

Contributors

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CITY OF CALGARY

DEPARTMENT OF PUBLIC HEALTH

Annual Report for the Year 1962

LOCAL BOARD OF HEALTH FOR THE CITY OF CALGARY

His Worship Mayor H.W. Hays, Chairman

R. E. Hatfield, M. D.

Frank L. Woodman,

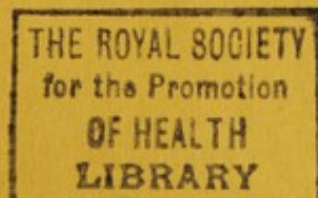
Mrs. Mary Green,

A.H. Nicholson, City Engineer, Ex-officio.

L.C. Allan, Medical Officer of Health, Ex-officio.

Medical Officer of Health, L.C. Allan, M.B., Ch.B., D.P.H.

Asst. Medical Officer of Health, K.A. Barrett, L.R.C.P. & S.I., L.M., D.P.H.



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His Worship the Mayor,
City Commissioners,
Members of City Council.

Gentlemen:

I have the honour to present the annual report and financial statement of the City Health Department for the year 1962.

The civic census taken in March 1962 disclosed that the population had been enumerated as 269,068. In 1961 the civic census following enumeration totalled 241,675. The over-all increase in the population for 1962 over that recorded in 1961 is 27,393 persons for a percentage increase of 11.33%. On January 1st, 1962 a large tract of land on the eastern City limits, together with the Town of Forest Lawn and the Village of Midnapore were incorporated within the City limits of Calgary. This fact accounts in large measure for the abnormally high population increase occurring in a single year. The natural increase in the population for 1962, or the difference in number between the actual births and deaths of City residents, was 6,180 (i.e. 7,932 births minus 1,752 deaths). The figure is 372 more than the natural increase recorded in the previous year. It should be pointed out that the difference between the over-all population increase (27,393) and the natural increase (6,180) or 21,213 represents the population of Forest Lawn, Midnapore and their environs together with the approximate number of persons who have come from elsewhere to live in the City of Calgary.

The figures below show the trend over the last five years.

POPULATION INCREASE

<u>Year</u>	<u>Census Population</u>	<u>Over-all Increase</u>	<u>% Increase</u>	<u>Natural Increase Residents</u>	<u>+ Previous - Year</u>
1962	269,068	27,393	11.33	6,180	+ 372
1961	241,675	6,247	2.65	5,808	- 136
1960	235,428	17,010	7.79	5,944	+ 220
1959	218,418	11,587	5.60	5,724	+ 550
1958	206,831	14,254	7.40	5,174	+ 286

The rates appearing in the several statistical tables of this report are based on the 1962 civic census of 269,068 persons.

The number of marriages recorded during the year numbered 2,345. When this figure is expressed as a rate per 1,000 of population, it is calculated to be 8.7. This is an increase of 14 marriages over the previous year. It will be noted that the marriage rate has been decreasing each year, yet the actual number performed remains relatively constant. The 8.7 rate per thousand is, however, closely equivalent to that recorded for the national and provincial averages.

His Worship the Mayor,
City Commissioners,
Members of City Council.

Gentlemen:

I have the honour to present the annual report and financial statement of the City Health Department for the year 1967.

The civil census taken in March 1967 disclosed that the population had been enumerated as 260,068. In 1961 the civil census following enumeration revealed 261,672. The overall increase in the population for 1967 over that recorded in 1961 is 1,604 persons for a percentage increase of 0.61%. On January 1st, 1967 a large tract of land on the eastern City limits, together with the Town of Forest Lawn and the Village of Midnapore were incorporated within the City limits of Calgary. This fact accounts in large measure for the abnormally high population increase occurring in a single year. The natural increase in the population for 1967, or the difference in number between the actual births and deaths of City residents, was 6,267 (i.e. 7,931 births minus 1,664 deaths). The figure is 7.5 more than the natural increase recorded in the previous year. It should be pointed out that the difference between the over-all population increases (17,010 and the natural increase (6,267) or 10,743 represents the population of Forest Lawn, Midnapore and their environs together with the approximate number of persons who have come from elsewhere to live in the City of Calgary.

The figures below show the trend over the last five years.

POPULATION INCREASE

Year	Census Population	Over-all Increase	% Increase	Natural Increase Residents	+ Previous Year
1967	260,068	17,267	11.32	6,160	+ 372
1961	261,672	6,267	2.65	2,808	- 136
1960	255,405	17,010	7.79	2,944	+ 220
1959	238,418	11,287	5.80	2,724	+ 220
1958	206,831	14,224	7.60	2,174	+ 268

The rates appearing in the several statistical tables of this report are based on the 1967 civil census of 260,068 persons.

The number of marriages recorded during the year numbered 7,362. When this figure is expressed as a rate per 1,000 of population, it is calculated to be 8.7. This is an increase of 16 marriages over the previous year. It will be noted that the marriage rate has been decreasing each year, yet the actual number performed remains relatively constant. The 8.7 rate per thousand is, however, closely equivalent to that recorded for the national and provincial averages.

<u>Year</u>	<u>Marriages</u>	<u>Rate per 1,000 Population</u>
1962	2,345	8.7
1961	2,331	9.6
1960	2,276	9.7
1959	2,316	10.6
1958	2,307	11.2

The gross number of births registered in Calgary during the year amounted to 9,006 representing a rate of 33.5 per 1,000 population. This gross figure includes births to parents not normally resident within the City limits. Of more interest is the net number of births, or births occurring to parents actually residing within the City boundaries. In 1962, 7,932 births were registered for a rate of 29.5 per 1,000. This figure is actually an increase over the previous year of 544 births. For the second year in a row there has been an actual decrease in the net birth rate of 1.1 per 1,000. Though the net birth rate has been slowly dropping over the past several years, it is slightly above the national average. Included in the gross figure of births (9,006) are 663 illegitimate babies representing 7.4% of all births registered. 530 illegitimate births were recorded to females actually living within the City boundaries or 6.7% of the net total (7,932). This figure of 530 illegitimate births is an increase over the previous year (499) of 31; the rate recorded, however, is unchanged. Invariably, it is the age group 20 - 24 years in which the greatest number of illegitimate births occur (257).

The figure of 250 births to girls classed as teenagers is indeed a tragic one. This is a social problem which is causing concern in many quarters. Without doubt many of the changing aspects of the twentieth century mode of living have a bearing and an impact on the problem. Earlier physical maturity of youth, increased leisure time, a demand for earlier freedom from parental control, broken home life and more working mothers are but a few factors which stamp the changing pattern of the last few decades. The home and parental influence must reassert a stronger and more enlightened place in this rapidly changing society. A realistic appraisal of home circumstances in the matter of discipline, behaviour and control should be made by everyone with teenage children. Regular stocktaking and appraisal has long been a maxim of successful business practice. (Refer to Illegitimate Births Chart on following page).

The gross number of stillbirths registered during the year numbered 92 for a rate of 0.34 per 1,000 population. The net figure of 79 represents residents only for a rate of 0.29. This rate has remained fairly constant over the last few years. It is a tragedy in any family to be prepared for the arrival of a baby only to learn that the long months of anticipation have been in vain when a stillbirth results.

Gross deaths registered in the City during 1962 from all causes numbered 2,084 with a corresponding rate per 1,000 of population of 7.7. The net or actual deaths in City residents numbered 1,752 for a rate of 6.5 per 1,000, which has remained constant during the past three years. From the table of causes it is not possible to differentiate between City and non-City deaths.

Year	Marriages	Rate per 1,000 Population
1951	2,343	8.7
1951	2,131	9.8
1950	2,376	9.7
1949	2,316	10.6
1948	2,307	11.2

The gross number of births registered in Chicago during the year amounted to 9,045 representing a rate of 17.5 per 1,000 population. This gross figure includes births to parents not normally resident within the City limits. Of more interest is the net number of births, or births occurring in persons actually residing within the City boundaries. In 1951, 7,912 births were registered for a rate of 19.5 per 1,000. This figure is actually an increase over the previous year of 346 births. For the second year in a row there has been an actual decrease in the net birth rate at 1.1 per 1,000. Through the net birth rate has been slowly dropping over the past several years, it is slightly above the national average. Included in the gross figure of 9,045 are 802 illegitimate births representing 8.9% of all births registered. 750 illegitimate births were recorded as females actually living within the City boundaries or 6.1% of the net total (7,912). This figure of 750 illegitimate births is an increase over the previous year (697) of 3%; the rate recorded, however, is unchanged. Invariably, it is the age group 20 - 24 years in which the greatest number of illegitimate births occur (22%).

The figure of 750 births to girls classed as teenagers is indeed a tragic one. This is a social problem which is causing concern in many quarters. Without doubt many of the changing aspects of the twentieth century mode of living have a bearing and an impact on the problem. Earlier physical maturity of youth, increased leisure time, a demand for earlier freedom from parental control, broken home life and more working mothers are but a few factors which along with the changing pattern of the last few decades. The home and parental influence must exert a stronger and more enlightened place in this rapidly changing society. A realistic appraisal of these circumstances in the matter of discipline, behavior and control should be made by everyone with teenage children. Realistic thinking and action at has long been a mark of successful business practice. (Refer to Illegitimate Births Chart on following page).

The gross number of stillbirths registered during the year amounted to 92 for a rate of 0.34 per 1,000 population. The net figure of 79 represents residents only for a rate of 0.19. This rate has remained fairly constant over the last few years. It is a tragedy in any family to be presented with the arrival of a baby only to learn that the long months of anticipation have been in vain when a stillbirth results.

Gross deaths registered in the City during 1951 total all causes numbered 2,084 with a corresponding rate per 1,000 of population of 7.5. The net or actual deaths in City residents numbered 1,757 for a rate of 6.5 per 1,000, which has remained constant during the past three years. From the table of course it is not possible to differentiate between City and non-City deaths.

ILLEGITIMATE BIRTHS - 1962

Month	City	Out	14	15	16	17	18	19	20-24	25-30	31 Plus	1st Child	2nd & Over	Prev. Mrge.	Total
Jan.	38	12	1		3	4	4	7	17	9	5	39	11	4	50
Feb.	37	9		1	3	3	5	5	20	3	6	33	13	5	46
Mar.	52	10		5	4	6	11	2	21	6	7	44	18	9	62
Apr.	45	11	1	1	3	5	4	10	24	6	2	38	18	5	56
May	46	8		1	3	6	2	6	19	11	6	35	19	12	54
June	45	16			2	4	6	10	23	9	7	41	20	11	61
July	50	12		1	5	7	6	7	22	7	7	44	18	13	62
Aug.	50	16			5	5	8	9	25	8	6	41	25	7	66
Sept.	43	11			1	8	5	9	24	5	2	36	18	8	54
Oct.	47	8			2	2	2	7	27	9	6	33	22	13	55
Nov.	44	13		1	3	3	6	4	26	11	3	37	20	11	57
Dec.	33	7		1	2	5	3	5	9	11	4	27	13	6	40
TOTAL	530	133	2	11	36	58	62	81	257	95	61	448	215	104	663

* Ages of Mothers

7 sets of twins

Total Births - 9,006

104 previous marriages

Illegitimates - 663 or 7.4%

VITAL STATISTICS REPORT

Population as shown by Civic Enumeration of 1962 was 269,068.

Live Births 9,006

Rate per 1,000 population - 33.5

Stillbirths 92

Rate per 1,000 live births - 10.2

Included in the above were 1,074 non-resident births and 13 non-resident stillbirths.

ILLUSTRATIVE BIRTHS - 1961

Month	City	Out	14	15	16	17	18	19	20-24	25-30	31	Lat. Child	Inf. & Prev.	Total
Jan.	38	15	1		1	1	1	1	17	8	5	38	11	50
Feb.	37	9		1	1	1	1	1	30	3	6	33	13	46
Mar.	32	10			1	1	1	1	21	1	7	34	18	52
Apr.	42	11	1	1	1	1	1	1	24	1	3	38	18	56
May	46	8		1	1	1	1	1	19	11	8	35	18	54
June	45	19			1	1	1	1	23	9	7	41	20	61
July	50	12		1	1	1	1	1	22	7	7	44	18	62
Aug.	50	16			1	1	1	1	22	8	6	41	22	69
Sept.	43	11			1	1	1	1	24	3	3	38	18	56
Oct.	47	8			1	1	1	1	27	9	6	33	21	55
Nov.	48	13		1	1	1	1	1	26	11	3	37	20	57
Dec.	33	7		1	1	1	1	1	9	11	6	33	13	46
TOTAL	530	113	2	11	30	30	30	30	251	92	61	448	212	663

* Ages of Mothers

Live Births 5,000
Stillbirths 32
Rate per 1,000 population - 11.2
Rate per 1,000 live births - 10.2

Population as shown by Civic Enumeration of 1961 was 180,000.

VITAL STATISTICS SUMMARY

100 previous marriages
111 previous marriages
100 previous marriages
111 previous marriages

7 sets of twins
Total Births 5,000

Included in the above were 1,074 non-resident births and 11 non-resident stillbirths.

The following listing indicates the chief causes of death and is based on the gross deaths recorded.

The chief causes of death are:

1. Diseases of the heart and circulatory system (550) and vascular lesions affecting the central nervous system (225 cases)	775
2. Cancer - all forms	421
3. Violent and accidental deaths	137
4. Certain diseases of early infancy	120
5. Diseases of the respiratory system (pneumonia, bronchitis, etc.)	100
6. Diseases of the digestive system (peptic ulcers, hernia, cirrhosis of liver, cholecystitis and cholelithiasis, etc.)	94
7. Congenital malformations	44
8. Diseases of the genito-urinary system (nephritis, pyelitis, etc.)	38
9. Diabetes mellitus	27

Deaths from communicable diseases:

1. Tuberculosis	1
2. Infectious Hepatitis	4 *

* This includes one non-resident death in a Calgary hospital.

Diseases affecting the heart and circulatory system, together with vascular lesions of the central nervous system accounted for 34.5% of all mortality in Calgary during 1962. Diseases in this group showed a slight increase in incidence over figures in the same classification for the previous year, 775 cases as opposed to 720 in 1961. Despite many advances in treatment, both surgical and medical, for diseases of the cardio-vascular system, death from such causes continues to reign supreme over all other causes responsible for ending life. Although medicine does not pretend to have a simple answer in solution to this problem, much sound advice in staving off heart disease is propounded each day in the doctor's consulting room and through authoritative releases in the press, radio and television which is not taken seriously enough by the general public. Many people are told and are aware that they are overweight, yet they persist in defending their incorrect eating habits rather than seriously trying to change them and attain a more trim figure. Coronary heart disease is taking an increasing toll of human life, especially the adult males. It is now fairly common knowledge that meal patterns rich in saturated fatty acids and cholesterol have a highly significant role in the development of arteriosclerosis. Almost all heart attacks (coronary disease) and strokes (cerebro-vascular disease) have arteriosclerosis as the underlying cause. Obesity, heavy cigarette smoking, high blood pressure and physical inactivity have been shown to be associated with the significantly increased incidence of coronary heart disease. Yet too many people remain overweight, too many people continue to praise the virtues of the tobacco leaf and drive everywhere in a car instead of indulging in some form of simple physical exercise such as walking or

The following listing indicates the chief causes of death and is based on the gross deaths recorded.

The chief causes of death are:

775	1. Diseases of the heart and circulatory system (330) and vascular lesions affecting the central nervous system (285 causes)
471	2. Cancer - all forms
137	3. Violent and accidental deaths
110	4. Certain diseases of early infancy
100	5. Diseases of the respiratory system (pneumonia, bronchitis, etc.)
94	6. Diseases of the digestive system (peptic ulcers, hernia, cirrhosis of liver, cholecystitis and cholelithiasis, etc.)
64	7. Congenital malformations
36	8. Diseases of the genito-urinary system (nephritis, pyelitis, etc.)
17	9. Diabetes mellitus

Deaths from communicable diseases:

1	1. Tuberculosis
4	2. Infectious Hepatitis

* This includes one non-resident death in a Calgary hospital.

Diseases affecting the heart and circulatory system, together with vascular lesions of the central nervous system accounted for 36.5% of all mortality in Calgary during 1957. Diseases in this group showed a slight increase in incidence over figures in the same classification for the previous year, 775 cases as opposed to 750 in 1956. Despite many advances in treatment, both surgical and medical, for diseases of the cardio-vascular system, death from such causes continues to remain supreme over all other causes responsible for ending life. Although medicine does not pretend to have a simple answer in solution to this problem, much sound advice in slowing old heart disease is proffered each day in the doctor's consulting room and through authoritative releases in the press, radio and television which is not taken seriously enough by the general public. Many people are told and are aware that they are overweight, yet they persist in delaying their interest in losing habits rather than seriously trying to change them and attain a more trim figure. Coronary heart disease is taking an increasing toll of human life, especially the adult male. It is now fairly common knowledge that men pattern rich in saturated fatty acids and cholesterol have a highly significant role in the development of atherosclerosis. Almost all heart attacks (coronary disease) and strokes (cerebro-vascular disease) have atherosclerosis as the underlying cause. Obesity, heavy cigarette smoking, high blood pressure and physical inactivity have been shown to be associated with the significantly increased incidence of coronary heart disease. Yet too many people remain overweight, too many people continue to praise the virtues of the tobacco leaf and drive everywhere in a car instead of indulging in some form of simple physical exercise such as walking or

taking part in a satisfactory active form of recreational activity. So long as the public refuses to take this simple basic health advice seriously, there will be no reduction in the incidence of heart diseases and the tragedy they exact in the home.

Cancer of all forms accounted for 15.5% of deaths, showing a slight decrease over that reported the previous year. The number of deaths due to cancer in its various forms remains fairly constant each year and invariably enemy No. 2 in the death table. Despite the excellent educational campaign carried out relentlessly each year by the Canadian Cancer Society, many forms of this disease have advanced too far before diagnosis is made to assure a cure. Early diagnosis of this condition provides the only hope for a successful outcome.

Ever increasing interest is being taken in both lay and medical circles on the subject of lung cancer. In 1962 a total of 50 persons died in Calgary of cancer of the lung. 33 were City residents and 17 cases were from surrounding communities. Of the 50 cases recorded 45 were male and the remaining 5 females. This is a significant increase over the total for 1961 of 37 cases, in which 23 were City residents with 14 cases from out of town. Ten years ago the corresponding figures recorded totalled 16 cases, with males 13 and 3 females, 7 cases as City residents and 6 from out of town.

Cigarette smoking is an important factor contributing to the production of lung cancer. Studies continue to be reported in many countries on the rising incidence of lung cancer and all point to the overwhelming prevalence of cigarette smokers as lung cancer victims. No one has ever contended that cigarette smoking is the sole cause of lung cancer. However, evidence continues to support the fact that heavy and regular cigarette smoking is the principle cause.

The Health Department conducted two surveys during 1962 on the smoking habits of both junior and senior high school pupils. The study was very revealing in a number of fields. A survey of 6,206 students in Grades X, XI and XII, embracing 3,204 boys and 3,002 girls, returned 6,124 valid questionnaires. Amongst the boys 618 or 19.1% smoked their first cigarette between the ages of 12 - 14 years. Returns from the girls' questionnaires showed that 516 or 17.3% smoked their first cigarette between the ages of 12 - 14 years. These facts plainly show that anti-smoking information must be made available at the junior high school level if it is to be effective in convincing pupils never to start smoking. Amongst these high school students 1,485 or 46.4% of the boys and 1,059 or 33.1% of the girls declared that they smoked cigarettes within the past month prior to the survey in January 1962. 827 or 25.8% of the boys and 330 or 11.0% of the girls admitted to smoking over 20 cigarettes per week in the senior high schools. Boys admitted to smoking one or more cigarettes per week according to the following pattern at age 14 years - 315 or 9.8%. Girls numbering 245 or 8.2% smoked one or more cigarettes at age 15 years. Approximately 63% of boys and 83% of girls smoke filter tip cigarettes. These were the high lights of the survey on the smoking habits of the pupils in the senior high schools.

Following the analysis of this information it was decided to review the smoking habits of pupils in Grades VII, VIII and IX in a sample of junior high schools. Certain junior high schools in the City were selected for this second survey. Out of a study population of 1,558, comprising 799 boys and 759 girls, the questionnaires revealed the following facts:

taking part in a satisfactory active form of recreational activity. So long as the public refuses to take this single basic health advice seriously, there will be no reduction in the incidence of heart disease and the tragedy they exact in the home.

Cancer of all forms accounted for 17.5% of deaths, showing a slight decrease over that reported the previous year. The number of deaths due to cancer in its various forms remains fairly constant each year and invariably among No. 1 in the death table. Despite the educational campaigns carried out recently each year by the Canadian Cancer Society, many forms of this disease have advanced too far before diagnosis is made to ensure a cure. Early diagnosis of this condition provides the only hope for a successful outcome.

Ever increasing interest is being taken in both lay and medical circles on the subject of lung cancer. In 1961 a total of 50 persons died in Calgary of cancer of the lung. 31 were City residents and 19 cases were from surrounding communities. Of the 30 cases recorded 45 were male and the remaining 5 females. This is a significant increase over the total for 1961 of 37 cases, in which 23 were City residents with 14 cases from out of town. Ten years ago the corresponding figures recorded totaled 10 cases, with males 11 and 3 females, 7 cases as City residents and 6 from out of town.

Cigarette smoking is an important factor contributing to the production of lung cancer. Studies continue to be reported in many countries on the rising incidence of lung cancer and all point to the overwhelming prevalence of cigarette smokers as lung cancer victims. No one has ever contended that cigarette smoking is the sole cause of lung cancer. However, evidence continues to support the fact that heavy and regular cigarette smoking is the principal cause.

