		49	6	39	36	41	48	72	68
Kelowna	17, 0, 1210		110	110							200			
Ladysmith:	better maket milet									7				
Central	H. B. Maxwell G. H. Tutill	Miss H. Peters	274	271	18		25	3 2	11	11		105		10
Nanaimo: Middle Ward	W. F. Drysdale	Miss N. Armstrong	167	167	11		14	3	28	27	25	53	18	
North ward		Fig. 1 Comments and the second	1 3777	156	8	2	10	1	17	18	25	38	20	9
Quennell	W. F. Drysdale	Miss N. Armstrong	566	559	98	1	44	6	26	24	41	232	56	67
									-				91	
South Ward Nelson:	W. F. Drysdale			1	7		1. 000	1 30	30	22				
Central	E. C. Arthur		577	1					6	5			6	137
New Westminster:				171						0.9	20		1	
	D. A. Clark			408		-							93	
	D. A. Clark			347	1				1	50				68
	D. A. Clark		977.0	433	1			1	4	83			102	40
	D. A. Clark		1000000	538					5	28	1000			6
			10000	146	82				1		100		1000	44
	D. A. Clark		9000	1	1			1 - 3	4	51 82	1 88		1	30
Herbert Spencer	D. A. Cara.	Jacob Ja. Demarkini	401	457	66	3	9	1		04	00		00	30
Port Alberni	A. R. Wilson	Miss M. E. Grierson	398	382	9		16	4	123	161	235	132	206	6
Port Coquitlam:											- 13		-	
Central			160							13				3 4
Port Moody			218		3	3			3	8				16
Prince George: King George V	C. Ewert	Mrs. G. Bond.	291	284	1 8	1	16	7	13	13	51	140	1	22
Baron Byng	C. Ewert	Mrs. G. Bond	9:	87	2	1	8	2	4	4 4	13	31	1	6
Prince Rupert:	J. H. Carson		1 - 22 2	1			1 3	1	39	4	10.53	191		12
				1		1						1		-
			_	-										

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
Fatigue posture, 115; asthma, 1; car- diac, 3; pronated feet, 7		4	14	2	Measles, 212; scarlet fever, 2; rheumatic fever, 1		
Cardiac, 3; impediment in speech, 2 Chorea, 2; cardiac, 1; impediment in speech, 1	4	3	3		Mumps, 32; ehicken-pox, 1; ru- bella, 80; scarlet ferer, 2 Mumps, 32; ehicken-pox, 22, rubella, 34; diphtheria, 4;	0.K	0.K.
Anzemia, 1; cardiac, 1; chorea, 1		1	1		scarlet fever, 2; poliomyeli- tis, 2 Mumps, 20; chicken-pox, 26; rubella, 26; diphtheria, 3; scarlet fever, 3; poliomyeli-	о.к	о.к.
Cardiac trouble, 2			3	2	tis, 2 Smallpox	Fair	Clean; adequate.
Cardiac, 4; D'espine's, 6; bronchial, 3					Diphtheria, 1; 40 per cent, of children immunized against diphtheria; clinic held in schools	brick, a compara- tively new school, but poorly venti- lated and heated	of closets which are kept clean and sanitary.
Cardiac, 2; D'espine's, 8; bronchial, 3	3				Chicken-pox; a few cases of measles	in brick building; fairly well venti- lated and heated	of closets which are kept clean and sanitary.
Part of bone from head, 1; partial paralysis, 1 Nervous, 24; pulmonary (not incl. T.B.), 3; curvature of spine, 9; flat feet, 11					Mumps, 3; typhoid, 1; pinkeye, 23; scarlet fever (light), 11; measles, 6	Excellent and mod-	Adequate, modern, sanitary, and kept clean and neat.
Defective chests, 11; cardiac, 6 Cardiac, 1			2	1	Poliomyelitis, 1 Whooping-cough (held in control by keeping affected from school)	Satisfactory	Yes. Yes.
Conjunctivitis, 1; blepharitis, 4; catarth, 1 Pulmonary, 1; blepharitis, 1		9		1	Whoeping-cough, 3; chicken- pox, 5 German measles, 1; chicken-		
Asthma, 1; nervous, 2; blepharitis, 8; conjunctivitis; cardiac, 1; hip-dis- ease, 1; fractures, 2		,			pox, 16 Scarlet fever, 3; chicken-pox, 9		
Valvular disease of heart, 2; nervous, 4	4	5			Measles; varicella		
Valvular disease of the heart, 1					Varicella; measles	tilation poor All rooms over-	Good condition.
Orthopædic defect, 8; heart-defects, 5; nervous, 2; pulmonary, 1 Orthopædic defects, 5; anæmic, 5; pulmonary, 3	3	15				crowded	
Orthopædic defect, 5; heart-defects, 4; anæmic, 3; nervous, 2; pulmonary, 1 Orthopædic defects, 4; heart-defects, 2; anæmic, 1; pulmonary, 1 Orthopædic defects, 5; heart-defects, 2; anæmic, 3	12		7	2	5; smallpox, 1; pertussis, 44; measles, 1; mumps, 8; chicken-pox, 66		
Orthopædic defects, 6; heart-defects, 4; nervous, 1 Orthopædic defects, 8; heart-defects,	1		9	1			Land Land
6; anæmic, 1; nervous, 3; pulmo- nary, 1					Mumps, 2; cardiac, 1; whoop- ing-cough, 2; chicken-pox, 54	not adequate; well	
Cardiac, 6						Satisfactory	Clean; adequate.
Cardiac, 1; blepharitis, 11; eczema, 5 Conjunctivitis, 1; blepharitis, 5			1	1	January, whooping-cough,	Good	Clean; adequate.
Heart, 15; angemia, 1; asthma, 2; rhonci, 2; skin, 12; orthopædic, 1						Good	Good.

GRADED CITY

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Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Prince Rupert—Con. Borden Street	J. H. Carson	Miss M. Osborne	314	308	84	2	19	44	43		156	155	123	5
Seal Cove	J. H. Carson J. H. Carson	Miss M. Osborne Miss M. Osborne	64 21	63 19			2	11 2	12		43 11	35 5	41 12	3
Central	J. H. Hamilton J. H. Hamilton		146 295				16 6	1	3	3	4 9	1 12	1	4 1
	E. E. Topliff		437	432	5	3	60	3	12	25	71	70	12	25
Salmen Arm			180 49	180 47	3	1	30	4 1	17	14	39	44 2	11 46	14 15
Tadanae	F. S. Eaton		983 338 69			1	48 18 8	12 3 3	18 2 2		17 6 4	26 32 14		
Vancouver: Aberdeen	H. White	Miss M. Campbell.	465	576	80		16	1	*******	3	44	205	16	22
Alexandra	G. Lamont	Miss Aske	572	564	139		54	1	3	29	79	28	1	35
Bayview	W. Dykes	Miss F. Innes	393	373	. 88		14	2		1	26	38	3	5
Beaconsfield	G. Lamont	Miss I. Smith	293	320	69		6		2		3	56	1	
Block 70	H. White	Mrs. Schultz	124	105	20		5	1	1	5	23	9	5	6
Brock	G. Lamont	Miss E. Bell	428	445	35		5			24	32	104		22
Carleton	G. Lamont	Miss E. Edwards	933	932	193		33	11	36	30	46	262	2	12
Edith Cavell	W. Dykes	Miss L. Drysdale	299	244	54		5	1			27	37	6	11
Central	H. White	Miss V. B. Stevens	494	457	79		24	2	2	7	54	41	19	29
Dawson	H. White	Miss H. Jukes	687	658	138		45	3	6		84	188	7	55
Charles Dickens	G. Lamont	Miss J. Aske	692	547	132		44	.3	4	27	87	36	15	24
Douglas	G. Lamont	Miss Olmstead	233	196	13		2		3	9	21	50	1	5
Fleming	G. Lamont	Miss D. Olmstead	493	420	56		16		3	29	40	126		11
Franklin	H. White	Mrs. Schultz	453	349	85		8	3	5	5	48	69	12	11
Simon Fraser	G. Lamont	Miss L. Drysdale	564	636	107		35		5	10	57	94	2	25
General Gordon	H. White	Mrs. Schultz	940	775	159		33	5	2	1	39	95	2	29
Grandview	H. White	Miss O. E. Kilpat- rick	456	493	57		18			7	55	21	4	29
Hastings	H. White	Miss F. Innes	876	884	149		35	4		12	84	168	3	24
Henry Hudson		Miss F. Innes	527	491	90		19	4		2	40	69	1	5
Kerrisdale	W. Dykes	Miss G. Jeeves	632	655	106		14	4	1	1	37	115	5	10
Lord Kitchener	W. Dykes	Miss G. Jeeves	571	594	98		12	3		1	22	159	4	7
Kitsilano	W. Dykes	Miss F. Innes	348	275	58		9		2		22	12	2	3
			-		-	- 1		-		-	-	- 1	- 1	

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
Heart, 24; pulmonary, 5; orthopædic,			1	-	Measles	Good	Good.
3; skin, 14 Cardiac, 1; skin, 3; pulmonary, 1 Heart, 1; bronchial, 1					Measles	Good	
Orthopædfe, 1					Measles; mumps; whooping-cough	Good	
Nervous, 4; cardiac, 15; pulmonary, 5; paralysis, 3 Orthopædic, 2; cardiac, 2					mumps, 2	GoodFair	Good.
Cardiac, 7; nervous, 8; pulmonary, 3 Cardiac, 4; nervous, 3; pulmonary, 4 Cardiac, 1	32	24	17	12		AdequateSatisfactory	Yes. Yes.
No. vaccinated, 261; cardiac affec- tions, 1 No. vaccinated, 229; cardiac affec-							
tions, 7; pulmonary, 1 No. vaccinated, 155; cardiac affections, 2					pox, 16	The second secon	
No. vaccinated, 129					chicken-pox, 1 Scarlet fever, 1; rubella, 1; mumps, 3; whooping-cough,		
No. vaccinated, 42; pulmonary, 2 No. vaccinated, 177; cardiac affections, 5; pulmonary, 1				1	Mumps, 2; whooping-cough, 7; chicken-pox, 8 Diphtheria, 3; diphtheria car- riers, 1; whooping-cough, 8;		
No. vaccinated, 361; cardiac affections, 6					riers, 1; whooping-cough, 23;		
No. vaccinated, 99; pulmonary, 1					chicken-pox, 2 Diphtheria, 1; diphtheria car- riers, 19; mumps, 54; whoop- ing-cough, 17; chicken-pox, 7		
No. vaccinated, 291; cardiac affections, 3					Diphtheria, 1; diphtheria carrier, 1; mumps, 1; whoop-		
No. vaccinated, 336; cardiac affec- tions, 1					Scarlet fever, 6; diphtheria, 16; mumps, 1; diphtheria car- riers, 16; whooping-cough, 21; chicken-pox, 8; smallnox, 1;		
No. vaccinated, 205; cardiac affec- tions, 4			1		mumps, 4; whooping-cough. 30; chicken-pox, 24	Partie Marie	
No. vaccinated, 62; cardiac affec- tions, 1 No. vaccinated, 170					diphtheria carriers, 3; whoop- ing-cough, 9; chicken-pox, 30	1	
No. vaccinated, 150	100000000000000000000000000000000000000		1	1	21: smallnox 2		
No. vaccinated, 314; cardiac affections, 5; pulmonary, 1					diphtheria carriers, 7; mumps, 22; chicken-pox, 3; whoop-		
No. vaccinated, 259; pulmonary, 1		2			cough 23		
No. vaccinated, 215; pulmonary, 2 No. vaccinated, 353; cardiac affec- tions, 1; pulmonary, 10					3; chicken-pox, 9 Scarlet fever, 4; diphtheria, 12; mumps, 1; diphtheria car-		
No. vaccinated, 275; cardiac affec- tions, 2; pulmonary, 2							
No. vaccinated, 346; cardiac affec- tions, 1; pulmonary, 1					riers, 9; mumps, 67; whoop-		
No. vaccinated, 237; cardiac affec- tions, 2; pulmonary, 1					Scarlet fever, 2; mumps, 17; whooping-cough, 39; chicken-		
No. vaccinated, 134; cardiac affec- tions, 1					Diphtheria, 2; chicken-pox, 2; smallpox, 1		

GRADED CITY

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Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Vancouver—Continued. Langara.	W. Dykes	Miss G. Jeeves	449	459	68		19				22	83	3	15
Livingstone	G. Lamont	Miss D. Shields	461	488	66		9		3	11	36	70		9
David Lloyd George	W. Dykes	Miss M. Ewart	578	406	96		14	4	4	7	49	65	8	6
Magee	W. Dykes	Miss M. Ewart	659	493	97		21	1			26	49	7	8
Moberly and Annex	G. A. Lamont	Miss B. Jenkins	588	572	97		7		7	29	41	91	8	10
Model	G. A. Lamont	Miss L. Drysdale	521	455	111		14		1	4	28	80		16
Mt. Pleasant	G. A. Lamont	Miss D. Shields	596	586	107		4	1	2	5	26	95		19
McBride	G. A. Lamont	Miss B. Jenkins	690	759	176		15	4	4	19	61	125	5	18
Macdonald	H. White	Mrs. Schultz	558	501	88		20			8	74	34	16	15
Mackenzie	G. A. Lamont	Miss B. Jenkins	710	621	165		6		1	15	36	109	11	11
Nelson	H. White	Miss I. Smith	868	942	209		48	6	1	2	58	202	9	20
Florence Nightingale	G. A. Lamont	Miss D. Shields	612	598	121		4		3	10	21	20	1	20
Norquay and Annex	G. A. Lamont	Miss D. Olmstead	654	437	91		6	2	3	29	40	106		10
Oak Street	W. Dykes	Miss L. Drysdale	166	146	36		5				13	16	2	7
Open Air	H. White W. Dykes	Miss D. Shields Miss L. Drysdale	71 280	84 255	29		8	1		1	6 16	1 22	2	15 2
Queen Mary	W. Dykes	Miss G. Jeeves	471	494	98		18	5		3	59	64	4	3
Quilchena	W. Dykes	Miss M. Ewart	287	252	55		13				17	16	2	3
Renfrew	G. A. Lamont	Miss I. Smith	335	354	77		9		2		3	59	3	4
Cecil Rhodes	H. White	Miss M. MacNaugh- ton	586	499	52		18	7	2	2	36	66	23	17
Lord Roberts	H. White	Miss H. Jukes	850	815	142		41	5	4		101	173	15	20
Laura Secord	H. White	Miss O. Kilpatrick.	647	748	123		38	2	3	1	37	64		26
Lord Selkirk	G. A. Lamont	Miss J. Aske	866	805	150		56	7	11	63	120	54	6	36
Sexsmith	G. A. Lamont	Miss E. Bell	379	376	58		2	2	1	30	60	93		19
Seymour	H. White	Miss O. Kilpatrick.	740	766	83		43	2	.2	10	29	187	8	23
Strathcona	H. White	Miss M. McLellan.	1270	1257	159		64	4	2	3	86	253	16	45
Tecumseh	G. A. Lamont	Miss D. Olmstead	761	631	119		12	4		34	43	146	1	30
Tennyson	H. White	Miss M. Mac Naughton	809	710	69		18	6	1	16	72	123	44	29

