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Calgary (Alta.). Health Department.

Publication/Creation

[Place of publication not identified] : [s.n], [1963]

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CITY OF CALGARY

DEPARTMENT OF PUBLIC HEALTH

Annual Report for the Year 1963

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The figures appearing in this report, the natural increase in the population for 1963, were calculated by subtracting the deaths from the births. The figure is 72, which is less than the natural increase recorded in the previous year. It should be pointed out that the difference between the over-all population increase (7,907) and the natural increase (6,252) or 1,655 represents the approximate number of persons who have come from other places to live in the City.

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

Year	Census Population	Over-all Increase	% Increase	Natural Increase Residents	+ Previous Year
1963	276,973	7,907	2.94	6,252	+ 72
1962	269,066	27,392	12.33	6,180	+ 372
1961	261,673	6,247	2.81	5,808	+ 136
1960	235,428	17,010	7.79	5,944	+ 220
1959	218,418	11,587	5.60	5,724	+ 550

The rates appearing in the statistical tables of the report are based on the 1961 civic census population of 276,973.

The number of marriages recorded during the year numbered 2,171 for a rate of 7.8. This is a decrease over the previous year of 174 marriages despite an increased population. The marriage rate has been steadily declining over the past three years. This decline may be partially attributed to the low birth rate during the years of World War II. The rate of 7.8 per 1,000 is still above the national and provincial averages.

Year	Marriages	Rate per 1,000 Population
1963	2,171	7.8
1962	2,345	8.7
1961	2,391	9.6
1960	2,378	9.7
1959	2,316	10.6

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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 1963.

The civic census taken in March 1963 disclosed that the population had been enumerated as 276,975. The over-all increase in population for 1963 is 7,907 for a percentage increase of 2.94%. On August 15th, 1963, the Village of Montgomery was incorporated within the City limits of Calgary. The Montgomery population, 4,680 persons, is not included in the over-all population increase figure of 7,907. As the Village was only a part of Calgary for 4½ months in the year 1963, its population has not been included in the calculations of the statistics appearing in this report. The natural increase in the population for 1963, or the difference in number between the actual births and the deaths of City residents, was 6,252 (i.e. 8,032 minus 1,780 deaths). The figure is 72 more than the natural increase recorded in the previous year. It should be pointed out that the difference between the over-all population increase (7,907) and the natural increase (6,252) or 1,655 represents the approximate number of persons who have come from other places to live in the City.

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

Year	Census Population	Over-all Increase	% Increase	Natural Increase Residents	+ Previous - Year
1963	276,975	7,907	2.94	6,252	+ 72
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

The rates appearing in the statistical tables of the report are based on the 1963 civic census population of 276,975.

The number of marriages recorded during the year numbered 2,171 for a rate of 7.8. This is a decrease over the previous year of 174 marriages despite an increased population. The marriage rate has been steadily declining over the past three years. This decline may be partially attributed to the low birth rate during the years of World War II. The rate of 7.8 per 1,000 is still above the national and provincial averages.

Year	Marriages	Rate per 1,000 Population
1963	2,171	7.8
1962	2,345	8.7
1961	2,331	9.6
1960	2,276	9.7
1959	2,316	10.6

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 1953.

The civic census taken in March 1953 disclosed that the population had been enumerated as 275,975. The over-all increase in population for 1953 is 7,907 for a percentage increase of 2.94%. On August 15th, 1953, the Village of Montgomery was incorporated within the City limits of Calgary. The Montgomery population, 4,680 persons, is not included in the over-all population increase figure of 7,907. As the Village was only a part of Calgary for 4 months in the year 1953, its population has not been included in the calculation of the statistics appearing in this report. The natural increase in the population for 1953, or the difference in number between the actual births and the deaths of City residents, was 6,322 (i.e., 8,032 minus 1,710 deaths). The figure is 12 more than the natural increase recorded in the previous year. It should be pointed out that the difference between the over-all population increase (7,907) and the natural increase (6,322) or 1,585 represents the approximate number of persons who have come from other places to live in the City.

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

Year	Census Population	Over-all Increase	% Increase	Natural Increase Residents	+ Previous Year
1953	283,088	27,993	11.32	6,180	+ 372
1951	261,672	6,397	2.62	5,808	- 136
1950	255,478	17,010	7.79	5,944	+ 220
1949	218,418	11,587	5.60	5,724	+ 220

The rates appearing in the statistical tables of the report are based on the 1953 civic census population of 275,975.

The number of marriages recorded during the year numbered 2,171 for a rate of 7.8. This is a decrease over the previous year of 174 marriages despite an increased population. The marriage rate has been steadily declining over the past three years. This decline may be partially attributed to the low birth rate during the years of World War II. The rate of 7.8 per 1,000 is still above the national and provincial averages.

Year	Marriages	Rate per 1,000 Population
1953	2,171	7.8
1952	2,345	8.7
1951	2,331	8.6
1950	2,378	8.7
1949	2,316	10.6

The gross number of births registered in the City during the year totalled 9,084 representing a rate of 32.8 per 1,000 population. This figure includes births to parents not normally resident within the City limits. In 1963 there were 8,032 births registered for a rate of 29.0 per 1,000 to actual City residents. This net figure is an increase in births over the previous year of 100. There has been a steady drop in the birth rate over the last ten years since the high of 35.1 recorded in 1953. Though the net birth rate has been slowly dropping over the years, it is still well above the average for the whole of Canada. Included in the gross figure of births (9,084) are 771 illegitimate babies representing 8.5% of all births registered. 612 illegitimate births were recorded to females actually domiciled within the City boundaries or 7.6% of the net total (8,032). This figure of 612 is an increase over the previous year (530) of 82. It will be seen from the table that in the age group 13 - 19 years there were 286 illegitimate births to girls classed as teenagers, with 285 in the 20 - 24 age group.

The number of illegitimate births has been steadily increasing over the last several years. More leisure time and earlier freedom from parental control, coupled with earlier physical maturity of youth, are factors responsible for this rising figure.

ILLEGITIMATE BIRTHS - 1963

Month	City	Out	13	14	15	16	17	18	19	20-24	25-30	31 Plus	1st Child	2nd & Over	Prev. Mrge.	Total
Jan.	42	14			2	4	5	4	3	26	10	2	37	19	6	56
Feb.	62	10				4	4	8	9	28	7	12	46	26	15	72
Mar.	62	7			1	7	5	7	6	*23	11	9	48	21	8	69
Apr.	46	12		2	1	5	4	8	7	*20	8	3	41	17	4	58
May	64	14			3	6	7	8	9	26	12	7	52	26	16	78
June	48	9				2	4	6	8	26	7	4	39	18	10	57
July	44	24	1		2	1	5	4	7	26	15	7	40	28	17	68
Aug.	63	14			1	4	8	11	10	*26	8	9	52	25	13	77
Sep.	47	13			1	3	5	6	5	*20	14	6	39	21	15	60
Oct.	49	17		1	1	3	6	4	10	27	10	4	42	24	9	66
Nov.	35	11				1	4	7	7	13	11	3	35	11	8	46
Dec.	50	14			1	3	3	4	8	24	12	9	43	21	12	64
TOTAL	612	159	1	3	13	43	60	77	89	285	125	75	514	257	133	771

* There were 4 sets of twins. 133 mothers were previously married.

1963 - Illegitimate births - 771 or 8.5% of all births in the City.

1962 - Illegitimate births - 663 or 7.4% of all births in the City.

The gross number of births registered in the City during the year totaled 9,084 representing a rate of 32.8 per 1,000 population. This figure includes births to parents not normally resident within the City limits. In 1983 there were 8,032 births registered for a rate of 29.0 per 1,000 to actual City residents. This net figure is an increase in births over the previous year of 100. There has been a steady drop in the birth rate over the last ten years since the high of 35.1 recorded in 1973. Though the net birth rate has been slowly dropping over the years, it is still well above the average for the whole of Canada. Included in the gross figure of births (9,084) are 771 illegitimate babies representing 8.5% of all births registered. 612 illegitimate births were recorded to females actually domiciled within the City boundaries or 7.5% of the net total (8,032). This figure of 612 is an increase over the previous year (530) of 82. It will be seen from the table that in the age group 15 - 19 years there were 286 illegitimate births to girls classed as teenagers, with 285 in the 20 - 24 age group.

The number of illegitimate births has been steadily increasing over the last several years. More leisure time and earlier freedom from parental control, coupled with earlier physical maturity of youth, are factors responsible for this rising figure.

ILLEGITIMATE BIRTHS - 1983

Month	City	Out	13	14	15	16	17	18	19	20-24	25-30	31 Plus Child Over	1st	2nd & Prev. Mrgs.	Total
Jan.	42	14			2	4	2	4	3	26	10	2	37	19	56
Feb.	82	10				4	4	8	9	28	7	12	46	26	72
Mar.	62	7			1	7	2	7	6	*23	11	9	48	21	69
Apr.	46	12		2	1	2	4	8	7	*20	8	2	41	17	58
May	64	14			3	6	7	8	9	26	12	7	52	26	78
June	48	9				2	4	6	8	26	7	4	39	18	57
July	44	24	1		2	1	2	4	7	26	12	7	40	28	68
Aug.	62	14			1	4	8	11	10	*26	8	9	52	25	77
Sep.	47	13			1	3	2	6	2	*20	14	6	39	21	60
Oct.	49	17		1	1	2	6	4	10	27	10	4	42	24	66
Nov.	35	11				1	4	7	7	13	11	2	32	11	43
Dec.	50	14			1	2	2	4	2	24	12	9	43	21	64
TOTAL	612	159	1	3	12	47	60	77	89	282	122	72	514	227	771

* There were 4 acts of twins. 122 mothers were previously married.

1983 - Illegitimate births - 771 or 8.5% of all births in the City.
 1982 - Illegitimate births - 689 or 7.4% of all births in the City.

VITAL STATISTICS REPORT

Population as shown by civic enumeration in the spring of 1963 was 276,975.

Live Births	-	9,084	Rate per 1,000 population - 32.8
Stillbirths	-	96	Rate per 1,000 live births - 10.6

Included in the above were 1,052 non-resident births and 13 non-resident stillbirths.

The gross number of stillbirths registered during the year numbered 96 for a rate of 0.35 per 1,000 population. The net figure of 83 represents residents only for a rate of 0.30. These figures have remained remarkably constant over the last several years. It is a family tragedy when the months of anticipation of the new baby expected in the home are saddened where the birth event results in a dead child.

Gross deaths during the year 1963 from all causes numbered 2,072 with a corresponding rate per 1,000 of population of 7.5. Gross deaths were actually down over the previous year by 12. This is the first time in five years that the figure has not been an increase over those recorded in the previous year. The net deaths of City residents totalled 1,780 for a rate of 6.4 per 1,000, a slight decrease over previous years. Deaths of non-residents numbered 292.

The following table shows 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, under code numbers A79 - A86, accounted for 509 deaths; vascular lesions affecting the central nervous system, under code number A70, accounted for 274 deaths. 509 + 274 = 783
2. Neoplasms - all forms, under code numbers A44 - A60 433
3. Diseases of the respiratory system, under code numbers A87 - A97, (pneumonia, bronchitis, emphysema, bronchiectasis, etc.) 136
4. Violent and accidental deaths, under code numbers AE138 - AE149 122
5. Certain diseases of early infancy, under code numbers A130 - A135 115
6. Diseases of the digestive system, under code numbers A99 - A107, (peptic ulcers, hernia, cirrhosis of liver, cholecystitis and cholelithiasis, etc.) 87
7. Congenital malformations 40
8. Diseases of the genito-urinary system, under code numbers A108 - A114, (nephritis, pyelitis, renal calculi, etc.) 38
9. Diabetes mellitus, under code number A63 13

VITAL STATISTICS REPORT

Population as shown by civil enumeration in the spring of 1955 was 276,977.

Rate per 1,000 population - 21.8
Rate per 1,000 live births - 10.8

Included in the above were 1,051 non-resident births and 13 non-resident stillbirths.

The gross number of stillbirths registered during the year numbered 95 for a rate of 0.35 per 1,000 population. The net figure of 83 represents residents only for a rate of 0.30. These figures have remained remarkably constant over the last several years. It is a fairly tragedy when the months of anticipation of the new baby expected in the home are saddened when the birth event results in a dead child.

Gross deaths during the year 1955 from all causes numbered 7,012 with a corresponding rate per 1,000 of population of 2.5. Gross deaths were actually down over the previous year by 15. This is the first time in five years that the figure has not been an increase over those recorded in the previous year. The net deaths of city residents totaled 1,780 for a rate of 0.6 per 1,000, a slight decrease over previous years. Deaths of non-residents numbered 532.