The Health Department conducted two surveys during 1961 on the smoking habits of both junior and senior high school pupils. The study was very revealing in a number of fields. A survey of 6,508 students in Grades 8, 9, 10 and 11, embracing 3,504 boys and 3,004 girls, returned 6,174 valid questionnaires. Amongst the boys 618 or 19.1% smoked their first cigarette between the ages of 12 - 14 years. Returns from the girls' questionnaires showed that 316 or 17.3% smoked their first cigarette between the ages of 12 - 14 years. These facts plainly show that anti-smoking information must be made available at the junior high school level if it is to be effective in convincing pupils never to start smoking. Amongst senior high school students 1,667 or 46.4% of the boys and 1,059 or 33.1% of the girls declared that they smoked cigarettes within the past month prior to the survey in January 1961. 817 or 23.6% of the boys and 510 or 11.0% of the girls admitted to smoking over 10 cigarettes per week in the senior high schools. Boys admitted to smoking one or more cigarettes per week amounting to the following pattern at age 14 years - 313 or 9.6%. Girls numbering 145 or 8.3% smoked one or more cigarettes at age 15 years. Approximately 611 of boys and 812 of girls made their first cigarette. These were the high lights of the survey on the smoking habits of the pupils in the senior high schools.

Following the analysis of this information it was decided to review the smoking habits of pupils in Grades 7, 8, 9, 10 and 11 in a sample of junior high schools. Certain junior high schools in the City were selected for this second survey. Out of a study population of 1,528, comprising 793 boys and 735 girls, the questionnaires revealed the following facts:

<u>Boys</u>			<u>Girls</u>
126 or 15.8%	admitted to smoking	47 or 6.2%
456 or 57.0%	admitted to be non-smokers	595 or 78.4%
217 or 27.2%	admitted to smoking once but not now	117 or 15.4%
799	100.0%		759 100.0%

The study attempted to obtain what influence the smoking habits of the parents had on their children. Where both parents smoked 15.6% of pupils in the study group admitted to smoking, 63.1% were non-smokers and 21.3% admitted to having smoked but had discontinued the practice. Where neither parent smoked 8.8% of pupils were smoking, 74.0% were non-smokers and 17.2% had discontinued the practice.

In the main these junior high school smokers obtained their cigarettes from a store near their home - 56.7%; with vending machines the next most popular supply outlet - 12.9%. Most pupils who smoked purchased their cigarettes themselves.

Curiosity (46.9%) was the chief reason for starting to smoke, followed by conformity to a pattern (24.1%). 10.4% admitted they had started by being encouraged by others who smoked, with 4.7% having no real valid reason for starting.

The study showed that amongst the smokers only 42 were classed as Honour or A standing students; whereas amongst the non-smokers 548 received an academic standing of either Honours or A. It was also clearly shown that in sports achievements those who did not smoke were the ones who made the sports teams.

77% of pupils who smoked stated they were willing to give up the practice if the hazards of smoking were adequately proved to them. 20% were not willing to give up smoking, with some 2.0% classed as doubtful as to how they would react.

Dr. Barrett obtained from the Canadian Cancer Society phonographs and film strips with the title "To Smoke Or Not To Smoke". These teaching media have been lodged with the School Boards so that all pupils in the junior and senior high schools will be exposed to the information and educational material on the evils of smoking each year they are in junior and senior high school classes. Each student was given a copy of the excellent pamphlet to read and take home entitled "To Smoke Or Not To Smoke" also put out by the Canadian Cancer Society.

It is firmly believed that the most rewarding results in curbing the smoking practice today lie in educating the youth of today never to start the habit. It is realized that this is a very small effort to discourage the young people never to smoke. Whilst the tobacco companies continue to spend millions of dollars in tobacco advertising yearly to lure fresh victims into the clutches of nicotine, it is plain to see it is a very uneven contest. However, a start has been made. This matter of lung cancer and tobacco smoking offers a challenge to Public Health to solve in the future.

Girls		Boys
128 or 13.8%	admitted to smoking	128 or 13.8%
295 or 18.6%	admitted to be non-smokers	458 or 37.0%
117 or 13.4%	admitted to smoking and not now	117 or 37.3%
100.0%		100.0%

The study attempted to obtain what influence the smoking habits of the parents had on their children. When both parents smoked 13.8% of pupils in the study group admitted to smoking, 37.3% were non-smokers and 11.7% admitted to having smoked but had discontinued the practice. When neither parent smoked 8.8% of pupils were smoking, 37.0% were non-smokers and 17.2% had discontinued the practice.

In the main these junior high school smokers obtained their cigarettes from a store near their home - 58.7%, with vending machines the next most popular supply outlet - 12.9%. Most pupils who smoked purchased their cigarettes themselves.

Certainty (88.9%) was the chief reason for starting to smoke, followed by conformity to a pattern (35.1%). 10.6% admitted they had started by being encouraged by others who smoked, with 6.7% having no real valid reason for starting.

The study showed that amongst the smokers only 6% were classed as Honors or A standing students; whereas amongst the non-smokers 24% received an academic standing of either Honors or A. It was also clearly shown that in sports achievements those who did not smoke were the ones who made the sports team.

77% of pupils who smoked stated they were willing to give up the practice if the hazards of smoking were adequately proved to them. 30% were not willing to give up smoking, with some 3.6% classed as doubtful as to how they would react.

Dr. Barrett obtained from the Canadian Cancer Society photographs and film strips with the title "To Smoke Or Not To Smoke". These teaching media have been lodged with the School Boards so that all pupils in the junior and senior high schools will be exposed to the information and educational material on the evils of smoking each year they are in junior and senior high school classes. Each student was given a copy of the excellent pamphlet to read and take home entitled "To Smoke Or Not To Smoke" also put out by the Canadian Cancer Society.

It is firmly believed that the most rewarding results in curbing the smoking practice today lie in educating the youth of today never to start the habit. It is realized that this is a very small effort to discourage the young people never to smoke. Whilst the tobacco companies continue to spend millions of dollars in tobacco advertising yearly to lure fresh victims into the clutches of nicotine, it is plain to see it is a very uneven contest. However, a start has been made. This matter of lung cancer and tobacco smoking offers a challenge to public health to solve in the future.

Violent and accidental deaths during the year amounted to 137, two more than in the previous year. Motor vehicle accidents accounted for a total of 43 deaths. 29 of these deaths were of City residents and 14 were from out of town. Accidental falls as cause of death occurred in 37 City residents. Death from this cause is highest in the age group 60 years and over. There were 108 deaths due to violence and accidents recorded for City residents accounting for 6.1% of the total deaths recorded. This total includes not only deaths ascribed to motor vehicles but includes accidents with firearms, drownings, falls, suicides and homicides. Despite campaigns carried out on an all-year-round basis to make the public aware of safe-driving habits, to exercise every precaution and respect for firearms and water, every year sees an appalling, needless loss of life from these causes. In 1962 there were 163 deaths recorded as cause unknown.

The total number of infant deaths during 1962 was 198 for a rate of 22.0 per 1,000 live births gross. This figure includes 37 non-resident infant deaths. The 161 deaths of infants to City residents represent a net infant mortality rate of 20.3 per 1,000 live births. The number of infant deaths, gross, shows a decrease of 25 from that recorded in the previous year. Analysis of the 198 deaths shows that 57.0% were due to prematurity, congenital malformations and birth injury. These three classifications invariably account for the greatest number of infant deaths and are relatively unchanged from those reported in the previous year. It should be noted that 93 deaths of 198 infant deaths occurred within the first 24 hours after delivery or 46.9%, 128 or 64.6% of these deaths in infancy occurred during the first week of delivery and 71.2% of deaths in infancy occurred during the first month.

There were no deaths due to childbirth during the current year, although one non-resident died as the result of an illegal abortion. It is a great credit to the medical profession to record no deaths due to childbirth.

The number of cases of communicable diseases reported to the Department during the year 1962 amounted to 4,180. This is a considerable increase over the previous year and is in no small measure due to the new forms made available to the medical profession on which to record communicable disease. These forms were used for the first time in 1962 and have been instrumental in receiving a much more realistic appraisal of the incidence of communicable disease throughout the year than formerly. Although the number of reportings of communicable disease is by no means complete, recording is showing improvement.

During the year measles was epidemic. The epidemic commenced in mid October and continued throughout the balance of the year. Through the Division of Communicable Disease Control, all children under three years of age who had been a direct contact of a case of measles were given a dose of gamma globulin by the public health nurses in an attempt to modify the severity of the attack in these contacts. This programme on many occasions strained our resources to the utmost. The nurses visited each home to give the gamma globulin inoculation and were able to achieve much in the way of health teaching amongst the parents who had children ill with this unpleasant childhood disease. It should be emphasized that measles is not a disease to be taken lightly. It is responsible for much chronic ill health as well as serious complications. This is especially true the younger the age of the child suffering with measles. This programme was greatly appreciated by the mothers. In nearly all instances where a young child subsequently developed measles but had had the gamma globulin the severity of the attack was much less severe than that experienced by the original case in the household.

Violent and accidental deaths during the year amounted to 137, two more than in the previous year. Motor vehicle accidents accounted for a total of 43 deaths. 19 of these deaths were of City residents and 14 were from out of town. Accidental falls as a cause of death occurred in 37 City residents. Death from this cause is highest in the age group 65 years and over. There were 108 deaths due to violence and accidents recorded for City residents amounting for 8.1% of the total deaths recorded. This total included not only deaths ascribed to motor vehicles but included accidents with firearms, drownings, falls, suicides and homicides. Deaths assigned partly due to an all-year-round basis to make the public aware of safe driving habits, to exercise every precaution and respect for firearms and water, every year was an appalling, needless loss of life from these causes. In 1962 there were 163 deaths recorded as cause unknown.

The total number of infant deaths during 1962 was 198 for a rate of 22.0 per 1,000 live births. This figure included 37 non-resident infant deaths. The 161 deaths of infants of City residents represent a rate of 20.3 per 1,000 live births. The number of infant deaths, gross, shows a decrease of 15 from that recorded in the previous year. Analysis of the 198 deaths shows that 57.0% were due to prematurity, congenital malformations and birth injury. These three classifications invariably account for the greatest number of infant deaths and are relatively unchanged from those reported in the previous year. It should be noted that 93 deaths of 198 infant deaths occurred within the first 24 hours after delivery or 46.9%, 128 or 64.6% of these deaths in infancy occurred during the first week of delivery and 71.2% of deaths in infancy occurred during the first month.

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Reports are encouraging of a live virus vaccine against measles which may be given to young children as a true preventive of this most unpleasant childhood disease. Field trials have been conducted in the United States with this new vaccine. It is at present recommended that gamma globulin be given concurrently with the vaccine to offset reaction. The vaccine is not yet available in Canada, but it would appear that we are on the threshold of a new era in the prevention of yet one more affliction of childhood - the prevention of measles, a disease that has been a killer and a scourge throughout history.

There were 27 cases of pulmonary tuberculosis and 19 cases of non-pulmonary tuberculosis admitted for treatment to the Sanatorium from amongst City residents during the year. Although tuberculosis is no longer the scourge of former years, it is by no means a disease of the past. The extent of tuberculosis in the City does not warrant complacency. The majority of cases were found in the older age group; nevertheless 7 children under the age of five years required admission to Sanatorium for treatment. Tuberculin testing and widespread acceptance of a yearly chest x-ray film by the public is a sound answer to searching out cases of tuberculosis which may otherwise go undetected within the community. The Department offers a tuberculin test to all school children in Grades I and X where the parent signs the consent slip. Everyone who shows a positive skin test is encouraged to accept a chest x-ray and the other members of the family are visited by a nurse and encouraged to be skin tested and x-rayed in an effort to track down a possible source of infection.

Infectious hepatitis again increased in incidence during the year with 343 cases reported and 3 deaths occurring in adults. Gamma globulin inoculations were given to all family contacts by the health nurses in an effort to prevent spread within the family circle. Gamma globulin is provided by the Provincial Health Department free of charge for all immediate family contacts. Infectious hepatitis has become a problem disease during the past decade in all countries. For every frank case of the disease diagnosed there are probably 5 or 6 sub-clinical cases that go unrecognized and act as a reservoir of infection within the community. This accounts for the rising incidence of this very unpleasant and serious disease. Increasing attention to personal hygiene and sanitary practices both in the home and at work offer the best protection for all against this condition.

During the year there were only 2 cases of paralytic poliomyelitis in the City and no deaths. There were 18 cases diagnosed as aseptic meningitis. This is the lowest incidence of these conditions in the past decade. It should again be re-emphasized that acceptance of Salk vaccine by everyone is the surest way to keep this disease under control.

In March 1962 it was announced that Sabin vaccine, an attenuated live virus vaccine against poliomyelitis, had been licensed for use in Canada by the Federal Health Department. At a conference held in Edmonton with the Provincial Health Department it was decided that Sabin oral vaccine would be made available to the population of Alberta in a carefully co-ordinated plan whereby all Health Units and City Health Departments would conduct their programme at the same time over a two-week span on each occasion. Because the "wild" polio virus is normally more prevalent in the summer months, it was decided to defer the mass immunization programme to the fall of the year, commencing mid November. The programme aimed to provide two doses of Sabin oral vaccine to those persons who had previously received a full series of Salk polio vaccine and three oral feedings of Sabin vaccine to those members of the public who had never accepted the Salk vaccine. Only babies under three months

Reports are encouraging of a live virus vaccine against measles which may be given to young children as a first preventive of this most dangerous childhood disease. Field trials have been conducted in the United States with this new vaccine. It is at present recommended that gamma globulin be given concurrently with the vaccine to offset reaction. The vaccine is not yet available in Canada, but it would appear that we are on the threshold of a new era in the prevention of yet one more affliction of childhood - the prevention of measles, a disease that has been a killer and a scourge throughout history.

There were 17 cases of pulmonary tuberculosis and 19 cases of non-pulmonary tuberculosis reported for treatment to the Vancouver Free Hospital during the year. Although tuberculosis is no longer the scourge of former years, it is by no means a disease of the past. The extent of tuberculosis in the City does not warrant complacency. The majority of cases were found in the older age group; nevertheless 7 children under the age of five years required admission to hospital for treatment. Tuberculin testing and widespread acceptance of a yearly chest x-ray film by the public is a sound answer to reaching out cases of tuberculosis which may otherwise go undetected within the community. The Department offers a tuberculin test to all school children in Grades 1 and 2 where the parent signs the consent slip. Persons who show a positive skin test is encouraged to accept a chest x-ray and the other members of the family are visited by a nurse and encouraged to be skin tested and x-rayed in an effort to track down a possible source of infection.

Infectious hepatitis again increased in incidence during the year with 241 cases reported and 7 deaths occurring in adults. Gamma globulin injections were given to all family contacts by the health nurses in an effort to prevent spread within the family circle. Gamma globulin is provided by the Provincial Health Department free of charge for all immediate family contacts. Infectious hepatitis has become a problem disease during the past decade in all countries. For every frank case of the disease diagnosed there are probably 5 or 6 sub-clinical cases that go unrecognized and act as a reservoir of infection within the community. This accounts for the rising incidence of this very unpleasant and serious disease. Intensified attention to personal hygiene and sanitary practices both in the home and at work offer the best protection for all against this condition.

During the year there were only 3 cases of paratyphoid polio myelitis in the City and no deaths. There were 18 cases diagnosed as aseptic meningitis. This is the lowest incidence of these conditions in the past decade. It should again be re-emphasized that acceptance of Salk vaccine by everyone is the surest way to keep this disease under control.

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of age were to be excluded from the programme. The aim was to achieve an 80-90% acceptance of this protective vaccine by the population. A letter of information concerning this vaccine was mailed to every physician in the City, presenting all the known information available about the vaccine and requesting their co-operation and endorsement of the programme amongst their patients. The programme was to be conducted solely by Health Departments and would not be available to family physicians. 36 public feeding stations were selected at strategic points within the City and the aid of some 4,500 volunteer recorders and helpers was solicited. The Home and School Associations in the various selected schools graciously agreed to recruit all the volunteer helpers for this ambitious undertaking. After experimenting with many different vehicles for the rapid dispensing of this oral vaccine, it was decided that sugar cubes would be the most satisfactory. A specially compounded sugar cube was formulated for the City by the British Columbia Sugar Refining Company which rapidly absorbed the $\frac{1}{2}$ c.c. dose of vaccine yet did not disintegrate when grasped between the fingers.

In late September the Federal Health Department issued an order postponing future mass immunization Sabin vaccine programmes owing to the fact that four cases of paralytic poliomyelitis had occurred in a vaccinated population of approximately four million persons who had received the vaccine during the summer months, chiefly in Eastern Canada. A detailed investigation was conducted by the National Technical Advisory Committee on Live Polio Virus Vaccines into the circumstances of these paralytic polio cases and upon the safety of the vaccine. By mid November the investigation was completed and the Dominion Council of Health issued a statement endorsing the principle of mass inoculation of the population with Sabin oral vaccine but advising that its use be restricted to those persons previously immunized with Salk vaccine. The detailed planning for vaccine administration had to be completely revised and deferred until 1963. This postponement of the Sabin oral vaccine programme shook the confidence of the public in its assessment of the value and safety of the vaccine, according to a Gallup Poll conducted by the Department.

The increasing incidence of gonorrhoea reported by many centres on the North American Continent was also evident in Calgary during 1962. An increase of 129 cases over that reported in the previous year cannot be ignored. Venereal disease is contracted through sexual intercourse in the main, with the street-walking amateur as the most dangerous source of infection.

The milk supplied to the pasteurization plants in Calgary is now all brought into the City by bulk milk tankers. This installation of bulk milk tanks on the registered dairy farms will effect a further improvement in the quality of the milk supply. The installation of bulk milk tanks on farms represents a considerable financial outlay by the individual producers.

During the summer months all patients in the approved nursing homes in the City were given a chest x-ray on the premises. This survey was carried out by a mobile x-ray unit provided by the Alberta Tuberculosis Association. Mr. J. Anderson, the Field Service Supervisor, visited each home and received splendid co-operation from both the nursing home operators and the patients. Some 674 patients were x-rayed. Many abnormalities were discovered in the chest plates taken. It is very gratifying to report that no case of active tuberculosis was discovered amongst the patients confined in nursing homes.

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A very considerable amount of work beyond that usually considered as Public Health practice has been undertaken for other City Departments, notably Welfare, Children's Aid, Police and Personnel.

The Department would wish to pay tribute to the ladies who regularly assist in all our inoculation centres by acting as recorders and generally aiding and assisting the nurses. Also to the ladies attending Bow Valley Social Club from the Bow Valley Lodges on Memorial Drive who so painstakingly packaged the original 65,000 information letters and consent cards required for the Sabin oral vaccine programme. To the members of the Calgary Fire Department who repackaged these same letters to include fresh information when the programme was subject to modification.

The Department is most appreciative of the help, advice and guidance given throughout the year by the following:

His Worship the Mayor, Board of Commissioners and Members of City Council,

Members of the Calgary Public and Separate School Boards,

Superintendents and staffs of the Provincial Sanatoria and Mental Hospitals and Institutions,

Alberta and Calgary (Kinsmen's Club) Tuberculosis Association,

Provincial Cancer Clinic,

Provincial Guidance Clinic,

Provincial Social Hygiene Clinic,

Victorian Order of Nurses,

Metropolitan Life Insurance Company,

Provincial Department of Public Health,

Calgary General Hospital and Holy Cross Hospital staffs,

The Calgary Press, Radio and Television Stations and to many Volunteer Workers within the City.

In closing this report, a word of thanks must go to all the members of the staff of this Department because without their loyalty, co-operation and the hard endeavour with which their duties have been carried out, the Medical Officer of Health would have no accomplishments to report.

Respectfully submitted,

Leslie C. Allan, M.B., ChB., D.P.H.,
Medical Officer of Health.

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- Victorian Order of Nurses,
- Metropolitan Life Insurance Company,
- Provincial Department of Public Health,
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Respectfully submitted,
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Medical Officer of Health.

TABLE NO. 1

Live Births 1958 - 1962

Out of 9,006 live-born babies registered in 1962, 2,760 were premature (the gestation period recorded as 39 weeks or less) - this represents 30.6% of all births.

Year	Population	No. Including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1962	269,068	9,006	33.5	7,932	29.5
1961	241,675	9,047	37.4	7,388	30.6
1960	235,428	9,071	38.5	7,471	31.7
1959	218,418	8,781	40.2	7,190	32.9
1958	206,831	7,986	38.6	6,587	31.8

TABLE NO. 2

Stillbirths 1958 - 1962

Year	Population	No. Including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1962	269,068	92	0.34	79	0.29
1961	241,675	89	0.37	66	0.27
1960	235,428	86	0.37	65	0.28
1959	218,418	84	0.38	75	0.34
1958	206,831	102	0.49	81	0.39

MARRIAGES

Number performed in 1962 was 2,345. Rate per 1,000 population - 8.7

DEATHS

From all causes a total of 2,084 deaths were reported, being a rate of 7.7 per thousand population, including 332 deaths of non-residents

TABLE NO. 3

MORTALITY RATE (Exclusive of Stillbirths) - 1958 - 1962

Year	No. Deaths Including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1962	2,084	7.7	1,752	6.5
1961	1,921	7.9	1,580	6.5
1960	1,848	7.8	1,527	6.5
1959	1,830	8.4	1,466	6.7
1958	1,690	8.2	1,413	6.8

TABLE NO. 1

Live Births 1958 - 1961

Out of 9,000 live-born babies registered in 1961, 3,760 were premature (the gestation period recorded as 35 weeks or less) - this represents 39.6% of all births.

Year	Population	No. including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1961	260,088	9,106	34.9	7,932	30.2
1960	261,672	9,067	34.7	7,928	30.3
1959	252,428	9,071	36.0	7,471	29.6
1958	218,418	8,757	40.1	7,190	32.9
1957	208,831	7,985	38.3	6,287	30.1

TABLE NO. 2

Stillbirths 1958 - 1961

Year	Population	No. including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1961	260,088	92	0.35	79	0.30
1960	261,672	89	0.34	66	0.25
1959	252,428	86	0.34	62	0.25
1958	218,418	84	0.38	72	0.33
1957	208,831	102	0.49	81	0.39

MARKINGS

Marker performed in 1961 was 2,365. Rate per 1,000 population = 8.7

DEATH

From all causes a total of 2,086 deaths were reported, being a rate of 7.7 per thousand population, including 531 deaths of non-residents.