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
No. vaccinated, 192; cardiac affec-							
tions, 1; pulmonary, 1 No. vaccinated, 380; cardiac affec-					whooping-cough, 43; chicken- pox, 1 Scarlet fever, 1; diphtheria, 1;	***************************************	***************************************
tions, 2 No. vaccinated, 160; cardiac affec-					mumps, 5; whooping-cough, 4; chicken-pox, 8		
tions, 4; pulmonary, 7					rier, 1; mumps, 41; whoop- ing-cough, 30; chicken-pox, 6		
No. vaccinated, 239; cardiac affections, 2	-				whooping-cough, 2; chicken- pox, 10	***************************************	***************************************
No. vaccinated, 219; cardiac affec- tions, 1; pulmonary, 1 No. vaccinated, 151				100000	Whooping-cough, 3		200000000000000000000000000000000000000
No. vaccinated, 253					whooping-cough, 4; chicken- pox 12		
No. vaccinated, 264; cardiac affec-		1		1	4; chicken-pox, 6 Scarlet fever, 2; diphtheria, 4;		Account to the second s
tions, 4; pulmonary, 2 No. vaccinated, 245; cardiac affec-					diphtheria carrier, 1; whoop- ing-cough, 6; chicken-pox, 3 Scarlet fever, 4; whooping-cough		
tions, 1; pulmonary, 2 No. vaccinated, 270; cardiac affec-					6; chicken-pox, 1; smallpox, 1 Scarlet fever, 2; diphtheria, 22;		
tions, 2; pulmonary, 2 No. vaccinated, 332; cardiac affec-					whooping cough, 4; diphtheria carriers, 23 Scarlet fever, 6; diphtheria, 3;		
tions, 1; pulmonary, 3					mumps, 4; diphtheria car- riers, 2; whooping-cough, 23; chicken-pox, 17		
No. vaccinated, 242					Scarlet fever, 2; diphtheria, 1; measles, 1; diphtheria car-		
No. vaccinated, 169					riers, 5; whooping-cough, 24; chicken-pox, 20		
					mumps, 1; whooping-cough, 14; chicken-pox, 3		
No. vaccinated, 69; cardiac affec- tions, 1 No. vaccinated, 29	1	1		1	whooping-cough, 6		
No. vaccinated, 172					Diphtheria, 1; mumps, 17; whooping-cough, 1; chicken-		
No. vaccinated, 235; cardiac affections, 7					riers, 6; mumps, 4; whoop- ing-cough, 28; chicken-pox,		
No. vaccinated, 118; cardiac affections, 3					73 Scarlet fever, 2; diphtheria, 2; mumps, 1; diphtheria car- riers, 2; whooping-cough, 4;		
No. vaccinated, 152					chicken-pox, 2 Diphtheria, 2; diphtheria car- riers, 4; whooping-cough, 1;		
No. vaccinated, 274				ļ	chicken-pox, 3 Scarlet fever, 1; mumps, 15; whooping-cough, 5; chicken-		
No. vaccinated, 423; cardiac affec-					pox, 1		
tions, 1; pulmonary, 1 No. vaccinated, 300; cardiac affec- tions, 1; pulmonary, 1					Diphtheria, 5; diphtheria car- riers, 6; whooping-cough, 1;		
No. vaccinated, 218; cardiac affec- tions, 2; pulmonary, 2					diphtheria carrier, 1; mumps,		
No. vaccinated, 193							
No. vaccinated, 500; cardiac affections, 3				1	ehicken-pox, 7		
No. vaccinated, 1,155; cardiac affections, 3					pox, 19 Diphtheria, 5; diphtheria car- rier, 1; whooping-cough, 10;		
No. vaccinated, 236; cardiac affections, 8; pulmonary, 1					chicken-pox, 7 Scarlet fever, 2; diphtheria, 6; mumps, 3; diphtheria car- riers, 8; whooping-cough, 3;		
No. vaccinated, 354; cardiac affec- tions, 1; pulmonary, 1					chicken-pox, 32; smallpox, 2	***************************************	

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Vancouver—Continued. Van Horne	G. A. Lamont	Miss E. Bell	412	415	52		6	2	2	10	37	69		13
Wolfe	G. A. Lamont	Miss E. Bell	535	526	87		10	3	1	20	48	148	1	25
Vancouver, North: LonsdaleQueen Mary	H. Dyer		386 476		22 21	1	25 34	3 4			60 59	12 9		. 1
Ridgeway	H. Dyer	Miss E. Lowther	529	554	16		28	3			50	6	11	
Vernon: Consolidated Schools.	O. Morris	Mrs. S. Martin	828	820	4	5	10	. 4	6	9	16	23		
Victoria: Bank Street	D. Donald	Miss E. J. Herbert.	141	141			1	1	1	4	8			
Beacon Hill	D. Donald	Miss I. E. Adams	144	144						5	8			
Boys' Central	D. Donald	Miss E. J. Herbert.	306	306			6	2	2	5	15			
Burnside	D. Donald	Miss C. Mowbray	246	246			7			6	10			
Sir James Douglas	D. Donald	Miss E. J. Herbert.	508	508			15	1		8	21		2	2
George Jay	D. Donald	Miss I. E. Adams	144	144			12	1		4	7			
Girls' Central	D. Donald	Miss E. J. Herbert.	373	373			5		1	2	8			
Margaret Jenkins	D. Donald	Miss E. J. Herbert.	381	381			8			4	12			
King's Road	D. Donald	Miss C. Mowbray	23	23			1			1	2			
Kingston Street	D. Donald	Miss I. E. Adams	151	151			3			2	3			
North Ward	D. Donald	Miss C. Mowbray	246	246			7			6	10			
Oaklands	D. Donald	Miss C. Mowbray	540	540			19	1	1	10	14			
Quadra Street	D. Donald	Miss C. Mowbray	263	263			3		1	7	11			
	D. Donald D. Donald D. Donald	Miss C. Mowbray	132 48 334	132 48 334			1 13		1	6				
Spring Ridge	D. Donald	Miss I. E. Adams.	160	160			7			9	9.01		27772	
Victoria West	D. Donald	Miss I. E. Adams	320	320		200	9		10000	17	20	1		

RURAL MUNICIPAL

Burnaby:													-		1
Armstrong Avenue				54			1			1	1	5	33	10	4
Barnet				29								1	13	5	
Capitol Hill				257	244			5	1	5	8	37	150	44	5
Douglas Road				198			2	5	3	4	9	25	116	30	3
Edmonds Street	J. G	. McCammon		550	539	1	1	16	4	16	21	71	319	67	13
Gilmore Avenue	J. G	. McCammon		742	721		1	27	4	23	26	102	414	103	10
Hamilton Road	J. G	McCammon		201	20							1	9	2	1
Inman Avenue	J. G	. McCammon		187	178		1	4	1	5	3	22	104	28	3
Kingsway, West	J. G	. McCammon		628	617	1	1	23	î	10	16	71	353	102	
Kitchener Street	J. G	. McCammon	processors and the second	315	313					13	14	43	185	49	7
Nelson Avenue	J. G	. McCammon		416	409		2	7		20	21	67	257	73	7
Riverway, East				691	68		1	4				6	37	10	2
Riverway, West	J. G	. McCammon		38						2	2	6	19	5	
Schou Street				96	95			7	1	2		13	51	13	1
Seaforth	J. G	. McCammon		21	21					2	2	4	10	2	
Second Street	J. G	. McCammon		134	134		1	5	3	3	4	14	74	22	4
Sperling Avenue	J. G	. McCammon		47				4		1	1	4	20	4	1
Stride Avenue	J. G	. McCammon		69	67					1	1	9	37	12	
Windsor Street	J. G	. McCammon		263						3	10	31	152	48	8
Chilliwack:				100	13000		07700			. 10	6 00	3.31			70
Atchelitz				101	101	3	3	5	3	8	23	25	16	4	8
Camp Slough	J. I). Moore	Miss W. Green	19	19	2	4	1	1			1	21		2

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scables.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
No. vaccinated, 184; cardiac affec-					Whooning cough 9: chicken-		
tions, 2	Section 1				pox. 11	Section of the sectio	
No. vaccinated, 180; cardiac affec- tions, 2; pulmonary, 1					Scarlet fever, 1; diphtheria, 1; diphtheria carrier, 1; mumps, 16; whooping-cough, 11		***************************************
Cardiac, 8; nervous, 3; respiratory, 3					Mumps, 9; whooping-cough, 5		
Cardiae, 8; nervous, 1; respiratory, 4; orthopædic, 2		4		2	Measles, 1; mumps, 10; chicken- pox; whooping-cough, 1	***************************************	***************************************
Cardiac, 11; nervous, 2; respiratory, 6; orthopædic, 3	1	5		3	Measles, 2; mumps, 20; chicken- pox, 1; whooping-cough, 6		
Cleft palate, 1; asthma, 3; stammering, 1; cardiac, 5	11	20	15	1	Chicken-pox, 40; pneumonia, 2; whooping-cough, 6; rubella, 1	Good	Clean; adequate
Nervous, 1; impeded speech, 1; de- formed arm, 1 (accident)		. 1	7	1	Chicken-pox, 9; mumps, 4	Good	Clean; adequate
		1	3		Chicken-pox, 3; mumps, 6; diph-	Good	Clean; adequate
Nervous, 1; cardiac, 2; pulmonary, 2; defective speech, 1; deformed arm, 1 (accident); deformed leg, 1 (ac- cident)		14	12	4	theria, 1 Chicken-pox, 4; mumps, 3; scar- let fever, 1	Old building; clean	Clean; adequate
Nervous, 1; cardiac, 3; spine, 1; or- thopædic, 1		6	6		Chicken-pox, 39; mumps, 25; scarlet fever, 1	Good	Clean; adequate
Cardiac, 1		16	- 5	6	Chicken-pox, 9; mumps, 5; whooping-cough, 7	Good	Clean; adequate
Cardiac, 2; deformity of chest, 1		6	4	4	Chicken-pox, 1; mumps, 9; scarlet fever, 2	Good	Clean; adequate
		21	5	1	Mumps, 6; whooping-cough, 3;	Good	Clean; adequate
Orthopædic (left leg), 1; torticollis, 1		5	7	1	scarlet fever, 2 Chicken-pox, 18; mumps, 8; whooping-cough, 2	Good	Clean; adequate
						Old building; not in good condition	Clean.
Cleft palate, 1		1	2	1	Whooping-cough, 6; chicken- pox, 4	Old building, but	Clean.
Nervous, 1; cardiac, 3; spine, 1; or- thopædic, 1		6	6		Chicken-pox, 39; mumps, 25;	Good	Clean; adequate
Nervous, 2; cardiac, 3; pulmonary, 1; orthopædic, 2		1	2		scarlet-fever, 1 Chicken-pox, 1; mumps, 5; whooping-cough, 1	Good	Clean; adequate
Nervous, 1; cardiae, 2; orthopædie, 4	2	2	2			Good	Clean; adequate
		2			Chicken-pox, 22; mumps, 6	Good	Clean; adequate
Nervous, 1; cardiac, 4		6	3		Mumps, 2; scarlet fever, 1	Old building, but	Clean; adequate
Pulmonary, 1		2	- 5		Mumps, 7; whooping-cough, 1;	clean Old building, but	Clean.
Orthopædic, 1; cleft palate, 1	1	7			diphtheria, 1; measles, 18 Chicken-pox, 12; mumps, 10	clean	

SCHOOLS.

Corrected vision, 1		Good	Yes.
		Cont	The state of the s
Orthopædic, 1; corrected vision, 7	2 1	Good	
Heart, 1; corrected vision, 5	3	Good	
Heart, 1; orthopædic, 3; corrected			
vision, 16			
Heart, 1; orthopædic, 5; corrected vision, 22	13 1 1	Good	Yes.
		Good	Vos
Orthopædic, 2: corrected vision, 5		Good	Ves.
Heart, 2: corrected vision, 27	1	Good	IVes
Orthopædic, 2; corrected vision, 8	3 1	Good	Ves.
		Good	Yes
			Yes.
			Yes.
Corrected vision, 8	1		Yes.
		The second secon	Yes.
Corrected vision, 3	2	Good	The second second
	1		The state of the s
Heart, 1; corrected vision, 10	3 2		
Ponsils removed, 4; corrected vision, 3		Good	Good.
Fonsils and adenoids, 1	Chicken-pox, 2		Good.