The following table shows 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, under code numbers A39 - A50, accounted for 508 deaths; vascular infections affecting the central nervous system, under code number A70, accounted for 274 deaths.	782
2. Neoplasms - all forms, under code numbers A44 - A50	433
3. Diseases of the respiratory system, under code numbers A47, (pneumonia, bronchitis, emphysema, bronchiectasis, etc.)	130
4. Violent and accidental deaths, under code numbers AE138 - AE149	122
5. Certain diseases of early infancy, under code numbers A130 - A135	115
6. Diseases of the digestive system, under code numbers A59 - A107, (gastric ulcers, hernia, cirrhosis of liver, cholecystitis and cholelithiasis, etc.)	87
7. Congenital malformations	40
8. Diseases of the genito-urinary system, under code numbers A108 - A114, (nephritis, pyelitis, renal calculus, etc.)	38
9. Diabetes mellitus, under code number A63	13

Deaths from communicable diseases:

1. Tuberculosis	4
2. Infectious Hepatitis	1
3. Aseptic Meningitis	1

Diseases affecting the heart and circulatory system, together with vascular lesions of the central nervous system, accounted for 37.4% of all mortality in 1963. Diseases in this group showed a slight increase in incidence (783) over the same classification in the previous year (775). Diseases affecting the cardio-vascular system remain the chief cause responsible for ending life. Heart disease occurs generally in the period from mid-adult life to old age. With the increasing life expectancy there will be a greater number of persons at risk in this age group; consequently the number of deaths will increase. Much sound advice is given in the doctor's consulting room, through pamphlets and by the news media on how to stave off heart disease. Those who are overweight should seriously attempt to reduce under their physicians' supervision. The commonest cause of overweight is overeating. Coronary heart disease is taking an increasing toll of human life, especially the adult males. Obesity, heavy cigarette smoking, high blood pressure and physical inactivity have been shown to be associated with the significantly increased incidence of this disease. Everyone should indulge in some form of simple physical exercise or take part in some form of recreational activity. It is only in this way that the heart and circulation retains its tone over the years. Too many people continue to drive everywhere in their automobile or to rely on the elevator taking them to their office. A good brisk walk or simply climbing several flights of stairs during the week are good preventive measures in warding off heart ailments.

Malignant diseases of all forms accounted for 20.9% of deaths, an increase over the previous year. The Canadian Cancer Society carries on year by year an excellent educational campaign to make the public aware of the early danger signs of malignant disease and urging persons with early danger signals to consult their family doctor without delay. Again, with increasing longevity, the incidence of death from these conditions will continue to rise. Early diagnosis provides the only hope for a successful outcome. Many forms of cancer are often too far advanced before the sufferer consults his physician.

During 1963 there were many profound reports of the increasing incidence of cancer of the lung and the relationship to it of cigarette smoking. At the time these reports are current news many people make good resolutions to give up smoking. As a rule, these good resolutions are short lived for many. In 1963 a total of 66 persons died in Calgary of cancer of the lung. This is an increase of 16 cases over the previous year. 55 were males and 11 females. 53 were City residents and 16 cases were from surrounding communities. Of the 53 City cases, 43 were men and 10 female. These figures serve to emphasize that in the male sex the risk is greater than in the female. This figure of 66 deaths from this disease is more than double the cases recorded six years ago when the total incidence for all forms of this disease numbered 31 cases. Studies continue to be reported in many countries on the rising incidence of lung cancer and all point to very valid evidence that it is undoubtedly greatest in persons who have been heavy cigarette smokers. Those who insist on smoking should ensure that they accept a chest x-ray every year for their own safeguard. Only by early detection through an x-ray may the victim have a slim chance of a successful cure.

Deaths from communicable diseases

1. Tuberculosis	1
2. Infectious Hepatitis	1
3. Acute Meningitis	1

Diseases affecting the heart and circulatory system, together with vascular lesions of the central nervous system, accounted for 37.4% of all mortality in 1963. Diseases in this group showed a slight increase in incidence (75%) over the same classification in the previous year (73%). Diseases affecting the cardio-vascular system remain the chief cause responsible for ending life. Heart disease occurs generally in the period from mid-adult life to old age. With the increasing life expectancy there will be a greater number of persons at risk in this age group; consequently the number of deaths will increase. Much sound advice is given in the doctor's consulting room, through pamphlets and by the news media on how to stave off heart disease. Those who are overweight should seriously attempt to reduce under their physician's supervision. The commonest cause of overweight is overeating. Coronary heart disease is taking an increasing toll of human life, especially the adult male. Obesity, heavy cigarette smoking, high blood pressure and physical inactivity have been shown to be associated with the significantly increased incidence of this disease. Everyone should indulge in some form of simple physical exercise or take part in some form of recreational activity. It is only in this way that the heart and circulation retain the tone over the years. Too many people continue to drive everywhere in their automobile or to rely on the elevator taking them to their office. A good brisk walk or simply climbing several flights of stairs during the week are good preventive measures in warding off heart ailments.

Malignant diseases of all forms accounted for 30.9% of deaths, an increase over the previous year. The Canadian Cancer Society carries on year by year an excellent educational campaign to make the public aware of the early danger signs of malignant disease and urging persons with early danger signs to consult their family doctor without delay. Again, with increasing longevity, the incidence of death from these conditions will continue to rise. Early diagnosis provides the only hope for a successful outcome. Many forms of cancer are often too far advanced before the sufferer consults his physician.

During 1963 there were many glowing reports of the increasing incidence of cancer of the lung and the relationship to it of cigarette smoking. At the time these reports are current many people make good resolutions to give up smoking. As a rule, these good resolutions are short lived for many. In 1963 a total of 66 persons died in Calgary of cancer of the lung. This is an increase of 16 cases over the previous year. 32 were males and 11 females. 33 were City residents and 16 cases were from surrounding communities. Of the 33 City cases, 43 were men and 10 female. These figures serve to emphasize that in the male sex the risk is greater than in the female. This figure of 66 deaths from this disease is more than double the cases recorded six years ago when the total incidence for all forms of this disease numbered 31 cases. Statistics continue to be reported in many countries on the rising incidence of lung cancer and all point to very valid evidence that it is undoubtedly great. Smoking should ensure that they accept a chest x-ray every year for their own safeguard. Only by early detection through an x-ray can the victim have a slim chance of a successful cure.

Though no further survey was conducted this year on the smoking habits of school pupils, the nursing staff used the film strip "To Smoke Or Not To Smoke" and the pamphlets available from the Cancer Society in an effort to dissuade the younger generation from ever starting to smoke. The 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 totalled 122, 15 less than for the same category last year. 103 victims were City residents with 19 recorded as from out of town. 5.8% of the total deaths were due to violence in some form or another. Motor accidents accounted for the deaths of 25 City residents. Five deaths were due to accidental poisoning, all of them males. Accidental falls accounted for a total of 31 deaths. Death from this cause is highest in the age group 60 and over. In this category of deaths from violence are included not only deaths due to vehicle mishaps but accidents with firearms, drownings, suicides and homicides. Despite campaigns carried out on an all-year-round basis to make the public safety conscious, to exercise every precaution and respect for firearms and water, every year sees an appalling and needless loss of life from these causes. There were 156 deaths ascribed to ill defined and unknown causes.

In 1963 there were 187 deaths of infants in their first year of life, representing a rate of 20.6 per 1,000 live births. This figure includes 31 non-resident infant deaths. The 156 deaths of infants to City residents represents a net infant mortality rate of 19.4 per 1,000 live births. Gross deaths are 11 fewer than in 1962. Prematurity, congenital malformations and birth injuries account for over 60.0% of the deaths in this category. This figure remains fairly constant over the years. 92 infant deaths or 50.1% occurred in the first 24 hours after delivery. 127 or 67.7% of deaths occurred within the first week of delivery and 141 or 75.4% occurred during the first month.

There were no deaths due to childbirth during the current year although one resident died as the result of an illegal abortion. The fact that no maternal deaths were recorded during the year is a credit to the competence and skill of the medical profession.

Cases of communicable diseases reported to the Department during 1963 totalled 3,268. This is an actual decrease of official reportings from the previous year. The continued use by the medical profession of the new communicable disease reporting forms has been instrumental in compiling a more accurate picture of incidence in the community. Although reportings are by no means complete, recording is showing improvement.

The reporting of measles cases is generally fairly good. 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 a Public Health Nurse, in an attempt to modify the severity of the attack in these contacts. The Nurse visits the home to administer the gamma globulin and at the same time achieves much in the way of health teaching to the family during the visit. Where the gamma globulin was administered to a younger sibling the severity of the attack was invariably quite mild. This programme has been greatly appreciated by the mothers.

Both the live and killed measles vaccines became available in Canada to the medical profession during October 1963 for active immunization against this disease. Generally speaking, its use in this area has not been extensive as yet. Though measles is often lightly regarded by the general

public, it is in many instances responsible for much serious disability. In any family where there is a "delicate" child who has not had measles, every effort should be made to have the child inoculated with this vaccine.

It is again satisfying to report that there were no cases of diphtheria during the year. Three diphtheria carriers were discovered, but the organism in each instance proved to be avirulent.

There were 169 cases of infectious hepatitis reported with one death in an adult. The incidence of this disease during the period under review was only about one half reported during the previous year. For every frank case of this disease diagnosed, there are probably five or six subclinical cases that go unrecognized and act as a reservoir of infection within the community. Increasing attention to personal hygiene and sanitary practices both in the home and at work offer the best protection against this disabling disease. Gamma globulin inoculations were given to all family contacts by the Health Nurses in an effort to prevent spread within the family. Reporting of this disease is believed to be fairly accurate, as unless it is reported to the Department gamma globulin is not available for the family contacts.

There were 28 cases of pulmonary tuberculosis and 13 cases of non-pulmonary tuberculosis admitted for treatment to the Sanatorium from amongst City residents during the year. Although no longer the scourge of former years, it is by no means a disease of the past. Males outnumbered females in incidence by nearly two to one. The majority of cases were found in the older age group; nevertheless six children under the age of five years required admission to the Sanatorium for treatment.

Tuberculin testing and widespread acceptance of a yearly chest x-ray film by the public is a sound answer to discovering cases in the early stages, which may otherwise go undetected within the community. The Department conducted a tuberculin testing programme on all school pupils in Grades 1, IX and X during the year where the parents signed the consent slip. Every child showing a positive reaction is given a chest x-ray. A home visit is made by a Nurse in every instance and each member of the family skin tested and x-rayed where warranted. The degree of response and co-operation improves every year.

There was only one case of poliomyelitis diagnosed during the year. There were 13 cases diagnosed as aseptic meningitis. This is the lowest incidence of these viral diseases in the past decade. A high acceptance rate of immunization protection against poliomyelitis has been responsible for the virtual elimination of poliomyelitis in the community.

With the reporting of western equine encephalomyelitis amongst the horses in Saskatchewan and in the Hanna district to the east of the City there was some concern that it might become evident in this area. There was considerable publicity given to the disease which is of viral origin. Birds are believed to be the natural reservoir of the disease, the virus being transmitted to horses and man by the female mosquito. There was, however, no evidence of this disease in the immediate environs of the City.

The programme to inoculate the City population with Sabin oral poliomyelitis vaccine, which had been postponed from November 1962, got underway in mid-January. The vaccine was made available in all areas of the Province simultaneously during a two-week period in January and March. The programme called for two doses of the vaccine administered at an interval of six weeks.

mobile, it is in many instances responsible for much serious disability. In any family where there is a "delicate" child who has not had measles, every effort should be made to have the child inoculated with this vaccine.

It is again satisfying to report that there were no cases of diphtheria during the year. These diphtheria carriers were discovered, but the organism in each instance proved to be avirulent.

There were 109 cases of infectious hepatitis reported with one death in an adult. The incidence of this disease during the period under review was only about one half reported during the previous year. For every fresh case of this disease diagnosed, there are probably five or six subclinical cases that go undiagnosed and act as a reservoir of infection within the community. Increasing attention to personal hygiene and sanitary practices both in the home and at work offer the best protection against this disabling disease. Gamma globulin inoculations were given to all family contacts by the Health Nurses in an effort to prevent spread within the family. Reporting of this disease is believed to be fairly accurate, as unless it is reported to the Department Gamma globulin is not available for the family contacts.

There were 28 cases of pulmonary tuberculosis and 13 cases of non-pulmonary tuberculosis admitted for treatment to the Sanatorium from amongst City residents during the year. Although no longer the scourge of former years, it is by no means a disease of the past. Milder outbreaks continue to incidence by nearly two to one. The majority of cases were found in the older age group; nevertheless six children under the age of five years required admission to the Sanatorium for treatment.