TABLE NO. 3

MORTALITY RATE (Exclusive of Stillbirths) - 1958 - 1961

Year	No. Deaths including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1961	1,921	7.3	1,732	6.7
1960	1,921	7.3	1,732	6.7
1959	1,820	7.2	1,406	6.5
1958	1,890	8.7	1,412	6.8

TABLE NO. 4

Chief Causes of Deaths, 1960, 1961 & 1962
(total number including non-residents)

Causes of Death	Number of Deaths			Rate per 100,000		
	1962	1961	1960	1962	1961	1960
Diseases of the Heart, Arteries and Kidneys, including Apoplexy	809	748	785	300.7	309.5	333.4
Cancer - all forms	421	323	296	156.5	133.6	125.7
Violent and Accidental Deaths	137	135	108	50.9	55.9	45.9
Certain Diseases of Early Infancy	120	131	117	44.6	54.2	49.7
Pneumonia, Bronchitis & Influenza	80	69	57	29.7	28.5	24.2
Congenital Malformations	44	60	40	16.3	24.8	17.0
Diabetes	27	23	27	10.0	9.5	11.5
Communicable Diseases (other than T.B., Pneumonia and Influenza)	4	5	11	1.5	2.1	4.7
*Tuberculosis - all forms	1	2	3	0.4	0.8	1.3
All other causes	441	425	404	163.9	175.8	171.6
Totals	2,084	1,921	1,848			

* See Table No. 10 and Deaths in Sanatorium.

INFANT MORTALITY

The infant mortality rate for the municipality, including deaths of non-residents, is presented in the following Tables for the year 1962 and the preceding four years.

TABLE NO. 5

Deaths of Infants in the First Year of Life 1958 - 1962

	1962	1961	1960	1959	1958
Number of Infant Deaths	198	223	190	207	185
Rate per 1,000 Live Births	22.0	24.6	20.9	23.6	23.2

Number of deaths of non-residents included in the above:

1962 - 37; 1961 - 51; 1960 - 32; 1959 - 35; 1958 - 29

TABLE NO. 2

Chief Causes of Deaths, 1950, 1951 & 1952
(Total number including non-residents)

Cause of Death	Number of Deaths			Rate per 100,000
	1952	1951	1950	
Diseases of the Heart, Arteries and Kidneys, including Angina	809	758	732	377.4
Cancer - all forms	421	323	296	132.7
Violent and Accidental Deaths	137	132	108	43.9
Certain Diseases of Early Infancy	120	131	117	49.7
Pneumonia, Bronchitis & Influenza	80	89	87	34.7
Congenital Malformations	44	60	60	17.0
Diabetes	32	23	27	11.2
Communicable Diseases (other than T.B., Pneumonia and Influenza)	4	7	11	4.7
*Tuberculosis - all forms	1	2	3	1.3
All other causes	447	422	404	171.0
Totals	2,084	1,921	1,848	

* See Table No. 10 and Deaths in Summary.

INFANT MORTALITY

The infant mortality rate for the municipality, including deaths of non-residents, is presented in the following tables for the year 1952 and the preceding four years.

TABLE NO. 2

Deaths of Infants in the First Year of Life 1952 - 1958

Rate per 1,000 Live Births	Number of Infant Deaths			
	1952	1951	1950	1958
22.0	198	223	207	23.2

Number of deaths of non-residents included in the above:
1952 - 31; 1951 - 21; 1950 - 22; 1958 - 29

TABLE NO. 6

Infant Mortality by Causes of Deaths 1958 - 1962

Causes of Deaths	1962	1961	1960	1959	1958
1. Immaturity	70	73	68	100	87
2. Congenital Malformations and Debility	42	42	37	34	42
3. Postnatal Asphyxia and Atelectasis	26	17	10	10	5
4. Pneumonia and Influenza	16	19	12	13	14
5. Haemolytic Disease of the Newborn	3	7	3	5	2
6. Injuries at Birth	1	14	24	13	6
7. Other Causes	40	51	36	32	29
Total	198	223	190	207	185

Of the 198 infant deaths registered this year, 93 occurred within the first twenty-four hours, 35 within the first week, and 13 within the first month, representing 71.2% of the total.

MATERNAL DEATHS

One non-resident died in Calgary hospital as a result of an illegal abortion. There were no deaths of mothers due to puerperal causes in 1962.

TABLE NO. 7

Maternal Mortality (Including Non-Residents) 1958 - 1962

Year	Live Births	Number of Maternal Deaths	Rate per 1,000 Live Births
1962	9,006	1	0.11
1961	9,047	1	0.11
1960	9,071	1	0.11
1959	8,781	2	0.23
1958	7,986	2	0.25

Number of deaths of non-residents included in the above:

1962 - 1
1961 - 0
1960 - 0
1959 - 1
1958 - 0

TABLE - No. 6

Infant Mortality by Cause of Death 1958 - 1962

Cause of Death	1958	1959	1960	1961	1962
1. Immaturity	70	73	65	100	87
2. Congenital Malformations and Deformities	42	43	37	34	43
3. Postnatal Asphyxia and Acidosis	10	10	10	10	5
4. Pneumonia and Infection	18	19	13	13	14
5. Hemolytic Disease of the Newborn	3	3	3	3	3
6. Injuries at Birth	1	14	14	13	6
7. Other Causes	60	21	35	32	29
Total	198	213	190	207	185

Of the 185 infant deaths registered this year, 93 occurred within the first twenty-four hours, 35 within the first week, and 13 within the first month, representing 51% of the total.

MATERNAL DEATHS

The non-resident died in Calgary hospital as a result of an illegal abortion. There were no deaths of mothers due to postnatal causes in 1962.

TABLE - No. 7

Maternal Mortality (Including Non-Residents) 1958 - 1962

Year	Live Births	Number of Maternal Deaths	Rate per 1,000 Live Births
1958	9,006	1	0.11
1959	9,047	1	0.11
1960	9,071	1	0.11
1961	8,781	3	0.34
1962	7,986	3	0.38

Number of deaths of non-residents included in the above:

1958 - 0
1959 - 1
1960 - 0
1961 - 0
1962 - 1

TABLE NO. 8

Causes of Maternal Deaths - 1962

Causes of Death	Number Including Non-Residents	Residents Only
Abortions (septic and non-septic)	1	-
Accidents of Labour	-	-
Puerperal Toxaemias	-	-
Puerperal Sepsis	-	-
Other Puerperal Causes	-	-

From the following table, the part played by certain diseases is at once evident.

TABLE NO. 9

Communicable Diseases (Residents Only)

Reported Cases and Deaths from Communicable Diseases in 1962

Disease	Cases		0 - 4 yrs.		5 - 14 yrs.		15 & over		Totals	
	M	F	Cases	Dths.	Cases	Dths.	Cases	Dths.	Cases	Dths.
Bacillary Dysentery	3	2			3		2		5	-
Diarrhoea of Newborn	5	3	8						8	-
Infectious Hepatitis	156	187	14		138		191	3	343	3
Measles	1667	1505	967		2195		10		3172	-
Meningitis, Viral or As.	8	10	2		11		5		18	-
Poliomyelitis, Paralytic		2	1		1				2	-
Rubella (German Measles)	77	86	66		92		5		163	-
Salmonella Infection	15	18	16		6		11		33	-
Scarlet Fever, St. Throat	78	95	26		140		7		173	-
Tuberculosis, Pulmonary	16	11	7		2		18		27	1
Tuberculosis, Non-Pulm.	7	12	1		4		14		19	-
Typhoid Fever	1						1		1	-
Whooping Cough	98	118	73		141		2		216	-
Totals	2131	2049	1181		2733		266		4180	4

TABLE NO. 8

Causes of Maternal Deaths - 1952

Causes of Death	Number including Non-Residents	Residents Only
Abortions (septic and non-septic)	1	-
Accidents of Labor	-	-
Puerperal Pyrexias	-	-
Puerperal Eclamps	-	-
Other Puerperal Causes	-	-

From the following table, the part played by certain diseases is at once evident.

TABLE NO. 9

Communicable Diseases (Residents Only)

Reported Cases and Deaths from Communicable Diseases in 1952

Disease	Cases		5 - 14 yrs.		15 & over		Totals
	M	F	Cases	Deaths	Cases	Deaths	
Bacillary Dysentery	3	2	3		3		5
Diphtheria of Throat	2	3					5
Infectious Hepatitis	156	147	138		191	3	343
Measles	1607	1503	2192		10		3172
Meningitis, Viral or Bact.	8	10	11		3		19
Poliovirus, Paralytic	3	1	1				2
Rubella (German Measles)	77	80	93		3		163
Salmonella Infection	15	13	8		11		23
Scarlet Fever, St. Throat	78	92	140		7		173
Tuberculosis, Pulmonary	10	11	3		18		27
Tuberculosis, Non-Pulm.	1	1	2		14		19
Typhoid Fever	1				1		1
Whooping Cough	98	113	141		1		216
Totals	2131	2048	3771		206		4180

CAUSES OF DEATH BY SEX (GROSS) 1962
TABLE NO. 10

Reported Cases and Deaths from Tuberculosis 1958 - 1962

Year	New Active Cases	Number of Deaths In City	Number of Deaths In Sanatoria	Total Deaths	Rate per 100,000 Population
1962	46	1	6	7	2.6
1961	45	2	8	10	4.1
1960	60	3	8	11	4.7
1959	54	1	9	10	4.6
1958	58	1	6	7	3.4

TABLE NO. 11

Reported Cases and Deaths from Diphtheria, Infectious Hepatitis, Measles, Scarlet Fever and Whooping Cough 1960 - 1962

	Cases			Deaths			Mortality Rate Per 100,000 Population		
	1960	1961	1962	1960	1961	1962	1960	1961	1962
Diphtheria	-	-	-	-	-	-	-	-	-
Infectious Hepatitis	42	223	343	-	3	3	-	1.2	1.1
Measles	1196	811	3172	1	1	-	.42	.41	-
Scarlet Fever	369	195	173	-	-	-	-	-	-
Whooping Cough	115	34	216	-	-	-	-	-	-

TABLE NO. 10

Reported Cases and Deaths from Typhoid 1958 - 1962

Year	New Active Cases	Number of Deaths In City	Number of Deaths In Hospitals	Total Deaths	Rate per 100,000 Population
1958	48	1	8	9	3.6
1961	42	3	8	10	4.1
1960	60	3	8	11	4.7
1959	34	1	9	10	4.0
1958	28	1	6	7	2.4

TABLE NO. 11

Reported Cases and Deaths from Typhoid, Infectious Hepatitis, Measles, Scarlet Fever and Whooping Cough 1960 - 1962

	Cases			Deaths			Mortality Rate Per 100,000 Population		
	1962	1961	1960	1962	1961	1960	1962	1961	1960
Dysentery	-	-	-	-	-	-	-	-	-
Infectious Hepatitis	42	223	303	-	3	3	-	1.2	1.1
Measles	1196	811	3178	1	1	1	-	.41	-
Scarlet Fever	369	192	173	-	-	-	-	-	-
Whooping Cough	112	34	318	-	-	-	-	-	-

CAUSES OF DEATH BY AGE AND SEX (GROSS) 1962

	Males	Females	Under 24 hours	Under one year	1 to 4 years	5 to 19 years	20 to 39 years	40 to 59 years	60 years and over	TOTALS
1. Infective and parasitic diseases	6	3				1	1	2	5	9
2. Neoplasms	248	178		1	5	7	22	97	294	426
3. Allergic, endocrine system, metabolic and nutritional diseases	20	17					5	6	26	37
4. Diseases of the blood and blood-forming organs	7	5					1	3	8	12
5. Mental, psychoneurotic and personality disorders	4	1			1			2	2	5
6. Diseases of the nervous system and sense organs	128	118		4	1		5	23	213	246
7. Diseases of the circulatory system	321	229				1	12	72	465	550
8. Diseases of the respiratory system	66	34		7	6		3	6	78	100
9. Diseases of the digestive system	54	40		3	3	1	5	18	64	94
10. Diseases of the genito-urinary system	19	19				1	8	7	22	38
11. Diseases and complications of pregnancy, childbirth and puerperium		2					2			2
12. Diseases of the skin and cellular tissue	2	3		1		1	1	1	1	5
13. Diseases of the bones and organs of movement	2						1	1		2
14. Congenital malformations	23	21	7	35	1			1		44
15. Certain diseases of early infancy	71	49	86	34						120
16. Symptoms, senility and ill defined conditions	171	86		18	2		2	45	190	257
17. Accidents, poisonings and violence	86	51		2	6	15	44	19	51	137
Totals	1228	856	93	105	25	27	112	303	1419	2084
Supplementary classifications for Stillbirths	51	41								92

CAUSES OF DEATH BY AGE AND SEX (CHRS) 1982

Supplementary classifications for ICD-10	Totals																
40	175	257	150	64	3	3	3	38	64	100	250	266	3	37	454	6	
41	21	171	71	21	2	2	7	19	24	60	201	128	4	20	248	8	
42	2	18	40	22		1		19	40	37	229	118	1	17	158	2	
43	2	2		1		1			2	7		4			1		
44	2	2		1		1		1	1	2	1				5		
45	2	2		1		1		1	1	2	1				7		
46	2	2		1		1		1	1	2	1				7		
47	2	2		1		1		1	1	2	1				7		
48	2	2		1		1		1	1	2	1				7		
49	2	2		1		1		1	1	2	1				7		
50	2	2		1		1		1	1	2	1				7		
51	2	2		1		1		1	1	2	1				7		
52	2	2		1		1		1	1	2	1				7		
53	2	2		1		1		1	1	2	1				7		
54	2	2		1		1		1	1	2	1				7		
55	2	2		1		1		1	1	2	1				7		
56	2	2		1		1		1	1	2	1				7		
57	2	2		1		1		1	1	2	1				7		
58	2	2		1		1		1	1	2	1				7		
59	2	2		1		1		1	1	2	1				7		
60	2	2		1		1		1	1	2	1				7		
61	2	2		1		1		1	1	2	1				7		
62	2	2		1		1		1	1	2	1				7		
63	2	2		1		1		1	1	2	1				7		
64	2	2		1		1		1	1	2	1				7		
65	2	2		1		1		1	1	2	1				7		
66	2	2		1		1		1	1	2	1				7		
67	2	2		1		1		1	1	2	1				7		
68	2	2		1		1		1	1	2	1				7		
69	2	2		1		1		1	1	2	1				7		
70	2	2		1		1		1	1	2	1				7		
71	2	2		1		1		1	1	2	1				7		
72	2	2		1		1		1	1	2	1				7		
73	2	2		1		1		1	1	2	1				7		
74	2	2		1		1		1	1	2	1				7		
75	2	2		1		1		1	1	2	1				7		
76	2	2		1		1		1	1	2	1				7		
77	2	2		1		1		1	1	2	1				7		
78	2	2		1		1		1	1	2	1				7		
79	2	2		1		1		1	1	2	1				7		
80	2	2		1		1		1	1	2	1				7		
81	2	2		1		1		1	1	2	1				7		
82	2	2		1		1		1	1	2	1				7		
83	2	2		1		1		1	1	2	1				7		
84	2	2		1		1		1	1	2	1				7		
85	2	2		1		1		1	1	2	1				7		
86	2	2		1		1		1	1	2	1				7		
87	2	2		1		1		1	1	2	1				7		
88	2	2		1		1		1	1	2	1				7		
89	2	2		1		1		1	1	2	1				7		
90	2	2		1		1		1	1	2	1				7		

CAUSES OF DEATHS

Intermediate List of 150 Causes

List No.	Causes of Deaths	Total	Residents	Non-Res.	Sex		Age at Death						
					Male	Female	Under 1 yr.	1 - 4	5 - 19	20 - 39	40 - 59	60 yrs. & over	
A 1	Tuberculosis of resp. system	1	1		1							1	
A6-10	Syphilis	2	2		1	1						2	
A 20	Septicaemia and pyaemia	1		1	1							1	
A 34	Infectious Hepatitis	4	3	1	2	2			1	1	1	1	
A 43	Other diseases classified as infective and parasitic	1	1		1						1		
A 44	Malig. neopl. of buccal cavity and pharynx	5	5		3	2					2	3	
A 45	Malig. neopl. of oesophagus	5	3	2	5						1	4	
A 46	Malig. neopl. of stomach	34	31	3	24	10				1	6	27	
A 47	Malig. neopl. of intestine except rectum	50	47	3	26	24					6	44	
A 48	Malig. neopl. of rectum	16	11	5	12	4					5	11	
A 49	Malig. neopl. of larynx	1	1		1							1	
A 50	Malig. neopl. of trachea, bronchus and lungs	50	33	17	45	5				2	14	34	
A 51	Malig. neopl. of breast	37	35	2		37				3	16	18	
A 52	Malig. neopl. of cervix uteri	13	8	5		13				3	7	3	
A 53	Malig. neopl. of uterus (other)	6	5	1		6					2	4	
A 54	Malig. neopl. of prostate	31	25	6	31							31	
A 55	Malig. neopl. of skin	3	3		1	2					1	2	
A 56	Malig. neopl. of bone and connective tissue	3	3		3				1	1		1	
A 57	Malig. neopl. of other and unspecified sites	106	85	21	64	42	1	3	3	6	26	67	
A 58	Leukaemia and aleukaemia	33	28	5	14	19		2	1	4	2	24	
	CARRIED FORWARD	402	330	72	235	167	1	5	6	21	90	279	

List No.	Causes of Deaths	Total	Residents	Non-Res.	Sex		Age at Death						
					Male	Female	Under 1 yr.	1 - 4	5 - 19	20 - 39	40 - 59	60 yrs. & over	
	BROUGHT FORWARD	402	330	72	235	167	1	5	6	21	90	279	
A 59	Lymphosarcoma and other neopl. of lymphatic and haematopoietic system	28	26	2	17	11			2	1	8	17	
A 60	Benign neopl. and neopl. of unspecified nature	5	2	3	2	3				1	1	3	
A 63	Diabetes mellitus	27	23	4	12	15				3	5	19	
A 64	Avitaminosis and other deficiency states	1	1		1							1	
A 65	Anaemias	7	5	2	3	4				1	1	5	
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases	14	10	4	11	3				2	3	9	
A 67	Psychoses	3	2	1	3						1	2	
A 68	Psychoneuroses and disorders of personality	1	1			1					1		
A 69	Mental deficiency	1	1		1			1					
A 70	Vascular lesions affecting central nervous system	225	187	38	116	109				4	20	201	
A 71	Non-meningococcal meningitis	3	2	1		3	3						
A 72	Multiple sclerosis	3	1	2	3					1	1	1	
A 73	Epilepsy	2	1	1	1	1						2	
A 77	Otitis media and mastoiditis	1	1		1			1					
A 78	All other diseases of the nervous system	12	8	4	7	5	1				2	9	
A 79	Rheumatic fever	1	1		1						1		
A 80	Chronic rheumatic heart disease	25	19	6	9	16				2	14	9	
A 81	Arteriosclerotic and degenerative heart disease	375	326	49	231	144				6	43	326	
	CARRIED FORWARD	1136	947	189	654	482	5	7	8	42	191	883	

List No.	Cause of Death	Age at Death					
		15-20	21-30	31-40	41-50	51-60	61-70
A 59	Lymphatic and hematopoietic system	28	26	13	11	2	1
A 60	Benign neoplasm, and neoplasm of unspecified nature	2	2	1	2	1	1
A 61	Disturbance of nutrition	25	22	13	12	2	2
A 62	Arteriosclerosis and other deficiency states	1	1	1	1	1	1
A 63	Anemia	1	2	2	4	1	1
A 64	Alkalotic disturbance; all other endocrine, metabolic and blood diseases	16	10	11	2	2	2
A 65	Psychoses	1	2	1	2	1	1
A 66	Psychoneuroses and disorders of personality	1	1	1	1	1	1
A 67	Heart deficiency	1	1	1	1	1	1
A 70	Vascular lesions affecting central nervous system	225	167	26	116	166	4
A 71	Non-meningeal meningitis	3	2	1	2	2	1
A 72	Multiple sclerosis	3	1	1	1	1	1
A 73	Epilepsy	2	1	1	1	1	1
A 74	Orbita media and mastoiditis	1	1	1	1	1	1
A 75	All other diseases of the nervous system	15	8	4	2	2	1
A 76	Rheumatic fever	1	1	1	1	1	1
A 80	Chronic rheumatic heart disease	25	19	6	16	1	1
A 81	Arteriosclerotic and degenerative heart disease	275	216	46	231	146	6
	CARRIED FORWARD	1170	947	199	524	483	7

List No.	Causes of Deaths BROUGHT FORWARD	Total 1136	Residents 947	Non-Res. 189	Sex		Age at Death						
					Male 654	Female 482	Under 1 yr. 5	1 - 4 7	5 - 19 8	20 - 39 42	40 - 59 191	60 yrs. & over 883	
A 82	Other diseases of heart	55	50	5	27	28				2	1	52	
A 83	Hypertension with heart disease	21	14	7	11	10					2	19	
A 84	Hypertension without mention of heart	16	15	1	10	6					3	13	
A 85	Diseases of arteries	45	36	9	26	19				1	6	38	
A 86	Other diseases of circulatory system	12	12		6	6			1	1	2	8	
A 87	Acute respiratory infections	1	1		1			1					
A 88	Influenza	2	2			2					1	1	
A 89	Lobar pneumonia	5	3	2	5					1		4	
A 90	Bronchopneumonia	36	31	5	14	22	4	2			1	29	
A 91	Primary atypical, other and unspecified pneumonia	14	14		11	3	3	2		2		7	
A 92	Acute bronchitis	1	1		1							1	
A 93	Bronchitis, chronic and un-qualified	18	16	2	16	2					2	16	
A 94	Hypertrophy of tonsils and adenoids	1		1	1			1					
A 96	Pleurisy	1		1	1							1	
A 97	All other respiratory diseases	21	18	3	16	5					2	19	
A 99	Ulcer of stomach	6	4	2	6						2	4	
A 100	Ulcer of duodenum	17	15	2	11	6					2	15	
A 102	Appendicitis	2	2		1	1					1	1	
A 103	Intestinal obstruction.	15	12	3	9	6	1				1	13	
A 104	Gastro-enteritis and colitis except diarrhoea of the newborn	12	10	2	3	9	2	3	1	1		5	
	CARRIED FORWARD	1437	1203	234	830	607	15	16	10	50	217	1129	