RURAL MUNICIPAL

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Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth,	Enlarged Glands.	Guitre.
Burnaby—Continued.	J. D. Moore	Miss W. Green	57	57	1	1	3		1	3	3	7	5	1
East Chilliwack	J. D. Moore	Miss W. Green	75	75	7		4	1	4	11	15	13	1	4
Fairfield Island	J. D. Moore	Miss W. Green	22	22	1				2	5	6	9	1	
Lotbiniere	J. D. Moore J. D. Moore	Miss W. Green	11	11	1			1	. 2	4 5	4 5	3 6		
	J. D. Moore		150	150	4	1	2		13	29	30	28	2	2
	J. D. Moore		167	167	6	6		1	9	22	27	36	3	15
	J. D. Moore		17	17	3	9	1		5	5	5	6	3	2
	J. D. Moore		206		8	2	13	4	3	30	31	43	5	
Stratheona	J. D. Moore	Miss W. Green	49	49	8	2		2	7	13	14	14	1	3
Sumas	J. D. Moore	Miss W. Green	52	52	4	2	7	1	4	6	7	9	1	2
	J. D. Moore		15 71	15 71	2		11		1 2	17	22	3 7	2	8
Coldstream: Coldstream Lavington			84	84		1			1 3	4 4	6 4			4 2
Coquitlam: Central	Bruce Cannon		67	60			1			4	3	11		9
Glen	Bruce Cannon		19 134	19						2	1	1	2	21
	Druce Cambridge													
	Bruce Cannon		51 8	46			5			3	4			6
	Bruce Cannon		13								2	1		1
	H. B. Rogers	Miss A. Yates	175	166	20		19		13	13	69	54	16	.5
Crofton	H. B. Rogers	Miss A. Yates	27	25	5		. 2		1	1	7	14	3	1
Westholme	H. B. Rogers	Miss A. Yates	20	18	1		2		1	1	5	2	3	
Delta:														
	A. A. King		18				1		1 2	1 2	6	4		1
Boundary Bay	A. A. King		31	21					5	5	5	2		2
	A. A. King		16 273	12 255	6	9	8	1	24	24	43	5 29		6
	A. A. King		28 69	25 62	2	********	3		3 5	3 5	15	19		1
	A. A. King		54 24	52 23	1	3	4		2 3	2 3	16	1	5	3
	A. A. King		20	18					1	1	3	7	10000	1
Esquimalt:	G. S. McCallum		548		2	2	6	2	27	35	59	20	2	3
Kent: Agassiz	P. McCaffrey		174	161	4	3	12	9	85	85	85	17	3	36
Harrison Mills	P. McCaffrey		25	25	1		2	1	11	11	11	7		3
Aldergrove	B. B. Marr		43	40					3	5	5	5		
Belmont			29 84						2 4	4	3 8	14		
Langley, East			24	241							5	3		2
Langley, Fort	B. B. Marr		78	71		2	2	1	2	5	8	9		
Glen Valley			28	25			4				1 2			
Langley Prairie	B. B. Marr		135	129			8		4	12	20	18		
Milner	B. B. Marr		106	96			7	*******	4	8	13	8		1
	B. B. Marr		127	691			8 2	1	2 3	4 3	18			
Otter, South	B. B. Marr		23	20							2	5		
Patricia	B. B. Marr		28	26			2				3	3		1
spering	B. B. Marr		33	30						3	5	0		

				- 2			
Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
Tonsils and adenoids, 5; birth injury,		1			Whooping-cough, 6; chicken-	Good	Fair.
1; corrected vision, 1					pox, 23 Whooping-cough, 1	Window lighting in	Good
Corrected vision, 4; tonsils and ade- noids, 3	10000000			100000		one room poor	
Corrected vision, 1					Whooping-cough, 1; chicken-	Good	Good.
Tonsils and adenoids, 1		1	Same.		pox; mumps, 12	Good	Good.
Orthopædic, 1; tonsils and adenoids		1				Good	Good.
removed, 7 Bronchitis, 1; orthopædic, 2; tonsils,	anner.	9		1	Measles, 7; chicken-pox, 9	Good	Fair.
1; orthopædic corrected, 1		100					
Orthopædic, 2; corrected vision, 3; tonsils and adenoids, 9	9	7	10000000	0.00000	Whooping-cough, 1; chicken- pox, 23		
Tonsils removed, 3					Chicken-pox, 4	Ventilation poor	Good.
Chronic appendix, 1; cardiac, 1; right hip deformity, 1; defective speech,		6	5	1	Mumps, 1	Good	Good.
1; corrected vision, 2; tonsils and				1	The state of the s		
adenoids removed, 8 Bronchitis, 1					Chicken-pox, 2; mumps, 12	Window-lighting in	Fair
Bronchitis, 1			1		Chicken-pox, 2, mumps, 12	one room poor	
Corrected vision, 1; asthma, 1; chronic		2	1			Good	Good.
nephritis, 1						Good	Poor.
Corrected vision, 1; tonsils and ade-				1		Good	
noids removed, 1							quate.
						Crowded	Clean, etc.
					Chicken-pox, 5	G00d	Clean, etc.
Paronychia, 1; granular lids, 1; dirty, 4			2				
Granular lids, 1				1		Good	Clean, adequate.
bronchitis, 1; granular lids, 5; seb- orrhœa, 1; sties, 1; mastitis, 1;							
Cardine 1: pigeon-chest 1					Chicken-pox	Good	Clean; adequate.
Bronchitis, 2						Good	Clean; adequate.
		1	10				27
Cardiac, 6; spine, 1; hernia, 1; flat feet, 1			1	1		pair; heating fair	
						Not crowded; poorly	Clean; adequate.
Pulmonary, 1; cardiac, 41			2		Measles, 5	heated; draughty Not crowded; good re-	Clean; adequate.
			1	100000	The second section of the section of	pair; well heated	100000000000000000000000000000000000000
						Good	Clean.
				- 1000 V		Good	Clean:
					Minnes 12	190001	CARCIERIA.
		7	6	1	Chicken-pox. 78: mumps. 37:	Good	Clean.
	-				whorping-cough, 13; measles, 1; German measles, 1	and the second	Espain Transport
						Good	Clean.
		1			Whooping-cough, 9 Chicken-pox, 7		
Orthopædic defects, 3					Mumns, 2; chicken-pox, 10;	Good	Clean.
					Whooping-cough, 4 Mumps, 6; whooping-cough, 2	Good	Clean
***************************************				*********			
Cardiac, 3; nervous, 2		3	12	2	Whooping-cough, 6; mumps, 38 chicken-pox, 35	General conditions good	Twenty-two; ade quate; clean.
Asthma, 1; anwmia, 2; cardiac, 1;							
orthopædic deformity, 1							
	1	1	1	-	Diphtheria, scarlet fever		Clean
					Dipatheria, scariet lever		Clean.
						Overcrowded	Clean.
							Clean.
						The section is needed.	Clean.
							Clean.
		ļ		2			Clean.
***************************************			1			***************************************	Clean.
				ļ	Diphtheria	Crowded	Clean.

RURAL MUNICIPAL

												-	-	-
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids,	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Langley-Continued.		1			3							1		
Springbrook West Langley	B. B. Marr		21	21						3				1
Maple Ridge:			71	61		1	2		********	4	6	11		
Albion		Miss H. Fawcett	23	23	3	1	1		1		2	10	2	
Alexander Robinson		Miss H. Fawcett	136	136	11	1	4	1	1		25	55	9	
Hammond		Miss H. Fawcett	197	192	13	1	9				72	77	55	1
											1000			1
Haney			295	295	18	1	15	3	5		48	94	18	2
Maple Ridge		Miss H. Fawcett	74	74	10		6	1	2		12	11	9	2
Ruskin		Miss H. Fawcett	22	22	1	1			1		5	6	1	1
Lillooet		Miss H Famoutt	21	21	2	1								
Webster's Corners		Miss H. Fawcett	85	85	18		1 2	1 2	1 3		19	41	13	1 2
Whonnock		Miss H. Fawcett	104	104	4		3	1				1		
Matsqui:									-		13	33	4	1
Aberdeen Bradner			72	52 65	5	2	5	1	3	12	10 16	6		1 3
Clayburn	A. McBurney		61	56	8	2				10	23	6		3
Jubilee			26 19	25 19	3 2	1	3		2	6	10	2 9		
Matsqui	A. McBurney		137	130	4	3	4	2	5	8	28	12		11
Mt. Lehman Peardonville	A. McBurney		45 28	45 25	3	4	5	2	3	10	15	5		1
Poplar	A. McBurney		60	56	3	8	4	******	4	15	20	19	2	5
Mission:			30	30	1	1	3	1	1	9	9	8		1
Cedar Valley	W. H. McIntyre	Miss H. Fawcett	63	63	12	1	2	1	4		7	27	5	3
Hatzie	The state of the s		56	56	6	2	3	1	5		11	24	4	5
Mission Public	W. H. McIntyre	Miss H. Fawcett	392	392	51	2	19	4	22		79	151	35	30
Silverdale	W. H. McIntyre	Miss H. Fawcett	34	34	3	1	1	1	2		7	11	5	2
Silverhill	W. H. McIntyre	Miss H. Fawcett	27	27	3		1		1		3	9	6	2
Stave Falls	W. H. McIntyre W. H. McIntyre	Miss H. Fawcett	29	29 11	3		1				9 4	17	5 3	1
Steelhead						-		1			1 100		0	
Oak Bay:			12	12	2		2		3		7	8	3	
Monterey	J. N. Taylor	Miss Bradshaw	356	353	4	2	16	1	30	12	41	20	2	14
Willows	J. N. Taylor	Miss Bradshaw	264	255	2	1	7	1	14	8	55	18	1	7
Peachland	Wm. Buchanan	Miss M. Twiddy	52	52			6		. 3	5	18	13		47
Penticton	H. McGregor		744	744	27	20	51	30	********	61	179	190	60	38
Pitt Meadows Richmond:	G. Morse		156	142	42		16	2			32	56	16	3
	W. K. Hall		407	360	10	1	9	1	3	12	31	35	2	3
	W. K. Hall	Marin Hallman Andrews	475	460	2	1	10		1	33				
General Currie	W. K. Hall		21	20					5	30	40	53	3	5
English	W. K. Hall		102	91			1 3	1	*********	1	2	81		
		The second second second second		30	1		0	1	1	3	9	6	1	*******
Sea Island Saanieh: Cedar Hill	W. K. Hall D. Berman		116	146	2	8	2	7	/ 0		3			7
							-		2	********	22	38	23	7
Cloverdale	D. Berman	Miss M. Harvey	242	242	1	11	21	21			33	69	40	12
Craigflower	D. Berman	Miss E. Naden	107	107	1	3	2	3	2	1	17	22	18	4
Gordon Head Keating	D. Berman	Miss M. Harvey Miss M. Harvey	55 68	55 68	2	2 8	1 5	1 2			9	8	1	2
Lake Hill				-							11	9	5	1
	D. Dermad	Miss M. Harvey	67	67		3	3	2	1		14	10	7	5
	-	And the second second second second												
McKenzie Avenue	D. Berman	Miss E. Naden	131	131	2	13	1	11	1		17	54	22	8

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
***************************************						Crowded	
				1700	Chicken-pox		
Abscessed tooth, 1; pyorrhœa, 1	PROGRAMMA			1 3		good	
	0.00%		1 3			Good (one room poor- ly lighted)	
Epilepsy, 1; sore mouth, 2; ortho- pædic, 1	*********	6	5	2	Diphtheria	Very good (one base- ment room)	Fairly good.
Mastoid, 1; pyorrhœa; 2; nervous, 1; Pulmonary, 1	3	1	12	1	Chicken-pox; mumps, 3	Good	Good.
Pneumonia, 1; cleft palate, 1; strabis-		2	3		Whooping-cough, 1	Good	Fair to good.
mus, 1 Conjunctivitis, 2; abscessed tooth, 1;			2		Measles, 9	Good	Poor.
nervous, 1	1			1		Good	Good.
Orthopædic, 1; asthma, 1; eczema, 1		2	5		Mumps	Good	
Rheumatism, 1; nervous, 1; eczema, 1			4		Measles (many cases)	Good	
Nervous, 1						Good	
						Good	
***************************************						Good	Good.
Endocarditis, 1					t	Good	
Nervous, 1; congenital hip, 1			4		Whooping-eough	Good	Good.
						Good	
						Good	
Abscessed tooth, 1; strabismus, 1; cardiac, 1; skin (dry scalp), 3; sties, 1	5				Severe tonsillitis, 1	One room dark, crowded; other room O.K.	Good.
Eczema, 1; orthopædic, 1; strabismus, 1; granular eyelids, 2	*******	2	6	3	***************************************	Good	Good.
Cardiac, 1; orthopædic, 1; asthma, 1; one eye only, 2	2	3	18		Mumps	Good, crowded	Good.
	1	2	2	1	Mumps; whooping-cough	Blackboards poor to	Fair.
Eczema, 2						Good	
Cardiac, 1; iritis, 1 Skin, 3 (of long standing); eczema						FairGood	
(?); (psoriasis (?)						Good	
Cardiae, 4; orthopædic, 4; pulmonary, 3; anæmia, 4					Chicken-pox; mumps; whooping- cough; measles	Well heated and ven- tilated; no over- crowding	Clean; adequate.
Cardiac, 2; anæmia, 4; orthopædic, 1; diabetes, 1; acne, 2; conjunctivi- tis, 1; cleft palate, 1					ing-cough; mumps	tilated; no over- crowding	
Pneumonia, 1 Pulmonary, 2; cardiac, 12; skin, 37;	*********				Infectious diseases, 11	Satisfactory	Clean; adequate.
orthopædic, 7 Cardiac, 3			100				
	5	1	1	5	Mumps, 21; measles, 5; whoop-	O.K	Clean,
			25		ing-cough, 25 Measles, 2; whooping-cough, 30	0.K	Clean.
			1		Measles, 17; whooping-cough, 2 Whooping-cough, 10	0 K	Clean
Cardiac, 1			3	2	Whooping-cough, 2; smallpox, 2; chicken-pox, 5; measles, 17	O.K	Clean.
Cardina 4: strabismus 2					Mumps, 5; whooping-cough, 6;		
Cardiac, 4; strabismus, 2	222200				scarlet fever, 2; measles, 1	The second secon	
Cardiac, 6; pulmonary, 3; strabis- mus, 2 Cardiac, 1; strabismus, 1	1	3	4		Diphtheria, 2; chicken-pox, 15; whooping-cough, 6; measles, 1 Mumps, 52; chicken-pox, 5; ty- phoid, 2		
Cardiac, 1					Whooping-cough, 1		
Cardiae, 1; strabismus, 1					fever, 1		
NAME OF TAXABLE PARTY OF THE PARTY OF TAXABLE PARTY.			4		Mumps, 1; whooping-cough, 1; scarlet fever, 3		***************************************
Cardiac, 5; pulmonary, 3; strabismus, 2; lues, 1 Defective speech, 1		2	2	2	Mumps, 33		