Tuberculin testing and widespread acceptance of a yearly chest x-ray film by the public is a sound answer to discovering cases in the early stages, which may otherwise go undetected within the community. The Department conducted a tuberculin testing program on all school pupils in Grades I, II, III and X during the year where the parents signed the consent slip. Every child showing a positive reaction is given a chest x-ray. A home visit is made by a nurse in every instance and each member of the family skin tested and x-rayed where warranted. The degree of response and co-operation improves every year.

There was only one case of poliomyelitis diagnosed during the year. There were 17 cases diagnosed as aseptic meningitis. This is the lowest incidence of these viral diseases in the past decade. A high acceptance rate of immunization protection against poliomyelitis has been responsible for the virtual elimination of poliomyelitis in the community.

With the reporting of western equine encephalomyelitis amongst the horses in Saskatchewan and in the Hanna district to the east of the City there was some concern that it might become evident in this area. There was considerable publicity given to the disease which is of viral origin. Birds are believed to be the natural reservoir of the disease, the virus being transmitted to horses and man by the female mosquito. There was, however, no evidence of this disease in the immediate environs of the City.

The program to inoculate the City population with Sabin oral poliomyelitis vaccine, which had been postponed since November 1951, got underway in mid-January. The vaccine was made available in all areas of the Province simultaneously during a two-week period in January and March. The program called for two doses of the vaccine administered at an interval of six weeks

between first and second dose. Only persons who had previously received three doses of the Salk polio vaccine were declared eligible for this oral vaccine. Babies who had completed four doses of the quadruple vaccine were also eligible. This meant that babies under one year of age were excluded from the programme.

A letter to parents, giving full details about the mode of administration, the dosage, details as to who would be eligible, together with information about the safety and mode of action of the vaccine, was prepared. 65,000 of these letters together with a combined consent and record card were filled into envelopes by the volunteer effort of the men of the Calgary Fire Department. This work was cheerfully accepted and accomplished at a time when these men were actually engaged in their Annual Christmas Toy Campaign. This wonderful contribution of time and effort by the City Firemen deserves a special vote of thanks not only from the Health Department but from all parents. The success of the campaign in the schools was in no small way due to the great amount of help received from the Fire Department in getting the information packaged for distribution in the schools by the Public Health Nurses.

Thirty-six public feeding stations were selected at strategic points within the City to provide the best coverage for the preschool children and adults who would be eligible to receive the vaccine. Some 4,500 volunteer recorders and helpers were obtained from the Home and School Associations of the schools selected as feeding stations. Each volunteer donated a period of three hours in support of the programme. I should again like to take this opportunity to thank those who helped in this very worth-while Public Health programme. The Public Health Nurses administered the vaccine to school children in the schools and kindergartens each morning, administered the vaccine at the afternoon sessions and again worked at the evening clinics from 6:30 to 9:00 p.m.

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.

It was unfortunate that the two, two-weekly periods in both January and March coincided with the coldest periods of the winter. Despite the bad weather the following numbers of persons received Sabin vaccine.

	<u>1st Dose</u>	<u>2nd Dose</u>
Infants & Preschool Children	14,244	10,436
School Children	50,676	46,872
Adult Males	11,658	8,127
Adult Females	<u>14,537</u>	<u>9,435</u>
Totals	91,115	74,870

No serious complications resulted in this area from this mass vaccination campaign. A considerable number of reactions to the vaccine were reported to the Department which were investigated and followed up. None of these were of a serious nature and no incidence of disability was recorded.

The incidence of cases of venereal disease during 1963 was less than in the previous year. There was a total of 598 cases of gonorrhoea and 25 cases of syphilis, a reduction of 143 cases of gonorrhoea from last year

between first and second dose. Only persons who had previously received three doses of the Salk polio vaccine were declared eligible for this oral vaccine. Babies who had completed four doses of the quadruple vaccine were also eligible. This meant that babies under one year of age were excluded from the program.

A letter to parents, giving full details about the mode of administration, the dosage, details as to who would be eligible, together with information about the safety and mode of action of the vaccine, was prepared. 65,000 of these letters together with a printed consent and record card were mailed into envelopes by the volunteer effort of the men of the Calgary Fire Department. This work was cheerfully accepted and accomplished at a time when these men were actually engaged in their Annual Christmas Toy Campaign. This wonderful contribution of time and effort by the City Citizens deserves a special vote of thanks not only from the Health Department but from all parents. The success of the campaign in the schools was in no small way due to the amount of help received from the Fire Department in getting the information packaged for distribution in the schools by the Public Health Nurses.

Thirty-six public leading stations were selected as strategic points within the City to provide the best coverage for the preschool children and adults who would be eligible to receive the vaccine. Some 4,500 volunteers and helpers were obtained from the Home and School Associations of the schools selected as testing stations. Each volunteer donated a period of three hours in support of the program. I should again like to take this opportunity to thank those who helped in this very worthwhile Public Health program. The Public Health Nurses administered the vaccine to school children in the schools and kindergarten each morning, administered the vaccine at the afternoon sessions and again worked at the evening clinics from 6:30 to 9:00 p.m.

A specially compounded sugar cube was formulated for the City by the British Columbia Sugar Refining Company which readily absorbed the 1/2 c.c. dose of vaccine yet did not disintegrate when grazed between the fingers.

It was unfortunate that the two, two-weekly periods in both January and March coincided with the coldest periods of the winter. Despite the bad weather the following numbers of persons received Sabin vaccine.

<u>1st Dose</u>		<u>2nd Dose</u>
Infants & Preschool Children	14,344	10,438
School Children	30,678	28,872
Adult Males	17,828	8,127
Adult Females	16,237	9,432
Totals	91,112	74,870

No serious complications resulted in this area from this mass vaccination campaign. A considerable number of reactions to the vaccine were reported to the Department which were investigated and followed up. None of these were of a serious nature and no incidence of disability was recorded.

The incidence of cases of ventricular disease during 1961 was less than in the previous year. There was a total of 398 cases of gonorrhoea and 35 cases of syphilis, a reduction of 143 cases of gonorrhoea from last year.

and an increase in the incidence of syphilis of seven over the previous year. Despite population increase the incidence of these diseases in this area is not showing the sharp upward trends reported in the United States and elsewhere.

During 1963 the management of all businesses connected with food service was contacted to enlist their co-operation in requiring all established employees to accept a chest x-ray on a yearly basis and to require a pre-employment x-ray for all new staff. This service was generally well accepted by the larger firms engaged in the food service business, but poorly accepted by the smaller firms. The Department introduced a wallet-sized card recording date and result of the x-ray which was mailed to all who reported. It was felt that the card retained in a wallet will serve as a reminder for repeat examinations at the proper interval.

From the first graduating class of Dental Auxiliaries at the University of Alberta, the Department was fortunate in obtaining two Dental Hygienists to work in the City Dental Department. A reactivation of the programme offering topical fluoride painting of 8% stannous fluoride was instituted for all children in Grade I completing the application form. A charge of \$1.00 is made for this procedure. Both the child and parent receive a comprehensive talk on the need for good oral hygiene whilst the painting procedure is in progress. This service was further extended to the pre-school group of children who attend at the infant welfare centres. It is hoped to add to the Dental Hygienist staff when the next graduating class completes their course in 1964.

Dr. K. A. Barrett, the Assistant Medical Officer of Health, resigned at the end of June to return to Ireland to take a post graduate study course in pediatrics. We welcomed back to the Department Dr. Agnes E. O'Neil as the Assistant Medical Officer of Health in November. Dr. O'Neil had been the Medical Officer of the Big Country Health Unit in Alberta since leaving the Department in 1960. She has had a good number of years of experience in the field of Public Health and has much to contribute to improving many of the existing programmes.

During the year 138 student nurses from the Calgary General Hospital spent one day apiece with the Public Health Nurses observing the programme. Field training was provided by the Department for four Public Health Nurses from the University of Alberta. These girls spend a period of two weeks in the Department and had an opportunity to participate in all phases of Public Health work. Three Dental Auxiliaries from the University of Alberta were assigned to the Dental Division to observe and participate in the Dental programme.

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

The Department would wish to pay tribute to the ladies who regularly assist in the inoculation centres by acting as recorders and at the Well Baby Clinics where they assist the Nurses.

and an increase in the incidence of syphilis as seen over the previous year. Dentic population increase the incidence of these diseases in this area is not showing the sharp upward trends reported in the United States and elsewhere.

During 1953 the management of all businesses connected with food service was continued to enable their co-operation in requiring all establishments employees to accept a chest x-ray on a yearly basis and to require a pre-employment x-ray for all new staff. This service was generally well accepted by the larger firms engaged in the food service business, but poorly accepted by the smaller firms. The Department introduced a wallet-sized card recording date and result of the x-ray which was mailed to all who reported. It was felt that the card retained in a wallet will serve as a reminder for repeat examinations at the proper interval.

From the first graduating class of Dental Auxiliaries at the University of Alberta, the Department was fortunate in obtaining two Dental Hygienists to work in the City Dental Department. A revision of the program offering topical fluoride painting of 65 stainless fluoride varnishes for all children in Grade 1 completed the application form. A charge of \$1.00 is made for this procedure. Both the child and parent receive a comprehensive talk on the need for good oral hygiene while the painting procedure is in progress. This service was further extended to the pre-school group of children who attend at the infant welfare centers. It is hoped to add to the Dental Hygienists staff when the next graduating class completes their course in 1954.

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The Department would wish to pay tribute to the ladies who regularly assist in the inoculation centers by acting as recorders and at the Well Baby Clinics where they assist the nurses.

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 Assurance Company,

Provincial Department of Health,

The Director and Staff of the Provincial Laboratory of Public Health, Southern Branch,

Calgary General Hospital and Holy Cross Hospital Staffs,

The Calgary Press, Radio and Television Stations and to the many Volunteer Workers in 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., Ch.B., D.P.H.,
Medical Officer of Health.

Year	No. Deaths Including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1963	2,072	7.5	1,780	6.4
1962	2,034	7.7	1,751	6.5
1961	1,921	7.9	1,380	6.3
1960	1,848	7.9	1,327	6.3
1959	1,830	8.4	1,465	6.7

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- Hon. Mr. 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 Hospitals 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 Assurance Company,
- Provincial Department of Health,
- The Director and Staff of the Provincial Laboratory of Public Health, Southern Branch,
- Calgary General Hospital and Holy Cross Hospital Staffs,
- The Calgary Press, Radio and Television Stations and to the many Volunteer Workers in the City.

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Respectfully submitted,

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

TABLE NO. 1

Live Births 1959 - 1963

Out of 9,084 live-born babies registered in 1963, 2,803 were premature (the gestation period recorded as 39 weeks or less) - this represents 30.8% of all births.

Year	Population	No. Including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1963	276,975	9,084	32.8	8,032	29.0
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

TABLE NO. 2

Stillbirths 1959 - 1963

Year	Population	No. Including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1963	276,975	96	0.35	83	0.30
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

MARRIAGES

Number performed in 1963 was 2,171. Rate per 1,000 population - 7.8.

DEATHS

From all causes a total of 2,072 deaths were reported, being a rate of 7.5 per thousand population, including 292 deaths of non-residents.

TABLE NO. 3

MORTALITY RATE (Exclusive of Stillbirths) - 1959 - 1963

Year	No. Deaths Including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1963	2,072	7.5	1,780	6.4
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

TABLE NO. 1

Live Births 1959 - 1963

Out of 5,084 live-born babies registered in 1963, 2,803 were premature (the gestation period recorded as 38 weeks or less) - this represents 55.1% of all births.

Year	Population	No. including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1963	276,975	9,084	32.8	8,032	29.0
1962	269,088	9,008	33.5	7,932	29.5
1961	261,812	9,047	34.6	7,988	30.5
1960	252,418	9,071	36.2	7,971	31.7
1959	218,418	8,781	40.2	7,190	32.9

TABLE NO. 2

Stillbirths 1959 - 1963

Year	Population	No. including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1963	276,975	90	0.32	63	0.20
1962	269,088	92	0.34	78	0.29
1961	261,812	99	0.37	68	0.26
1960	252,418	86	0.34	63	0.25
1959	218,418	64	0.29	52	0.24

REMARKS

Number performed in 1963 was 2,171. Rate per 1,000 population = 7.8.

DEATHS

From all causes a total of 2,072 deaths were reported, being a rate of 7.5 per thousand population, including 203 deaths of non-residents.