List No.	Causes of Deaths BROUGHT FORWARD	Total 1437	Residents 1203	Non-Res. 234	Sex		Age at Death					
					Male 830	Female 607	Under 1 yr. 15	1 - 4 16	5 - 19 10	20 - 39 50	40 - 59 217	60 yrs. & over 1129
A 105	Cirrhosis of liver	15	13	2	11	4				2	9	4
A 106	Cholelithiasis and cholecystitis	5	5		1	4					1	4
A 107	Other diseases of digestive system	22	19	3	12	10				2	2	18
A 108	Acute nephritis	1	1			1				1		
A 109	Chronic, other and unspecified nephritis	20	16	4	9	11			1	4	5	10
A 110	Infections of kidney	11	9	2	5	6				3	2	6
A 111	Calculi of urinary system	2	2		1	1						2
A 112	Hyperplasia of prostate	4	1	3	4							4
A 117	Haemorrhage of pregnancy	1	1			1				1		
A 119	Abortion with sepsis	1		1		1				1		
A 121	Infections of skin and sub-cutaneous tissue	1	1		1							1
A 126	All other diseases of skin & musculoskeletal system	6	4	2	3	3	1		1	2	2	
A 127	Spina bifida and meningocele	1		1	1		1					
A 128	Congenital malformations of circulatory system	22	19	3	12	10	21				1	
A 129	All other congenital malformations	21	15	6	10	11	20	1				
A 130	Birth injuries	1	1			1	1					
A 131	Postnatal asphyxia and atelectasis	26	20	6	15	11	26					
A 132	Infections of the newborn	10	6	4	4	6	10					
A 133	Haemolytic disease of the newborn	3	3		1	2	3					
	CARRIED FORWARD	1610	1339	271	920	690	98	17	12	66	239	1178

List No.	Cause of Death	Total	Males	Females	Age at Death					
					Under 1	1-4	5-9	10-14	15-19	20 and over
	CARRIED FORWARD	1010 1139	371	330	90	15	12	08	239	1139
A 122	Hemolytic disease of the newborn	3	3		1	1				
A 123	Infection of the newborn	10	6	4	6	10				
A 124	Postnatal asphyxia and eclampsia	20	6	12	11	26				
A 125	Birth injuries	1	1		1					
A 126	All other congenital malformations	21	10	11	20	1				
A 127	Congenital malformations of circulatory system	22	10	12	10	24				1
A 128	Spina bifida and meningocoele	1		1	1					
A 129	All other diseases of skin & cutaneous tissues	6	4	2	2	1	1	2		
A 130	Infection of skin and subcutaneous tissues	1	1		1					1
A 131	Abortion with sepsis	1		1	1					
A 132	Hemorrhage of pregnancy	1	1		1					
A 133	Hypertonia of prostate	6	1	5	4					2
A 134	Calculus of urinary system	2	2		1	1				
A 135	Infection of kidney	11	9	2	0	2	3	2		6
A 136	Chronic, other and unspecified nephritis	20	10	10	4	9	11	1	4	10
A 137	Acute nephritis	1	1		1					
A 138	Other diseases of digestive system	25	10	15	12	10		2	2	18
A 139	Cholelithiasis and cholecystitis	2	2		1	1				2
A 140	Cirrhosis of liver	12	12		2	11	4			4
	CARRIED FORWARD	1010 1139	371	330	90	15	12	08	239	1139

List No.	Causes of Deaths	Total	Residents	Non-Res.	Sex		Age at Death					
					Male	Female	Under 1 yr.	1 - 4	5 - 19	20 - 39	40 - 59	60 yrs. & over
	BROUGHT FORWARD	1610	1339	271	920	690	98	17	12	66	239	1178
A 134	All other defined diseases of early infancy	1	1		1		1					
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	79	68	11	50	29	79					
A 136	Senility without mention of psychosis	78	73	5	44	34						78
A 137	Ill-defined and unknown causes of mortality	179	163	16	127	52	18	2		2	45	112
AE138	Motor vehicle accidents	43	29	14	31	12		2	7	20	3	11
AE139	Other transport accidents	1	1		1						1	
AE140	Accidental poisoning	10	10		5	5	1	1	2	4	2	
AE141	Accidental falls	42	37	5	15	27				3	1	38
AE142	Accident caused by machinery	1	1		1					1		
AE143	Accident caused by fire and explosion	9	8	1	8	1		1	2	2	3	1
AE145	Accident caused by firearm	1		1	1					1		
AE146	Accidental drowning and submersion	6	6		5	1			3	1	1	1
AE147	All other accidental causes	9	4	5	8	1	1	1		6	1	
AE148	Suicide	11	9	2	9	2			1	3	7	
AE149	Homicide	4	3	1	2	2		1		3		
	FINAL TOTALS	2084	1752	332	1228	856	198	25	27	112	303	1419

Last No.	Cause of Death	Infant	Stillborn	Semi-fetal	Sex					Age at Death				
					Male	Female	Unknown	Male	Female	Unknown	0-1	1-2	2-3	3-4
	FINAL TOTAL	1004	1752	732	1238	1484	145	143	145	145	145	145	145	145
AE149	Neonatal	4	2	1	1	1		1	1	1				
AE148	Suicide	10	0	0	0	0		0	0	0				
AE147	All other accidental causes	0	0	0	0	0		0	0	0				
AE146	Accidental drowning and submersion	0	0	0	0	0		0	0	0				
AE145	Accident caused by fire and explosion	0	0	0	0	0		0	0	0				
AE144	Accident caused by machinery	1	1	1	1	1		1	1	1				
AE143	Accidental falls	43	30	2	12	27		12	27	27				
AE142	Accidental poisoning	10	10		2	8		2	8	8				
AE141	Other transport accidents	1	1		1			1						
AE140	Motor vehicle accidents	43	30	14	21	13		21	13	13				
AE139	Infantile and unknown causes of mortality	170	163	16	113	32		113	32	32				
AE138	Infantile without mention of psychosis	16	73	2	44	34		44	34	34				
AE137	Unqualified early infancy, and immaturity	10	60	11	20	29		20	29	29				
AE136	All other defined diseases of early infancy	1	1		1			1						

COMMUNICABLE DISEASES REPORTED 1962

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Bacillary Dysentery			1	3	1								5
Diarrhoea of Newborn								3	5				8
Infectious Hepatitis	40	38	28	18	22	31	23	18	28	40	38	19	343
Measles	16	59	34	32	94	179	87	72	40	246	818	1495	3172
Meningitis, Viral or Aseptic		1	1			1	6	3	6				18
Poliomyelitis, Paralytic							1			1			2
Rubella (German Measles)	8	16	9	4	17	14	8	12	16	14	28	17	163
Salmonella Infection		1	5	2	1	1	5	2	8	5	2	1	33
Scarlet Fever, Strep Throat	22	24	17	19	8	10	9		7	17	19	21	173
Tuberculosis, Pulmonary		1	1	3	7	1	5	1	3	2	1	2	27
Tuberculosis, Non-Pulmonary	3	1	1		5	1		2	1	2	2	1	19
Typhoid Fever		1											1
Whooping Cough	1	13	6	12	18	7	15	19	33	28	19	45	216
Totals	90	155	103	93	173	245	159	132	147	355	927	1601	4180

Communicable Diseases, not Notifiable in the Province of
Alberta, which were Reported by Public Health Nurses
in Calgary Schools during 1962

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Chickenpox	151	99	51	20	53	30	2	-	22	155	192	141	916
Mumps	242	141	131	63	85	38	-	-	8	48	69	77	902
Totals	393	240	182	83	138	68	2	-	30	203	261	218	1818

COMMUNICABLE DISEASES REPORTED 1962

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Scarlet Fever, Strep Throat	12	24	17	19	8	10	9		7	13	16	21	173
Salmonella Infection	1	2	2	2	1	1	2	2	2	2	2	1	33
Measles (German Measles)	8	16	9	4	11	12	8	12	16	16	22	15	163
Poliovirus, Paralytic							1			1			2
Hemolytic, Viral or Aseptic	1	1				1	6	2	6				18
Measles	16	22	20	22	24	178	27	12	40	242	812	1693	3172
Infectious Hepatitis	46	26	28	16	22	31	23	16	28	40	28	19	263
Dysentery or Shigellosis								2	2				4
Bacterial Dysentery			1	2	1								4
Totals	90	122	102	93	173	262	129	122	147	332	821	1691	4280
Whooping Cough	1	12	6	12	18	7	12	19	12	28	19	42	216
Typhoid Fever	1												1
Tuberculosis, Non-Pulmonary	2	1	1		2	1		2	1	2	2	1	16
Tuberculosis, Pulmonary	1	1	1	2	2	1	2	1	2	2	1	2	21

Communicable Diseases, not Notifiable in the Province of
Alberta, which were Reported by Public Health Nurses
in Calgary Schools during 1962

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Mumps	242	141	126	67	22	26	2	2	2	42	29	17	902
Chickenpox	121	92	21	20	22	20	2	2	22	122	102	141	916
Totals	363	240	147	87	44	46	4	4	24	164	131	158	1818

CITY OF CALGARY

POLIO AND ASEPTIC MENINGITIS CASES 1962

	Age 0-5		Age 6-10		Age 11-20		Age 21 +		Virus Isolated					Inoc. Status			Polio Para-lytic	Polio Non Para-lytic	Asep-tic Menin-gitis	Deaths	Totals
	M	F	M	F	M	F	M	F	Polio Virus Type		Coxsackie Virus	Echo Virus	Doses								
									I	II			I	II	I	2					
Jan.																					
Feb.			1											1				1		1	
Mar.	1													1				1		1	
Apr.																					
May																					
June				1										1				1		1	
July	1	2	1	1	1	1	1	1	1	1				2	1	3	1	1	6	7	
Aug.	2		1								1			1	2			3		3	
Sep.			2				4	1			1	1	1		5	1		6		6	
Oct.				1											1		1			1	
Nov.																					
Dec.																					
TOTAL	4	2	4	4	1	1	5	2	1	1	2	1	1	2	2	14	2	2	18		20

DATE	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Jan																								
Feb																								
Mar																								
Apr																								
May																								
June																								
July																								
Aug																								
Sept																								
Oct																								
Nov																								
Dec																								

VENEREAL DISEASE REPORT FOR 1962

	Gonorrhoea All Forms		Syphilis Congenital		Syphilis Acquired Primary		Syphilis Acquired Secondary		Syphilis Acquired Latent		Syphilis Acquired Tertiary		Syphilis Type Undetermined	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Jan	60	9												
Feb	53	9								1				
Mar	57	13			1					1				
Apr	53	13			1		1							
May	50	16							1					
Jun	36	14												
Jul	43	19												
Aug	71	13												
Sep	37	7			3		1							
Oct	62	6			3									
Nov	47	5			2				1	1				
Dec	38	10									1			
Total	607	134			10		1	1	2	3	1			
Total M & F	741				10		2		5		1			

Confirmed cases of gonorrhoea during 1962, as reported by the Provincial Division, Venereal Disease Control, numbered 741 for a rate of 274 per 100,000 of population. This is an increase of 129 cases over the previous year.

Cases of all forms of syphilis numbered 18 (21 cases in 1961) for a rate of 8 per 100,000 of population, unchanged from the preceding year.

The increased incidence of gonorrhoea is in keeping with a trend which is evident in other centres in the North American Continent. There are no grounds for complacency about the incidence of venereal disease in this area. Persons diagnosed as having venereal disease owe it to society to report the suspected course of their infection so that it may be followed up by the case workers and fully investigated. Only in this way can the disease be kept under control. The provision of free treatment at the Social Hygiene Centres leaves no excuse for anyone neglecting to have a sore or discharge in the region of the genital organs checked and investigated without delay.

VENEREAL DISEASE REPORT FOR 1982

	Gonorrhea		Syphilis		Syphilis		Syphilis		Syphilis		Syphilis		Syphilis	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Jan	60	9												
Feb	22	9												
Mar	27	12												
Apr	22	12												
May	20	16												
Jun	26	14												
Jul	22	19												
Aug	21	12												
Sep	22	7												
Oct	22	6												
Nov	27	2												
Dec	28	10												
Total 602	124	10												
Total	741	10												

Confirmed cases of gonorrhea during 1982, as reported by the Provincial Division Venereal Disease Control, numbered 161 for a rate of 124 per 100,000 of population. This is an increase of 12 cases over the previous year.

Cases of all forms of syphilis numbered 18 (21 cases in 1981) for a rate of 8 per 100,000 of population, unchanged from the preceding year.

The increased incidence of gonorrhea is in keeping with a trend which is evident in other countries in the North American Continent. There are no grounds for complacency about the incidence of venereal disease in this area. Further diagnosis as having venereal disease due to its history to report the suspected cases of their infection so that it may be followed up by the case workers and fully investigated. Only in this way can the disease be kept under control. The provision of free treatment at the Social Hygiene Centre leaves no reason for anyone neglecting to have a sore or discharge in the region of the genital organs checked and investigated without delay.

REPORT OF THE INOCULATION CLINICS

FOR 1962

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Total Inoculations	3186	2260	3427	3148	3704	3351	3034	3241	3738	4363	4574	3284	41310
Smallpox Vaccinations	1087	822	948	905	1178	848	341	934	830	981	959	310	10143
Schick Tests	24	25	24	35	35	31	39	36	48	55	41	18	411
Gamma Globulin	45	51	72	80	79	115	186	221	91	208	475	565	2188

DETAILED IMMUNIZATION REPORT 1962

	Number of immunizations administered by Health Department (Schools not included)	Reinforcing Doses given
Smallpox Vaccinations	10,143	321
Diphtheria and Tetanus	940	787
Diphtheria, Pertussis and Tetanus	182	542
QUAD (D.P.T. and Polio)	10,550	1,377
T.A.B. (Typhoid, Paratyphoid AB)	594	31,084
T.A.B. and Tetanus	1,139	128
T.A.B.T.D. - not issued by Prov. Government	159	930
Cholera - not issued by Prov. Government	689	1
Typhus - not issued by Prov. Government	571	702
Rocky Mountain Spotted Fever	73	303
Tetanus	190	57
Polio Inoculations	11,124	70
Miscellaneous Inoculations (Penicillin for Dental Clinic and allergy shots)	62	63
Gamma Globulin	2,188	
Total		41,310

REPORT OF THE VACCINATION CLINICS

FOR 1962

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Gamma Globulin	42	51	72	80	79	112	156	221	91	208	472	282	2188
Schick Tests	14	22	26	25	22	31	39	38	48	32	61	18	411
Smallpox Vaccinations	1087	822	948	902	1178	842	741	922	820	981	928	219	10147
Inoculations	2182	2280	2422	2148	2704	2221	2024	2342	2728	2382	2222	2222	21210

DETAILED VACCINATION REPORT 1962

	Number of inoculations administered by Health Department (Bohemia not included)	Referring Doctor given
Gamma Globulin	2,188	41,210
Miscellaneous Inoculations (Penicillin for Dental Clinic and allergy shots)	62	
Polio Inoculations	11,139	
Tetanus	190	
Rocky Mountain Spotted Fever	72	
Typhus - not issued by Prov. Government	271	
Cholera - not issued by Prov. Government	689	
T.A.S.T.D. - not issued by Prov. Government	129	
T.A.S. and Tetanus	1,129	
T.A.S. (Typhoid, Paratyphoid AB)	284	
QUAD (D.P.T. and Polio)	10,220	1,272
Diphtheria, Pertussis and Tetanus	182	242
Diphtheria and Tetanus	840	782
Smallpox Vaccinations	10,147	

SERA AND VACCINE DISTRIBUTED FOR USE IN CALGARY

Diphtheria Antitoxin, 1,000 units	16
Diphtheria Toxoid, singles	43
Diphtheria Toxoid, diluted, 4 cc.	10
Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, singles	169
Diphtheria Toxoid & Tetanus Toxoid, singles	489
Diphtheria Toxoid & Tetanus Toxoid, 36 cc. pkge.	110
Gas Gangrene Antitoxin, vials of 10,000 units	44
Immune Serum Globulin cc.'s	4,583
Materials for Schick Tests (25 tests)	139
Poliomyelitis Vaccine, 10 cc. pkge.	1,872
BIAD (Tetanus, Polio Vaccine), 10 cc. pkge.	321
TRIAD (DT-Polio Vaccine), 10 cc. pkge.	1,058
QUAD (DPT-Polio Vaccine), 10 cc. pkge.	3,253
Rocky Mountain Spotted Fever Vaccine, 3 cc. pkge.	20
Smallpox Vaccine, individual capillary tubes	31,084
Staphylococcus Toxoid, 2 cc. pkge.	128
Tetanus Antitoxin, 1,500 units	930
Tetanus Toxoid, 30 cc. pkge.	1
Tetanus Toxoid, 3 cc. pkge.	702
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 3 cc. pkge.	303
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 25 cc. pkge.	57
Typhoid & Paratyphoid Vaccine, singles	70
Typhoid & Paratyphoid Vaccine, 10 cc. pkge.	43
(All the above material supplied free by the Provincial Government)	
Cholera Vaccine, 2½ cc. pkge.	173
Cholera Vaccine, 10 cc. pkge.	25
Typhus Vaccine, 3 cc. pkge.	208

SERA AND VACCINE DISTRIBUTED FOR USE IN CALGARY

16	Diphtheria Antitoxin, 1,000 units
42	Diphtheria Toxoid, single
10	Diphtheria Toxoid, diluted, 4 cc.
100	Diphtheria Toxoid, Tetanus Vaccine & Tetanus Toxoid, single
400	Diphtheria Toxoid & Tetanus Toxoid, single
110	Diphtheria Toxoid & Tetanus Toxoid, 30 cc. pkg.
42	Gas Gangrene Antitoxin, vials of 10,000 units
4,383	Immune Serum Globulin cc.'s
100	Materials for Schick Tests (25 tests)
1,872	Poliovaccinia Vaccine, 10 cc. pkg.
101	TRIAD (Tetanus, Polio Vaccine), 10 cc. pkg.
1,028	TRIAD (DT-Polio Vaccine), 10 cc. pkg.
3,153	QUAD (DT-Polio Vaccine), 10 cc. pkg.
10	Rocky Mountain Spotted Fever Vaccine, 3 cc. pkg.
21,084	Smallpox Vaccine, individual capillary tubes
138	Staphylococcus Toxoid, 3 cc. pkg.
820	Tetanus Antitoxin, 1,500 units
1	Tetanus Toxoid, 30 cc. pkg.
101	Tetanus Toxoid, 3 cc. pkg.
203	Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 3 cc. pkg.
35	Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 25 cc. pkg.
10	Typhoid & Paratyphoid Vaccine, single
42	Typhoid & Paratyphoid Vaccine, 10 cc. pkg.
	(All the above material supplied free by the Provincial Government)
173	Cholera Vaccine, 25 cc. pkg.
25	Cholera Vaccine, 10 cc. pkg.
108	Typhus Vaccine, 3 cc. pkg.

L. C. Allan, M.B., ChB., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

I have pleasure in submitting to you the reports on the various activities of the Division of Public Health Inspection for the year 1962. This report embodies the statistics of the work of the District Inspectors, Food Control, Meat Inspection, Milk and Dairy Inspection, Laboratory, and Fly Control for the year under review.

Mr. Wallace Pillidge, Jr., Chief Public Health Inspector, was ill for a lengthy period during the year, and it was a very sad day to all the Inspectors when on October 31st, 1962, he announced his retirement from City Service, after some 39 years. We extend to him our thanks and appreciation for his kind leadership and assistance during the years he was Chief. We wish him all happiness in his retirement. During this period of time it fell to me to be Acting Chief Inspector. I would like at this time to thank the Inspectors for their support and the way in which they performed additional duties required of them due to the gap in our ranks.

I would also wish to thank you, Sir, for your co-operation and understanding during this period of time.

DISTRICT INSPECTION

With the continued growth of the City, the District Inspectors increased their number of inspections and continued to maintain a high standard in the interest of Public Health. The statistical report follows.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Inspections made	2133	2150	2099	1973	2025	2286	2077	1680	1879	2219	2257	1881	24659
Notices Issued - Written	21	3	11	10	11	25	16	22	13	26	13	4	175
Notices Issued - Verbal	523	630	578	542	561	614	514	395	398	456	520	430	6161
Complaints Received	73	45	69	111	145	138	103	120	90	144	102	71	1211
Complaints Justified	62	35	55	90	123	101	76	91	65	124	87	54	963
Official Plate Count		288	128	152	372	128	16		98	256	480	352	2270
Water Samples	45	53	36	51	36	23	52	61	45	44	29	57	532
Lane Inspections							32						32
TOTALS	2857	3204	2976	2929	3273	3315	2886	2369	2588	3269	3488	2849	36003

The position of the Quarantine Officer was taken over by Miss Weir, B.Sc.N., during the last week of July.

J. C. Allen, M.B., ChB., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

I have pleasure in submitting to you the reports on the various activities of the Division of Public Health Inspection for the year 1967. This report embodies the statistics of the work of the District Inspectors, Food Control, Water Inspection, Milk and Dairy Inspection, Laboratory, and Fly Control for the year under review.

Mr. Wallace Ellinger, Jr., Chief Public Health Inspector, was ill for a lengthy period during the year, and it was a very sad day to all the inspectors when on October 11, 1967, he announced his retirement from City Service, after some 32 years. We extend to him our thanks and appreciation for his kind leadership and assistance during the years he was Chief. We wish him all happiness in his retirement. During this period of time it fell to me to be Acting Chief Inspector. I would like at this time to thank the inspectors for their support and the way in which they performed additional duties required of them due to the gap in our ranks.

I would also wish to thank you, Sir, for your co-operation and understanding during this period of time.