RURAL MUNICIPAL

Sanich										-				10.5	1
Propect Lake	Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Samichton		D. Berman	Miss E. Naden	56	56	1	4		3	1		7	11	8	3
Saanich, West D. Berman Miss E. Naden 90 90 2 8 2 2 12 10 11 4	Royal Oak	D. Berman	Miss M. Harvey	87	87		3	1				22	25	15	3
Salmon Arm: Dr. Beech & Beech. 26 22 1 1 2 4 4 4 4 4 4 4 4 4	Saanich, West	D. Berman	Miss E. Naden	50	50	1	3	2	1			6	11	4	7
Salmon Arm: Drs. Beech & Beech 26 22 1 1 2 4 4 9 4 4 6 Cancer South Drs. Beech & Beech 70 63 2 5 1 4 5 22 21 7 Cance, South Drs. Beech & Beech 28 27 2 1 3 2 7 12 14 7 14 14 14 14 14 14	Tillieum	D. Berman	Miss E. Naden	297	297	9	7	7	20	2	3	-70	73	41	11
Broadview	Tolmie	D. Berman	Miss E. Naden	255	255	6	13	14	18	3		65	85	48	5
Anniciale	Broadview Canoe, North Canoe, South Glenden Larch Hill Mount Ida Salmon Arm, West Sumas: Huntingdon Kilgard Straiton Upper Sumas	Drs. Beech & Beech. Drs. Beech & Beech. Drs. Beech & Beech. Drs. Beech & Beech. Drs. Beech & Beech. J. M. McDiarmid. J. M. McDiarmid. J. M. McDiarmid. J. M. McDiarmid.		70 28 30 22 37 43 71 40 27 133	63 27 30 20 36 38 69 38 24 127	2 3 2 3 1 4	1 1 1 2	5 4 5 2 3 1 5	1	3 2 3 1 1 4 3 5	27222 2439	5 12 5 4 6 4 9 3 15	11 14 6 11 10 8 6 2 12	7 3 7 2 1 4 1 3 2 8	2 3 3 5 1 8 7 5 4 1 14 90
Colebrook	Anniedale	F. D. Sinclair F. D. Sinclair				3 7		3				1	2	2 1	
White Rock	Colebrook. Crescent. Elgin. Grandview Heights. Hall's Prairie. Hjorth Road. Johnston Road. Kensington Fast. Kensington Prairie. Newton. Port Kells. Port Mann. Strawberry Hill.	F. D. Sinclair. F. D. Sinclair.		24 32 22 34 88 27 51 46 48 115 61 34	24 31 21 31 79 26 44 45 1088 55 31 53	33 33 100 33 66 22 44 55 55		3 2 3 5 5 2 8		1	2	1 2 1 5 10 3 10 4 4 1 3 10	2 2	3 2 1 1 1 2 4 5 5 3	1 1 1 2 1 4 4 3 2 1 1 3
Vancouver, West: Capilano Intake. A. C. Nash. 55 5 Dundarave. A. C. Nash. 58 48 9 29 12 Hollyburn. A. C. Nash. 297 283 1 3 1 3 48 155 22 Pauline Johnson. A. C. Nash. 356 331 1 1 1 1 71 135 23 RURAL AN Abbotsford. J. M. McDiarmid. 215 196 9 12 12 19 21 17 14 Adelphi R. Terry. 11 10 2 2 4 3 3	White Rock	F. D. Sinelair		155	150	5		10				700		6	6 2
Abbotsford. J. M. McDiarmid. 215 196 9 12 12 19 21 17 14 Adelphi K. Terry 11 10 2 3 3	Vancouver, West: Capilano Intake Dundarave Hollyburn	A. C. Nash		58 297	48 283		1	3				9 48	3 29 155	1 12 22	3
Adelphi K. Terry 11 10 2 4 3												1	RUR.	AL A	ND
Albert Canyon A. L. Jones	AdelphiAinsworth	D. J. Barclay		11	10	1		1		5	5	6	4	3	5 8 1

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scables.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
T.B. adenitis, 1; cardiac, 4; cong. torticollis; T.B. arthritis, 1; stammering, 1; conjunctivitis, 16 Postural, 3; harelip, 1; cardiac, 1			5		Mumps, 14; German measles, 1; chicken-pox, 18		
Strabismus, 1; cong. terticullis, 1 Conjunctivitis, 15; cardiac, 2			2		Whooping-cough, 13	***************************************	
Cardiac, 13; strabismus, 1; dextro- cardia, 1; pulmonary, 1; conjunc- tivitis, 1 Strabismus, 6; cardiac, 9; mystag- mus, 1			7	2	pox, 1 Mumps, 6; chicken-pox, 19; whooping-cough, 3 Mumps, 1; German measles, 1; chicken-pox, 4; whooping- cough, 1		
***************************************							Good.
Orthopædic, 3; cleft palate, 1						Good	Good.
Orthopiant, 9, Care paner, 1		100000			***************************************	Good	Good.
Orthopædic, 1		*******			***************************************	Good	Good.
					***************************************	Good	Good.
			1			Continue de la contin	Good.
Angioma of throat, 1; chronic senu-	1						
setis, 1; seoliosis, 1; chronic bron-							
chitis, 1; defective speech, 1; car-	3						Satisfactory.
diac disease, 6; blepharitis, 1;					***************************************	Overcrowding	Satisfactory.
corneal opacity, 1; kyphosis, 1 Acne, 4; anamia, 11; cardiac, 1; eczema, 4; nervous, 3			27		Whooping-cough; chicken-pox	Good; frame on con- crete; standard construction	Yes.
	1111				A STATE OF THE STA		200
Functional systolic					Mumps; measles	Poor	
		1	*******			Good	Fair.
Endonaditie O. anamie O. pieson					mumps; measles		
Endocarditis, 2; anæmia, 2; pigeon- chest, 1; chronic poliomyelitis, 1	********				Measles; mumps; chicken-pox	Good	Good.
caest, 1, chronic pononiyentis, 1	man in	and in	00000		Chiakan was	Cond	0-1
Functional systolic					Chicken-pox; mumps; measles		
		9			Mumps; measles		
Impediment in speech, 1; functional systolic		1			Scarlet fever, 2; mumps	Good	Good.
Endocarditis, 2; defective palate, 1; loss of weight, 1; anæmia, 1					Chicken-pox; mumps; measles		Fair.
Chronic poliomyelitis, 1					Mumps	Good	
Nonagia 1: anamia 1		3			Mumps; chicken-pox, measles	Good	Fair.
Alopecia, 1; anæmia, 1 Epilepsy, 1		1			Measles; mumps; chicken-pox	Good	Fair.
mpediment in speech, 1; malforma-		-			Measles	Fair	Pair.
tion, 1						F AM.	Foor.
Mitral systolic, 1; D.A.H., 1; mar- ginal blepharitis, 1	8	1			Mumps; chicken-pox	Good	Fair.
					Chicken-pox; mumps; measles		
Pigeon-chest, 1; foreign body in ear, 1; deviated septum, 1; functional	*********				Mumps; measles	Good	Fair.
systolic, 1 Strabismus, 1; functional systolic, 2	The same	242			Measles; mumps chicken-pox	Good	Good
pinal deformity, 1; cleft palate, 1; functional systolic, 1; endocardi-		10	20		Measles; mumps; chicken-pox		
					Mumps; measles	Good	Fair.
tis, 1 Foreign body in ear, 1	OR SHIP PROPERTY.	100000					
	*********			2000		Cond	The sale
oreign body in ear, 1						Good	Both.
Oreign body in ear, 1					***************************************	Good	Both.
Poreign body in ear, 1kin, trouble, 2						Good	Both.
Foreign body in ear, 1						Good	Both. Both.
Foreign body in ear, 1						Good	Both.
Foreign body in ear, 1						Good	Both. Both. Both.
Skin, trouble, 2					*	Good	Both. Both. Both. Good condition.
ASSISTED SCHOOLS.						Good	Both. Both. Both. Good condition, Good.
Skin, trouble, 2						Good	Both. Both. Both. Good condition.
ASSISTED SCHOOLS.					*	Good	Both. Both. Both. Good condition, Good. Poor.

RURAL AND

			- 95						Nasal			1 - 1	1	
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Na Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Albert Head	I. B. Hudson	Miss H. Kelly	13						1 4	1 4	2 4	10	1	1
Alexander Manson Alexas Creek			55 13 9	12			2	1	-	2		3	2	
Aleza Lake	J. T. Steele D. R. Learoyd		29 16						6	6	6	4 3	5	5 2
Alice ArmAlice Siding			25	22			3			1	3	6		
Allen Grove	R. S. Manson R. B. White	***************************************	49 12	12	1		1		2	2	3			
Anarchist Mountain	W. H. Wood		11	11			3				3		7	10
Anderson Creek	R. W. Irving	*******************	8	8			2		******	2	2			1 2
Anglemont	J. H. Palmer	***************************************	28	21						î	3	14		2
Appledale	H. H. MacKenzie		16											
Argenta	D. J. Barelay	***************************************	18						1	1	4			
Arrow Park, East	H. F. Tyerman		12	12		1	2		1	4	4	2		
Arrow Park, West	H. F. Tyerman	*************************	104	12		1	1 2	1	3	19	37		24	
Ashton Creek	H. W. Keith		20	20			2		1	1	2	2		1
Aspen Grove	G. H. Tutill		10	10					5	5	2 5	23		
Athalmer-Invermere	C. H. Playart		97 16	93			2		2			10		
Australian			10	9 8						2	1 2	6		
Bainbridge	A. D. Morgan		15	15							3 9	5		
BalfourBalmoral	D. J. Barelay	***************************************	10	22			1			7 2	2	4		
Bamberton	F. T. Stanier	Miss B. Mitchell	20	18		· ·	2			2	8	10		
Bamfield	Guy Palmer	***************************************	29 11	28			4				3	- 0	1	
Barkerville Barnston Island			19	18	5		1				6		2	
Barriere	C. J. M. Willoughby	***************************************	10	8	4	1	2				2	3		
Barriere ForksBaynes Lake	H. A. Christie						2				3	13		
Beale's Quarries	G. E. Darby		7	7			1	*******		5	4 2			1
Beaton Beaver Creek											4	4		
Beaver Cove	I. Haramija		24	24					4		3	10	11	
Beaverdell Beaver Point	W. H. Wood	***************************************	17								1 2	2		
Beaver River	M. F. Lucas	***************************************	9	9							1	3		
BegbieBelford						1					3			
Bella Coola	H. A. McLean	***************************************	33	33	6		. 1	2	3		17	22	17	1
Bella Coola, Lower Bench	H. A. McLean		24 21	17	1 10		. 5	2						
Bend					-			4	2	2	3	4	1	200
Beresford	T. A. Briggs	***************************************					2	3						1700
Big Bar Mountain	R. Gibson.,	***************************************	10	8			1				1 0		1	1
Big Creek												. 6		1000
Big Lake	A. K. Connolly		9	5	2	1				3	3		6	
Birch Island	M. G. Archibald	***************************************					1		1				1	10000
Birken									3	1 0				
Black CanyonBlack Creek	A. K. Connolly			7			2					45.000		
BlackpoolBlakeburn	K. Terry		. 16			1		3		12			7	
Blind Bay		The second second second second	16							. 5		8		1 13
Blind Channel	. A. W. McCordick		7	7							0	. 3		
Blubber Bay	T. H. Lougheed							2	100	0	4	1	3	
Blucher Hall	K. Terry.		13	1 18				3			. 8			
Blue River										4	4			
Bonaparte				1			1 1					2 3	2	
Bonchie	H. H. MacKenzie		23]		1		1		3 6		
Boston Bar	A. E. Kydd		. 16	16	3 :	2					. 4	18	7	
Boswell	G. B. Henderson		. 14	11			7]]	1		. 2	1	1 -		

ASSISTED SCHOOLS-Continued.

		1	10	1	1		_
Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scables.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
Tachycawlia 1		1	1	1	1		la .
Tachycardia, 1	********					Good	
***************************************						Good	Two: clean.
***************************************						Not crowded; well ventilated and heated	Clean; adequate.
***************************************						Fair	Fair.
						Satisfactory	
***************************************						Good Number of desks need readjusting	Clean; adequate.
						Satisfactory	Yes.
***************************************					Measles	Good	Two; clean.
***************************************					Massles 0. skiskes see 0	Fair	
					Measles, 2; chicken-pox, 2	Good	
	-			1			adequate.
***************************************	*******				***************************************	Fair	Fair.
***************************************	********				Measles	Good	Yes. Yes.
***************************************	*******					Fair	Yes.
Orthopædie, 1	*******	1				Good	Clean; adequate.
***************************************	*******					Crowded	
				-		Satisfactory	O.K.
Chorea, 1						Poorly heated and lighted	0.K.
Eczema, 1		1	1		***************************************	Good	
***************************************							Good.
Anæmic, 1	******	100000000000000000000000000000000000000				Good	
	*******					Satisfactory	
***************************************						Neither	Yes.
		No. of the last of	Branch Control			Good	
						Good	
***************************************	*******					Satisfactory	0.K.
***************************************						Satisfactory	
***************************************						Adequate	
***************************************	*******				Mumps	Good	Yes. Good.
***************************************				4		Good	Clean.
***************************************	*******					Satisfactory	Yes.
	*******	A STATE OF THE PARTY.	B .		***************************************	Satisfactory	
Birth paralysis, 1	*******	1000				Good	
Heart, 1				# 100mmonths		Good	
***************************************	*******					Crowded	
						FairGood	
***************************************	********					G000	Good.
						Good	Clean; adequate.
***************************************	*********				***************************************	Good	Two; clean.
•••••••	-			-	Measles	Good	Adequate. Clean; adequate.
***************************************						Good	Clean; adequate.
***************************************						Good	Yes.
Poor posture, 3; malocclusion of teeth, 1						Wooden building in good repair	Clean; adequate. Two; fair repair.
D-1							Yes.
Pulmonary, 1	*******				***************************************	GoodSatisfactory	Clean; adequate. Clean; adequate.
Influenza	*******						O.K.
Valvular murmur, 1					Influenza, 4; septic throat, 4; scarlet fever, 8	Good	Good. Yes.
							Fair.
	*******					Good	Adequate.
						Not crowded; well heated and venti- lated	Well kept.

						Clarent world and	A American
							Adequate.
						lated	Adequate. Clean; adequate.
Deformed left arm, 1						lated Good	Clean; adequate. Yes.
Deformed left arm, 1						lated Good	Clean; adequate.