TABLE NO. 3

MORTALITY RATE (Exclusive of Stillbirths) - 1959 - 1963

Year	No. Deaths including Non-Residents	Rate per 1,000 Population	No. Residents Only	Rate per 1,000 Population
1963	2,072	7.5	1,780	6.4
1962	2,084	7.7	1,752	6.5
1961	1,921	7.3	1,680	6.3
1960	1,848	7.3	1,523	6.2
1959	1,820	8.4	1,486	6.7

TABLE NO. 4

Chief Causes of Deaths, 1961, 1962 & 1963
(total number including non-residents)

Causes of Death	Number of Deaths			Rate per 100,000		
	1963	1962	1961	1963	1962	1961
Diseases of the heart, arteries and kidneys, including apoplexy	814	809	748	293.9	300.7	309.5
Cancer - all forms	433	421	323	156.3	156.5	133.6
Violent and Accidental Deaths	122	137	135	44.0	50.9	55.9
Certain Diseases of Early Infancy	115	120	131	41.5	44.6	54.2
Pneumonia, Bronchitis & Influenza	103	80	69	37.2	29.7	28.5
Congenital Malformations	40	44	60	14.4	16.3	24.8
Diabetes Mellitus	13	27	23	4.7	10.0	9.5
Communicable diseases (other than T.B., Pneumonia & Influenza)	1	4	5	0.3	1.5	2.1
*Tuberculosis - all forms	4	1	2	1.4	0.4	0.8
All other causes	427	441	425	154.2	163.9	175.8
Totals	2,072	2,084	1,921			

* 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 1963 and the preceding four years.

TABLE NO. 5

Deaths of Infants in the First Year of Life - 1959 - 1963

	1963	1962	1961	1960	1959
Number of Infant Deaths	187	198	223	190	207
Rate per 1,000 Live Births	20.6	22.0	24.6	20.9	23.6

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

1963 - 31; 1962 - 37; 1961 - 51; 1960 - 32; 1959 - 35.

TABLE NO. 4

Chief Causes of Death, 1951, 1952 & 1953
(Total number including non-residents)

Causes of Death	Number of Deaths			Rate per 100,000	
	1951	1952	1953	1951	1952
Diseases of the heart, stroke and kidneys, including apoplexy	816	808	768	292.9	290.7
Cancer - all forms	431	421	323	156.3	152.5
Violent and Accidental Deaths	122	137	135	44.8	50.9
Certain Diseases of Early Infancy	115	120	131	41.5	44.5
Pneumonia, Bronchitis & Influenza	101	80	89	37.3	32.7
Congenital Malformations	40	44	60	14.5	18.7
Diabetes Mellitus	13	23	23	4.7	10.0
Communicable diseases (other than T.B., Pneumonia & Influenza)	1	4	2	0.3	1.2
Tuberculosis - all forms	4	1	2	1.4	0.4
All other causes	457	441	427	154.3	152.8
Totals	2,012	2,004	1,921		

* See Table No. 10 and Death 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 1953 and the preceding four years.

TABLE NO. 5

Deaths of Infants in the First Year of Life - 1950 - 1953

	1953	1952	1951	1950	1953
Number of Infant Deaths	187	198	221	190	207
Rate per 1,000 live births	20.6	22.0	24.6	20.9	22.8

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

1953 - 21; 1952 - 21; 1951 - 21; 1950 - 22; 1953 - 22.

TABLE NO. 6

Infant Mortality by Causes of Deaths 1959 - 1963

Causes of Deaths	1963	1962	1961	1960	1959
Immaturity & ill-defined diseases	71	70	73	68	100
Congenital Malformations	40	42	42	37	34
Postnatal asphyxia and atelectasis	23	26	17	10	10
Pneumonia	13	16	19	12	13
Haemolytic disease of the newborn	6	3	7	3	5
Injuries at birth	5	1	14	24	13
All other causes	29	40	51	36	32
Total	187	198	223	190	207

Of the 187 infant deaths registered this year, 92 occurred within the first twenty-four hours, 35 within the first week and 14 within the first month, representing 75.4% of the total.

MATERNAL DEATHS

One resident of Calgary died as a result of an illegal abortion. There were no deaths of mothers due to puerperal causes in 1963.

TABLE NO. 7

Maternal Mortality (Including Non-residents) 1959 - 1963

Year	Live Births	Number of Maternal Deaths	Rate per 1,000 Live Births
1963	9,084	1	0.11
1962	9,006	1	0.11
1961	9,047	1	0.11
1960	9,071	1	0.11
1959	8,781	2	0.23

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

1963 - 0
 1962 - 1
 1961 - 0
 1960 - 0
 1959 - 1

TABLE NO. 6

Infant Mortality by Cause of Death 1959 - 1963

Cause of Death	1959	1960	1961	1962	1963
Immaturity & ill-defined diseases	71	70	73	68	100
Congenital Malformations	40	42	43	37	34
Postnatal asphyxia and asoleptosis	23	26	17	10	10
Pneumonia	13	16	19	13	13
Haemolytic disease of the newborn	6	3	7	3	5
Injuries at birth	5	1	14	24	13
All other causes	39	40	31	38	13
Total	187	196	223	190	207

Of the 187 infant deaths registered this year, 92 occurred within the first twenty-four hours, 35 within the first week and 14 within the first month, representing 52.4% of the total.

MATERNAL DEATHS

One resident of Calgary died as a result of an illegal abortion. There were no deaths of mothers due to postnatal causes in 1963.

TABLE NO. 7

Maternal Mortality (Including Non-Residents) 1959 - 1963

Year	Live Births	Number of Maternal Deaths	Rate per 1,000 Live Births
1963	9,084	1	0.11
1962	9,000	1	0.11
1961	9,067	1	0.11
1960	9,071	1	0.11
1959	8,781	1	0.23

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

1963	-	0
1962	-	1
1961	-	0
1960	-	0
1959	-	1

TABLE NO. 6

Infant Mortality by Causes of Deaths 1959 - 1963

Causes of Deaths	1963	1962	1961	1960	1959
Immaturity & ill-defined diseases	71	70	73	68	100
Congenital Malformations	40	42	42	37	34
Postnatal asphyxia and atelectasis	23	26	17	10	10
Pneumonia	13	16	19	12	13
Haemolytic disease of the newborn	6	3	7	3	5
Injuries at birth	5	1	14	24	13
All other causes	29	40	51	36	32
Total	187	198	223	190	207

Of the 187 infant deaths registered this year, 92 occurred within the first twenty-four hours, 35 within the first week and 14 within the first month, representing 75.4% of the total.

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1962	9,006	1	0.11
1961	9,047	1	0.11
1960	9,071	1	0.11
1959	8,781	2	0.23

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

1963	-	0
1962	-	1
1961	-	0
1960	-	0
1959	-	1

TABLE NO. 6

Infant Mortality by Cause of Death 1959 - 1963

Cause of Death	1959	1960	1961	1962	1963
Imperforated & III-defined diseases	100	68	73	70	71
Congenital Malformations	36	37	42	42	40
Postnatal asphyxia and atelectasis	10	10	17	28	23
Pneumonia	13	12	19	16	13
Hemolytic disease of the newborn	3	3	7	3	6
Injuries at birth	13	24	14	1	2
All other causes	32	38	31	46	28
Total	207	190	223	198	187

Of the 187 infant deaths registered this year, 92 occurred within the first twenty-four hours, 32 within the first week and 14 within the first month, representing 75.4% of the total.

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One resident of Calgary died as a result of an illegal abortion. There were no deaths of mothers due to postnatal causes in 1963.

TABLE NO. 7

Maternal Mortality (Including Non-Residents) 1959 - 1963

Year	Live Births	Number of Maternal Deaths	Rate per 1,000 Live Births
1963	9,096	1	0.11
1962	9,008	1	0.11
1961	9,047	1	0.11
1960	9,071	1	0.11
1959	8,781	2	0.23

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

1963	-	0
1962	-	1
1961	-	0
1960	-	0
1959	-	1

TABLE NO. 8

Causes of Maternal Deaths - 1963

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

TABLE NO. 9

Reported Cases and Deaths From Communicable Diseases in 1963 (Residents Only)

Disease	Cases		0 - 4 yr.		5 - 14 yrs.		15 & over		Totals	
	M	F	Cases	Dths.	Cases	Dths.	Cases	Dths.	Cases	Dths.
Amoebiasis	1	-					1		1	
Aseptic Meningitis	7	6			9		4	1	13	1
Bacillary Dysentery	1	1			1		1		2	
Diphtheria Carrier	3	-			2		1		3	
Infectious Hepatitis	83	86	9		75		85	1	169	1
Measles	1005	955	855		1086		19		1960	
Meningococcal Meningitis	2	-	1				1		2	
Paralytic Polio- myelitis	1	-	1						1	
Rubella	177	211	101		270		17		388	
Salmonella Infection	15	8	14		4		5		23	
Scarlet Fever & Strep Throat	112	109	51		156		14		221	
Tuberculosis, Pulm.	18	10	4		2		22	4	28	4
Tuberculosis, Non- Pulmonary	6	7			1		12		13	
Whooping Cough	205	239	149		291		4		444	
Totals	1636	1632	1185	-	1897	-	186	6	3268	6

TABLE NO. 2

Causes of Natural Deaths - 1967

Causes of Death	Number including Non-Residents	Residents Only
Abortions (septic & non-septic)	1	1
Accidents of Labour	-	-
Myocardial Infarction	-	-
Myocardial Infarction	-	-
Other Myocardial Causes	-	-

TABLE NO. 3

Reported Causes and Deaths from Communicable Diseases in 1967 (Residents Only)

Disease	Cases		0 - 4 yrs.		5 - 14 yrs.		15 & over		Totals	
	M	F	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Anthrax	1	-					1		1	
Aspic Meningitis	7	6			9		4	1	13	1
Bacterial Dysentery	1	1			1		1		2	
Diphtheria Carrier	3	-			2		1		3	
Infectious Hepatitis	88	88	7		72		82	1	169	1
Measles	1059	938	822		1086		19		1960	
Meningococcal Meningitis	2	-	1				1		2	
Paratyphoid Fever	1	-	1						1	
Rubella	177	211	101		270		17		388	
Salmonella Infection	12	8	10		2		2		14	
Scarlet Fever & Strep Throat	112	169	21		128		10		241	
Tuberculosis, Pulm.	18	10	2		2		21	4	39	4
Tuberculosis, Non-Pulmonary	6	7			1		12		13	
Whooping Cough	202	239	149		201		4		454	
Totals	1896	1822	1182	-	1997	-	186	6	4288	6

CAUSES OF DEATH BY AGE AND SEX (GROSS) 1963

TABLE NO. 10

Reported Cases and Deaths from Tuberculosis 1959 - 1963

Year	New Active Cases	Number of Deaths In City	Number of Deaths In Sanatoria	Total Deaths	Rate per 100,000 Population
1963	41	4	11	15	5.4
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

TABLE NO. 11

Reported Cases and Deaths from Diphtheria, Infectious Hepatitis, Measles, Scarlet Fever and Whooping Cough 1961 - 1963

	Cases			Deaths			Mortality Rate Per 100,000 Population		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
Diphtheria	-	-	-	-	-	-	-	-	-
Infectious Hepatitis	223	343	169	3	3	1	1.2	1.1	.36
Measles	811	3172	1960	1	-	-	.41	-	-
Scarlet Fever	195	173	221	-	-	-	-	-	-
Whooping Cough	34	216	444	-	-	-	-	-	-

TABLE NO. 10

Reported Cases and Deaths from Tuberculosis 1959 - 1963

Year	New Active Cases	Number of Deaths in City	Number of Deaths In Sanatoria	Total Deaths	Rate per 100,000 Population
1959	24	1	9	10	4.0
1960	60	2	8	11	4.7
1961	42	2	8	10	4.1
1962	48	1	6	7	2.6
1963	41	4	11	15	5.4

TABLE NO. 11

Reported Cases and Deaths from Diphtheria, Infectious Hepatitis, Measles, Scarlet Fever and Whooping Cough 1961 - 1963

	Cases			Deaths			Mortality Rate Per 100,000 Population	
	1961	1962	1963	1961	1962	1963	1961	1962
Whooping Cough	24	216	444	-	-	-	-	-
Scarlet Fever	192	173	221	-	-	-	-	-
Measles	811	2172	1980	1	-	-	4.1	-
Infectious Hepatitis	222	242	169	2	2	1	1.2	1.1
Diphtheria	-	-	-	-	-	-	-	-