DISTRICT INSPECTION

With the continued growth of the City, the District Inspectors increased their number of inspections and continued to maintain a high standard in the interest of Public Health. The statistical report follows.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Inspections made	2133	2130	2099	1973	2025	2186	2017	1880	1878	1219	1257	1661	24059
Notices issued - Written	21	3	11	10	11	25	18	22	13	28	13	4	175
Notices issued - Verbal	253	630	278	243	261	614	214	392	398	458	230	430	6181
Complaints Received	73	69	69	111	105	138	109	150	90	164	102	71	1211
Complaints Justified	61	33	52	60	123	101	78	91	62	124	87	24	989
Official Plans Count		188	118	121	272	128	18	98	136	667	327		2310
Water Samples	42	21	36	21	28	23	22	61	42	44	29	21	342
Lane Inspections							22						22
TOTALS	2827	3204	2978	2096	3273	3312	2986	2369	2288	2269	2488	1869	30003

The position of the Quarantine Officer was taken over by Miss Nellie E. H. during the last week of July.

FOOD CONTROL

During the year several instances of damaged or spoiled foodstuffs in quantity came to the attention of the Department. In most instances assistance was requested and obtained from the Federal Department of Public Health and Welfare, Food and Drug Directorate, which took charge. The following is the report of small quantities of foodstuffs condemned by this Department:

185 lbs. various meats and meat products
15 lbs. fish
25 lbs. potatoes
2 lbs. cheese

MEAT INSPECTION

There was a slight increase in the number of animals submitted for inspection as compared with the previous year.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Submitted:													
Beef	155	160	189	170	246	186	211	216	225	155	142	120	2175
Veal	283	252	210	203	259	246	200	282	181	320	285	237	2958
Hogs	54	24	24	22	13	5	13	26	9	38	42	26	296
Sheep and Lamb		28	19			7		12	3	15	24	10	118
TOTALS	492	464	442	395	518	444	424	536	418	528	493	393	5547
Condemned:													
Beef	1		1		3	$\frac{3}{4}$		$1\frac{1}{2}$		1		$\frac{3}{4}$	$8\frac{3}{4}$
Veal		1					$1\frac{1}{2}$			2		1	$5\frac{1}{2}$
Hogs												$\frac{1}{2}$	$\frac{1}{2}$
Sheep and Lamb													-
TOTALS	1	1	1		3	$\frac{3}{4}$	$1\frac{1}{2}$	$1\frac{1}{2}$		3		2	$14\frac{1}{2}$
Portions Condemned:													
Beef heads and tongues	7	9	7	15	4	7	5	6	7	7	1	4	79
Beef hearts	4	10	6	9	6	5	6	11	6	3	8	2	76
Beef livers	28	42	46	28	57	30	35	39	19	14	23	24	385
Beef kidneys		2				2		6	2				12
Veal heads and tongues	3	5	4	4	3	8	8	6	1	7		4	53
Veal hearts	3	7	3	3	4	2	3	3	2	5	1	2	38
Veal livers	4	36	22	23	40	31	20	24	12	15	12	10	249
Veal kidneys			2										2
Hog heads and tongues	3		1	1		1	1	2		2	2		13
Hog hearts	3	1	3								1	1	9
Hog livers	1	1	3		2	3		3	3	1	4	2	23
Hog kidneys		2		1									3
Sheep livers		8									4	3	15
TOTALS	56	123	97	84	116	89	78	100	52	54	56	52	957

FOOD CONTROL

During the year several instances of damaged or spoiled foodstuffs in quantity came to the attention of the Department. In most instances assistance was requested and obtained from the Federal Department of Public Health and Welfare, Food and Drug Directorate, which took charge. The following is the report of small quantities of foodstuffs condemned by this Department:

185 lbs. various meats and meat products
13 lbs. fish
35 lbs. potatoes
3 lbs. cheese

MEAT INSPECTION

There was a slight increase in the number of animals submitted for inspection as compared with the previous year.

Subtotal:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Beef	122	188	189	178	346	188	211	218	222	122	142	120	2122
Veal	222	222	210	202	222	246	200	282	181	220	282	222	2428
Hog	22	22	22	22	22	22	22	22	22	22	22	22	222
Sheep and Lamb	22	22	22	22	22	22	22	22	22	22	22	22	222
TOTALS	492	492	492	492	492	492	492	492	492	492	492	492	2222
Condemed:													
Beef	1												
Veal		1											
Hog													
Sheep and Lamb													
TOTALS	1	1	1	1	1	1	1	1	1	1	1	1	12
Portions Condemed:													
Beef heads and tongues	7	9	7	12	4	7	2	6	7	7	1	4	72
Beef hearts	4	10	6	9	6	2	6	11	6	3	6	2	72
Beef livers	28	42	46	28	27	20	22	22	19	14	22	22	282
Beef kidneys	2					2		6	2				12
Veal heads and tongues	2	2	4	4	2	6	6	6	1	7		4	22
Veal hearts	2	7	2	2	4	2	2	2	2	2	1	2	22
Veal livers	4	26	22	22	40	21	20	24	12	12	12	12	242
Veal kidneys													2
Hog heads and tongues	2					1	1	2		2			12
Hog hearts	2	1	2								1	1	9
Hog livers	1	1	2		2	2		2	2	1	4	2	22
Hog kidneys		2		1									2
Sheep livers		8									6	2	12
TOTALS	26	122	92	84	116	82	78	100	22	24	26	22	922

DAIRIES AND MILK CONTROL

This year saw the gradual conversion from can storage and transportation of milk to the bulk tank, both on the farm and in delivery to the plants. This posed a problem of obtaining proper samples for both bacteriological examination and sediment testing. It is gratifying to notice that the bacteriological examination problem has almost been overcome and the sediment testing problem should be solved early in the New Year. Continued close supervision of all dairy farms and milk plants was maintained with the result that milk and cream delivered to the consumer was of the highest quality. The statistical report follows.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Dairy Farm Inspections	101	66	96	104	127	143	60	56	104	116	121	66	1160
Milk Plant Inspections	32	30	32	31	33	32	16	32	32				270
Permits issued to Dairymen	402			7	2	3	1				1	1	417
Permits issued to Distributors	5												5
Permits issued to Milk Plants	4												4
Permits issued to Collectors													-
Complaints Received	4	3	5	4	5	3		1	1	3	1	1	31
Complaints Justified	1	2	1	2	3	2		1	1	3	1	1	18
Notices issued	108	89	92	88	114	73	46	99	75	65	35	24	908
Permits suspended		2			1			1	1		2	1	8
Dairymen's Sediment Tests	232	211	176	166	245	51							1081
Dairymen's Reduc-tase Tests	576	501	576	412	627	439		400	402	552	422	444	5351
Special Tests on Producers' Samples	4	2	3	6	5	10	1	18	17	20	7		93
TOTAL Dairymen's Samples Collected	812	714	755	584	877	500	1	418	419	572	429	444	6525
TOTAL Distributors' Samples Collected	144	152	150	148	154	154	112	149	153	152	146	118	1732
TOTAL Samples Collected	956	866	905	732	1031	654	113	567	572	724	575	562	8257
Milk Condemned - Pounds	960	440	640	240	80	320	160	160					3000
Milk Cans Con-demned - Number	12	8	9	4	2	3	15	4	2		4		63

METHYLENE BLUE TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Grade I	494	449	462	377	521	367	-	301	346	505	393	414	4629
Grade II	48	24	90	18	65	35	-	46	38	23	11	15	413
Grade III	34	28	24	17	41	37	-	53	16	24	18	15	307

SEDIMENT TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Grade I	56	42	42	25	32	9	-	-	-	-	-	-	206
Grade II	168	166	128	121	183	39	-	-	-	-	-	-	805
Grade III	8	3	6	20	30	-	-	-	-	-	-	-	67

AVERAGE OFFICIAL PLATE COUNT

BOTTLES

CARTONS

Standard	4,501	Standard	4,936
Homogenized	1,428	Homogenized	2,858
Skim	1,849	Skim	2,771
Partly Skim (2%)	2,432	Partly Skim (2%)	1,396
Jersey	7,954		
Substandard Cream	2,303	Substandard Cream	1,848
Whipping Cream	8,554	Whipping Cream	17,028
Chocolate	1,406	Chocolate	11,573

AVERAGE BUTTER FAT CONTENT

Standard	3.42%	Jersey	4.30%
Homogenized	3.41%	Substandard Cream	10.22%
Partly Skim	2.12%	Whipping Cream	34.32%

Chocolate - 2.14%

Total Milk Sales in Quarts 26,207,185

Total Cream Sales in Quarts 1,868,209

Per capita, per day consumption:

Milk - .534 pints

Cream - .038 pints

METHYLBLENE BLUE TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Grade I	494	469	482	377	321	367	-	301	344	302	393	414	4429
Grade II	48	24	90	18	62	32	-	48	38	23	11	12	413
Grade III	34	28	24	17	41	31	-	23	16	34	18	12	307

SEDIMENT TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Grade I	28	42	43	12	32	9	-	-	-	-	-	-	208
Grade II	168	106	128	121	163	39	-	-	-	-	-	-	808
Grade III	8	2	6	20	30	-	-	-	-	-	-	-	87

AVERAGE OFFICIAL PLATE COUNT

<u>BOTTLES</u>		<u>CARTONS</u>	
Standard	4,301	Standard	4,938
Homogenized	1,428	Homogenized	2,888
Skim	1,849	Skim	2,771
Partly Skim (3%)	2,432	Partly Skim (3%)	1,396
Jersey	7,924		
Substandard Cream	2,303	Substandard Cream	1,658
Whipping Cream	8,224	Whipping Cream	17,028
Chocolate	1,406	Chocolate	11,203

AVERAGE BUTTER FAT CONTENT

Standard	3.42%	Jersey	4.30%
Homogenized	3.41%	Substandard Cream	10.12%
Partly Skim	3.12%	Whipping Cream	24.32%

Chocolate = 2.14%

Total Milk Sales in Quarters 26,305,182

Total Cream Sales in Quarters 1,986,200

Per capita, per day consumption

Milk .596 pints

Cream .028 pints

LABORATORY

The Health Department Laboratory continued to function at Glenmore/Dam. Raw milk from all producers was examined twice monthly. Samples of milk as delivered to the customer were taken and examined twice each month. The Laboratory continued testing the City's water supply from samples taken from known wells throughout the City. Swab tests were taken semi-annually of utensils from every restaurant, cocktail lounge and beverage room in the City. The Laboratory report is as follows:

Examination of Water Supplies

Water Samples	Number Received	Presum. Lactose 100 c.c.	Presum. Lactose 10 c.c.	Presum. Lactose 1 c.c.	Agar Plate Count	Confirmation (BGB)	Completion	Total
City Water	1324	3972	3972	3972	3972	648		16536
Glenmore Plant	738	2214	2214	2214	2214	198		9054
Well Water	712	2136	2136	2136	2136	482		9026
Miscellaneous	155	465	465	465	465	108		1968
Total	2929	8787	8787	8787	8787	1436		36584

Examination of Milk and Milk Products

Samples Submitted	Babcock	Phosphatase	Specific Gravity	Total Solids Test	Total Solids Not Fat Test	TGEM Plate Count	BGB Coliforms	Reductase (Raw)	Special Tests On Producers' Samples	Total
1581	784	665	569	569	569	4743	7865	5462		21226

Food and Beverage Room Utensils

Plate Count

Beverage Rooms	40	
Restaurants	<u>2230</u>	
	2270	<u>2270</u>
GRAND TOTAL		<u><u>60080</u></u>

L. C. Allen, M.S., C.M.B., D.P.H.,
Medical Officer of Health,
City of Calgary

FLY CONTROL PROGRAMME

The Fly Control Programme got under way on May 16th and continued until September 14th. During this period every lane in the City was sprayed twice, and in addition St. George's Island, including the camping area, Princess Island, Lakeview Park and Bowness Park were covered several times. I feel that our efforts are paying dividends, as only in the odd place were flies found in large numbers. For the most part very few flies were seen in residential areas. The Programme also had a side benefit, as there seemed to be fewer mosquitoes.

All sloughs in the City were treated with anti-mosquito bombs in an attempt to control the mosquito population. This appeared to be quite successful on small bodies of water, but difficulty in properly covering the large sloughs was encountered.

1962 brought about several changes in Nursing Homes. When the City limits were extended in January, the Locusts Home at Midnapore came under the City By-law. This Home provided accommodation for 15 adults and 75 children. With the annexation of Forest Lawn, three Homes were gained, Hill's Nursing Home, 1108 - 16th Street S.E., operated by Mr. W. F. Hill, which provided 15 beds, and the two Homes operated by Mrs. W. J. Crichton, C.S.I.(C), M.R.S.H., Chief Inspector, Crescent, with seven beds each. The Glenmorgan Home, operated by Mrs. A. Terens, opened in July, providing an additional 24 beds, making available 715 adult beds in Nursing Homes and Private Hospitals and accommodation for 75 children.

During the year, five of the old Homes closed voluntarily. These Homes were then:

Argyle Nursing Home, 1161 - 16th Avenue S.W. - 20 beds.
Anthony Home, 920 - 12th Street S.W. - 16 beds.
Cory Corner Nursing Home, 1279 - 12th Avenue S.W. - 12 beds.
Trinity Nursing Home, 1306 - 11th Avenue S.E. - 13 beds.
Twilight Nursing Home, 1825 - 16th Street S.W. - 12 beds.

At the year's end, 27 Homes were operating, providing accommodation for 645 adults and 75 children.

Each Nursing Home continues to have a staff doctor visiting once a week, and a Registered Nurse in charge of the patient care. Although many of the Homes are older structures, they are kept in good repair and provide satisfactory accommodation.

The operators, I feel, should be commended for their interest and patience in this difficult but most essential service to the older members of our community.

The report of the Nursing Home Division for 1962 is as follows:

Nursing Home Inspections	-	116
Complaints Received	-	5
Complaints Justified	-	2
Permits Cancelled	-	0
Licences Granted	-	1

FLY CONTROL PROGRAM

The Fly Control Program got under way on May 10th and continued until September 14th. During this period every home in the City was sprayed twice, and in addition St. George's Island, including the camping area, Robinson Island, Lakewood Park and Bonanza Park were covered several times. I feel that our efforts are paying dividends, as only in the odd place were flies found in large numbers. For the most part very few flies were seen in residential areas. The Program also had a side benefit, as there seemed to be fewer mosquitoes.

All sloughs in the City were treated with anti-mosquito dunks in an attempt to control the mosquito population. This appeared to be quite successful on small bodies of water, but difficulty in properly covering the large sloughs was encountered.

Respectfully submitted,

J. Crismon, C.E.I.(C), M.A.S.E.,
Chief Inspector.

L. C. Allan, M.B., ChB., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

I herewith submit my report of the Nursing Home Division for the year 1962.

During the first six months of the year, Miss Lillian Frank, P.H.N., carried on as the Inspector of Nursing Homes, and it was with regret that her resignation was accepted in June. I would like to acknowledge the good work done by Miss Frank while she had this position.

The year 1962 brought about several changes in Nursing Homes. When the City limits were extended in January, the Lacombe Home at Midnapore came under the City By-law. This Home provided accommodation for 54 adult patients and 78 children. With the annexation of Forest Lawn, three Homes were gained, Hill's Nursing Home, 1108 - 36th Street S.E., operated by Mr. W. F. Hill, which provided 15 beds, and the two Homes operated by Mrs. W. Watkins at 2021 and 2030 Cottonwood Crescent, with seven beds each. The Glamorgan Nursing Home, 105 Galbraith Drive, operated by Mrs. A. Ferenz, opened in July, providing an additional 24 beds, making available 719 adult beds in Nursing Homes and Private Hospitals and accommodation for 78 children.

During the year, five of the old Homes closed voluntarily. These Homes were the:

Argile Nursing Home, 1141 - 19th Avenue S.W. - 20 beds.
Bethany Home, 920 - 18A Street N.W. - 16 beds.
Cozy Corner Nursing Home, 1339 - 12th Avenue S.W. - 13 beds.
Trinity Nursing Home, 1306 - 11th Avenue S.E. - 13 beds.
Twilight Nursing Home, 1835 - 18A Street S.W. - 12 beds.

At the year's end, 27 Homes were operating, providing accommodation for 645 adults and 78 children.

Each Nursing Home continues to have a staff doctor visiting once a week, and a Registered Nurse in charge of the patient care. Although many of the Homes are older structures, they are kept in good repair and provide satisfactory accommodation.

The operators, I feel, should be commended for their interest and patience in this difficult but most essential service to the older members of our community.

The report of the Nursing Home Division for 1962 is as follows:

Nursing Home Inspections	-	116
Complaints Received	-	5
Complaints Justified	-	2
Permits Cancelled	-	0
Licenses Granted	-	1

L. C. Allen, M.B., Ch.B., D.P.M.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

I herewith submit my report of the Nursing Home Division for the
year 1961.

During the first six months of the year, Miss Lillian Frank, F.N.M.,
carried on as the Inspector of Nursing Homes, and it was with regret that her
resignation was accepted in June. I would like to acknowledge the good work done
by Miss Frank while she held this position.

The year 1961 brought about several changes in Nursing Homes. When
the City limits were extended in January, the Lacrosse Home at Midnapore came under
the City by-law. This home provided accommodation for 24 adult patients and 18
children. With the annexation of Forest Lawn, three homes were gained, Hill's
Nursing Home, 1108 - 10th Street S.W., operated by Mr. W. V. Hill, which provided
12 beds, and the two homes operated by Mrs. W. Watson at 1021 and 1020 Eastwood
Crescent, with seven beds each. The Glenmorgan Nursing Home, 105 Glenmorgan Drive,
operated by Mrs. A. Watson, opened in July, providing an additional 24 beds,
making available 119 adult beds in Nursing Homes and Private Hospitals and accom-
modation for 18 children.

During the year, five of the old homes closed voluntarily. These
homes were:

- Angels Nursing Home, 1141 - 10th Avenue S.W. - 20 beds.
- Bethany Home, 920 - 18A Street N.W. - 16 beds.
- Gay Corner Nursing Home, 1338 - 11th Avenue S.W. - 12 beds.
- Trinity Nursing Home, 1308 - 11th Avenue S.E. - 12 beds.
- Twilight Nursing Home, 1832 - 18A Street S.W. - 12 beds.

At the year's end, 27 homes were operating, providing accommodation
for 642 adults and 78 children.

Each Nursing Home continues to have a staff doctor visiting once
a week, and a registered nurse in charge of the patient care. Although many of
the homes are older structures, they are kept in good repair and provide sat-
isfactory accommodation.

The operators, I feel, should be commended for their interest and
patience in this difficult but most essential service to the older members of
our community.

The report of the Nursing Home Division for 1961 is as follows:

116	-	Nursing Home Inspections
2	-	Certificates Received
2	-	Certificates Issued
0	-	Certificates Cancelled
1	-	Licenses Granted

Dr. L. C. Allan

I would like to express my thanks to the operators for their courtesy, and to Mrs. E. Jones, Supervisor of Nurses, and yourself, for the kindness and help given me.

Dear Sir:

Respectfully submitted,

It gives me great pleasure to submit the following report which sets out the work done by the School Health Division and Well Baby Clinic staffs during the year 1967.

(Miss) Phyllis H. Weir, B.Sc. N.,
Inspector of Nursing Homes.

Our present school child population stands at 60,414. This is an increase of 11,582 over the 1961 figure. Seven new schools were opened. The Town of Forest Lawn, with its ten schools, came under the jurisdiction of our School Board and received the same health services as other Calgary schools. This necessitated the employing of seven extra nurses. Our School Health Programme was expanded during the year to include urinalysis of all Grade 1 school children and all entrants into the Calgary School System from outside the City, irrespective of grade. This screening for diabetes will ensure that every Calgary school child will be tested at least once during his school days. There are plans for extending this Programme to other grades as it is felt there are as many undiagnosed diabetics as there are diagnosed ones.

The twelve milk vending machines installed in our schools last year are still in use, in spite of the fact we had the usual difficulties one encounters in all new ventures. However, most of these are now ironed out and the only remaining problem seems to be the school child's preference for chocolate milk. Milk consumption has dropped off, as no chocolate milk has been allowed into a school where a dispenser is installed. We may have to agree that chocolate milk is better than no milk and permit its sale in schools once again, as milk is now being replaced by soft drinks in some cases. It is to be hoped no change will be necessary.

During the year our Health Department undertook a survey of smoking habits of Calgary's high school students. This survey showed that 45.4% of senior high school boys and 31.1% of senior high school girls were smokers at the time of the survey. Most children buy their cigarettes themselves at a local store and most children who smoke come from southeast Calgary. This latter fact would suggest that the children of well-to-do parents smoke were the children of poorer parents. Almost half of the students started the smoking habit out of curiosity and continue to smoke because they cannot let they derive pleasure from so doing. The academic achievement was rather disappointing. Only 2.1% of our honour students were smokers, 14.1% were discontinued smokers and 83.7% were non-smokers. Smokers also achieved rather badly at sports. The only cheerful thing to be seen in the survey was that 17.7% of students who smoke would discontinue the smoking habit if the hazards were proved to them. The Calgary Branch of the Canadian Cancer Society provided several thousand dollars worth of film strips, projector, pamphlets, etc. for our education programme now in progress.

Our ten school Medical Officers examined 13,572 students during 1967. There were 11,613 routine examinations, 1,100 were referred cases because of some known condition and 857 were examinations of students participating in organized sports.

I would like to express my thanks to the operators for their courtesy, and to Mrs. E. Jones, Supervisor of Nurses, and yourself, for the kindness and help given me.

Respectfully submitted,

(Miss) Evelyn H. Weir, B.Sc. N.,
Inspector of Nursing Homes.

Dr. L. C. Allan, M.B., ChB., D.P.H., at routine physical examination.
Medical Officer of Health,
City of Calgary.

Dear Sir:

It gives me great pleasure to submit the following report which sets out the work done by the School Health Division and Well Baby Clinic staffs during the year 1962.

Our present school child population stands at 60,414. This is an increase of 11,592 over the 1961 figure. Seven new schools were opened. The Town of Forest Lawn, with its ten schools, came under the jurisdiction of our School Board and received the same health services as other Calgary schools. This necessitated the employing of seven extra nurses. Our School Health Programme was expanded during the year to include urinalysis of all Grade I school children and all entrants into the Calgary School System from outside the City, irrespective of grade. This screening for diabetes will ensure that every Calgary school child will be tested at least once during his school days. There are plans for extending this Programme to other grades as it is felt there are as many undiagnosed diabetics as there are diagnosed ones.