			-			-	17:							
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing,	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Boundary Falls	F. Inglis			20					1 7	4 1 5	7 4 2 8	6 10 5 12		
Box Lake	N. J. Paul. O. G. Ingham. W. H. Wood. R. Gibson. J. C. Stuart. R. W. Irving.		24 26 116 9 9 20 12 129	9 9 19 11			1 2 1 1		1 2	8 2 3 3 7 2	8 4 30 5 3 2 7 8	2 10 38 6 2 9 2 56	1 2 9 8 1 2	1 1 8 7 2 1 36
Brisco			18 61	15 61	4		3 2	1	5	3	21	5 34	21	
Britannia Mine	G. H. Tutill		121 19 11 9 38 14 58	11 7 38			2	1	15 1 5 1 4	15 1 3 1 9	31 2 1	18	74 6 2 2	14 1 2 2 1 26
Burtondale	H. F. Tyerman M. G. Archibald K. Terry R. Ziegler R. W. Irving R. E. Ziegler		36 6 9 9 6 65	6 9 6 63		1	8 1 2 1		8	8	8 1 4 1 1	6 1 1 1 5	1 2	1 1 2
Camp No. 3. Canal Flats. Canyon City. Carlin. Carroll's Landing. Carson. Cartier.	F. E. Coy. G. B. Henderson. E. Buckell. H. F. Tyerman. W. Truax. A. L. Jones.		30 22	26 48 15 12 30 22	6	1 1 1	1		1 2	3	10 1 3 6 2	11 14 5 4 12 4	6	6 1 1 4 9
Cascade	H. B. Maxwell P. Ewert J. H. Palmer G. Baker	Miss H. Peters	11 62 9 79	9 77 14	2		7 2 5	1	4	4	1 18 2 10	1	10	
Cedar, East	O. G. Ingham O. G. Ingham O. G. Ingham Vernon Ardagh			18	1	1 6 4	2		1	3	7 22 2	4 5 5 6	7 1	2 1
Celista. Champion Creek. Chapman Creek. Chase. Chase Creek. Chase River.	W. Scatchard J. H. Palmer J. F. Haszard W. Scatchard		18 21 39 90 19 56	15 20 39 88 15	1 1	2	3 1 5	2	4	3 4 20 4 6	10 20 4 23	11	3 1 1	1 8 1 16 1 4
Cherry Creek. Chezacut Chileo. Chilliwack River. Chinney Creek. Chinook Cove.	A. D. Morgan. G. A. Charter. W. R. Stone. W. E. Henderson. A. K. Connolly. H. L. Burris.		12 12 18 9 7 16	10 18 9 6 15		1	2 6 1 2		1 3	3	2 3 1 2 4	8		1
Christian Valley	W. H. Wood W. Truax K. Terry D. S. Dixson		13 16 11 56	12 16 11 56	3		21.50			1	6 11	2 2 4	3 2 3	8
ClintonCoal Creek	R. Gibson W. Workman		35 75	32			4 12	1 3	3	11 6	11	6 19	11 4	5 7
Coalmont	Tales		45 28	43			1 9		4	4	7	13	6	1
	D. Corsan	Centre	9 6	7			1.00				3	5 1	1	1 1

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
****						Satisfactory	
***************************************						Good	
Epileptic, 1			1		Whooping-cough; mumps	Good	
Byrepac, I					whooping-coagu, mamps	ing; poor system for ventilation; wood box stove	Pair.
Nervous, 1					Measles	Good	Yes.
Congenital heart, 1						Good	Yes.
Cardiac, 2					Mumps		

Heart-disease, 1; round shoulders, 1;					Measles, 3		
orthopædie, 1; anæmia, 1; chorea, 1			0		Aleasies, o	***************************************	Yes.
						Good	
Anamia, 1; bronchitis, 1			2		Whooping-cough, 10; scarlet fever, 1; measles, 2	Good	Should be kept cleaner.
Cardiac, 8; nervous, 1; skin-disease, 1					Whooping-cough, 2	Crowded	
Caranac, O, merous, 1, same discuss, 1	a heart and				***************************************	Satisfactory	Yes.

			Extra construction				
	2				German measles, 7; chicken-pox,	Good	Two; clean.
	9		2000		1; scarlet fever, 1 Measles	Good	Yes.
***************************************	-				A Casolos Lillianianianianianianianianianianianianiani		m 4-01
***************************************					***************************************	Good	
***************************************						Good	
***************************************				1		Good	
Orthopædic, 1						Good	
Icthyosis, 1					Mumps	Good	
Icthyosis, 1					atumps		
***************************************					Measles	Fair	Yes.
***************************************					Manage Alabibada 1		
					Mumps, diphtheria, 1		
Defective chest, 3; old injury to wrist, 1						Very poor	Fair.
Deformity, 1 Round shoulders, 3; orthopædic, 1 anæmia, 1							Yes.
***************************************						Good	
***************************************	********	1				Not crowded; venti- lation good	1 cs.
***************************************					Measles		
***************************************					Measles		
Rheumatic and cardiac, 2					Chicken-pox		
						Satisfactory	
Frohlich's disease, 1							
					Chieken-pox, 2		
***************************************	*********					Satisfactory	Yes.

					Scarlet fever		
***************************************	**********						

		I	l			Good	
Catarrhal throat, 1; cardiac, 1; defective posture, 3						Accommodation; ventilation and	Clean; adequate.
Diseased gums, 2; poor posture, 3						repair; good light-	
Nervous, 3; cardiac, 2; pulmonary, 3.					Measles		
Nervous, 3, cardiac, 2, pulmonary, 5.	10000	1000	1	1	mumps, 16; measles, 5		Good.
Spinal curvature, 1	1	1	10000		whooping-cough, 1		
			1	1			
Cardiac, 1							
***************************************						z and goodinamin	I Section

	1			-	_	_		_					10000	
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Columbia Gardens	. J. H. Palmer	Miss II Walls	13	13							4	8	4	1
Comox	2 2550000000000000000000000000000000000		50			1		1		1		3	2	
	V God Car	1	147	144		1	7	12	31	54	54	48		7
Copper Mountain	R. S. Manson		14	14		,	1		5	8		15		5
Corbin	Robt. Elliot.		57	57	. 5		. 7	3	13	12	13	18	5	5
Cowichan Station			58	53					5	6	1 70	27	11	
		Centre	46	40		2	11			4	6	12	2	
Craigellachie	A. L. Jones		17	15	1						1	3		1
Crescent Valley	H. H. MacKenzie		24.	24					8	8 2		3	3	9 8
Creston, West	G. B. Henderson		226	207	3	2	36		2	18	35			3
Criss Creek	M. G. Archibald		10	11				1		2	3	4 2		1
Crow's Nest	Robt Elliot		14	14		1	1	1	2	1	3	. 3		
CroydonCultus Lake	W. E. Henderson		10	10							2	3		
Curzon	G. B. Henderson		15	14		********	4			1	1			
Darlington	H. L. Burris		11	12			4		*******		1			
Dawson Creek, South	W. A. Watson		35					1	5 3	8	6 3	19		4
Decker Lake Deep Cove	T. C. Holmes		7	7	3		1		1	3	6	5		
Deep Creek	H. W. Keith		22	16		2	2		1 2	1 2	7	4	1	1
Deer Park	J. E. H. Kelso		11	10			2			-		2		1
Denmars, West Denman Island	R. H. Mason		28	14 26					2	3	3 2	4		
Departure Bay	W. H. McIntyre	***************************************	11 38 82	11 31 77	8	3			1 7 11	2 17 32	3 17 23	2 10 16	8	2
Diamond	H. B. Maxwell	Miss H Potors	22	22		1			2	2 2	5		10	
Divide	A. K. Connolly		12	12					2	2	3	6	2.	
Dome Creek	M. F. Lucas		16	16					1		2			
Donley's Landing Dorreen	Vernon Ardagh		17	17	*******	1			1		1	81.		1
LPOTISTOIL	F Inglie		9	9	2				*******	2	1 2	4		
Door Creek	H. A. Christie		10	10					1	1	1	4.		2
Driftwood	F. V. Agnew		13	13	*******	1	2		7		7 3	8 .	7	
Ducks Range	R. W. Irving	Discount of the Control of the Contr	8				1					1 .		1
Dutnie Mine	F. V. Agnew		7		*******					*******	1	3 .		
Eagle Valley	E. Buckell		27	24	100	2		1		Acres 1	21	9	2	
Exigewater	F. E. Coy	***************************************	11	11					1		2	4		
Edgewood	J. E. H. Kelso		32	32			4			1				
Edith Lake	R. W. Irving		15	15			4	11118					13.84	
Egmont	F. Inglis		16	16			2			5 2	5			
Elk Bay	Geo. Young		11	11					1	1		4	1	
EJK Lake	G. A. Lawson		11	9				2	4	4	3	2	2	1
Ellison	G. A. Ootmar	Mrs A Grindon	25 45						10	10	9	12		1
Exprimatone Bay	F. Inglis		24	241		1	6	1		8	10	29].		17
Enderby, North	H. W. Keith		18	18			11				1			
Engen	W. R. Stone		13	13			5		4	2	10	10		
Englewood	I. Haramija		28	28					4	4	6	15	1	1
EFICKSON	G. B. Henderson		57	52	9	1	8			5	3	1 .		
Errington	C. Davidson	Miss M. Griffin	22	21	4						3		5	1
Evelyn	V V Amer					All all				100	mil	-	0 3	
EvelynEwing's Landing	G A Ootmar	Mes A Crindon	17	14					1	1	6	8	3	
Extension	H. B. Maxwell	Vice M. Kittering	571	55	2		4.		6	6	21	41		3
			7	7							1	1	4	2
Falkland	L. S. Tehnant	***************************************	42	39	5	3	7	6	9	11	15	21	35	2
Canny Day				100		1 7/			-	-	1-1-3	-		
Fanny Bay	R. H. Mason		65	52	2	1	2		1	1	7	5		
					1		-		1	1			1	

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
							Yes.
Backward, 1; cardiac, 2; orthopæ- dic, 1			ļ		Measles, 10	Satisfactory	Excellent.
V.D.H., 1; asthma, 1; St. Vitus's dance, 1; ichthyosis, 1						Crowded	
					***************************************	Good	Good. Clean; adequate.
					Chicken-pox; mumps	Good	Good.
Cardiac, 2; nervous, 4; pulmonary, 3 Flat feet, 1; cleft palate, 1		10			Scarlet fever, 3; mumps, 6; measles, 6	Good	Good.
	2200		1	1		Good	Yes.
T.B. knee, 1; squint, 1		1				Good	Good.
Eczema, 1						Good	Clean; adequate.
Eczema, 1; defective speech, 1	********					Good	
					***************************************	Poor repair	Poor.
					Chicken-pox; measles	Good	
***************************************						Good	Good.
Anomia 1					***************************************	Gnod	Clean; adequate.
Anæmia, 1					Measles	Good	
						Fair	Fair.
		1				GoodSatisfactory	
***************************************					***************************************		
				4	Manalan	Good	Yes. Yes.
					Measles Intestinal influenza	Fair	Two; sanitary.
					Mumps	Good	Clean.
W-landa Land O			1			Satisfactory	Yes.
Valvular heart, 2					Mastoid operation, 1	Satisfactory	
		MIN WATER			Pertussis	Satisfactory	Adequate.
				ļ		SatisfactoryGood	
						O.K	
						Good	
••••••						Heating, etc., good Satisfactory	Clean; adequate
Orthopædie, 1						Good	Adequate.
			1		Measles	Good	Yes. Two: clean.
						Good	Clean; adequate
					Varicella	GoodSatisfactory	
	1				Varicetia	Good	
Mitral stenosis, 1; curvature of spine and rickets, 1						Fairly satisfactory	O.K. Yes.
and reacts, a						Good	Two; clean.
Slight cardiac, 1							
					Chicken-pox	Good	
Anamia, 3; pulmonary, 3						Satisfactory	Clean; adequate
						Heating, etc., good	Yes,
						Good	
						Good	Clean.
Endocarditis, 1						Satisfactory	
			B. C. C. C. C. C. C.			Not crowded; well heated and venti- lated	
9. W/- 0				4	W	Good	Yes.
Scoliosis, 2 Defective chests, 2; cardiac, 1		5			Whooping-cough, 6	Efficient	Very bad.
Cardiac, 2; pulmonary disease, 1; every child in school has a cold, ex- plaining high percentage of enlarged cervical glands		2					
cervical giands					Influenza	Well heated and ventilated; not overcrowded	Two; sanitary.

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Fauquier	J. E. H. Kelso		11	11		1	3	l				2		
Field	Geo. Cheeseman		76				5				7	9		
Firvale	W. Truax	***************************************	15	15					1			3		1
Flagstone	H. A. Christie	Particular and the second second	12	12	1								4	1
Florence Mine	D. J. Barclay		12				1					7		
Foch	A. Henderson	***************************************	13	13		1					4			
Forest Grove	A. K. Connolly	***************************************	8	8	2		1		2	3	5	5		1
Ford	Paul Ewert		12	9 8							1			
Fort Fraser	D. B. Lazier		45	45	bearing and	a constant	2			12	14			1
Fort George South	C. Ewert		37	37	1	1	2	2	3			17		
Fort St. James	W. R. Stone		70 16	64			10		3		10	25		
Fort Steele	F. W. Green		49	42		1	2			1	6			
Four Mile	L. B. Wrinch		8	7			_				2			1
Francois LakeFrancois, South	T. C. Holmes		11	11	4		2		3	3	5	6	9	i
Fraser Flats	C. Ewert		12 16	14					3	3	4	5	4	4
Fraser Lake	D. B. Lazier	A CONTRACTOR OF THE PARTY OF TH	26				1		3	3	8	4		
Fraser Lake, North	D. B. Lazier		11	11						2	2	********		
French Creek	C. Davidson	***************************************	46	38			2				5	11	-	
			Die				2				1			
Fruitlands	K. Terry	***************************************	100	86	9	1	13	1	19	23	25	29	44	
Fruitova	W. Truax		50	50		1			3	2	8	16	5	10
Fruitvale	O. G. Ingham	***************************************	58 10	50			4	3		2	8	28	8	
Gabriola, North	O. G. Ingham		14	14	1	4			2 2	3 3	6	3	3	3
Gabriola, South	O. G. Ingham		12	12		2			1	2	2	6 5	4	2
Galena Bay	A. L. Jones	***************************************	6											
Galiano, North	E. M. Sutherland		19	15			1				6	1		1
Galiano, South	C. H. West	***************************************	20	19			2		1	1	1	5	1	
Galloway	H. H. MacKenzie A. D. Morgan.		8 60 16	7 60 15			1		1 1 1	1	1 2 8	16		2
Giscombe	J. T. Steele		50						6	6	13	15	2 8	3 6
GlacierGlade	H. H. Mack oppie	***************************************	11	11		1	1				2	2		
Glenbank	H. F. Tyerman		37	31	5	1					12	9	3	9
Glenemma	P. S. Tennant		9	9			1		3	9	9 2	10	1	
Glenora	E. L. Garner	Miss B. Mitchell	37	30	3		1				11	23	8	î
Glentanna	F. V. Agnew.		12	12			1		*******		3			12
			10	10			2			1	2	8		
Golden	Paul Ewert		103	99	6	11	9		2	4	13	19	2	6
GoldstreamGranby Bay	D. R. Learoyd	***************************************	22	22			3	3			4	1	1	
	ar ar arear of difficulti		110	167		1	12		9	2	10	20	72	29
Grandview Bench			17	17			5		4	4	11	11		1
Granite Bay	F. H. Stringer	***************************************	12	12			1		1	1	5	10	2	
Grassy Plains	H. A. Christie		9	9					4	4	4	5	-	
Gray Creek	D. J. Barelay		15	9	1				1	2 3	4	6	4	5
Great Central Lake	A. D. Morgan		23					1	3	3 2	8	3		11
Green Lake	R. Gibson		9	37 .						5	6	15	1	4 2
Greenslide	A. L. Jones	***************************************	22	22			1	*******			1	4		2
Hall's Landing	A. L. Jones		67	21			6 .		3	3	22	30	1	2
riappy vaney	I. B. Hudson	Miss H Kally	35						2	4	7	4		
Hardwicke Island Harewood	F. H. Stringer		8	8].					3	3	4	7	45.1	
Harpers Camp	A. K. Connolly		241	238			6	1	5	9	25	31	10	10
Harrogate	Paul Ewert		19	9	2	2			1	1	3 .			
Harrop	H. H. MacKenzie		27	27		2	4.1				9	15		9
Hatzic Prairie	. R Wrinch		23	23	2	1	4	1	9	13	9	6	4	5
nazetton, New	B. Wrinch		36	31	1	1	1	1	2 3	3	15	19	12	2
nesoquarters	r. A. Briggs		24	23			2	2	7	7	16	21 8	8	2
Hedley	L. G. D'Easum		45	44		4			7 2	5	10	12	5	1
	0.000								1000	4	111/1/1			7
Heffley Creek	K. Terry		13	13 .					2	1000		2	2	1
Hendon	c. S. Tennant		13	11					1	4	3 .			
							The same of the sa		-		-			