CAUSES OF DEATH BY AGE AND SEX (GROSS) 1963

	Males	Females	Under 24 hours	Under One Year	1 - 4 Years	5 - 19 Years	20 - 39 Years	40 - 59 Years	60 Years & Over	TOTALS
1. Infective and parasitic diseases	4	5		1			1	2	5	9
2. Neoplasms	246	187	1	1	7	8	16	113	287	433
3. Allergic, endocrine system, metabolic and nutritional diseases, diseases of the blood and blood-forming organs	17	15		1			4	3	24	32
4. Mental, psychoneurotic and personality disorders	4							2	2	4
5. Diseases of the nervous system and sense organs	168	136	1	1	1	1	7	34	259	304
6. Diseases of the circulatory system	305	204		1	1	1	10	73	423	509
7. Diseases of the respiratory system	89	47	1	5		4	3	12	111	136
8. Diseases of the digestive system	59	28		5	2	2	5	22	51	87
9. Diseases of the genito-urinary system	23	15		1			7	7	23	38
10. Diseases and complications of pregnancy, childbirth & puerperium		1					1			1
11. Diseases of the skin and cellular tissue Diseases of the bones and organs of movement	2	1		1					2	3
12. Congenital malformations	21	19	6	25	2	4	2	1		40
13. Certain diseases of early infancy	77	38	83	32						115
14. Symptoms, senility and ill-defined conditions	170	69		20	1		3	44	171	239
15. Accidents, poisonings and violence	89	33		1	9	14	28	22	48	122
TOTALS	1274	798	92	95	23	34	87	335	1406	2072
Stillbirths	54	42								

Causes of Deaths

Intermediate List of 150 Causes

List No.	Causes of Deaths	Sex	Total	Residents	Non-Res.	Age at Death					
						Under 1 yr.	1 - 4	5 - 19	20 - 39	40 - 59	60 yrs. & over
A 1	Tuberculosis of resp. system	M	2	2						1	1
		F	2	2							2
A 10	Syphilis	M	1	1							1
		F	-								-
A 20	Septicaemia and pyaemia	M	-								-
		F	1		1						1
A 29	Acute infectious encephalitis	M	-								-
		F	1	1						1	
A 34	Infectious Hepatitis	M	-								-
		F	1	1					1		-
A 43	All other diseases classified as infective and parasitic	M	1	1		1					-
		F	-								-
A 44	Malignant neoplasm of buccal cavity and pharynx	M	7	7						1	6
		F	2	2						1	1
A 45	Malignant neoplasm of esophagus	M	6	4	2					2	4
		F	4	4							4
A 46	Malignant neoplasm of stomach	M	19	19						3	16
		F	11	10	1					2	9
A 47	Malignant neoplasm of intestine except rectum	M	29	25	4				1	4	24
		F	20	18	2					2	18
A 48	Malignant neoplasm of rectum	M	11	9	2					2	9
		F	4	4						2	2
A 49	Malignant neoplasm of larynx	M	1	1							1
		F	-								-
A 50	Malignant neoplasm of trachea, bronchus and lung	M	55	43	12				1	20	34
		F	11	10	1					7	4
A 51	Malignant neoplasm of breast	M	-								-
		F	35	29	6				2	20	13
A 52	Malignant neoplasm of cervix uteri	M	-								-
		F	10	10					1	3	6
A 53	Malignant neoplasm of other and unspecified parts of uterus	M	-								-
		F	4	3	1						4
A 54	Malignant neoplasm of prostate	M	23	16	7					1	22
		F	-								-
	CARRIED FORWARD		261	222	39	1			6	72	182

Intermediate List of 150 Causes
Causes of Death

- 15 -

List No.	Cause of Death	Sex	Total	Males	Females	Age at Death					Total
						1-14	15-24	25-34	35-44	45-54	
A 1	Tuberculosis of resp. system	M 1 F 2	3	1	2					1	1
A 10	Syphilis	M 1 F -	1	1	-						1
A 20	Septicemia and pyemia	M - F 1	1	-	1						1
A 30	Acute infectious encephalitis	M - F 1	1	-	1					1	1
A 34	Infectious hepatitis	M - F 1	1	-	1			1			1
A 43	All other diseases classified as infective and parasitic	M 1 F -	1	1	-						1
A 44	Malignant neoplasm of buccal cavity and pharynx	M 7 F 3	10	7	3					1	1
A 45	Malignant neoplasm of esophagus	M 6 F 4	10	6	4						1
A 46	Malignant neoplasm of stomach	M 19 F 11	30	19	11						1
A 47	Malignant neoplasm of intestine except rectum	M 29 F 20	49	29	20						1
A 48	Malignant neoplasm of rectum	M 11 F 5	16	11	5						1
A 49	Malignant neoplasm of larynx	M 1 F -	1	1	-						1
A 50	Malignant neoplasm of trachea, bronchus and lung	M 33 F 11	44	33	11						1
A 51	Malignant neoplasm of breast	M - F 22	22	-	22						1
A 52	Malignant neoplasm of cervix uteri	M - F 10	10	-	10						1
A 53	Malignant neoplasm of other and unspecified parts of uterus	M - F 3	3	-	3						1
A 54	Malignant neoplasm of prostate	M 23 F -	23	23	-						1
	CARRIED FORWARD		181	121	60	1					1

List No.	Causes of Deaths	Sex	Total	Residents	Non-Res.	Age at Death					
						Under 1 yr.	1 - 4	5 - 19	20 - 39	40 - 59	60 yrs. & over
	BROUGHT FORWARD		261	222	39	1			6	72	182
A 55	Malignant neoplasm of skin	M F	2 6	2 6				1		1 3	2
A 56	Malignant neoplasm of bone and connective tissue	M	3	3				1		1	1
A 57	Malignant neoplasm of all other and unspecified sites	M F	65 58	58 56	7 2	1	2 1	2 1	1 3	12 13	48 39
A 58	Leukaemia and aleukaemia	M F	14 11	12 8	2 3		1 3	1 1	2 3	3 2	7 2
A 59	Lymphsarcoma and other neoplasms of lymphatic and haematopoietic system	M F	8 9	5 7	3 2				1	2 5	5 4
A 60	Benign neoplasms and neoplasms of unspecified nature	M F	3 2	3 1	1	1		1		1	1 1
A 62	Thyrotoxicosis with or without goiter	M F	- 1		1						1
A 63	Diabetes mellitus	M F	7 6	5 6	2				2		5 6
A 64	Avitaminosis and other deficiency states	M F	- 1	1							1
A 65	Anemias	M F	4 3	3 3	1					1	3 3
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases	M F	6 4	6 3	1	1			1 1	1 1	3 2
A 67	Psychoses	M F	2 -	1	1						2
A 68	Psychoneuroses and disorders of personality	M F	2 -	2						2	
A 70	Vascular lesions affecting central nervous system	M F	144 130	120 107	24 23		1		1 3	11 15	132 111
	CARRIED FORWARD		752	640	112	4	8	8	25	146	561

List No.	Causes of Deaths	Sex	Total	Residents	Non-Res.	Age at Death					
						Under One Year	1 - 4	5 - 19	20 - 39	40 - 59	60 years & over
	BROUGHT FORWARD		752	640	112	4	8	8	25	146	561
A 71	Non-meningococcal meningitis	M	3	2	1	1				1	1
		F	1		1	1					
A 72	Multiple sclerosis	M	1	1						1	
		F	1	1						1	
A 73	Epilepsy	M	3	3				1	1	1	
		F	1	1					1		
A 78	All other diseases of the nervous system and sense organs	M	17	16	1				1	3	13
		F	3	2	1					1	2
A 79	Rheumatic Fever	M	1		1					1	
		F	2		2			1		1	
A 80	Chronic rheumatic heart disease	M	13	9	4					6	7
		F	11	11					3	2	6
A 81	Arteriosclerotic and degenerative heart disease	M	226	189	37		1		3	35	187
		F	125	116	9				1	10	114
A 82	Other diseases of heart	M	24	20	4	1				2	21
		F	28	27	1				1	1	26
A 83	Hypertension with heart disease	M	10	9	1					2	8
		F	9	8	1					1	8
A 84	Hypertension without mention of heart	M	7	6	1				1	4	2
		F	10	10						3	7
A 85	Diseases of the arteries	M	12	11	1					1	11
		F	11	10	1					1	10
A 86	Other diseases of circulatory system	M	12	9	3					3	9
		F	8	7	1				1		7
A 87	Acute respiratory infections	M	-								
		F	1		1					1	
A 88	Influenza	M	2	2							2
		F	2	2							2
A 89	Lobar pneumonia	M	8	7	1				1		7
		F	2	2		1				1	
A 90	Bronchopneumonia	M	18	17	1			1			17
		F	26	24	2			2		1	23
A 91	Primary atypical, other and unspecified pneumonia	M	16	15	1	2			1	1	12
		F	4	4		1					3
A 92	Acute bronchitis	M	2	1	1	1		1			
		F	-								
	CARRIED FORWARD		1372	1182	190	12	9	14	40	231	1066

List No.	Causes of Deaths	Sex	Total	Residents	Non-Res.	Age at Death					
						Under One Year	1 - 4	5 - 19	20 - 39	40 - 59	60 years and over
	BROUGHT FORWARD		1372	1182	190	12	9	14	40	231	1066
A 93	Bronchitis, chronic and un-qualified	M F	19 3	19 3					1	2	16 3
A 95	Empyema and abscess of lung	M F	1 -		1						1
A 97	All other respiratory diseases	M F	23 9	18 8	5 1	1				3 3	19 6
A 98	Ulcer of stomach	M F	6 2	6 2							6 2
A 100	Ulcer of duodenum	M F	7 -	4	3						7
A 101	Gastritis and duodenitis	M F	1 -	1							1
A 102	Appendicitis	M F	1 -	1				1			
A 103	Intestinal obstruction and hernia	M F	11 6	6 6	5	1 2	1		1	2	6 4
A 104	Gastroenteritis and colitis except diarrhoea of the newborn	M F	4 2	4 2		1 1			1		2
A 105	Cirrhosis of liver	M F	14 7	11 5	3 2			1	1	9 4	3 3
A 106	Cholelithiasis and cholecystitis	M F	2 4	1 2	1 2						2 2
A 107	Other diseases of the digestive system	M F	13 7	12 4	1 3				1 1	3 2	9 4
A 109	Chronic, other, and unspecified nephritis	M F	7 9	7 8						2 2	5 2
A 110	Infections of kidney	M F	10 4	6 4	4					2	8 2
A 111	Calculi of urinary system	M F	- 1							1	
A 112	Hyperplasia of prostate	M F	5 -	4	1						5
A 114	Other diseases of genito-urinary system	M F	1 1	1 1					1		1
	CARRIED FORWARD		1552	1329	223	19	11	16	53	268	1185

List No.	Cause of Death	Sex	Age	Unspecified	*non-nok	Age at Death					Total
						0-1	1-2	2-3	3-4	4-5	
	CARRIED FORWARD		1852 1853	1852 1853	1852 1853	18	11	10			23 566 1187
A 114	Other diseases of genito-urinary system	M	1	1	1						1
A 113	Hypertrophy of prostate	M	2	2	2						2
A 111	Calculus of urinary system	M	1	1	1						1
A 110	Infection of kidney	M	10	6	4						8
A 109	Chronic, other, and unspecified nephritis	M	7	8	1						5
A 107	Other diseases of the digestive system	M	13	12	1						9
A 106	Cholelithiasis and cholecystitis	M	2	1	1						2
A 105	Cirrhosis of liver	M	14	11	3						3
A 104	Gastritis and colitis except diseases of the newborn	M	4	4	1						2
A 103	Intestinal obstruction and hernia	M	11	8	2						6
A 102	Appendicitis	M	1	1	1						1
A 101	Gastritis and duodenitis	M	1	1	1						1
A 100	Ulcer of duodenum	M	7	4	2						7
A 98	Ulcer of stomach	M	6	6	1						6
A 97	All other respiratory diseases	M	22	18	2						19
A 92	Empyema and abscess of lung	M	1	1	1						1
A 93	Bronchitis, chronic and unqualified	M	19	19	1						19
	BROUGHT FORWARD		1852 1853	1852 1853	1852 1853	18	11	10			23 566 1187