The twelve milk vending machines installed in our schools last year are still in use, in spite of the fact we had the usual difficulties one encounters in all new ventures. However, most of these are now ironed out and the only remaining problem seems to be the school child's preference for chocolate milk. Milk consumption has dropped off, as no chocolate milk has been allowed into a school where a dispenser is installed. We may have to agree that chocolate milk is better than no milk and permit its sale in schools once again, as milk is now being replaced by soft drinks in some cases. It is to be hoped no change will be necessary.

During the year our Health Department undertook a survey of smoking habits of Calgary's high school students. This survey showed that 46.4% of senior high school boys and 33.1% of senior high school girls were smokers at the time of the survey. Most children buy their cigarettes themselves at a local store and most children who smoke come from southwest Calgary. This latter fact would suggest that the children of well-to-do parents smoke more than children of poorer parents. Almost half of the students started the smoking habit out of curiosity and continue to smoke because they consider they derive pleasure from so doing. The academic achievement was rather interesting. Only 2.3% of our honour students were smokers, 14.0% were discontinued smokers and 83.7% were non-smokers. Smokers also achieved rather badly at sports. The only cheerful thing to be seen in the survey was that 77.7% of students who smoke would discontinue the smoking habit if the hazards were proved to them. The Calgary Branch of the Canadian Cancer Society provided several thousand dollars worth of film strips, projector, pamphlets, etc. for our education programme now in progress.

Our ten school Medical Officers examined 13,532 students during 1962. There were 11,615 routine examinations, 1,100 were referred cases because of some known condition and 817 were examinations of students participating in organized sports.

Dr. J. C. Allan, M.D., C.M., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It gives me great pleasure to submit the following report which sets out the work done by the School Health Division and Well Baby Clinic staffs during the year 1962.

Our present school child population stands at 60,414. This is an increase of 11,722 over the 1961 figure. Seven new schools were opened, The Town of Forest Lawn, with its ten schools, came under the jurisdiction of our School Board and received the same health services as other Calgary schools. This necessitated the employing of seven extra nurses. Our School Health Program was expanded during the year to include attendance of all Grade 1 school children and all nurseries into the Calgary School System from outside the City, irrespective of grade. This screening for diabetes will ensure that every Calgary school child will be tested at least once during his school days. There are plans for extending this Program to other grades as it is felt there are as many undiagnosed diabetics as there are diagnosed ones.

The twelve milk vending machines installed in our schools last year are still in use, in spite of the fact we had the usual difficulties encountered in all new ventures. However, most of these are now fixed and the only remaining problem seems to be the school child's preference for chocolate milk. Milk consumption has dropped off, as no chocolate milk has been allowed into a school where a dispenser is installed. We may have to agree that chocolate milk is better than no milk and permit its sale in schools once again, as milk is now being replaced by soft drinks in some cases. It is to be hoped no change will be necessary.

During the year our Health Department undertook a survey of smoking habits of Calgary's high school students. This survey showed that 46.4% of senior high school boys and 33.1% of senior high school girls were smokers at the time of the survey. Most children buy their cigarettes themselves at a local store and most children who smoke come from southern Calgary. This latter fact would suggest that the children of well-to-do parents smoke more than children of poorer parents. Almost half of the students started the smoking habit out of curiosity and continue to smoke because they consider they derive pleasure from so doing. The students who were rather interesting. Only 1.2% of our current students were smokers, 14.2% were discontinued smokers and 83.7% were non-smokers. Smoking also achieved rather badly at sports. The only cheerful thing to be seen in the survey was that 37.7% of students who smoke would discontinue the smoking habit if the parents were proved to them. The Calgary Branch of the Canadian Cancer Society provided several thousand dollars worth of this advice, pro- fessor, psychiatrists, etc. for our education program now in progress.

Our ten school Medical Officers examined 11,722 students during 1962. There were 11,615 routine examinations, 1,100 were referred cases because of some known condition and 817 were examinations of students participating in organized sports.

Table I shows the conditions found at routine physical examination.

TABLE I **INSPECTIONS**

<u>Defects</u>	<u>Number</u>	<u>% of Total Examined</u>
Dental	2,827	22.2%
Tonsils & Adenoids	884	7 %
Eyes	833	6.5%
Feet	647	5.1%
Orthopaedic	414	3.2%
Enlarged Glands	389	3.1%
Heart	359	2.8%
Ears	301	2.4%
Speech	173	1.4%
Genitalia	159	1.2%
Pulmonary	131	1 %
Nose	130	1 %
Skin	127	0.9%
Nervous System	84	0.7%
Abdominal	82	0.6%
Allergy	61	0.5%
Endocrine	53	0.4%
Hernia	56	0.4%
Emotional Problems	41	0.3%
Anaemia	23	0.2%
Others	22	0.2%

It can be seen by the above table dental caries is the most prevalent disease among school children in Calgary. Although there is improvement from 1961 when 29.5% suffered from dental caries, the position is still far from being satisfactory. The only practical solution to this major problem is fluoridation of our water supply and an expanded school dental service. Why the people of Calgary disregarded the advice of medical and dental specialists throughout the world and voted against fluoridation is something I shall never understand. While their children's teeth continue to decay they ignore the advice of all major medical and dental organizations throughout the world, a sad state of affairs indeed.

The incidence of diseased tonsils and adenoids in 1962 was 7% as compared with 7.8% in 1961. This was a slight improvement but, as I pointed out in last year's report, many mothers tell me of their long wait for surgery and the resultant recurrent sore throats and school absenteeism.

The general state of health is good and shows an improvement over last year. 10,708 got an "A" rating, 1,259 got a "B" rating and 359 got a "C" rating.

There were 1,124 cases referred to their family physicians for treatment.

During the year 124 cases were referred to the Minor Ailment Clinic for diagnosis and advice. 53 were referred to their family physicians for treatment; 54 were given free glasses.

Table I shows the conditions found at routine physical examination.

Defects	Number	% of Total Examined
Dental	2,827	22.1%
Tonsils & Adenoids	288	2.2%
Eyes	1,821	14.1%
Ears	647	5.1%
Orthopaedic	414	3.2%
Enlarged Glands	389	3.0%
Heart	329	2.6%
Nose	301	2.4%
Speech	177	1.4%
Genitalia	159	1.2%
Pulmonary	131	1.0%
Neck	120	0.9%
Skin	127	1.0%
Nervous System	84	0.7%
Abdominal	82	0.6%
Allergy	61	0.5%
Endocrine	52	0.4%
Hernia	58	0.4%
Emotional Problems	41	0.3%
Anemia	22	0.2%
Others	22	0.2%

It can be seen by the above table dental caries is the most prevalent disease among school children in Calgary. Although there is improvement from 1951 when 19.5% suffered from dental caries, the position is still far from being satisfactory. The only practical solution to this major problem is fluoridation of our water supply and an expanded school dental service. Why the people of Calgary disregarded the advice of medical and dental specialists throughout the world and voted against fluoridation is something I shall never understand. While their children's teeth continue to decay they ignore the advice of all major medical and dental organizations throughout the world, a sad state of affairs indeed.

The incidence of diseased tonsils and adenoids in 1951 was 7% as compared with 7.8% in 1951. This was a slight improvement but, as I pointed out in last year's report, many mothers call on of their long wait for surgery and the resultant recurrent sore throats and school absenteeism.

The general state of health is good and shows an improvement over last year. 10,108 got an "A" rating, 1,259 got a "B" rating and 329 got a "C" rating.

There were 1,124 cases referred to their family physicians for treatment.

During the year 126 cases were referred to the Minor Allergy Clinic for diagnosis and advice. 51 were referred to their family physicians for treatment; 54 were given free glasses.

Our nurses are continuously on the look-out for communicable diseases in schools. During the past year they excluded 1,125 children because they suspected diseases that spread easily in classrooms. Table V gives a breakdown of these cases.

TABLE V EXCLUSIONS FOR SUSPECT COMMUNICABLE DISEASES

Undiagnosed by nurse	499
Impetigo	188
Infestations	54
Others	384

These were cases discovered in the classroom by the nurse and sent home. The number of cases of communicable diseases occurring among school children and notified to the Health Department during the year was 3,478. Table VI gives a breakdown. Notifications are still a long way short of actual incidence.

TABLE VI COMMUNICABLE DISEASES AMONG SCHOOL CHILDREN

Measles	1,393	Rubella	75
Chickenpox	746	Infestations	54
Mumps	670	Infectious Hepatitis	7
Pertussis	131	Others	327
Scarlet Fever	75		

There was an increase of 834 cases in the incidence of all communicable diseases in schools, with the exception of mumps and scarlet fever. Measles accounted for most of the increase, there being 1,393 cases notified. There was both a real and apparent increase, in my opinion. Many more cases were notified last year than would otherwise be, as this fall we offered, free of charge, Gamma Globulin to all familial contacts under three years of age and debilitated familial contacts, irrespective of age. This was a most popular programme and no doubt did much to limit the spread of this disease, as well as ensuring a modified form of the disease for the young and debilitated.

All Grade III pupils were screened for hearing defects. Table VII shows the results of the screening and the subsequent individual audiograms.

TABLE VII AUDIOMETRY

Grade III students group-tested	5,052
Failed group tests	199
Individual audiograms	197
Referred to Eye, Nose and Throat Specialists	24

Our tuberculosis control programme consisted of Mantoux skin testing of all Grade I and Grade X students and follow-up by x-rays at City Hall of all positive students and their families. Table VIII and Table IX show the results of our surveys.

TABLE VIII GRADE I T. B. SURVEY

No. Grade I Pupils in Schools	Accepted Test	Positive Mantoux Test	Pupils Absent Or Refused Test
7,441	6,413 or 86.2%	38 or 0.59%	1,028 or 13.8%

Our nurses are continuously on the look-out for communicable diseases in schools. During the past year they excluded 1,125 children because they suspected diseases that spread easily in classrooms. Table V gives a breakdown of these cases.

TABLE V
EXCLUSIONS FOR SUSPECT COMMUNICABLE DISEASES

Undiagnosed by nurse	297
Impetigo	158
Influenza	54
Others	384

There were cases discovered in the classroom by the nurse and sent home. The number of cases of communicable diseases occurring among school children and notified to the Health Department during the year was 3,478. Table VI gives a breakdown. Notifications are still a long way short of actual incidence.

TABLE VI
COMMUNICABLE DISEASES AMONG SCHOOL CHILDREN

Scarlet Fever	12
Pertussis	131
Measles	1,302
Chickpox	748
Infestations	570
Infectious Hepatitis	131
Others	75

There was an increase of 825 cases in the incidence of all communicable diseases in schools, with the exception of mumps and scarlet fever. Measles accounted for most of the increase, there being 1,302 cases notified. There was both a real and apparent increase, in my opinion. Many more cases were notified last year than would otherwise be, as this fall we offered, free of charge, Games Clinics to all families contacts under three years of age and debilitated families contacts, irrespective of age. This was a most popular program and no doubt did much to limit the spread of this disease, as well as ensuring a notified form of the disease for the young and debilitated.

All Grade III pupils were screened for hearing defects. Table VII shows the results of the screening and the subsequent individual audiograms.

TABLE VII
AUDIOMETRY

Grade III students group-tested	2,021
Failed group tests	177
Individual audiograms	107
Referred to Eye, Nose and Throat Specialists	34

Our tuberculosis control program consisted of Mantoux skin testing of all Grade I and Grade X students and follow-up by x-rays at City Hall of all positive students and their families. Table VIII and Table IX show the results of our surveys.

TABLE VIII
GRADE I T. B. SURVEY

No. Grade I Pupils in Schools	Accepted Test	Mantoux Test	Pupils Absent Or Refused Test
7,441	6,413 or 86.1%	38 or 0.58%	1,028 or 13.8%

TABLE IX GRADE X T. B. SURVEY

No. Grade X Pupils in Schools	Accepted Test	Positive Mantoux Test	Pupils absent or refused test
3,685	2,888 or 78.4%	112 or 3.9%	797 or 21.6%

The percentage of students refusing this simple skin test increased from 10.2% to 13.8% in Grade I and from 19.8% to 21.6% in Grade X last year. It would appear that health education in Calgary schools leaves a lot to be desired. Although some health education is undertaken in schools, there is no examination on the subject so we have no idea how much the teacher puts into this important section of the curriculum or how much benefit the students derive from it. Of the students who are tested there is a steady decline in the number of positive T. B. reactors each year. However, as the incidence of a disease decreases, one must search all the harder to find the remaining cases. I am grateful to the School Board Trustees for deciding that in future all teachers coming on staff shall have a chest x-ray. This is certainly a move in the right direction, but we will also request that those teachers already on staff have regular chest x-rays or Mantoux Tests.

As in previous years, great efforts were made to protect school children against communicable diseases. Table X lists the various antigens given.

TABLE X IMMUNIZATION AND VACCINATION IN SCHOOLS

Smallpox vaccinations	13,558
Diphtheria and tetanus toxoid	6,633
Poliomyelitis vaccine	5,840
Diphtheria, tetanus, polio vaccine	5,156
Gamma Globulin	517
Tetanus toxoid	130
Other	3,423

As can be seen from the above table, 13,558 children were primarily vaccinated or revaccinated in schools. This increase from 8,565 in 1961 was due to the fact that we had an imported case of smallpox in Eastern Canada from South America. Family contacts of the case came to reside and were quarantined near Calgary.

Plans are well under way to feed oral poliomyelitis vaccine to all school children previously given four injections of quadruple vaccine or three injections of poliomyelitis. It is hoped almost 95% of children will be eligible and get parental consent for this vaccine that should eliminate poliomyelitis within the next five years. Feedings will be in January and March.

During 1962 our Department provided field training for 92 student nurses, three public health nurses and four dental hygienists.

As in previous years, an iron vitamin supplement was made available for purchase by students whose parents had means and free of charge to those less fortunate children when vitamins were indicated.

TABLE IX
GRADE X T. B. SURVEY

No. Grade X Pupils in Schools	Accepted Test	Positive Mantoux Test	Pupils absent or refused test
2,652	2,888 or 78.4%	112 or 3.9%	797 or 31.6%

The percentage of students refusing this simple skin test increased from 10.1% in Grade I and from 19.8% to 31.6% in Grade X last year. It would appear that health education in Calgary schools leaves a lot to be desired. Although some health education is undertaken in schools, there is no examination on the subject so we have no idea how much the teacher puts into this important section of the curriculum or how much benefit the students derive from it. Of the students who are tested there is a steady decline in the number of positive T. B. reactions each year. However, as the incidence of a disease decreases, one must search all the harder to find the remaining cases. I am grateful to the School Board trustees for deciding that in future all teachers coming on staff shall have a chest x-ray. This is certainly a move in the right direction, but we will also request that those teachers already on staff have regular chest x-rays or Mantoux Tests.

As in previous years, great efforts were made to protect school children against communicable diseases. Table X lists the various antigens given.

TABLE X
IMMUNIZATION AND VACCINATION IN SCHOOLS

Smallpox vaccinations	13,558
Diphtheria and tetanus toxoids	6,633
Poliovaccines	5,860
Diphtheria, tetanus, polio vaccine	5,156
Gammas Globulin	317
Tetanus toxoids	130
Other	3,623

As can be seen from the above table, 13,558 children were primary vaccinated or re-vaccinated in schools. This increase from 8,363 in 1961 was due to the fact that we had an imported case of smallpox in Eastern Canada from South America. Family contacts of the case came to Toronto and were quarantined near Calgary.

Plans are well under way to lead oral poliovaccines vaccine to all school children previously given four injections of quadruple vaccine or three injections of poliovaccines. It is hoped almost 92% of children will be eligible and get parental consent for this vaccine that should eliminate poliovaccines within the next five years. Postings will be in January and March.

During 1962 our Department provided their training for 31 student nurses, three public health nurses and four dental hygienists.

As in previous years, as soon vitamin supplements was made available for purchase by students whose parents had means and free of charge to those less fortunate children when vitamins were indicated.

During the year free glasses were given to 54 children whose fathers were unemployed. These children are examined at reduced rates by nine ophthalmologists and glasses are provided at reduced costs by two city optical companies. This is certainly a great help academically for these children.

Our Well-Baby Clinic had an attendance of 34,848 infants and pre-school children during 1962. Of the 24,273 infants seen, 22,680 were being artificially fed. This very high percentage is rather disappointing to our staff, and great efforts will have to be made to reverse this trend that has been taking place over recent years. Our clinic physicians examined 3,051 infants and children and found them to be generally healthy. The main defects were skin conditions, dental caries and eye conditions, in that order. There were 527 cases referred to their family physicians for treatment.

I would like to express my sincere thanks to our numerous volunteer workers and our Health Department staff for maintaining very high standards during 1962. I would also like to thank our School Board Trustess, administrators and teachers for their cooperation and finally you, Sir, for your advice and encouragement.

Respectfully submitted,

K. A. Barrett, L.R.C.P. & S.I., L.M., D.P.H.,
Assistant Medical Officer of Health.

- (1) All pre-school children whose parents satisfy a means test.
- (2) Grade I, II and III students of Calgary schools whose parents satisfy a means test.
- (3) All Grade I children are eligible for a topical fluoride application, irrespective of the parents income.

Dental reminder cards are sent to parents of all children in Grade I to Grade VI.

In the pre-school clinics, information is given on the sequence of eruption of the teeth, correction of harmful habits, importance of proper diet and the importance of regular dental x-rays and check-ups. The absolute necessity of maintaining the deciduous or baby teeth in good condition is stressed. Cavity formation is discussed and their prevention by proven procedures is explained.

The City Hall Dental Clinic was moved to the Civic Administration Building in October, 1962. The new premises, on the fourth floor, consist of three modernly equipped dental operatories, along with laboratory and dark room areas. The Dental Director's office is located nearby.

The Forest Lawn Dental Clinic, with offices for a dentist and dental hygienist, was opened in mid-October. Plans were completed for the erection in the Maynard area of a Well Baby Clinic which will house a dental hygienist's and a dentist's office. This is scheduled for completion in mid 1963.

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Our Well-Baby Clinic had an attendance of 34,848 infants and pre-school children during 1952. Of the 34,773 infants seen, 21,650 were being exclusively fed. This very high percentage is rather disappointing to our staff, and great efforts will have to be made to reverse this trend that has been taking place over recent years. Our clinic physicians examined 3,051 infants and children and found them to be generally healthy. The main defects were skin conditions, dental caries and eye conditions, in that order. There were 537 cases referred to their family physicians for treatment.

I would like to express my sincere thanks to our numerous voluntary workers and our Health Department staff for maintaining very high standards during 1952. I would also like to thank our School Board Trustees, administrators and teachers for their cooperation and financial aid, for your advice and encouragement.

Respectfully submitted,

L. A. Easton, L.B.C.P. & S.I., L.M., D.P.H.,
Assistant Medical Officer of Health.

Dr. L. C. Allan, M.B., ChB., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It is with pleasure that I submit the report of the Dental Clinic for the year 1962.

May I take a moment to describe briefly what we are doing in the dental section of the Health Department.

Services available: full dental care, including preventive care; x-rays; fluoride applications; extractions; fillings; crowns; space maintainers; and minor orthodontic and allied services.

Stress is laid on all preventive aspects of dentistry, regular check-up, regular and supervised home care, adequate and proper diet, restriction of frequency of intake of refined carbohydrates, and a determined effort is made by the auxiliary staff to make parents more aware of the absolute need for an appreciation of dental health. Factual information is supplied on the benefits of all preventive measures available, including the regulating of the fluoride content of the water supply from its present level up to the recommended level of one part fluoride per one million parts of water.

Who are eligible for these services?

- (1) All pre-school children whose parents satisfy a means test.
- (2) Grade I, II and III students of Calgary schools whose parents satisfy a means test.
- (3) All Grade I children are eligible for a topical fluoride application, irrespective of the parents income.

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The Forest Lawn Dental Clinic, with offices for a dentist and dental hygienist, was opened in mid-October. Plans were completed for the erection in the Haysboro area of a Well Baby Clinic which will house a dental hygienist's and a dentist's office. This is scheduled for completion in mid 1963.

Dr. L. C. Allan, M.B., Ch.B., D.P.H.,
Medical Officer of Health,
City of Calgary.

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areas. The Dental Director's office is located nearby.

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dental hygienist, was opened in mid-October. Plans were completed for the
erection in the Mayboro area of a Well Baby Clinic which will house a dental
hygienist's and a dentist's office. This is scheduled for completion in mid-
1963.

Staff: Once again the problems of staffing were in the forefront. Dr. Capogreco resigned from his position as Dental Director at the end of June. Dr. Curry assumed the position in mid September. Dr. Perry came on staff on February 15th, 1962, and resigned as of August 31st. On staff during the year were Drs. Snow, Shea, McKay, Moffatt, Barnes and Curry. Mrs. Engman continued on in her position as part-time dental hygienist for the Dental Department. Mrs. Stapleton, who was with the Department for six years, resigned from her position as dental receptionist as of October 31st, 1962. We have also five dental assistants who help in the educational programme as well as attending to their duties in the dental operatories.

Set out below we find a comprehensive report on work performed in the City Dental Clinics throughout the year 1962. 1961 figures are given for comparison.

SCHOOL DENTAL CLINIC STATISTICS

	<u>1962</u>	<u>1961</u>
Total Extractions	1,910	1,605
Permanent	157	71
Deciduous	1,753	1,534
Total Fillings	5,596	4,861
Permanent	2,530	2,452
Deciduous	3,066	2,409
Miscellaneous Procedures	7,110	4,741
Prophylaxis	3,266	832
X-Ray	155	105
Periodontal Treatment	236	333
Crowns	225	169
Bases	3,228	3,302
Number of Teeth Treated	7,383	6,402
Permanent	2,578	2,516
Deciduous	4,805	3,886
Clinic Cases	8,799	5,089
Completed Cases	3,682	915
Fluoride Applications	3,509	1,002
Parent & Child Education	8,178	4,782
Emergency Treatments	179	39
Appointments Paying	4,692	1,587
Appointments Free	4,260	3,500
Missed Appointments (Paying)	149	-
Missed Appointments (Free)	782	410

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Set out below we find a comprehensive report on work performed in the City Dental Clinic throughout the year 1961. 1961 figures are given for comparison.