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
						Good	Yes.
***************************************	*********				Scarlet fever, 1; chicken-pox, 1	Crowded	0.K.
***************************************	*********				Cardina 1	Fair	
					Cardiac, 1	Good Satisfactory	
***************************************						Greatly improved	
			1				0.K.
***************************************						Good	
***************************************	********				***************************************	Satisfactory Unfinished	
***************************************						Good	
Cardiac, 1	*******					Good	
Blepharitis, 4; orthopædic, 2						Good	
Cardiac, 1; nervous, 1	********	3			Scarlet fever	Good	
Mitral insufficiency, 1					Chicken-pox	Good	
***************************************						Good	
Club-foot, 1; skin-disease, 1	********	1	P			Good	
Ciuo-root, 1; sain-disease, 1	********					Good	
***************************************	********	Parameter State of the State of				Good	
Anæmic, 2					The state of the s	Well ventilated and heated; not crowded	Clean; adequate
	*******				Influenza, 3	O.K	0.K.
Anamia, 1					Manage & Allaham a	Good	
Attentis, 1	********				Mumps, 1; chicken-pox, 2 Mumps	Good	
***************************************	********					Good	
	*******					Good	
***************************************						Good	Yes.
	********					Good	
					Measles; influenza; rotheln	Good; not crowded; well ventilated and heated	Clean; adequate.
Urinary, 1						Satisfactory	Clean; adequate.
	********					Good	Two; clean; adequate. Good.
***************************************	*******					Good	25 S
Charlies 1. conta Manager	*******					Good	
Cardiac, 1; acute illness, 1	******					Good	Not clean. Yes.
Pulmonary, 1; cardiac, 1	********					Poor floor	Require cleaning.
Rickets, 1	********						
***************************************						Satisfactory	Clean; adequate.
Deformity 1	********					Ventilation and lighting poor	Insanitary and in adequate. Clean.
Deformity, 1	*********	********	1			Ample	Clean.
Nervous, 1; slight systolic, 1; flat chest, 4; apical murmur, 12; tachycardiae, 6	*******					Satisfactory	Yes.
						C4	One needs clean- ing.
						GoodSatisfactory	Clean; adequate.
					Chicken-pox, 2	Good Needs repairs	
					Bronchitis. Mumps.	GoodGood	Clean; adequate.
					Measles	Good	Yes.
Cardiae, 1; anæmia, 1		-			Chicken-pox, 6	Excellent	Satisfactory.
Diabetic, 1; cardiac, 1					Scarlet fever.	Good	Clean; adequate. Clean.
Spinal curvature, 1					Measles, 25	GoodSatisfactory	Clean; adequate. Yes.
Subacute bronchitis, 1					Measles; chicken-pox	Good	Good. Good.
Washman alia 1					Scarlet fever, 3	Not crowded; good ventilation; store	Clean; adequate. Yes.
		199				heat	

													AL,	
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Heriot Bay	R. E. Ziegler P. S. Tennant		23	23				1	2 3	2 3	2 4	3	1	
HillerestHilliers	H. W. Keith	Miss M. Griffin,	18 34				4	1			2 7	3 12		
Hilltop	W. E. Henderson		9 80 14	9 78 12	1	1				18	1 18 5			10
Horne Lake				12					9	2	3	5	11 3	
Horse Creek		The state of the s	19	19						-			0	
Houston	F. Vere Agnew		33 20	29 20		1	3	. 1	1	1	7 5	10 5		
Howe Sound	F. Inglis.			88	2		5			6	11	42		
Hulatt	. H. W. Keith		8	8			1		*******	1	2	2		
Huseroft	G. B. Henderson		20	19	1					2	6	7		2
Ingersoll Mountain	H. F. Tverman		8	8					3 2		3 2	3 2	3	2
Ingraham Mountain Inonoaklin Valley	J. F. H. Kelso		10	10			1				2		6	3
1000	C. R. Symmes		123	123	3		7	2	4	4	12	15		12
Isabella Point	E. M. Sutherland		15	15								13		
Jaffray	H. A. Christie		25	23	*******		2		8	5	10	17	1	
James Island	G. A. Ootmar	Mrs A Grindon	13	13	2			1	1		4	26		
Johnson's Landing	D. J. Barclay		6	6			3		********	2	3	1		3
Juliet	G H Tutill		14				1	1	1	2	4	3		
Jura	R. S. Manson		17							1	5	6	3	
Kaleden	R. B. White		32	28				2	. 3	10	15	9		4
Kaleva	I. Haramija A. E. Kydd		9			1	1				1 4	13	3	1
Kelly Creek	A. Henderson		18	18	3		1			1	4			1
Kelowna, East	G. A. Ootmar	Mrs. A. F. Grindon	56	56	16		16			3	7	47		15
Keremeos	L. G. C. D'Easum	Airs. A. F. Grindon	67	61	1		7			10	20	11	13	1
Kettle Valley	W. H. Wood		11	11				Towns.			41	4	5	5
Kildonan	M. F. Lucas		9	8								4		9
Kildonan	R. S. Manson		13									5	2	3
Kimberley	J. F. Haszard		448	438		1		3			75	68	3	20
Kincolith	D. J. McDonald A. W. McCordick		10								1		tan	
			8	8.						1	2	2		1
Kingfisher	G. B. Henderson		14	7							2			
Kinnaird	J. H. Palmer		13						2	3	3	9	2	
Kitchener	R. B. Rrnmmitt		160	18	3		6			3	4	3		2
Pattwanga	IV. E. B. Ardagh		12	5	17	1	13	10	8	31	71	81	58	19
Kleindale	J. A. Howard		12				1 .			1	1	3	1	1
A.ORSHRILL	P. L. Garner	Miss V Million	26	10	2		2		2	2	6	14	11	1
KrestovaLac la Hache	H. H. MacKenzie		31	22	5					3	9	13	2	6
Lakeise valley	IC. IS Expressive	ENGLISHED CONTRACTOR OF THE PARTY OF THE PAR	13	13					2	4	6	2	6	1
Lakes District Lang Bay	W. R. Stone		9	9	1		3 .				11	41.		
			21 54	21 54	4		3 .	1	21	2	10	2		
Larchwood (Skookum- chuck)	F. W. Green		25	24						3	3	4 .		4
Lardeau	D. J. Barclay		6	6						2	2	3 .		6
		CONTRACTOR OF THE PARTY OF THE	401							400	1	5	3	1
Lawn Hill	G. A. C. Roberts		12							0.1			0	1000
Lawn Hill	G. A. C. Roberts		8 14	8				1	5	2 5	5			
Lawn Hill	G. A. C. Roberts T. A. Briggs		8	14			1	1			2 .	6		

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
Mitral endocarditis		1				Good Poor ventilation	
Blepharitis, 1		1		1000	Chicken-pox, 1	New school; well heated and ven- tilated	
						Good	
Nearly all scholars have severe coryza					Few cases mumps; whooping- cough, 4	Bad	
Cardiac, 1					Mumps, 15	Good	
						Heating, etc., good Good	Yes.
					Measles	Good	Clean; adequate. Fair. Yes. Yes.
Infantile paralysis, 1				 	Whooping-cough, 20	Good	Excellent. Fair.
***************************************					Chicken-pox.	Satisfactory	Clean; adequate.
Flat feet, 2; calcium deficiency, 1					Influenza, 4 (afflicted at home)	Good	Adequate. Yes. Both.
Epileptic, 1 (girl)					Measles, 1	Not crowded; fairly well ventilated Good Poor ventilation in	Clean.
Scoliosis, 1							о.к.
Tachycardia, 1					Measles, 12; scarlet fever, 2 Scarlet fever, 5	Not crowded; venti- lation fair; stove heat	Yes.
Heart, 1						Satisfactory	Clean; adequate. Good.
Pigeon-chest, 2; blepharitis, 2; acne, 2; enuresis, 2; undescended testicle, 1; hydrocephalis, 1; cardiac, 3; pulmonary, 2							
						SatisfactoryFair	
Heart-disease, 1						Good	
Cardiac disease, 2					Measles	Good	Clean; adequate. Earth; yes.
					Measles, 3	Good	Two; clean.
39-4 -3-4 4						Very poor building Fair	Clean; adequate. Clean; adequate. Yes.
Flat chest, 1 Orthopædic, 3; backward, 2					Mumps, 4; measles, 2.	Satisfactory Good	
Anæmic, 1						Good	Fair.
						Good	Yes.

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Lillooet	J. C. Stuart		64	62	1	1	2	1	4	4	2	38	1	3
Lily Lake	D. B. Lazier		16	16			1			1	1			2
Lister	G. B. Henderson		30	27	3	2	3		*********	4		6	1	1
Long Beach	R. Gibson H. H. Mackenzie			22 10	2		3			6	12	8	7	1
Longworth	J. T. Steele		27	97		1	9		3	3	5			
Longworth, South	J. T. Steele	***************************************	16							4		1	3	3
Loos	M. F. Lucas		16	14							5	3	1	4
Loos, West (Snowshoe). Louis Creek				11			9		********	4	5 7	7 2	4	1 2
Lower Nicola	G. H. Tutill		24						1	1	10	9	10	3
Lumberton				42			4				6	5		8
Lumby	O. Morris R Ziegler			80				1		2 4	2 4	5		2
Lytton	A. E. Kydd			27	2	2		i	2		4	40	12	1
Mabel Lake				8							1	3		
Magna Bay Malakwa				16			1	1	1	6	6 5	9	2	1 2
		The state of the s	1 3 5 1				- 3	-		1	9	-		-
Malcolm Island Mannetts Lake	A. W. McCordick K. Terry		55	46			2			3	3	4		2
Manson's Landing			12	12					1	1	2	1	5	
Mapes	W. R. Stone		14				2		î	1	2	10	********	2
Mara				50			1		3	3	15			6
Marguerite				13					2	2	3		2	2
Martin Prairie	W. Scatchard	***************************************								6	6			
Marysville	J. Haszard	***************************************	25	23		1	1				5	8		
Masset	J. C. S. Dunn	***************************************	19	16		1					1			
Mayne Island	C. H. West		13	13			1				1	1		
Mana	D. T. Clares	Miss A Votes										-		
Mayook			14	43			2		3	3 2	19	25	27	7
Meadowbrook	J. F. Haszard		8	8					1	3	4	4	1	
Meadow Creek			7	5				1		3	3	1		
Meadow Spur Meadow Valley			8						9	3	2 3	6	2	1
Medora Creek	O. Morris	***************************************	13								1	3		
Meldrum Creek Menzies Bay			13								2	1		
Menzinger Creek	R. E. Ziegler G. R. Baker		12				9		1	1	2			1
Metchosin	I. B. Hudson		24	100.0			4	1		î	5	3	0.1	
Michel-Natal	G. F. Young		350	340	2	2	4	5	5	15	59	172	27	6
Midway	W. H. Wood		40	40			6	1		1	14	17	18	11
Mill Bay	F. T. Stanier	Cowichan Health	29	27			4				5	6	1	
Minto	E. R. Hicks.	Centre	64	61	14		5			8	30	42	9	3
Miocene	A. K. Connolly	***************************************	7	-							2			
Mirror Lake Mission Creek	G. A. Ootmar	***************************************	10 83	82	051					1	1	3		4
Account Creek	G. A. Ootmar		88	82	65		9			7	14	28	1	22
Moberly	P. Ewert		12	9	200							0		
Monte Creek	R. W. Irving		9			2	1	1		1	3	6		
Monte Lake	K. Terry		20	18	2		5				1	1		
Montrose	R. D. Nasmyth D. Corsan	***************************************	13	6							1 5			
Mountain Ridge	P. Ewert		10	10							1	2		3
Mountain View	M. F. Lucas		8	7	1							1		
Mount McPherson Mount Olie	A. L. Jones K. Terry	***************************************	16	16	1						2 3		8	2 3
Moyase (Ta Ta Creek)	F. W. Green		9	40.1	1						2	- 0		
Moyie	F. W. Green		45	44			31.				5	13		11
Mud River	A. K. Connolly	***********************	14								2 3	4		1
McBride	M. F. Luers		64								5	11	1.	
McConnell Creek	W. H. McIntyre		17	16			8	1	5	7	7	7	3	1
McKenzie	H. A. McLean		12	12				1	2	2	3	3	3	9
McClure	K. Terry		8	7	1		1		2	2	3	2	5	3
	*** ***********************************	***************************************	0		1		1		2	2	0	-	9	- 4