List No.	Causes of Deaths	Sex	Total	Residents	Non-Res.	Age at Death					
						Under One Year	1 - 4	5 - 19	20 - 39	40 - 59	60 years and over
	BROUGHT FORWARD		1552	1329	223	19	11	16	53	268	1185
A 119	Abortion with sepsis	M F	- 1	1					1		
A 126	All other diseases of skin and musculoskeletal system	M F	2 1	2	1	1					2
A 127	Spina bifida and meningocele	M F	1 -	1		1					
A 128	Congenital malformations of circulatory system	M F	9 9	7 6	2 3	7 8	1 1		1		
A 129	All other congenital malformations	M F	11 10	7 7	4 3	9 6		1 3	1	1	
A 130	Birth injuries	M F	4 1	4 1		4 1					
A 131	Postnatal asphyxia and atelectasis	M F	18 5	12 5	6	18 5					
A 132	Infections of the newborn	M F	4 4	2 4	2	4 4					
A 133	Haemolytic disease of the newborn	M F	3 3	2 3	1	3 3					
A 134	All other defined diseases of early infancy	M F	1 1	1 1		1 1					
A 135	Ill defined diseases peculiar to infancy and immaturity unqualified	M F	47 24	41 20	6 4	47 24					
A 136	Senility without mention of psychosis	M F	45 25	42 23	3 2						45 25
A 137	Ill-defined and unknown causes of morbidity and mortality	M F	125 44	116 40	9 4	13 7	1		3	37 7	71 30
AE138	Motor vehicle accidents	M F	28 7	19 6	9 1		4 1	5 3	9 1	4	6 2
AE139	Other transport accidents	M F	2 -	1	1			2			
AE140	Accidental poisoning	M F	7 -	5	2		3		2	2	
	CARRIED FORWARD		1994	1708	286	186	22	30	71	319	1366

List No.	Causes of Deaths	Total	Infant	Childhood	Adolescence	Total	Age at Death				
							0-1	1-2	2-5	5-10	10 and over
	CARRIED FORWARD	1954	1708	280	186	2174	22	50	71	210	1306
AE140	Accidental poisoning	M	7	2	2	11		3			
		F	-	1	1	2					
AE139	Other transport accidents	M	2	1	1	4					
		F	-								
AE138	Motor vehicle accidents	M	28	12	9	49		2	0		0
		F	7	8	1	16		3	1		2
A 137	Ill-defined and unknown causes of morbidity and mortality	M	122	116	9	247					
		F	64	60	4	128					
A 136	Sentility without mention of psychosis	M	42	42	2	86					
		F	23	23	2	48					
A 135	Ill defined disease peculiar to infancy and immaturity unspecified	M	47	47	6	100					
		F	24	20	4	48					
A 134	All other defined diseases of early infancy	M	1	1	1	3					
		F	1	1	1	3					
A 133	Hemolytic disease of the newborn	M	3	3	1	7					
		F	1	3	1	5					
A 132	Infections of the newborn	M	4	2	2	8					
		F	4	4	4	12					
A 131	Postnatal asphyxia and related	M	10	12	6	28					
		F	3	2	3	8					
A 130	Birth injuries	M	4	4	4	12					
		F	1	1	1	3					
A 129	All other congenital malformations	M	17	7	4	28					
		F	10	7	4	21					
A 128	Congenital malformations of circulatory system	M	9	7	2	18					
		F	9	6	3	18					
A 127	Spina Bifida and meningocoele	M	1	1	1	3					
		F	-								
A 126	All other diseases of skin and musculoskeletal system	M	2	2	1	5					
		F	1	1	1	3					
A 119	Abortion with sepsis	M	-	1		1					
		F	1			1					
	BROUGHT FORWARD	1752	1328	323	19	2112	17	10	22	288	1782

Age at Death

List No.	Causes of Deaths	Sex	Total	Residents	Non-Res.	Age at Death					
						Under One Year	1 - 4	5 - 19	20 - 39	40 - 59	60 years and over
	BROUGHT FORWARD		1994	1708	286	186	22	30	71	319	1366
AE141	Accidental falls .	M	20	17	3					2	18
		F	14	14						2	12
AE142	Accidents caused by machinery	M	1	1							1
		F	-								
AE143	Accidents caused by fire and explosion of combustible material	M	1	1					1		
		F	1	1						1	
AE144	Accidents caused by hot substance, corrosive liquid, steam and radiation	M	1	1							1
		F	-								
AE145	Accidents caused by firearms	M	1	1				1			
		F	-								
AE146	Accidental drowning and submersion	M	3	3				2	1		
		F	1	1		1					
AE147	All other accidental causes	M	4	4			1		1	1	1
		F	1	1							1
AE148	Suicide and self-inflicted injury	M	19	16	3				8	8	3
		F	3	3					1	1	1
AE149	Homicide and injury purposely inflicted by other persons	M	2	2					1	1	
		F	6	6				1	3		2
	TOTALS		2072	1780	292	187	23	34	87	335	1406

In Calgary Schools During 1953

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Chickengox	25	47	52	88	38	80	16	10	10	186	253	182	1060
Mumps	20	26	28	31	34	32	-	5	5	36	58	74	461
Totals	45	73	80	119	72	112	16	15	15	222	311	256	1521

List No.	Cause of Death	Age	Sex	Year	Occupation	Age at death	Total	Age at death				
								0-1	1-2	2-3	3-4	5-6
	BEFORE FORWARD			1904	1700	180	180	22	30	71	310	1388
AE141	Accidental falls	M	1	1904	17	3					3	18
AE142	Accidents caused by machinery	M	1	1904	14	1					3	12
AE143	Accidents caused by fire and explosion of combustible material	M	1	1904	1	1				1		
AE144	Accidents caused by hot substances, corrosive liquid, steam and radiation	M	1	1904	1	1						1
AE145	Accidents caused by livestock	M	1	1904	1	1			1			
AE146	Accidental drowning and asphyxiation	M	1	1904	3	1			1			
AE147	All other accidental causes	M	1	1904	4	1		1		1	1	1
AE148	Suicide and self-inflicted injury	M	1	1904	10	3					8	3
AE149	Homicide and injury purposely inflicted by other persons	M	1	1904	3	3					1	1
	TOTALS			1904	1780	192	192	22	34	87	328	1408

COMMUNICABLE DISEASES REPORTED - 1963

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Amoebiasis		1											1
Aseptic Meningitis	1				1		1	6	3	1			13
Bacillary Dysentery			1						1				2
Diphtheria Carrier			1			2							3
Infectious Hepatitis	19	18	17	18	4	5	5	7	17	18	18	23	169
Measles	1017	428	173	111	54	47	23	10	8	12	17	60	1960
Meningococcal Meningitis							1		1				2
Poliomyelitis, Paralytic						1							1
Rubella (German Measles)	6	18	15	17	18	13	11	10	25	20	40	195	388
Salmonella Infection	3	2	1	4		2	1	2	2	5		1	23
Scarlet Fever & Strep Throat	30	20	40	24	8	10	2	1	6	19	27	34	221
Tuberculosis, Pulmonary	1	1	2	1	3	4			2	5	3	6	28
Tuberculosis, Non-Pulmonary			2			4	2		1		2	2	13
Whooping Cough	32	48	65	60	29	58	25	19	34	37	15	22	444
Totals	1109	536	317	235	117	146	71	55	100	117	122	343	3268

Communicable Diseases, not Notifiable in the Province
of Alberta, which were Reported by Public Health Nurses
in Calgary Schools During 1963

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Chickenpox	71	62	52	68	38	80	16	10	10	186	285	182	1060
Mumps	82	56	28	51	34	32	-	5	5	36	58	74	461
Totals	153	118	80	119	72	112	16	15	15	222	343	256	1521

COMMUNICABLE DISEASES REPORTED - 1962

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Amebiasis		1											1
Aspic Meningitis	1				1		1	6	2	1			12
Bacterial Dysentery			1						1				2
Diphtheria Carrier		1				1							2
Infectious Hepatitis	19	18	17	16	4	2	2	7	17	18	18	23	169
Measles	1017	428	172	111	24	67	23	10	8	12	17	60	1960
Meningococcal Meningitis							1		1				2
Poliovirus, Paralytic						1							1
Rubella (German Measles)	6	18	12	17	12	12	11	10	22	20	40	105	285
Salmonella Infection	2	2	1	4		2	1	2	2	2		1	22
Scarlet Fever & Strep Throat	30	20	40	24	8	10	2	1	6	19	27	34	221
Tuberculosis, Pulmonary	1	1	2	1	2	4			2	2	2	6	28
Tuberculosis, Non-Pulmonary				2		4	2		1				12
Whooping Cough	22	22	22	22	22	22	22	22	22	22	22	22	442
Total	1109	536	317	222	117	146	71	58	100	117	122	242	2868

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	Total
Chickenpox	71	62	22	66	28	60	66	10	10	10	282	182	1060
Mumps	82	26	28	21	24	28	-	2	2	2	26	24	261
Total	153	88	50	87	52	88	66	12	12	12	308	206	1321

CITY OF CALGARY

POLIO AND ASEPTIC MENINGITIS CASES 1963

	Age						Virus Isolated				Inoc. Status Doses				Polio Para-lytic	Polio Non-Para-lytic	Asep-tic Menin-gitis	Deaths	Totals
	0-5		6-10		11-20		Polio Virus Type	Coxsackie Virus A 23	Echo Virus II	1	2	3	Nil						
	M	F	M	F	M	F													
Jan					1							1				1		1	
Feb																			
Mar																			
Apr																			
May						1						1				1		1	
June	1										-		1	1				1	
July			1									1				1		1	
Aug			1	1	2	1	1	3	1	1	5					6		6	
Sep					1	1	1				2	1				3	1	3	
Oct						1					1					1		1	
Nov																			
Dec																			
TOTAL	1		2	1	4	3	1	3	1	1	11	2		1		13	1	14	

LATITUDE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1000																				
900																				
800																				
700																				
600																				
500																				
400																				
300																				
200																				
100																				
000																				

100 TO 1000 METERS DEPTH

100 TO 1000 METERS DEPTH

VENEREAL DISEASE REPORT - 1963

	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	44	8				1								
Feb	28	9												
Mar	32	4			2			2						
Apr	39	5								1				
May	50	6			1			1	1				1	
Jun	45	2			1					1	1			
Jul	60	5			2	1								
Aug	50	7			1									
Sep	51	8			2									
Oct	50	6						1	1					
Nov	43	3					1			1				
Dec	39	4					1	1						
Total	531	67			9	2	2	5	2	3	1		1	
Total M + F	598				11		7		5		1		1	

Confirmed cases of gonorrhoea during 1963, as reported by the Provincial Division, Venereal Disease Control, numbered 598 for a rate of 216 per 100,000 of population. This is a decrease of 143 reportings from the previous year.

Cases of all forms of syphilis number 25 (18 cases in 1962) for a rate of 9 per 100,000, a slight increase from the preceding year. Primary and secondary cases comprise nearly 75% of all syphilis reported. Syphilis in an infectious form is a serious disease and every effort is made to locate and examine relevant contacts. It should be mentioned that venereal disease may be contacted through both homosexual and heterosexual relations. Gonorrhoea and syphilis are entirely different diseases. They are not transmitted by toilet seats, towels or dishes. The anatomic differences between the sexes results in earlier discovery and diagnosis of the primary lesions of syphilis in the male (9), whereas in the female, advancement of the condition with its more general signs of rash and glands of the secondary stage facilitate later diagnosis in females (5). 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 - 1953

	Gonorrhea		Syphilis		Syphilis		Syphilis		Syphilis		Syphilis		Syphilis		Syphilis	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Jan	44	8				1										
Feb	38	9														
Mar	31	4			2											
Apr	39	2														
May	30	6			1				1						1	
Jun	43	2			1											
Jul	60	2			2				1							
Aug	50	7			1											
Sep	51	8			2											
Oct	50	6							1							
Nov	43	2							1							
Dec	39	4							1							
Total	531	67			9				2						2	
Total	598				11				7						3	
M + F																

Confirmed cases of gonorrhea during 1953, as reported by the Provincial Division, Venereal Disease Control, numbered 531 for a rate of 116 per 100,000 of population. This is a decrease of 143 percentage from the previous year.