SCHOOL DENTAL CLINIC STATISTICS

1961		1961	
1,602	Total Extractions	1,910	Total Extractions
	Permanent 71		Permanent 157
1,534	Deciduous		Deciduous 1,753
4,861	Total Fillings	5,396	Total Fillings
	Permanent 2,452		Permanent 2,230
2,409	Deciduous		Deciduous 3,066
4,741	Miscellaneous Procedures	7,310	Miscellaneous Procedures
	Prophylaxis 832		Prophylaxis 2,266
	2-8-ay 102		2-8-ay 152
	Periodontal Treatment 222		Periodontal Treatment 226
	Crowns 166		Crowns 222
	Bases 2,202		Bases 3,226
6,402	Number of Teeth Treated	7,382	Number of Teeth Treated
	Permanent 2,216		Permanent 2,276
2,886	Deciduous		Deciduous 4,802
2,089	Clinic Cases	2,799	Clinic Cases
	Completed Cases 912		Completed Cases 2,682
1,002	Fluoride Applications	2,509	Fluoride Applications
	Parent & Child Education 4,782		Parent & Child Education 8,178
	Emergency Treatment 39		Emergency Treatment 179
1,287	Appointments Paying	4,692	Appointments Paying
	Appointments Free 2,200		Appointments Free 4,200
	Mixed Appointments (Paying) 148		Mixed Appointments (Paying) 148
410	Mixed Appointments (Free)	752	Mixed Appointments (Free)

PRE-SCHOOL DENTAL CLINIC STATISTICS

	<u>1962</u>	<u>1961</u>
Total Extractions	601	615
Permanent	9	2
Deciduous	592	613
Total Fillings	3,302	2,673
Permanent	171	99
Deciduous	3,131	2,574
Miscellaneous Procedures	1,923	984
Prophylaxis	575	226
X-Ray	22	24
Periodontal Treatment	145	161
Crowns	128	66
Bases	1,053	507
Number of Teeth Treated	3,919	3,273
Permanent	182	105
Deciduous	3,737	3,168
Clinic Cases	3,821	3,274
Completed Cases	820	701
Fluoride Applications	710	781
Parent & Child Education	3,519	3,284
Emergency Treatments	153	114
Appointments Paying	1,519	1,300
Appointments Free	2,375	1,956
Missed Appointments (Paying)	78	-
Missed Appointments (Free)	260	250

Although the clinics are run on a private practice style, with an appointment for each patient, an examination of the figure charts in the missed appointment section reveals that a lot of chair-side time is wasted by parents who continue to arrive too late, or not at all, for their appointments. All parents are reminded by telephone 24 hours in advance of the time of their appointment. It is significant to note that, in the case of parents attending on the basis of payment of \$1.00 in advance, the incidence of missed appointments is sharply reduced. The introduction of this \$1.00 charge per appointment in all cases deserves further consideration.

PRE-SCHOOL DENTAL CLINIC STATISTICS

1961	1962	Total Extensions	
		Permanent	Deciduous
612	601	2	292
		Total Fillings	
2,672	2,302	171	2,131
		Miscellaneous Procedures	
236	272	Brachytherapy	
24	22	X-Ray	
161	162	Periodontal Treatment	
66	128	Crown	
207	1,022	Base	
		Number of Teeth Treated	
102	182	Permanent	Deciduous
2,168	2,737		
		Clinical Cases	
2,276	2,821	Completed Cases	
701	820		
		Fluoride Applications	
181	210	Parent & Child Education	
2,286	2,219	Emergency Treatment	
116	122		
		Appointments Paying	
1,300	1,219	Appointments Free	
1,926	2,372		
		Missed Appointments (Paying)	
-	78	Missed Appointments (Free)	
220	260		

Although the clinic was run on a private practice style, with an appointment for each patient, an examination of the clinic charts in the missed appointment section reveals that a lot of chair-time is wasted by parents who continue to arrive too late, or not at all, for their appointments. All parents are reminded by telephone 24 hours in advance of the time of their appointment. It is significant to note that, in the case of parents attending on the basis of payment of \$1.00 in advance, the incidence of missed appointments is sharply reduced. The introduction of this \$1.00 charge per appointment in all cases deserves further consideration.

I would like to take this opportunity to express my sincere thanks to you, the Assistant Medical Officer of Health, the Dentists, the Public Health Nurses, the school medical staff, the Dental Clinic staff, and all the clerical staff in the Health Department for their wonderful help and co-operation during the time I have been associated with the Department.

Respectfully submitted,

Thomas M. Curry, B.D.S., D.D.S.,
Director of Dental Services.

ATTENDANCE:

Infants	24,273		
Pre-School	10,575	Total	34,848

NEW CASES:

Infants	3,860		
Pre-School	2,015	Total	5,875

ATTENDANCE BY CLINICS:

City Hall - 6,305 - open five afternoons weekly - Average daily 26.4
 Searsville - 5,110 - open five afternoons weekly - Average daily 22.4
 North Hill - 2,992 - open five afternoons weekly - Average daily 40.7
 Sayabara - 3,280 - open two afternoons weekly - Average daily 11.0
 Forest Lane - 3,040 - open two afternoons weekly - Average daily 30.6
 Killamby - 2,609 - open one afternoon weekly - Average daily 21.9
 Wildwood - 873 - open two afternoons monthly - Average daily 16.2
 City Station - 432 - visited two half-days monthly

INFANT FEEDING OPERATIONS: (Up to 2 years of age)

Breast	1,785		
Bottle	22,701		
Other	2,389	Total	24,875

TOTAL INFANT FEEDING BY SECTION:

Infants	3,875		
Pre-School	2,015	Total	5,890

I would like to take this opportunity to express my sincere thanks to you, the Assistant Medical Officer of Health, the Dentists, the Public Health Nurses, the school medical staff, the Dental Clinic staff, and all the clerical staff in the Health Department for their wonderful help and co-operation during the time I have been associated with the Department.

Respectfully submitted,

Thomas H. Curry, B.D.S., B.D.S.,
Director of Dental Services.

L. C. Allan, M.B.,ChB.,D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It is my privilege to submit the report of the Infant and Pre-School Clinics for the year 1962.

ATTENDANCE:

Infants	24,273		
Pre-School	10,575		
		<u>Total</u>	<u>- 34,848</u>

NEW CASES:

Infants	5,846		
Pre-School	2,018		
		<u>Total</u>	<u>- 7,864</u>

ATTENDANCE BY CLINICS:

City Hall - 6,505 - open five afternoons weekly - Average daily 26.4
 Scarboro - 8,110 - open five afternoons weekly - Average daily 32.4
 North Hill - 9,999 - open five afternoons weekly - Average daily 40.7
 Haysboro - 3,280 - open two afternoons weekly - Average daily 31.0
 Forest Lawn - 3,040 - open two afternoons weekly - Average daily 30.6
 Killarney - 2,609 - open one afternoon weekly - Average daily 51.9
 Wildwood - 873 - open two afternoons monthly - Average daily 36.2
 City Shelter - 432 - visited two half-days monthly

INFANT FEEDING COMPARISONS: (Up to 2 years of age)

Breast	- 1,593		
Bottle	-17,371		
Other	- 5,309		
		<u>Total</u>	<u>- 24,273</u>

TOTAL NUMBER INTERVIEWED BY DOCTORS:

Infants	- 1,527		
Pre-School	- 1,524		
		<u>Total</u>	<u>- 3,051</u>

L. C. Allan, M.B., Ch.B., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It is my privilege to submit the report of the Infant and Pre-School Clinics for the year 1962.

ATTENDANCE:

Infants	36,373
Pre-School	10,373
<u>Total</u>	<u>46,746</u>

NEW CASES:

Infants	5,866
Pre-School	2,018
<u>Total</u>	<u>7,884</u>

ATTENDANCE BY CLINICS:

City Hall	- 6,302 - open five afternoons weekly - Average daily 28.6
Scarboro	- 8,110 - open five afternoons weekly - Average daily 32.6
North Hill	- 9,999 - open five afternoons weekly - Average daily 40.7
Mayboro	- 2,280 - open two afternoons weekly - Average daily 31.0
Forest Lawn	- 2,040 - open two afternoons weekly - Average daily 30.6
Kilbirney	- 2,609 - open one afternoon weekly - Average daily 21.9
Wildwood	- 273 - open two afternoons monthly - Average daily 36.2

City Shelter - 432 - visited two half-days monthly

INFANT FEEDING COMPARISONS: (up to 2 years of age)

Breast	- 1,593
Bottle	- 17,371
Other	- 2,309
<u>Total</u>	<u>21,273</u>

TOTAL NUMBER INTERVIEWED BY DOCTORS:

Infants	- 1,217
Pre-School	- 1,334
<u>Total</u>	<u>2,551</u>

DEFECTS FOUND:

The programme of teaching prevention in the dental health field has played an important part in the Clinics. Dentists devoted one afternoon a week in each of the various Clinics to supplement the programme conducted by the Public Health Nurses. There were 1,505 visits.

	<u>Infants</u>	<u>Pre-School</u>	<u>Total</u>
Skin	1,157	217	1,374
Eyes	137	83	220
Ears	29	33	62
Nose & Throat	52	49	101
Tonsils & Adenoids		201	201
Phimosis	23	9	32
Hernia	90	8	98
Intestinal disturbance	87	2	89
Chest	112	17	129
Orthopaedic	50	74	124
Congenital Conditions	17	12	29
Cardiac	3	27	30
Anaemia	18	3	21
Mental Defects	5	4	9
Nutrition	157	27	184
Teeth		1,505	1,505
Speech		5	5
Pyloric Stenosis	1		1
Torticollis	1		1
Undescended Testicle	2	4	6
Hydrocephalic	1	4	5
Emotional	1		1
Eneuresis		3	3
Epilepsy		4	4
Diabetic		1	1
Pinworms		3	3
Anal Fissure		1	1
TOTALS	1,943	2,296	4,239

REFERRED TO FAMILY DOCTOR:

Infants - 330
Pre-School - 197

Total - 527

HOME VISITS IN 1961:

	<u>Baby Visits</u>	<u>Post Natal</u>	<u>Special</u>	<u>Pre-School</u>	<u>Total</u>
Jan. to Mar.	252	1,934	-	1,864	4,050
Apr. to June	162	1,609	3	1,415	3,189
July to Sept.	264	3,238	4	2,523	6,029
Oct. to Dec.	280	1,983	7	1,832	4,102
Totals	958	8,764	14	7,634	17,370

The programme of teaching prevention in the dental health field once again played an important part in the Clinics. Dentists devoted one afternoon a week in each of the various Clinics to supplement the programme conducted by the Public Health Nurse. There were 354 Dentist-Parent interviews.

Infant and Pre-School Clinics are primarily a health teaching unit for the maintenance of health and the prevention of disease - not only for the child but for the family as a unit. We are coming to realize more than ever that our interviews in Clinics and home visits must enter the field of family dynamics if we are to meet the needs of those who come to us.

Nutrition, dental health, accident prevention, mental and emotional health are integral components of the teaching programme.

Public Health Nurses have a responsibility in teaching, not only to parents and children, but to students in the nursing profession and other related fields. Eighty-seven student nurses and three post-graduate students in Public Health were given a period of observation and instruction in the Public Health Programme in the various Clinics. Three student Dental Hygienists also received a period of observation.

The able assistance of the ladies from the Volunteer Bureau and the Junior Service League is greatly appreciated. There were 511 volunteers who donated one-half day each in the various Child Health Centres throughout the City.

Donations of samples of vitamins and other infant food products have been made by many firms. We thank them for their interest and their assistance in keeping us up-to-date on new products on the market.

We would like to thank the Medical Doctors on staff, and especially Dr. K. A. Barrett, who is in charge of the Infant and Pre-School Clinics, for their guidance and willingness to teach the members of the Public Health Nursing Staff.

We wish to thank you, Sir, for your interest and support in the work of the Well-Baby Clinics.

Respectfully submitted,

CLINIC ATTENDANCE - Total 1,797

(Miss) Marjorie C. Hulbert, B.Sc., R.N.,
Child Hygiene Clinic,
City of Calgary, Alberta.

OTHER VISITS - Total 241

These are visits made to schools, business establishments, the Sanatorium, etc.

Leslie C. Allan, M.B., ChB., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Dr. Allan:

I am privileged to submit a report on the Kinsmen Nursing Service for the year ending February 28, 1963. This service is financed by the Christmas Seal Sale and comes under the supervision of the Medical Officer of Health, the Provincial Director of Tuberculosis Control, and the Superintendent of the Baker Memorial Sanatorium.

During the year we were fortunate in transferring the Chest Clinic and the X-ray Unit to a new Civic Administration Building. We are now operating more conveniently as a unit, with bright new offices, and we are grateful for the continued location in the Health Department.

HOME VISITS - Total 1,504

All patients are visited prior to admission to Sanatorium, primarily to learn of contacts to be examined. There are, however, many other factors involved. This is an excellent opportunity for health teaching and much can be accomplished in the preparation of the patient for admission. Home and economic conditions are assessed with referral as necessary to other social and welfare agencies.

Not many years ago treatment was fairly well completed before discharge from Sanatorium. Now about two-thirds of the treatment is continued as an out-patient. Each year it becomes more evident for the need of increased follow-up of discharged patients, ensuring the continuance of drug therapy and the regular return to out-patient clinics. It is important that frequent visits be made, offering encouragement and some supervision, until the completion of the treatment.

There are those requiring many years of review examination. It is often surprising the number of new addresses some acquire between yearly x-rays, and considerable time is necessary in locating these patients.

CLINIC ATTENDANCE - Total 1,797

Those attending the office are mainly contacts for tuberculin testing. 422 streptomycin injections were given. Some report for counselling and advice as new problems arise in the home or financial situation.

The recording of x-ray reports and reporting results of tuberculin testing is time consuming. It is important, however, that all this information, including changes of address, home visiting, be accurately forwarded to the Central Tuberculosis Registry and the Sanatorium. Close liaison must be maintained with the Medical Officer of Health and the Public Health Nurses in their districts. Consultation with the Rehabilitation Counsellor at the Sanatorium is essential and of great benefit to us.

OTHER VISITS - Total 291

These are visits made to schools, business establishments, the Sanatorium, etc.

Leslie C. Allen, M.B., Ch.B., D.R.C.,
Medical Officer of Health,
City of Calgary.
Dear Dr. Allen:

I am privileged to submit a report on the Human Nursing Service for the year ending February 28, 1957. This service is financed by the City of Calgary and comes under the supervision of the Medical Officer of Health, the Provincial Director of Tuberculosis Control, and the Superintendent of the Baker Memorial Sanatorium.

During the year we were fortunate in transferring the Chest Clinic and the X-ray Unit to a new Civic Administration Building. We are now operating more conveniently as a unit, with bright new offices, and we are grateful for the continued location in the Health Department.

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There are those requiring many years of review examination. It is often surprising the number of new addresses now acquired between yearly x-rays, and considerable time is necessary in locating these patients.

CLINIC ATTENDANCE - Total 1,797

Those attending the clinic are mainly contacts for tuberculosis testing. 433 streptomycin injections were given. Some report for counselling and advice as new problems arise in the home or financial situation.

The recording of x-ray reports and reporting results of tuberculosis testing is time consuming. It is important, however, that all this information, including changes of address, home visiting, be accurately forwarded to the Central Tuberculosis Registry and the Sanatorium. Close liaison must be maintained with the Medical Officer of Health and the Public Health Nurses in their districts. Consultation with the Rehabilitation Counselor at the Sanatorium is essential and of great benefit to us.

OTHER VISITS - Total 391

These are visits made to schools, business establishments, the Sanatorium, etc.

TUBERCULIN TESTS

1. Tests done at Chest Clinic	1,014 positive	181
2. Tests done at home, school, etc.	4,796	" 489
(a) Nursing Aides (before & after BCG)	874 positive	290
(b) Contacts at home	41	" 1
(c) Contacts at school	318	" 9
(d) Grade X survey	3,375	" 129
(e) Staff contacts at work (8 groups)	188	" 60
	4,796	489
Total Tests		5,810 positive 670

SCHOOL SURVEY

The Grade I pupils were tuberculin tested by the Public Health Nurses in each of their districts in the City. The reactors' families were referred to the Chest Clinic for follow-up. Grade X students were tested by us, with the same follow-up on their contacts.

OTHER ACTIVITIES

Attendance at regular monthly meeting of the Health Department Nurses' Education Programme.

Attendance at weekly doctors' conference at the Sanatorium.

Lecture given each month to affiliate students at the Sanatorium.

Three Public Health Nurses from the University attended the Clinic as part of their field work. Other students from local hospitals visited for field trips and observation.

A series of eight lectures conducted by the Alcoholism Foundation at the Sanatorium was attended by both nurses on a rotational basis.

Both nurses were privileged to attend the Canadian Tuberculosis Conference in Edmonton, in June.

WELFARE

While we are primarily interested in tuberculosis control and case finding, there are always those in need of extra assistance due to the long term of the illness.

Seven trips were made to the Sanatorium, providing transportation to 15 patients attending Clinic, one for admission. These were all overdue for examination and with very limited funds. Three families were driven to the City Hall for x-ray.

Six families were started on assistance with milk; three were discontinued, with 17 families presently receiving this help.

TUBERCULIN TESTS

1. Tests done at Chest Clinic	1,014 positive	181
2. Tests done at home, school, etc.	4,798	489
(a) Nursing Aides (before & after WCD)	41	190
(b) Contacts at home	"	1
(c) Contacts at school	318	9
(d) Grade X survey	3,375	139
(e) Staff contacts at work (8 groups)	188	60
	4,798	489
Total Tests	5,812	670 positive

SCHOOL SURVEY

The Grade I pupils were tuberculin tested by the Public Health Nurses in each of their districts in the City. The reactors' families were referred to the Chest Clinic for follow-up. Grade X students were tested by us, with the same follow-up on their contacts.

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Six families were started on assistance with milk; three were discontinued, with 17 families presently receiving this help.

Fourteen bottles of vitamins and 12 of Cod Liver Oil were distributed. Pyjamas and slippers were purchased for two admissions and help with used clothing provided.

Nine families received Christmas Hampers. Mr. Beesley and Mr. Gooder accompanied me on these deliveries. Gifts for 27 children were provided by the Kinettes.

The guidance and excellent cooperation received from you and your Department is sincerely appreciated.

Respectfully submitted,

Irene H. Walton,
Nurse-in-Charge,
Chest Clinic, City Hall.

The pre-employment programme is progressing and a few of the larger employers are taking advantage of this service. In addition to this, we carried out a biennial x-ray survey on eight industrial firms in co-operation with their company doctors and the Workmen's Compensation Board.

A survey of 22 Nursing Homes and Chronic Hospitals was conducted by Mr. Anderson, Director of X-Ray Survey, Alberta Tuberculosis Association. A portable 15 K.A. unit was used on this project and a total of 574 non-ambulant patients were x-rayed. Following is a table showing the results:

Active X-Rayed	Inactive TB	Probable Neoplasms	Further Examination Requested	Pleurisy Inactive	Non-TB Conditions	Total Abnormal- ities
574	19	4	4	4	351	297

In presenting this report, we wish to thank the City of Calgary and your Department as well as the Provincial Department of Public Health and the Calgary Tuberculosis Association for their co-operation throughout the year.

The statistical summary follows.

Respectfully submitted,

H. S. Holme, Technician,
Chest X-Ray Clinic,
City Hall.

Fourteen bottles of vitamins and 12 of Cod Liver Oil were distributed. Pyjamas and slippers were purchased for two children and help with used clothing provided.

Nine families received Christmas Hampers. Mr. Bonasay and Mr. Gooder accompanied me on these deliveries. Gifts for 23 children were provided by the Ministry.

The guidance and excellent cooperation received from you and your Department is sincerely appreciated.

Respectfully submitted,

Ernest H. Walton,
Press-in-Charge,
Chest Clinic, City Hall.

L. C. Allan, Esq., M.B., ChB., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It is once again my privilege to report on the activities of the Chest X-Ray Clinic for the year 1962.

This unit is sponsored by the Alberta Tuberculosis Association and is financed by the sale of Christmas Seals. It is operated in co-operation with the Provincial Department of Public Health and the City of Calgary Health Department.

One of the highlights of the year must be, of course, the move to our present location in the new Civic Administration Building. This not only provides us with better facilities to cater to a larger number of the public but also to maintain closer liaison with our Kinsmen Nurses who are located with us in a compact unit.

The pre-employment programme is progressing and a few of the larger employers are taking advantage of this service. In addition to this, we carried out a biannual x-ray survey on eight industrial firms in co-operation with their company doctors and the Workmen's Compensation Board.

A survey of 22 Nursing Homes and Chronic Hospitals was conducted by Mr. Anderson, Director of X-Ray Survey, Alberta Tuberculosis Association. A portable 15 M.A. unit was used on this project and a total of 674 non-ambulant patients were x-rayed. Following is a table showing the results:

Number X-Rayed	Inactive TB	Probable Neoplasm	Further Examination Requested	Pleurisy Inactive	Non-TB Conditions	Total Abnormalities
674	19	4	4	4	261	292

In presenting this report, we wish to thank the City of Calgary and your Department as well as the Provincial Department of Public Health and the Calgary Tuberculosis Association for their co-operation throughout the year.

The statistical summary follows.

Respectfully submitted,

M. S. Holme, Technician,
Chest X-Ray Clinic,
City Hall.

J. C. Allan, Esq., M.B., Ch.B., D.P.H.,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It is once again my privilege to report on the activities of the
Chest X-Ray Clinic for the year 1957.

This unit is sponsored by the Alberta Tuberculosis Association
and is financed by the sale of Christmas Seals. It is operated in co-operation
with the Provincial Department of Public Health and the City of Calgary Health
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One of the highlights of the year must be, of course, the move
to our present location in the new Civic Administration Building. This not
only provides us with better facilities to cater to a larger number of the
public but also to maintain closer liaison with our kinship nurses who are
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In presenting this report, we wish to thank the City of Calgary and
your Department as well as the Provincial Department of Public Health and the
Calgary Tuberculosis Association for their co-operation throughout the year.