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
Pleurisy with effusion, 1; titis media						Good	Good.
with otorrhœa, 1					The state of the s	Good	Good
Eczema, 2						Good	
	A STATE OF THE PARTY OF				Measles	Good	Clean; adequate.
		*******				Good	adequate.
					***************************************	CrowdedSatisfactory	
	********					Good	Clean; adequate.
Diabetic, 1						Good	
Heart-murmur, 1	********		,			Satisfactory	Yes.
Cardiac, 1						Good	
Valvular disease of the heart, 2						Ventilated	
					Chicken-pox, 7	Light on south side	
							Good condition.
Deaf and nearly dumb subsequent to		6				SatisfactoryGood	
meningitis, 1						Good	
***************************************							***************************************
						Good	
	********				Measles	Good	
						Good	Yes.
						Satisfactory	
		100000000000000000000000000000000000000				Good	
		10000	12300	1		N	clean.
	********			1		Not crowded; well ventilated; suit- ably heated	Clean; adequate.
Cardiac, 1; rickets, 2	********				Measles, 12	Oatlefastory	(1)
					Careken-pox	Satisfactory	
			CONTRACTOR OF THE PARTY OF THE			Poorly heated	
			00000000		Whooping-cough	Frame; fair	
			*******		Transpiring Conguitation	Frame, lau	
					Measles, 1	Good	Clean; adequate.
Conjunction baset 1						Good	Adequate.
Conjunctive heart, 1					Conjunctivitis, 3; some chicken-	Fairly good	
cium deficiency, 1 Defective chest-wall, 2: deaf and			2		pox Diphtheria, 22; measles, 10	Good	Vac
dumb, 1; nasal deformity, 1; ortho-					Dipinion, 22, means, 20mm	0004	165.
pædie; cardiac (light), 5						Lower room crowded;	Yes.
Flail arm, 1						needs more light Good	Good.
			1	1			
					Whooping-cough	One room crowded Satisfactory	
						Good	
Scoliosis, 2; cardiac, 4; small thorax, 1; congenital abnormality, 1	1		1		Diphtheria, 1	Complaints about not well cleaning school; afterwards went better	Condition of closets im- proved.
						Adequate	
						Good	
						Very good	0.K.
				ļ		Poor repair	
		1			Infantile paralysis	Good	
		200	10000000			Good	Yes.
Nervous, 1						O.K	
Nervous, 1						FairGood	
Cardiac, 1						Good	
						Satisfactory	Only one toilet.
						Crowded; inadequate	
						Very poor school building in every way	Yes.
						Good	Good. Two; in good con
					Influenza	O.K	

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
MaMundo	D. Posses	1				1	1	1	1					
McMurdo Nadina River	P. Ewert	***************************************	13				1							
Nakusp	T. C. Holmes	***************************************	7	7						1	2		2	
Nanaimo Bay	H. F. Tyerman		108							14				
Nanoose Bay	P D Navamith		76						2	5	9	20	2	4
Naramata	F. W. Andrew	***************************************	51	51		3					9	34		10
Needles	J. E. H. Kelso		8	8					6	6		2 700	9	
Newgate	H. A. Christie		14	12			2		6				******	
Newlands	J. T. Steele		9	9					3	3			3	3
Nickel Plate Mine	L. G. C. D'Easum		8	8							2		-	
													- 3	
Nicola	G. H. Tutill		24	24					1	1	3	7	2	
Nicomen	W. H. McIntyre		41	39	9	1	9		- 6	14	13	13	6	
Nine Mile	G. Baker		8	8										2
Nithi River	D. B. Lazier	No. 1 No. 1	12	12						2				
Nixon Creek Noosatsum	H. A. McLean	Miss A. lates	27	22						3		8	6	
	A. E. Kydd		85	9 85					1	1	0.00	3	3	
	O. G. Ingham		46	44	3	1	0		2 3	7	20	43	17	1 3
North Saanieh	W. H. Moore		100		1		2		3			29	1	
Norwegian Creek	W. H. Wood		10	10			1			0	5		8	
Notch Hill	W. Scatchard		25	20					2	10			1	1
Ocean Falls	P. P. Smyth		195	188	14	5		14	30			64	33	
01														
Okanagan	G. A. Ootmar	Mrs. Grindon	52	50	3		3			2	20	3		9
Okanagan Centre	C A Ootman	Mes Caladon	-00	- 00									1000	-
Okanagan Falls	P R White	Miss C. Kittoring.	22	20	3		3			3		13		7
Continuent & attention	A. D. WHITE.	ham	33	33	2	1	10	2	9	9	13	12	3	5
Okanagan, South	G. A. Ootmar	Mrs. Grindon	60	60	3		17	1		5	16	25	1	16
Olalla			12					1		1	4	2		3
Oliver			124						6	5		11	35	16
150-Mile House	A. K. Connolly		13						*******		3			
One Mile Creek	D. B. Laries		8	7					*******	1	2	3		1
Osland	R G Large		8 7	8						1	1			
Osoyoos	G. H. Kearney	Miss Kitteringham	15	12					1	1	2 2	4 3		
Othello	W. E. Henderson	oxioo xxiveeringiiaiii.	14	14					*******	6		2		
Otter Point	I. B. Hudson		12	12					1			1		
Outlook	W. Traux		34	34					2	2 3	5	8	4	
Oyama	O. Morris		72	68					3	3	2			
Oyster, North			41	39	2	*******	4	1	7	7	19	15		1
Oyster River	T. A. Briggs	***	8	8					3	3	3			
Oyster, South	H. B. Maxwell	Miss Peters	24	24					3	3	10			
Pachelqua	V P D Andreh		12	8					*******	*******	2	4	3	
Pacific	T C Holmes		10	9						7	5	6		
Park Siding	J H Palmer	***************************************	21	17 21	1				7	7	12	17	2	11
Parksville	R. D. Naysmith		80	67		1		-	********	-	1	11		-
Parsons	P. Ewert		27	27	2	î			1	2	7	5	11	
Pass Creek	H. H. MacKenzie		35	24	1		2				6			3
Passmore	H. H. MacKenzie		8	8			1.1.				2	2		1
Pavilion			13	19								7		
Pemberton	N. J. Paul		8								2		1	1
Pemberton Meadows	N. J. Paul		22	20	1				1	1	4			-
Pender Island	E. M. Sutherland		44	2.4							4	12	7	
Pender Island, South	E. M. Sutherland		7						1	1				
Perow	F. V. Agnew		9								4			
Perry Siding		The second secon	25	18	3		1				6	6		1
Pinantan	R. W. Irving		. 8				1							
Pine	T. C. St.		8	8							2	1	4	
Pioneer Mine	W F Wandara		11	11			1					11	2	
Port Alice	G A Lawren		25							4	4			3
Port Clements	I. C. Dunn		50	16			17	5	10	8	29	26	12	
	A. W. McCordick	***************************************	19	16				1		9	1			
ort Hardy	R G Large	***************************************	45	45	8	3	4	1	16	19	34	34	19	1
Port Hardy	At Or amigerining			2000	4 24	Park to the	4		1000	4	0	1000	1000	
Port Hardy			16	161	11	50 Feb.					74.5	7.7		
Port Hardy. Port Essington	F. Inglis W. E. Bavis		16	16	1		1	1		4	3	11		
Port Hardy Port Essington Port Mellon Port Renfrew Port Simpson	F. Inglis						2	1	6	7	1	9	6	
Port Hardy Port Essington Port Mellon Port Renfrew Port Simpson Pouce Coupe	F. Inglis		8 13 44	8 13 44	4		2 3	1	6	7 7	1 7 8	9 12	6	3
Port Hardy Port Essington Port Mellon Port Renfrew Port Simpson	F. Inglis W. E. Bavis R. G. Large W. A. Watson W. A. Watson		13	8 13 44 18	4		2 3	1		7	1 7	12		

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
	1					Good	Clean.
						Good	One; clean.
					Measles	Good	
					Measles	Good	
						Very good	
Eczema, 3; anæmia, 1					Whooping-cough	Modern; good	Yes.
Rickets, 1				The second	Chicken new 4	Very poor	
***************************************					Chicken-pox, 4	Poorly heated	Fair, adequate.
		The second				Ventilation fair;	One only for boys
	1			1		stove heat	and girls; clear
Chronic asthma, 1						Satisfactory	Yes.
***************************************						Satisfactory	Yes.
		1000				Good	
Poor posture, 1						Good	G00d.
too posture, a						Good	
						Good	Clean.
						Good	
škin, 3; cardiac, 1; ganglion wrist, 1		5 To 100				Satisfactory	Clean; adequate.
						Satisfactory	Yes. Require repairs.
Orthopædic, 1; cardiac defects, 1;		11000000				Satisfactory	Good.
acne, 1				1		G-OAL	
Scoliosis, 2; pulmonary, 1; cardiac, 4	2		2		Measles, 1	Crowded (only one	Good.
			1	1	- Annual Control of the Control of t	class-room	
Inguinal hernia, 1						Cold in winter	
Nervous, 2						Not overcrowded.	Fairly clean; ade-
Vervous, 2; anæmia, 1; scoliosis, 2;		No real	1	-	Measles, 2	Good	quate.
pulmonary, 2; cardiac, 3; paralyzed			********		Mensies, 2	G00d	
arm, 1			1				Company of the
	*********					Not overcrowded;	Yes.
	100	100	1	1	The state of the s	ventilation good;	
And the second s						stove heat	
Asthma, 1					Whooping-cough, 25	Good	Yes.
						Satisfactory	
						Good	Good,
Cardiac, 1						Satisfactory	
						Good	Yes.
						Good	Good.
Round shoulders, 2						Satisfactory	
			Break Comment	a month of		Well ventilated	Two; clean. Good condition.
Anæmia, 1; chorea, 1						Not crowded; effi-	
				1		cient	
Right arm amputated, 1						Good	Clean; adequate.
Tachycardia, 2 (hyperthyroid)						Efficient	
Pneumonia, 1					Chicken-pox, 5	Fair	
***************************************			100000000000000000000000000000000000000			Good	
rohlich's disease, 1			********			G-004	Yes.
Tomoca o disease, I							1 03.
Deformity, 2					Infantile paralysis	Good	Clean.
Cardiac, 3						Good	
				1	The state of the s	Cont	quate.
***************************************	*********					Good	Two; clean; ade- quate.
		10000				Good	Good.
						Good condition	
Heart-disease, 1						Good condition	
						Satisfactory	Adequate.
Language 1		1	E-market and the second	2		Satisfactory	
Anamia, 1						Good	
Heart, 1						G00d	Two; clean; ade-
						Good	
WALL COMPANY OF THE PARK OF T	,					Satisfactory	
						Good	
Date to the second						Good	
Cardiac, 1; nervous 2			-			Good	
Cardiac debility, 1						Good	
Cardiac, 1; pulmonary, 1; orthopæ-		and the second				Satisfactory	
die, 2			-	-		S. M. LOUIS CO. J. C. C. C. C. C. C. C. C. C. C. C. C. C.	2.00
						Heating, etc., good	Yes.
						Satisfactory	
		1				Satisfactory	Yes.
	********			1			
						AT ALL PROPERTY AND ADDRESS OF THE PARTY AND A	- A- 45.55 -

		Landing and the land			-								an 2	
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Powell River	A. Henderson		483	473	50	4	13		5	8	66	12	3	11
Prairiedale	W. R. Stone			16			2		1	1	2	14		2
Premier				19		1		3		13	13		11	8
Princeton, East	R. B. Manson		16			2		2	3	9 2	33 4 20	72 2 28		19
Qualicum Beach	C. Davidson		73	73			5			8	11	20	8	3
Qualicum, Little	C. Davidson		21								7	10	6	
Quatsino	G. A. Lawson		31	31			1 5		15		14	18	15	1
Queen Charlotte				21			3				5	4	3	
Quesnel Dam			90		l		3		2	2	9	3 5		
Quick	F. V. Agnew		22	22					1	1	8	10	1000	2
Read Island	R. Ziegler		13	13								2		
Red Gap	R. D. Naysmith		19	19			1			1	9	10	1	
Red Lake				2 6					1	1	1	1		
		Secretary of the second	1000											
Renata			34	32						1	2	5		1
Rhone				17			0		2	2	11	3	13	12
Roberts Creek, East			9	9					î	6	1	6		
Robins Range			14	14					î	1	î	4		
Robson	J. E. H. Kelso			31			1				3	4		
Rock Creek			27	26			4				14	8	13	
Rock Mountain	W. H. Wood		15	15							7	9	11	
Rocky Point	P. Gibson	***************************************	11	11					1	1	2 3	1 5		
Roosville				10					9	2	1	5		
Rosebank			14								6			
Donaham	4 Provide	Total Control of the	10			0.000			-	1-120		1999		
Rosebery			12	11 8			1			1	1	1	11	10
Rose Lake	T. C. Holmes	***************************************	10	10			-		9	3	3	8	7	3
Round Lake				17			2				3	5		
Round Top				11			2	1			1			
Roy.			7	7	********				2	2	2	3	2	
Rutland				26				1		19	67	111	17	55
Sahtlam			32	28	1				2	2	8	15	5	6
St. Elmo			30	27 15						8	8	8	1	2
Salmon Bench			16	14	2	1			2	4	5		2	-
Salmon River	C. Ewert		7	7							1	5		
Salmon Valley	P. S. Tennant		11	8	4		3		1	2	3	4	2	
Sand Creek	W. Truax		5	5								1		1
Sand Creek, Big			16						1	1	1	11		
Sardon	H. A. McPonakt		39	36			2			2	3	9		
0-1-1														
SandspitSandwick			17	17	1				3	6	6	1		1
	Kamloops Clinic		20	19						0	3	3	2	
				100										
Savona Road			9	8			1				3		3	
Sayward			9	9							1			
Sayward, Upper Seaford			10	10							1			
Sechelt			15	14						5	1			
Shalalth	J. C. Stuart	***************************************	10	10							1	2		
Shawnigan Lake			65	63							6	22	2	1
Shelley	J. T. Steele	Centre	21	21			1		2	2	2	1	3	3
Shearton	T C Holmes		9	9	4			120		-				
SheartonShirley	T. C. Holmes I. B. Hudson		13	13				3	5	5	4	3	3	3
Sharaseres	H H MacFensis			44				1000	San San			0.1		
Shuswap	W. Scatchard		51	7	9	2	1			4	17	21		5
Shuswap Falls,	O. Morris	***************************************	18								î	2		
			1	FI EL	1000	1000		11000	1000	10000	1			
			1	77 200	1							-	-	1-300-