Cases of all forms of syphilis number 15 (115 cases in 1952) for a rate of 3 per 100,000, a slight increase from the preceding year. Primary and secondary cases comprise nearly 75% of all syphilis reported. Syphilis is an infectious form is a serious disease and every effort is made to locate and examine relevant contacts. It should be mentioned that venereal diseases may be contracted through both homosexual and heterosexual relations. Gonorrhea and syphilis are entirely different diseases. They are not transmitted by toilet seats, towels or dishes. The anatomical differences between the sexes result in certain diseases and diagnosis of the primary lesions of syphilis in the male (2), whereas in the female, advancement of the condition with its more general signs of rash and glands of the secondary stage facilitates later diagnosis in females (3). The provision of free treatment at the Social Hygiene Centre leaves no excuse 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 - 1963

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total Inoculations	3048	4415	5294	5223	4886	3658	3237	4014	4104	5385	3605	2221	49090
Smallpox Vaccinations	504	798	826	973	1045	924	453	569	820	928	789	419	9048
Schick Tests	51	79	124	90	76	76	87	63	40	35	41	28	790
Gamma Globulin	533	249	122	153	37	44	52	56	114	114	45	41	1560

DETAILED IMMUNIZATION REPORT 1963

	Number of Immunizations Administered by Health Department (Schools not included)	Reinforcing Doses Given
Smallpox Vaccinations	5,238	3,810
Quad (D.P.T. & Polio)	22,188	3,455
Polio (Salk)	5,549	
Triad (D.T. + Polio)		1,270
Diphtheria + Tetanus	646	24
Biad (Tetanus + Polio)	43	20
Tetanus	120	
Triple (Diphtheria, Pertussis and Tetanus)	35	
T.A.B. (Typhoid, Paratyphoid AB)	1,637	
T.A.B. and Tetanus	1,464	
T.A.B.T.D. - not issued by Provincial Government	116	
Cholera - not issued by Provincial Government	523	
Typhus - not issued by Provincial Government	555	
Diluted Diphtheria	38	
Rocky Mountain Spotted Fever	9	
Gamma Globulin	1,560	
Schick Tests	790	
Total		49,090

REPORT OF THE INOCULATION CLINIC - 1957

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total Inoculations	3048	4412	2394	2117	4836	3638	3717	4014	4104	2702	3608	2221	40070
Smallpox Vaccinations	204	738	828	975	1042	924	423	280	470	928	782	419	6022
Schick Tests	21	79	124	90	76	76	87	62	40	32	41	28	790
Gamma Globulin	232	246	122	123	37	44	22	26	114	114	42	41	1260

DETAILED INOCULATION REPORT 1957

	Number of Inoculations Administered by Health Department (Schick's not included)	Referring Physician Given
Total	40,070	
Schick Tests	790	
Gamma Globulin	1,260	
Rocky Mountain Spotted Fever	2	
Dilated Diphtheria	38	
Typhus - not issued by Provincial Government	222	
Cholera - not issued by Provincial Government	222	
T.A.B., T.D. - not issued by Provincial Government	116	
T.A.B. and Tetanus	1,464	
T.A.B. (Typhoid, Paratyphoid A&B)	1,637	
Triple (Diphtheria, Pertussis and Tetanus)	22	
Tetanus	170	
Stab (Tetanus + Polio)	42	
Diphtheria + Tetanus	666	
Trid (D.T. + Polio)		1,270
Polio (Stab)	2,249	
Quad (D.P.T. + Polio)	22,188	2,422
Smallpox Vaccinations	2,228	2,810

SERA AND VACCINE DISTRIBUTED FOR USE IN CALGARY

Diphtheria Antitoxin, 1,000 units	26
Diphtheria Antitoxin, 40,000 units	6
Diphtheria Toxoid, singles	78
Diphtheria Toxoid, diluted, 4 c.c.	23
Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, singles	161
Diphtheria Toxoid & Tetanus Toxoid, singles	663
Diphtheria Toxoid & Tetanus Toxoid, 36 c.c. pkge.	95
Gas Gangrene Antitoxin, vials of 10,000 units	22
Immune Sera Globulin c.c.'s	3,243
Materials for Schick Tests (25 tests)	258
Poliomyelitis Vaccine, 10 c.c. pkge.	1,445
BIAD (Tetanus, Polio Vaccine), 10 c.c. pkge.	200
TRIAD (DT-Polio Vaccine), 10 c.c. pkge.	1,021
QUAD (DPT-Polio Vaccine), 10 c.c. pkge.	3,491
Rocky Mountain Spotted Fever Vaccine, 3 c.c. pkge.	5
Sabin Poliovirus Vaccine, 50 c.c.	1,900
Smallpox Vaccine, singles	1,918
Smallpox Vaccine, 10's	2,325
Staphylococcus Toxoid, 2 c.c. pkge.	140
Staphylococcus Antitoxin, 20,000 units	2
Tetanus Antitoxin, 1,500 units	703
Tetanus Toxoid, 30 c.c. pkge.	11
Tetanus Toxoid, 3 c.c. pkge.	637
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 3 c.c. pkge.	339
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 25 c.c. pkge.	58
Typhoid & Paratyphoid Vaccine, singles	90
Typhoid & Paratyphoid Vaccine, 10 c.c. pkge.	97
(All the above material supplied free by the Provincial Government)	
Cholera Vaccine, 2½ c.c. pkge.	84
Cholera Vaccine, 10 c.c. pkge.	51
Typhus Vaccine, 3 c.c. pkge.	132
Typhus Vaccine, 30 c.c. pkge.	16

A greatly increased emphasis was placed on housing conditions with a view to bringing them, particularly basement suites and rooms, into line with Public Health standards. This resulted in 338 basement rooms or suites

SEKA AND VACCINE DISTRIBUTED FOR USE IN CANADA

26	Diphtheria Antitoxin, 1,000 units	.....
6	Diphtheria Antitoxin, 40,000 units	.....
78	Diphtheria Toxoid, single	.....
22	Diphtheria Toxoid, diluted, 5 c.c.	.....
181	Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, single	.....
603	Diphtheria Toxoid & Tetanus Toxoid, single	.....
92	Diphtheria Toxoid & Tetanus Toxoid, 10 c.c. pkg.	.....
22	Gas Gangrene Antitoxin, vials of 10,000 units	.....
2,242	Immune Sera Globulin 5 c.c.'s	.....
228	Materials for Schick Tests (25 tests)	.....
1,442	Poliovaccinia Vaccine, 10 c.c. pkg.	.....
200	BIAD (Tetanus, Polio Vaccine), 10 c.c. pkg.	.....
1,021	TRIAD (DT-Polio Vaccine), 10 c.c. pkg.	.....
2,491	QUAD (DPT-Polio Vaccine), 10 c.c. pkg.	.....
2	Rocky Mountain Spotted Fever Vaccine, 2 c.c. pkg.	.....
1,908	Scab Poliovirus Vaccine, 50 c.c.	.....
1,918	Scalipox Vaccine, single	.....
2,322	Scalipox Vaccine, 10's	.....
140	Staphylococcus Toxoid, 5 c.c. pkg.	.....
2	Staphylococcus Antitoxin, 20,000 units	.....
702	Tetanus Antitoxin, 1,200 units	.....
11	Tetanus Toxoid, 30 c.c. pkg.	.....
627	Tetanus Toxoid, 1 c.c. pkg.	.....
238	Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 5 c.c. pkg.	.....
28	Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 25 c.c. pkg.	.....
90	Typhoid & Paratyphoid Vaccine, single	.....
97	Typhoid & Paratyphoid Vaccine, 10 c.c. pkg.	.....
(All the above material supplied free by the Provincial Government)		
84	Cholera Vaccine, 2 1/2 c.c. pkg.	.....
21	Cholera Vaccine, 10 c.c. pkg.	.....
122	Typhus Vaccine, 1 c.c. pkg.	.....
18	Typhus Vaccine, 30 c.c. pkg.	.....

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

Dear Sir:

Once again it is my privilege to report to you on the activities of the Inspection Services Division and the Laboratory. In accordance with the policies laid down by yourself, a greater diversification of work was undertaken and resulted in an increase in the number of inspections over the previous year. This increase, of course, is partially accounted for because of the services of an additional Inspector.

The following table summarizes the work done by the District Inspectors.

DISTRICT INSPECTION

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Inspections made	2318	1789	1954	1802	1760	1661	1895	1369	1626	1816	1651	1698	21339
Casual inspections	149	642	766	968	1182	890	722	736	784	834	793	891	9357
Lane inspections		55	67	69	48	46	48	58	52	30	32	15	520
Official Plate Count	58	370	312	295	105	78			93	492	361	164	2328
Water Samples for Bacteriological Examination	16	61	30	17	29	45	17	13	7	12	6	2	255
Water Samples for Chemical Examination	1	1	2	6	2	11	6	12	9	3	2	2	57
Complaints Received	87	113	133	149	164	134	101	138	176	133	98	67	1493
Complaints Justified	81	95	113	120	141	106	90	123	142	107	84	54	1256
Notices Issued - Verbal	471	647	451	463	457	457	456	461	444	508	447	321	5583
Notices Issued - Written	15	100	83	74	83	63	45	51	47	60	69	55	745

A greatly increased emphasis was placed on housing conditions with a view to bringing them, particularly basement suites and rooms, into line with Public Health standards. This resulted in 338 basement rooms or suites

human habitation. 3,213 animals were slaughtered under the supervision of our Veterinarian, a decrease of 322 animals as compared with the previous year. The number of

A survey was made to determine the location of water wells which are within the present boundaries of the City. All wells located were tested

Trailer courts which did not comply with the Regulations Governing Trailer Coach Parks were re-measured and required to comply with the Regulations.

All other aspects of environmental Public Health Services were maintained and higher standards strived for.

May I take this opportunity of thanking you for your continued direction and understanding.

Sheep & Lamb	1	18	4	3	19	18	37	21	8	21	18	12	161
TOTALS	506	460	FOOD CONTROL			375	418	423	399	471	668	383	5213

FOOD CONTROL

There was an increase over last year in the amount and types of foodstuffs which were condemned as unfit for human consumption. In addition to the following report of foodstuffs condemned directly by this Department, several cases of questionable canned goods from factories outside the Province of Alberta were turned over to the Federal Department of Public Health and Welfare to be dealt with by that Department. Foodstuffs condemned by this Department were:

[illegible]

MEAT INSPECTION

5,215 animals were slaughtered under the supervision of our Veterinarian, a decrease of 332 animals as compared with the previous year. The number of inspected beef carcasses increased from the previous year by 751, hog carcasses by 7, and sheep and lamb carcasses by 43, but the number of inspected veal carcasses showed a decrease of 1,133.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<u>Submitted:</u>													
Beef	239	216	260	230	290	224	246	246	237	273	250	215	2926
Veal	239	191	169	167	143	121	117	129	127	152	155	115	1825
Hogs	27	35	16	9	13	12	28	27	27	25	43	41	303
Sheep & Lamb	1	18	4	3	10	18	27	21	8	21	18	12	161
TOTALS	506	460	449	409	456	375	418	423	399	471	466	383	5215
<u>Condemned:</u>													
Beef	$\frac{1}{2}$									1			$1\frac{1}{2}$
Veal			1				1	2					4
Hogs		$\frac{1}{2}$	$\frac{1}{2}$										$\frac{3}{4}$
Sheep and Lamb													-
TOTALS	$\frac{1}{2}$	$\frac{1}{2}$	$1\frac{1}{2}$				1	2		1			6
<u>Portions Condemned:</u>													
Beef heads and tongues	8	5	5	5	2	3	3	5	2	8	6	6	58
Beef hearts	8	6	11	12	5	7	4	6	8	13	12	7	99
Beef livers	49	39	48	48	46	38	55	47	45	52	59	43	569
Beef kidneys		3					2						5
Veal heads and tongues	2	2	2	4		1		4	4	2	1	1	23
Veal hearts	7		5	1	2	3		4	2	2	2	2	30
Veal livers	10	11	19	10	19	18	17	8	10	9	7	4	142
Hog heads and tongues	1	1				1	1	3		2	2	1	12
Hog hearts		2			1	2		1	1		4	4	15
Hog livers	2	4			1	1	2	2	2	1	1	3	19
Sheep livers		1				1	3				1	1	7
TOTALS	87	74	90	80	76	75	87	80	74	89	95	72	979

DAIRIES AND MILK CONTROL

The Dairy Division continued giving close attention to the supervision of dairy farms and the milk being shipped into the City. Each farm was inspected at least once during the year with special attention being given to shippers who encountered difficulties. The dairy plants were regularly inspected and samples of raw milk and the finished product were lifted for bacteriological tests, analysis and sediment tests. The statistical report follows.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Dairy Farm Inspections	45	65	84	105	128	98	55	77	86	87	100	99	1029
Milk Plant Inspections	30	32	33	32	33	28	16	32	30	28	32	26	352
Permits issued to Dairymen	342		1		2		1			1	2		349
Permits issued to Distributors	5												5
Permits issued to Milk Plants	4												4
Complaints Received		2	2	1	1	1		1	2	1	1	1	13
Complaints Justified		1	2	1	1	1			2	1	1	1	11
Notices issued	18	36	67	69	100	51	36	32	32	15	40	37	533
Permits suspended			1		1	2				1			5
Dairymen's Sediment Tests		242	246	168	228	140	184	180	39	269	166	60	1922
Dairymen's Special Tests		9	6	2	3	24	6	27	47	22	17	21	184
Dairymen's Reduc-tase Tests	553	341	569	252	575	543	280	550	563	526	424	332	5508
TOTAL Dairymen's Samples Collected	553	697	821	422	806	707	470	757	649	817	607	470	7776
TOTAL Distributors' Samples Collected	153	162	168	119	124	156	79	157	158	158	162	162	1758
TOTAL Samples Collected	706	859	989	541	930	863	549	914	807	975	769	632	9534
Milk Cans Condemned Number		8		2		4							14

semi-public and private swimming pools in the City also added an increase in the number of water tests required to be made. In addition to this the laboratory continued the testing of the City's water supply and swab tests of restaurants, beverage rooms and cocktail bar utensils.