The statistical summary follows.

Respectfully submitted,

M. E. Holmes, Technologist,
Chest X-Ray Clinic,
City Hall.

SUMMARY - CHEST X-RAY CLINICS - 1962

Clinics	General	Industrial	Nursing Aides	Schools	Total Attendance	Probable TB		Other Abnormalities					Total Abnormalities
						Active	Inactive	Probable Neoplasm	Further Exam. Requested	Pleurisy Active	Pleurisy Inactive	Non-Tuber. Condition	
1962													
CALGARY CITY HALL													
January	686	2	57	85	830	-	19	-	12	-	-	17	48
February	543	-	31	196	770	-	22	-	6	-	-	12	40
March	543	-	54	35	632	-	27	-	18	-	3	11	59
April	1,030	72	58	100	1,260	-	38	-	17	-	12	20	87
May	865	50	56	25	996	-	19	-	19	-	2	8	48
June	483	47	29	16	575	-	20	-	7	-	5	9	41
July	497	12	25	5	539	-	12	-	4	-	-	11	27
August	557	34	-	-	591	-	24	-	4	-	2	11	41
September	493	36	-	1	530	-	21	-	11	-	5	16	53
October	473	64	2	44	583	1	24	-	8	-	6	19	58
November	525	-	59	419	1,003	1	16	-	20	-	6	15	58
December	495	56	20	121	692	-	12	1	10	-	4	16	43
TOTAL	7,190	373	391	1,047	9,001	2	254	1	136	-	45	165	603

VICTORIAN ORDER REPORT

for

1962

Madame Chairman, Ladies and Gentlemen:

Today, it is my privilege to report to you on the visiting nursing service which you as citizens have provided through the Victorian Order of Nurses, a United Fund Agency, to the residents of Calgary, Bowness and Montgomery.

First of all, I would like to express on behalf of the nurses, our sincere appreciation to Mrs. Might, our President, and other Board members for giving us understanding support throughout the year.

To our staff nurses and to Mrs. La Pointe may I say thank you for all your diligent and excellent work.

The direction from the medical profession, the financial assistance from the United Fund, and the co-operation and assistance of the other community agencies and groups has made our year a successful one. Special mention goes to the Stampede City Cosmopolitan Club, a group which has accepted our needs as its main project.

I am certain that the Board members and the staff would wish me to express our gratitude to the staff of our National Office, and especially to Miss Swinton, our Regional Director, for her wise counsel and guidance throughout the year.

The Victorian Order service has been available to the citizens of Calgary regardless of race, colour or creed since 1909. The service is primarily a visiting nursing programme which provides skilled nursing care to patients in their homes, on a visit basis, and combines with this care, health teaching to the patient and family.

AREA COVERED:

The services of the Victorian Order are available to the citizens of Calgary, Bowness and Montgomery.

Population -	Calgary	-	269,068
	Bowness	-	9,352
	Montgomery	-	<u>5,100</u>
	Total		<u>283,520</u>

PROGRAMME FOR THE CITY OF CALGARY:

(1) Nursing Care. Nursing Care visits are provided daily or less frequently to the patient, depending on the patient's needs. These visits include care necessary between V.O.N. visits, the instruction of rehabilitation exercises to prevent the occurrence of deformities and to improve the present disability. All nursing care visits are made under the direction of a doctor. The cost is \$2.75 per visit but is adjusted according to the family's means.

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AREA COVERED:

The services of the Victorian Order are available to the citizens of Calgary, Bowmont and Montgomery.

Population -	Calgary	288,008
	Bowmont	9,332
	Montgomery	3,100
Total		297,230

PROGRAMME FOR THE CITY OF CALGARY:

(1) Nursing Care. Nursing Care visits are provided daily or less frequently to the patient, depending on the patient's needs. These visits include care necessary between V.O.N. visits, the instruction of rehabilitation exercises to prevent the occurrence of deformities and to improve the patient's disability. All nursing care visits are made under the direction of a doctor. The cost is \$1.75 per visit but is adjusted according to the family's means.

The total of 20,528 visits consists of the following:

Nursing Care - 16,182 (or 78.5% of visits) were made to 998 patients.

Maternity Care - 4,178 (or 21.5% of visits) were made to 1,519 patients.

(2) Maternity Care: Because no other agency provides a service to the maternity patient, the Victorian Order offers a service to this group. The nurses instruct mothers to care for themselves before the baby is born, assist at the time of delivery if necessary and afterward give nursing care to both the mother and baby, supervising their health during the first few weeks.

(3) Prenatal Classes: These classes are held once a week at Knox United Church. Included are relaxation procedures and health education. Two series of Prenatal Classes were held in Haysboro also. The fee for these classes is \$8.00. One hundred and thirty mothers attended these classes.

(4) Adoptive Parents: The course for adoptive parents was introduced in Calgary in September of 1962, when it was felt that adoptive parents may derive greater benefit from association with other prospective parents in a parallel situation, rather than in regular prenatal class attendance. The courses are of four weeks duration, one night a week, at a charge of \$5.00 per couple per series. Twelve couples attended these classes. These classes were planned with the assistance of the Adoption Section of the Provincial Welfare.

(5) Student Programme: The City of Calgary has two Schools of Nursing, the Holy Cross Hospital and the Calgary General Hospital. To assist in the education of nurses, the Victorian Order offers an affiliation which gives the student a better understanding of patients' problems when there is illness in the home and also to have a working knowledge of the services of other community agencies. At present, two nurses a week from the Holy Cross Hospital and the Calgary General observe with the Order for two days. Each year five or six nurses from the University of Alberta and the University of Saskatchewan are with the Calgary Branch for a two to three week period of observation and experience. Student nurses receiving two days experience numbered 98. There were six University students in 1962.

(6) Hospital Referral Programme: The importance of hospital referral programmes and the resulting improved utilization of hospital beds has special significance in most communities today. Improved patient care is possible through the planned discharge of the patients, providing continuity of care when necessary. Better utilization of existing beds is of economic importance due to rising hospital construction costs. The Calgary General Hospital has such a plan functioning here since January, 1961. At present a V.O.N. nurse spends three hours a day five days a week in the hospital. The nurse makes rounds on the wards each day, is available for consultation and conference with physicians and hospital personnel. The hospital pays the Calgary Branch on an hourly rate; this being \$3.00 per hour or \$45.00 per week. In 1962, 158 patients were admitted through this programme. The Administration of the Holy Cross Hospital, the Children's Hospital, Col. Belcher and the Cross Bow Auxiliary Hospital have all been approached to have a similar programme, but all four hospitals are unable to finance this added expense and the V.O.N. are unable to do it with the present budget.

Two staff nurses have taken a 16-week course on "Leadership in Group Development". The techniques for group discussions they have learned are

The total of 20,328 visits consists of the following:

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(1) Maternity Care: Because no other agency provides a service to the maternity patient, the Victorian Order offers a service to this group. The nurses instruct mothers to care for themselves before the baby is born, assist at the time of delivery if necessary, and afterward give nursing care to both the mother and baby, supervising their health during the first few weeks.

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Two staff nurses have taken a 16-week course in "Leadership in Group Development". The techniques for group discussion they have learned are

being used when conducting the Prenatal and Adoptive Parents' classes.

During 1962, three very important submissions have been made: one, on the structure and services of the V.O.N. in Alberta; one, a detailed account of the staffs, their education and educational needs for the future; and the last submission, to the Department of Health, explaining the financial needs of the V.O.N. in order to carry on and progress.

What is the role of the voluntary agency? If government assumes more responsibility for health care, will our contribution as a voluntary agency be altered? A health care plan has not been introduced yet in Canada or Alberta. Miss Helen Carpenter, Dean of the School of Nursing, University of Toronto, suggests that our contribution in the meantime should be:

1. Continue to meet needs not being met by government.
2. Explore new areas in which there are unmet needs.
3. Demonstrate methods to improve and co-ordinate health services.
4. Keep before the public the example of "excellence in nursing".

In order to meet the goals, we need to react to the changes, the needs and the circumstances of our present Society; we must be flexible in seeking ways to assist in looking into new problems; we must work closely and have close co-operation with the official agency and other health and welfare groups and lastly we must be aware of the need and employ highly qualified staff, able to give leadership and to initiate and direct new projects.

As I prepared this report, I browsed through previous reports, addresses made at annual meetings and articles in magazines, all having expressed praise for our achievements, thanks for the services and faith in our future.

I am sure that you all share with me the hope that any contribution we are able to make will be in keeping with the fine tradition built by those who founded the Victorian Order of Nurses and gave leadership to its work during the past 66 years.

Respectfully submitted,

Eleanor MacDougall,
District Director.

Pay Status of Visits

	1960	1961	1962
Full	4,100	4,364	4,233
Part	3,288	4,577	3,077
Free	7,230	7,721	7,298
No Charge	4,521	5,533	3,826
Insurance	46	73	-
Contract	5	10	13
Govt. (O.P.A.)	50	54	31
	19,539	27,962	28,538

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In order to meet the goals, we need to react to the changes, the needs and the circumstances of our present Society; we must be flexible in seeking ways to assist in looking into new problems; we must work closely and have close co-operation with the official agency and other health and welfare groups and finally we must be aware of the need and employ highly qualified staff, able to give leadership and to initiate and direct new projects.

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Respectfully submitted,

Elisavet Macdonnell,
District Director.

V. O. N.

SERVICE STATISTICS

	Nursing Care			Health Instruction		
	1960	1961	1962	1960	1961	1962
Prenatal	26	50	8	38	98	92
Postnatal	43	30	31	1,467	1,476	1,289
Newborn	535	448	510	1,948	1,897	2,248
Infant	26	47	45	654	838	376
Preschool	42	55	46	17	22	37
School Age	47	380	325	6	48	17
Adult	13,740	15,049	15,349	514	1,127	-
Total	14,459	16,059	16,314	4,644	5,506	4,049

Total Visits

	1960	1961	1962
Nursing care	14,459	16,059	16,311
Health instruction	4,644	5,506	4,049
Pt. not seen	393	454	138
On behalf of patient	27	58	30
False calls	-	-	3
Home delivery (equivalent visits)	10	5	-
Total	19,533	22,082	20,531

Number of Patients Visited

	1960	1961	1962
Prenatal	27	43	48
Postnatal	771	746	716
Newborn	781	764	755
Infant	31	45	49
Preschool	22	22	24
School Age	8	13	15
Adult	847	958	910
	2,487	2,591	2,517

Pay Status of Visits

	1960	1961	1962
Full	4,160	4,564	4,233
Part	3,289	4,577	5,077
Free	7,550	7,221	7,299
No Charge	4,433	5,633	3,626
Insurance	46	23	-
Contract	5	10	13
Govt. (D.V.A.)	50	54	81
	19,533	22,082	20,531

V. O. N. SERVICE STATISTICS

Nursing Care		Health Instruction	
1960	1961	1960	1961
Pre-natal	20	38	98
Post-natal	43	1,476	1,389
Newborn	232	1,948	2,348
Infant	26	824	278
Preschool	42	17	32
School Age	47	48	11
Adult	12,740	1,132	-
Total	16,039	4,644	4,047

Total Visits

1960	1961	1962
16,039	16,039	16,311
4,644	2,306	4,047
393	424	138
17	28	30
-	-	1
10	2	-
19,533	22,082	20,521

Number of Patients Visited

1960	1961	1962
37	43	45
771	748	716
781	764	722
31	48	49
22	22	26
8	13	12
847	928	910
2,487	2,391	2,517

Pay Status of Visits

1960	1961	1962
4,160	4,564	4,232
2,289	4,527	2,077
7,220	7,221	7,299
4,433	2,673	2,626
48	22	-
2	10	17
20	24	81
19,232	22,082	20,521

Govt. (D.V.A.)
Contract
Insurance
No Charge
Free
Part
Full

	<u>1960</u>	<u>1961</u>	<u>1962</u>	
<u>FISCAL STATEMENT</u>				
Attendance at Prenatal Classes	169	158	130	1961
Referrals from the C.G.H.	-	179	158	
Salaries			\$138,368.93	\$136,006.14
Travelling Expenses			313.20	117.90
Private Car Allowances			7,227.50	7,551.74
Rental - Passenger Cars			2,367.50	2,590.50
Employees' Transit Tickets & Passes			1,394.79	1,332.42
Maintenance & Repair - Equipment			890.85	453.28
Utilities			167.64	274.30
Telephones & Telegrams			313.69	313.35
Laundry Service			612.92	605.34
Milk Inspection			1,000.93	1,231.51
Meat Inspection			37.36	-
Fly and Insect Control			12,044.45	11,611.87
Postage			-	433.55
Printing, Stationery & Office Supplies			2,446.49	1,934.63
Janitorial & Housekeeping Supplies			85.27	136.96
Laboratory Materials & Supplies			567.46	1,307.62
Sundry Materials			272.90	415.59
Drugs & Serums			393.30	32.87
Chemicals & Disinfectants			233.40	210.98
Laboratory Equipment			346.44	296.78
Furniture & Furnishings			375.30	497.00
Aid to Needy (Milk)			1,310.18	1,539.03
Staff Development & Training			196.00	-
Subs Programs			1,397.72	-
			<u>\$174,430.32</u>	<u>\$168,815.48</u>

SCHOOL MEDICAL & DENTAL SERVICES

Salaries	\$291,896.11	\$250,930.40
Travelling Expenses	519.08	318.15
Private Car Allowances	4,876.80	4,113.00
Rental - Passenger Cars	4,735.50	5,298.00
Employees' Transit Tickets & Passes	5,315.20	4,064.11
Maintenance & Repair - Equipment	387.58	46.81
Laundry Service	684.50	432.43
Printing, Stationery & Office Supplies	2,096.20	2,029.29
Medical Supplies	2,973.64	2,616.83
Dental Supplies	3,404.44	3,163.13
Sundry Materials	602.25	602.45
Equipment - Medical & Dental	288.76	357.84
Furniture & Furnishings	323.67	207.06
Aid to Needy (Glasses)	1,163.57	953.13
Staff Development & Training	326.00	161.20
	<u>\$321,589.43</u>	<u>\$277,095.43</u>

Attendance at Prenatal		Referrals from the C.D.H.	
Classroom	1960	1961	1962
	169	158	150
	-	179	158
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100th			

FINANCIAL STATEMENT

HEALTH DEPARTMENT (General)

	<u>1962</u>	<u>1961</u>
Salaries	\$138,368.93	\$136,008.14
Travelling Expense	313.20	117.90
Private Car Allowances	7,227.50	7,551.74
Rental - Passenger Cars	2,242.50	2,590.50
Employees' Transit Tickets & Passes	1,394.79	1,232.42
Maintenance & Repair - Equipment	890.85	453.28
Utilities	162.64	274.20
Telephones & Telegrams	315.69	318.35
Laundry Service	612.92	605.34
Milk Inspection	1,000.93	1,231.51
Meat Inspection	33.56	-
Fly and Insect Control	12,044.45	11,611.87
Postage	-	433.55
Printing, Stationery & Office Supplies	2,444.49	1,934.63
Janitorial & Housekeeping Supplies	85.27	136.96
Laboratory Materials & Supplies	567.46	1,302.82
Sundry Materials	272.90	415.59
Drugs & Serums	395.20	32.87
Chemicals & Disinfectants	233.40	210.98
Laboratory Equipment	346.44	296.78
Furniture & Furnishings	375.30	497.00
Aid to Needy (Milk)	1,310.18	1,559.05
Staff Development & Training	194.00	-
Sabin Programme	3,597.72	-
	<u>\$174,430.32</u>	<u>\$168,815.48</u>

SCHOOL MEDICAL & DENTAL SERVICES

Salaries	\$291,866.11	\$250,920.40
Travelling Expense	510.00	318.15
Private Car Allowances	4,670.00	4,115.00
Rental - Passenger Cars	4,735.50	5,298.00
Employees' Transit Tickets & Passes	5,115.20	4,064.11
Maintenance & Repair - Equipment	142.58	46.41
Laundry Service	484.50	432.43
Printing, Stationery & Office Supplies	2,394.20	2,029.29
Medical Supplies	2,913.64	2,616.83
Dental Supplies	5,994.44	5,163.13
Sundry Materials	662.24	602.45
Equipment - Medical & Dental	288.78	567.84
Furniture & Furnishings	323.87	207.06
Aid to Needy (Glasses)	1,163.57	553.13
Staff Development & Training	324.00	161.20
	<u>\$321,588.63</u>	<u>\$277,095.43</u>

FINANCIAL STATEMENT

<u>HEALTH DEPARTMENT (General)</u>		
Salaries	\$138,368.93	\$138,008.14
Traveling Expense	212.30	117.90
Private Car Allowance	7,327.50	7,327.50
Rental - Passenger Cars	2,242.50	2,242.50
Equipment, Transit Tickets & Passes	1,304.79	1,302.42
Maintenance & Repair - Equipment	890.82	422.28
Utilities	162.64	274.20
Telephones & Telegrams	212.89	218.22
Laundry Service	812.92	802.24
Milk Inspection	1,000.93	1,221.21
Meat Inspection	22.26	-
Fly and Insect Control	12,044.42	11,811.87
Postage	-	422.22
Printing, Stationery & Office Supplies	2,444.49	1,924.62
Janitorial & Housekeeping Supplies	82.27	126.96
Laboratory Materials & Supplies	267.46	1,302.82
Sundry Materials	272.90	412.29
Rings & Buttons	292.20	32.87
Chemicals & Disinfectants	222.40	210.98
Laboratory Equipment	246.44	296.78
Furniture & Fixtures	222.20	407.00
Aid to Noddy (Milk)	1,210.18	1,229.02
Staff Development & Training	194.00	-
Sabin Programme	2,297.12	-
	<u>\$174,420.22</u>	<u>\$168,812.48</u>

SCHOOL MEDICAL & DENTAL SERVICES

Salaries	\$291,866.17	\$220,920.40
Traveling Expense	210.00	218.12
Private Car Allowance	4,870.00	4,112.00
Rental - Passenger Cars	4,722.50	3,298.00
Equipment, Transit Tickets & Passes	2,112.20	4,004.11
Maintenance & Repair - Equipment	142.28	46.41
Laundry Service	484.20	422.42
Printing, Stationery & Office Supplies	2,384.20	2,028.28
Medical Supplies	2,912.64	2,618.82
Dental Supplies	2,904.44	2,192.12
Sundry Materials	692.24	602.42
Equipment - Medical & Dental	288.78	267.84
Furniture & Fixtures	222.87	207.06
Aid to Noddy (Glucose)	1,162.27	222.12
Staff Development & Training	224.00	101.20
	<u>\$221,288.62</u>	<u>\$227,092.42</u>

INFANT & PRE-SCHOOL CLINICS

	<u>1962</u>	<u>1961</u>
Salaries	\$ 35,815.49	\$ 20,407.18
Private Car Allowances	1,080.00	715.00
Rental - Passenger Cars	3,098.00	1,320.00
Employees' Transit Passes & Tickets	247.04	274.08
Rental - Buildings & Property	1,450.00	734.00
Maintenance & Repair - Buildings & Property	612.29	579.65
Maintenance & Repair - Equipment	239.72	185.60
Utilities	1,692.35	1,221.50
Telephones & Telegrams	660.25	415.50
Janitorial Service	1,527.60	775.20
Laundry Service	612.00	378.77
Janitorial & Housekeeping Supplies	275.98	213.96
Sundry Materials	781.84	775.49
Furniture & Furnishings	5,669.97	892.05
Equipment - Medical & Dental	6,368.04	978.80
Ground Development	2,690.19	4,905.03
	<hr/>	<hr/>
	\$ 62,820.76	\$ 34,671.81
	<hr/>	<hr/>

SUMMARY

Health Department - General	\$174,430.32	\$168,815.48
School Medical & Dental Services	321,588.63	277,095.43
Infant & Pre-School Clinics	62,820.76	34,671.81
	<hr/>	<hr/>
	\$558,839.71	\$480,582.72
	<hr/>	<hr/>
Less:-		
Fees, Charges Recovered, Misc. Sales	\$ 11,592.29	\$ 9,269.45
Provincial Government Grants	157,142.40	141,256.80
	<hr/>	<hr/>
	\$390,102.02	\$330,056.47
	<hr/>	<hr/>
Population	269,068	241,675
Per Capita Expenditure	1.45	1.36
Per Capita Expenditure Without Consideration of Grants	2.03	1.95

INFANT & PRE-SCHOOL CLINICS		1981	1982
Salaries		\$ 20,407.18	\$ 22,812.48
Private Car Allowances		712.00	1,080.00
Rental - Passenger Cars		1,320.00	2,088.00
Employees' Transit Passes & Tickets		374.00	247.04
Rental - Buildings & Property		734.00	1,420.00
Maintenance & Repair - Buildings & Property		270.00	612.20
Maintenance & Repair - Equipment		187.60	220.72
Utilities		1,221.20	1,682.22
Telephones & Teletype		412.20	600.22
Janitorial Services		722.20	1,221.60
Laundry Service		278.72	612.00
Janitorial & Housekeeping Supplies		212.88	272.88
Laundry Materials		722.48	781.24
Furniture & Fixtures		882.00	2,662.22
Equipment - Medical & Dental		928.80	6,268.04
Ground Development		4,902.02	2,600.12
		<u>\$ 34,671.81</u>	<u>\$ 62,820.70</u>
SUMMARY			
Health Department - General		\$168,812.68	\$174,420.22
School Medical & Dental Services		277,092.42	221,288.82
Infant & Pre-School Clinics		24,671.81	62,820.70
		<u>\$480,282.72</u>	<u>\$458,819.71</u>
Total -			
Fees, Charges Recovered, Misc. Sales		\$ 8,280.42	\$ 11,282.20
Provincial Government Grants		141,228.80	127,142.40
		<u>\$249,088.47</u>	<u>\$238,102.02</u>
Population		241,672	209,068
Per Capita Expenditure		1.36	1.23
Per Capita Expenditure Without Consideration of Grants		1.92	2.02