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.	
Pulmonary, 1; cardiac, 1; anæmia, 2; orthopædic, 3			3		Measles		0.K.	
Mitral systolic murmur, 2 (no heart- disease) Cleft palate, 1					Chicken-pox	Good	Yes. Yes.	
The second secon						Good	Clean; adequate. Clean; adequate. Two; clean; adequate.	
Cardiac, 4			10000			Well ventilated and heated	Clean; adequate.	
Nervous, 2					Influenza	Crowded	Clean; adequate. Yes.	
Anomia 2					Measles	Satisfactory	Yes. Closets adjoin and are poor.	
Anamia, 1						Good	Yes. Clean; adequate. O.K.	
Pulmonary, 2					Measles	Old log form		
					Acastes	Overcrowded	Yes. Yes. Good. Yes.	
Rickets, 1						GoodSatisfactory	Yes. Yes.	
Tachycardia, 1; orthopædic, 2						Satisfactory	Yes.	
						Satisfactory No shade; light on south	Clean; adequate.	
Cardiae, 1			Contract to the			Good	Good. Two; clean. Two; clean.	
						Good	Yes. Clean.	
Cardiae, 13; paralysis, 3; scoliosis, 11; nervous, 2 Nervous, 1			1	100000	Measles, 3; scarlet fever, 4; chicken-pox, 1 Measles, 12	Good	Two; flush. Good.	
						Good	Good. Yes.	
Orthopædic deformity					Influenza	Heating poor	Clean: adequate. Excrement not	
						GoodSatisfactory	covered. Two; clean. Clean; adequate.	
						Buildings good; ven- tilation and heat- ing good	Yes.	
Word aphasia, 1					Two pupils with mumps seen in home; one contact examined in home; one pupil with in- fluenza seen in home	New	Yes. Clean; adequate.	
					nucliza seed in none	Good	Good.	
			2	,		Good. Good. Heating, etc., good	Clean. Adequate. Yes.	
Asthma, 1						Junior school crowded	Fair, Good.	
Strabismus, 2; nervous, 3			3			Janitor service required Good	Fair. One; clean.	
Cardiac, 2; orthopædic, 1			. 1			Satisfactory build- ing; no play- ground	Clean: adamete	
Cardino, 2, Orthopodic, 1						Good	Clean; adequate. No; dirty. Good condition.	

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Shutty Bench	D. J. Barelay		11	10			,				6	6		
Sicamous			19	10.00							2	2	2	
Sidney	W. H. Moore		111	109	2		9	1	1		28	48	1	4
	E. Buckell		19	18	1	4		1	1		1	4	1	*******
Silverton	A. Francis		66								16	1 2	50	1
Sinclair			14	13			3					4		2
Sinclair Mills			13							100000000000000000000000000000000000000	3	2	3	2
Sirdar	G. B. Henderson		32	30	1					7	4	3		
Sisters Creek	G. R. Baker		10	10					1	1	3	2		3
Skidegate			6	4							1			
Slocan Park	H. H. Mackenzie	-	32	28						1	10		-	0
Slocan, South	H. H. MacKenzie		41	36	1		2				4	15		9
Smithers	F. V. Agnew		218	214	1		6		7	6	40	3	24	
	A. R. Connolly		10	9							4 3	8		
SolsquaSooke	I. B. Hudson		63	63	1	1		1	1 3			6	5	1
			0.0	00					-					
The state of the s	I. B. Hudson		13						1	1	2	3		
Sooke, North	W. E. Bavis		13				3				4 2			
Sorenson	W. E. Davis	***************************************	11	11					-					
Sorrento	W. Scatchard		16	16						6	6	9	1	
Southbank	T. C. Holmes			12					4	5		11	8	
Spences Bridge Springbend	G. H. Tutill		14				9		1	1	8 5	3 8	1	
Springhouse							3				1	10000		
Sproat Lake	A. D. Morgan		8	6						1	2	3		1
Squam Bay				21			10		3		14	1		
Squamish Squirrel Cove	N. J. Paul R. Ziegler		114	112		3			8		15	40	8	2005
	H. A. Whillans						4		15			11	3	1
			-			100000		10000	13000				4	
	A. Henderson T. C. Holmes		26	26						2	8	2 2		2
Stuart	W. R. Stone						2			4	6			
Stuart Station	W. R. Stone		8	8			1				3			
Stubbs Island	D. S. Dixon		12	12					1	1	5	5	2	
Sugar Lake	O. Morris		7	7										
Sullivan Hill	J. F. Haszard		20	20			and in	1000		3	10	8	3	No.
Sullivan Valley									3			8		
Sunnyside	C. R. Symmes				2							2	10	
Sunnyside Cannery			18	18	1							13		
Sylvania		Centre				2	2			1	1			
Tabor Creek	C. Ewert		12							4	13	17	2	1 7
Taghum	H. H. MacKenzie		32	30	4	2				1	10	11	-	
Tappen Siding	E. Buckell		17	17								3		1
Tappen Valley												5		
Tatla Lake Tatalrose				14							7	1 7	3	5
Tchesinkut Lake	T. C. Holmes			10			2		1			6		
Telegraph Creek	Arthur Edgelow		35	12				ļ						
Telkwa	F. V. Agnew		58	53			6				14	28		
Testalinda	G H Kearney	Real Property Control	24	21					1		4	2	7	4
Thompson, West					1				2		-		4	1
Three Forks				7						1	2	1		
Three Valley	A. L. Jones		7	6							10	2	-	
			-	42	1	1	3			1 20	12	16	-	
Thurston Bay	F. H. Stringer		6			1			2			3		
Tintagel			17	17			1 4		1	2	2			1
Tranquille	K. Terry		16				3		2		4	5	7	
Trapp Lake	R. W. Irving		14	14	2		2		6				3	2
Trinity Creek			12	12			1			1	2	3		
Tsolum				179				10	47	72	72	60		12
			1	19-64	1	1			1166	-	1	1	1119	1
Theleman	T F Whitmosth		16	14			1	1	2	2	6	5	2	
Tulameen Turtle Valley				1 200					1 000					

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scables.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
						Grounds poor	Fair.
Cardiac, 2; nervous, 2	********					Satisfactory	Yes.
***************************************						Satisfactory	Clean; adequate Yes.
Cardiac, 5	*******				***************************************	Good	Poor.
			B. C. C.			Good	
	********					Building needs repair	O.K. Fair.
						Good	
	*********					Good	Yes. Yes.
Heart, 1			1			Crowded	Temporary; not
					Chicken-pox; measles	Crowded	adequate. Two; clean;
Anæmia, 2; cardiac, 6		3			Chicken-pox	Good	Yes.
***************************************					***************************************	Satisfactory	Clean; adequate.
Cardiac, 2; acne, 3; anemia, 2;				ļ		Crowded	Yes.
orthopædic, 3; calcium deficiency, 3 Cardiac, 2; orthopædic, 2; bronchitis, 1			1			Satisfactory Unsuitable	Excellent.
Orthopoedie, 1; nervous, 1						Satisfactory	
Atrophy, 1 (right lower limb, result of past anterior poliomyelitis)					Measles, 2	Satisfactory	Clean; adequate.
***************************************						Satisfactory	Yes. Two: clean.
						GoodSatisfactory	Yes.
						***************************************	Need cleaning.
						Satisfactory	Clean; adequate. Good.
						***************************************	Good.
						Good condition	Yes.
						Good Two rooms are	Adequate. Dry closets are
			10000			crowded	clean.
Nervous, 1; infantile paralysis, 1				-		0	O.K.
						Good	Two; clean. Yes.
Catagolal throats 5						Good	Yes.
Catarrhal throats, 5					Chicken-pox	Not crowded; heat and ventilation satisfactory	Clean; adequate.
					***************************************	Well ventilated; not crowded	Good condition.
						Good	Yes.
Headaches, 11							
Infantile paralysis, 1				3	***************************************	Satisfactory	Good. Yes.
						Good	Good.
Nervous, 1							Clean; adequate.
						Good	Two; clean; adequate.
					***************************************	Satisfactory	Yes.
						Satisfactory Excellent	Yes. Clean; adequate.
***************************************						Good	Two; clean.
					Influenza	Good	Two; clean.
						ventilated Lighting and venti-	
	1000		NO.3	1000	A STATE OF THE PARTY OF THE PAR	lation poor	quate.
Chronic bronchitis; wry-neck; eye ulcers						Good	Yes. O.K.
						Good; ventilation O.K.	Yes.
						Poor	No.
Cardiae, 2						Good	Two; clean; ade- quate.
						Good	One; clean.
Chorea, 1						Heating poor	Yes.
							O.K.
						Good	Two; clean.
Valvular disease of the heart, 1			1	1			Good condition. Clean; adequate.

														=
Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing:	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.	Defective Teeth.	Enlarged Glands.	Goitre.
Ucluelet	Guy Palmer	l	38	33	- 1		3		7	7	7	7		
Ucluelet, East	Guy Palmer		18	16			3		5	5	5	6		********
Underwood			14	14							2			
Union Bay			62	59					4	2	8	40		
University Hill	H. W. Hill	Mrs. C. A. Lucas	90	69			1			********	14	40		
Usk	D B Demonité		18	18			9		1	6	10	5	8	2
Valdes Island			26						5	5		2		1
Vallican			14	12							7	9		3
Valmont			21	20					6	6	6	7		
		and the second	133	1000								1 33		The little
Vananda	T. H. Lougheed		21	21			1			1	2		2	1
The second second		100000000000000000000000000000000000000	8				100				1-			
Vancouver Bay			8	8	3		0.7			10	33	65		
Vanderhoof	W. R. Stone		120	120	0	2		4	8	10		3		
Vavenby	E. M. Sutherland		26				9		3	3	2 5	10		
Vesuvius, North			11	11			-				1	4		
Vinsulla			9	8			9		1	1	3	2		
Waldo			25	23					7	4		12		
Walhachin	R. Gibson		36	34	2		3		1	9		10		
Wardner	H. A. Christie		63	62			3		18	9	23	38		2
Waterloo			34	32				1	2	2		21		
Watch Lake	R. Gibson		9	9		1				3 2		5		2
Watmore			9	8		1			9	2		7		-
Webster	G. R. Baker		9	9					-	-				1
Wellington	O. G. Ingham		47	46						5	7	10	6	4
Wellington, East			41	40		3				4		8	3	3
Wellington, South	H. B. Maxwell		148	130	6		7				40	42		5
Westbank	G. A. Ootmar		13		2					2				2
Westbenk	Wm. Buchanan		46				1		3	4		9		41
Westbridge	W. H. Wood		6					1	3	3	3	2	10	3
Westside	K. Terry A. Henderson		14 82	13		1	3		2			2		9
Westview	ANY DESCRIPTION OF THE PROPERTY OF THE PROPERT		30						ĩ		15	5		
Whaletown			13	12					î	1	1	1		
White Lake			13	13		1					2	4		2
Whitewater		***************************************	9	9					1		1	2		3
Wildwood	A. Henderson		76							5	1			2
Williams Lake	A. K. Connolly		103	99	5		9				13	31		
Willow Point	F. M. Auld		31	30			1				9	13		1
were place	J. T. Steele		31	30	9		0		1	1	4	6	5	6
Willow River			10						î	î	2	1		1
Wilmer			15		promote							3		2
Windermere			24									7		
Winfield		Mrs. Grindon	66	63	4		4	1		8	17	30		8
Winlaw	H. H. MacKenzie		56	50			5				16	31		11
Wistonia	T. C. Holmes		7	7	1		1	1	3.014	1	1	3	1	2
Wistaria Woodcock	22 22 22 2 2 2 2		9	2								1		
Woodfibre	O O O M. T.		87	87	Tanana and	1 1	13	1	3	7	21	28	6	
Woodmere	F. V. Agnew		17	17	2						11	2	6	
Wycliffe	F. W. Green		22			2	4				4			2
Wynndel	G. B. Henderson									4	8		ļ	1
Yahk	G. B. Henderson		91							8				1 4
Yale	P. S. McCaffrey		24						11	11	11			2
Ymir	H. H. MacKenzie		26	25	5	1	2				0	10	1	-
Youbou	E. L. Garner	Miss A. Yates	17	17	4				2	2	11	5	4	
			1			1	1	1	1	K	1 3			

Other Conditions, specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scables.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
	l					Neither	Yes.
Skin, 1			1		Scarlatina, 1	Neither	Yes.
Cardiae, 2		1	1		Whooping-cough	Good	Six toilets.
						Heating and venti- lation require at- tention Good	
***************************************		and the second				Very good	
Cardiac, 1						Crowded	
						ventilated Not crowded; good ventilation; well heated	
Nervous, 2					Chicken-pox; scarlet fever	Very good	O.K.
Nervous, 1		and the second			Influenza	0.K	O.K.
		4	4		Pertussis	Satisfactory	
						O.K	
						Satisfactory	Clean; adequate.
***************************************					Measles	Good	
Defective chest, 1; cardiac, 2						Satisfactory	Clean; adequate. Yes.
Nervous	The second second					Good	
Cardina 1	\$1000 ACCORDANCE					Poor lighting	Yes.
Cardiac, 1						Good	Yes. Good.
					Chicken-pox	Good	
					Chicken-pox	Good	Clean.
Cardiae, 2 Anemic, 1; scoliosis, 1		2			Chicken-pox, 13	Efficient	
Pneumonia, 1	*********			4		GoodSatisfactory	
						Satisfactory	
Wry-neck, eye ulcers					Rheumatic fever, 1).K	0.K.
Cardiac, 1; pharyngitis, 1			1		Scarlatina	Good	Good.
							Adequate.
***************************************						Satisfactory	
Pulmonary, 1					Monelos e diphthonia	Good	Fair.
rumonary, 1					Measles; diphtheria	Old building poor;	O.K. Girls' good: boys
					Measles, 3	new building good	fair. Two; clean; ade quate,
					***************************************	Poor ventilation	Fair.
***************************************						Good	Yes, O.K.
						Good	0.K.
Nervous, 1; anæmic, 1; scoliosis, 3; pulmonary, 1					Measles, 4		Good.
Eczema, 1						Good	Two; clean; ade quate.
Acne, 1; Dysmenorrhæa						Good	Two; clean. Earth; yes.
						First class	Clean; adequate.
	********					Good	Yes.
					Mumps	Good	Clean; adequate.
					Munipa	Good	Clean; adequate.
Cardiac, 2; nervous, 1					Measles, 3	Good	Two; clean; ade-
Nervous, 1; pulmonary, 2; poor pos-		4			Whooping-cough, 5; mumps, 3		quate.