DAIRIES AND MILK CONTROL

The Dairy Division continued giving close attention to the supervision of dairy farms and the milk being shipped into the City. Each farm was inspected at least once during the year with special attention being given to dairies who were rated deficient. The dairy plants were regularly inspected and samples of raw milk and the finished product were lifted for bacteriological tests, analysis and sediment tests. The statistical report follows.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Milk Cans Condensed Number		2		1		4							14
TOTAL Samples Collected	706	829	989	541	930	883	569	914	807	975	769	692	9324
TOTAL Distributors' Samples Collected	159	162	166	119	124	156	79	157	126	128	162	162	1759
TOTAL Dairymen's Samples Collected	557	667	821	422	806	727	490	757	681	847	607	530	7565
Dairymen's Routine Case Tests	252	261	269	252	275	245	280	236	202	220	214	222	2208
Dairymen's Special Tests		9	6	2	3	36	6	27	47	22	17	21	194
Dairymen's Sediment Tests		242	246	168	238	140	194	180	39	269	166	60	1972
Permits suspended			1		1	2				1			5
Notices issued	18	26	67	69	100	51	36	32	32	12	40	27	527
Complaints Justified		1	2	1	1	1			2	1	1	1	11
Complaints Received		2	2	1	1	1		1	2	1	1	1	13
Permits issued to Milk Plants	4												4
Permits issued to Distributors	2												2
Permits issued to Dairymen	242		1		1		1			1	2		249
Inspection Milk Plant	30	32	32	32	32	36	16	32	20	26	32	26	352
Inspection Dairy Farm	42	62	84	162	122	98	22	77	86	67	100	99	1019

METHYLENE BLUE TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Grade I	505	414	541	241	381	427	176	393	406	401	378	301	4564
Grade II	23	23	20	3	45	57	87	52	105	25	22	14	476
Grade III	25	9	8	8	49	59	17	105	97	50	24	17	468

SEDIMENT TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Grade I	-	52	39	30	38	13	25	19	7	99	107	42	471
Grade II	-	66	126	88	91	44	95	108	24	122	38	15	817
Grade III	-	124	81	50	99	83	64	53	8	48	21	3	634

AVERAGE OFFICIAL PLATE COUNT

BOTTLES

Standard	2,540
Homogenized	1,234
Skim	1,114
Partly Skim (2%)	890
Jersey	2,525
Substandard Cream	1,407
Whipping Cream	4,299
Chocolate	500

CARTONS

Standard	3,771
Homogenized	805
Skim	1,963
Partly Skim	690
Substandard Cream	2,203
Whipping Cream	4,930
Chocolate	1,838

AVERAGE BUTTER FAT CONTENT

Standard	3.42	Jersey	4.47
Homogenized	3.41	Substandard Cream	10.25
Partly Skim	2.15	Whipping Cream	34.46
Chocolate - 2.25			

Total Milk Sales in Quarts 26,910,183

Total Cream Sales in Quarts 1,853,687

Per capita, per day consumption:

Milk - .532 pints

Cream - .037 (.0366) pints

LABORATORY

The laboratory moved from its location at Glenmore Dam to new quarters in the basement of the City Hall. We now have a very excellent laboratory, quite well equipped and capably managed by two laboratory technicians. With the increased size of the City a number of water wells were added to the list of wells requiring bacteriological tests. An increase in the number of semi-public and private swimming pools in the City also added an increase in the number of water tests required to be made. In addition to this the laboratory continued the testing of the City's water supply and swab tests of restaurants, beverage rooms and cocktail bar utensils.

Assistance in the examination of questionable foodstuffs was given us by the Southern Alberta Provincial Laboratory and the University of Alberta (Edmonton) ran chemical analysis on samples of water taken from water wells within 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	Confir- mation (BGB)	Comple- tion	Total
City Water	1310	3930	3930	3930	3930	410		16130
Glenmore Plant	668	2004	2004	2004	2004	76		8092
Well Water	591	1773	1773	1773	1773	271		7363
Miscellaneous	171	513	513	513	513	97		2149
Total	2740	8220	8220	8220	8220	854		33734

EXAMINATION OF MILK AND MILK PRODUCTS

Samples Submitted	Bab- cock	Phos- pha- tase	Spec- ific Gra- vity	Total Solids Test	Total Solids Not Fat Test	TGEM Plate Count	BGB Coli- forms	Re- duct- ase (Raw)	Special Tests On Prod- ucers' Samples	Total
1789	841	739	633	633	633	5367	8755	5508	9	23218

FOOD AND BEVERAGE ROOM UTENSILS

Plate Count

Beverage Rooms	48
Restaurants	2752
	2800

DAIRY PRODUCTS

	Bacteria Count	BGB Coliform	
Ice Cream Mix	6		
Dairy Drink	257	140	
Other	80	20	
	343	160	3303

Biochemistry: Urine Tests 26

GRAND TOTAL 60281

Assistance in the examination of questionable foodstuffs was given us by the Southern Alberta Provincial Laboratory and the University of Alberta (Edmonton) ran chemical analysis on samples of water taken from water wells within the City.

The laboratory report is as follows.

EXAMINATION OF WATER SUPPLIES

Water Samples	Number Received	Presumptive Lactose 100 c.c.	Presumptive Lactose 10 c.c.	Presumptive Lactose 1 c.c.	Agar Plate Count (BAC)	Coliforms (BAC)	Coliforms	Total
City Water	1310	3030	3030	3030	3030	410		10130
Glennville Plant	608	2004	2004	2004	2004	76		8092
Well Water	501	1773	1773	1773	1773	271		7383
Miscellaneous	171	513	513	513	513	67		2140
Total	2590	8240	8240	8240	8240	824		33734

EXAMINATION OF MEAT AND MILK PRODUCTS

Submitted	Refrigerated	Presumptive Lactose 100 c.c.	Presumptive Lactose 10 c.c.	Presumptive Lactose 1 c.c.	Agar Plate Count (BAC)	Coliforms (BAC)	Coliforms	Total
1750	641	730	633	633	633	855	2508	3318

FOOD AND BEVERAGE ROOM VISITS

Place Count

Restaurants	2152
Beverage Rooms	48
Total	2200

DAIRY PRODUCTS

Bacteria Count

BAC Count

Ice Cream Mix	Dairy Drink	Other	Total
237	20	160	417
140	20	160	320
Grand Total			6021

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

FLY CONTROL PROGRAMME

As in past years, all lanes in the City were treated with D.D.T. in an attempt to control the fly population. In addition to every lane being covered twice during the season from the middle of May to the middle of September, recreation areas at Bowness, Princess Island, St. George's Island, Glenmore Park and several smaller parks were treated as well as the Zoo and the camp grounds at St. Patrick's Island and Inglewood. A very large slough in north-west Calgary was treated in order to control the mosquitoes that were in such numbers that people in the area were unable to relax on their lawns.

Respectfully submitted,

J. Crichton, C.S.I. (C), M.R.S.H.,
Chief Inspector.

In 1963 the following Homes closed:

May, 1963 - Watkin's Nursing Home No. 1,
2021 Cottonwood Crescent - Capacity 7.

Mrs. Watkin decided to close this Home and concentrate her efforts and interest on her other Home at 2030 Cottonwood Crescent.

June, 1963 - Fatima Nursing Home,
927 - 19th Avenue S.W. - Capacity 11.

Mrs. Walston, R.N., the operator, was unable to continue operation because of a drop in the occupancy of the Home. She had decided to close the Home during the year, but suspended the operation at a little earlier date than planned. This was a non-conforming building.

July, 1963 - Ashrite Nursing Home,
1647 - 21st Avenue S.W. - Capacity 10.

This Home, operated by Mrs. H. Ferenc, R.N., closed voluntarily when accommodation was available for the patients in the Glenmore Nursing Home. This was a very old building that did not conform with the By-law.

August, 1963 - Smeltz Nursing Home,
1811 - 12th Avenue S.W. - Capacity 21.

Due to the health of Mrs. H. Skeen, the operator, the patients in the above Home were transferred to other accommodation in Calgary and the Home suspended operation. This, too, was one of the older buildings.

THE CONTROL PROGRAM

As in past years, all lanes in the City were treated with D.B.T. in an attempt to control the fly population. In addition to every lane being covered twice during the season from the middle of May to the middle of September, extra action areas at business, business island, St. George's Island, Diamond Park and several smaller parks were treated as well as the Zoo and the camp grounds at St. Patrick's Island and Inglewood. A very large amount of northwest Calgary was treated in order to control the mosquitoes that were in such numbers that people in the area were unable to relax on their lawns.

Respectfully submitted,

J. G. Johnston, C.B.I. (C), M.B.S.N.,
Chief Inspector.

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

Dear Sir:

It is with pleasure that I submit the report covering the Nursing Homes for the year 1963.

The past year brought relatively few changes in Nursing Homes in Calgary. The hope for new Homes did not materialize as anticipated and, as a result, many of the older Homes are still serving as accommodation for the senior citizen. Although far from ideal, these older houses have served well, and it is to be hoped that as the newer and more adequate facilities become available, these may be retired from service. The delay in construction of new Nursing Homes has been caused by many factors, but it now appears that some of these problems have been satisfactorily resolved and that plans for several are proceeding in an orderly fashion.

In 1963 the following Homes closed:

May, 1963 - Watkin's Nursing Home No. 1,
2021 Cottonwood Crescent - Capacity 7.

Mrs. Watkin decided to close this Home and concentrate her efforts and interest on her other Home at 2030 Cottonwood Crescent.

June, 1963 - Fatima Nursing Home,
927 - 19th Avenue S.W. - Capacity 11.

Mrs. Waisman, R.N., the operator, was unable to continue operation because of a drop in the occupancy of the Home. She had decided to close the Home during the year, but suspended the operation at a little earlier date than planned. This was a non-conforming building.

July, 1963 - Aabrite Nursing Home,
1647 - 21st Avenue S.W. - Capacity 10.

This Home, operated by Mrs. H. Ferenz, R.N., closed voluntarily when accommodation was available for the patients in the Glamorgan Nursing Home. This was a very old building that did not conform with the By-law.

August, 1963 - Sunalta Nursing Home,
1811 - 12th Avenue S.W. - Capacity 21.

Due to the health of Mrs. M. Skeen, the operator, the patients in the above Home were transferred to other accommodation in Calgary and the Home suspended operation. This, too, was one of the older buildings.

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In 1963 the following homes closed:

May, 1963 - Watson's Nursing Home No. 1,
2021 Cottonwood Crescent - Capacity 7.

Mrs. Watson decided to close this home and concentrate her efforts and interest on her other home at 3030 Cottonwood Crescent.

June, 1963 - Patricia Nursing Home,
917 - 19th Avenue S.W. - Capacity 11.

Mrs. Weisman, R.N., the operator, was unable to continue operation because of a drop in the occupancy of the home. She had decided to close the home during the year, but suspended the operation at a little earlier date than planned. This was a non-conflicting building.

July, 1963 - Adelaide Nursing Home,
1647 - 21st Avenue S.W. - Capacity 10.

This home, operated by Mrs. M. Farnham, R.N., closed voluntarily when accommodation was available for the patients in the Glenavon Nursing Home. This was a very old building that did not conform with the by-law.

August, 1963 - Suzanne Nursing Home,
1811 - 15th Avenue S.W. - Capacity 21.

Due to the health of Mrs. M. Sheen, the operator, the patients in the above home were transferred to other accommodations in Calgary and the home suspended operation. This, too, was one of the older buildings.

October, 1963 - Bungalow Nursing Home,
2426 - 1st Street S.E. - Capacity 6.

This little Home was unable to continue operating because of a drop in occupancy. It was closed voluntarily by the operator, Mrs. E. Watson.

The closing of the aforementioned Homes reduced the number of Nursing Home beds available in the City by 55.

When Montgomery became a part of the City of Calgary, August 15th, one of the newest Nursing Homes came under inspection by the Department of Health. The Bowview Rest Home, 4628 Montgomery Boulevard, is operated by Mr. and Mrs. J. Veld and has a capacity of 110 beds. The new addition of 80 beds, which was officially opened the end of November, 1963, has the appearance of a hospital and provides facilities for recreational, spiritual and social activities, as well as physical care for the patients. Further expansion of this unit is planned in 1964.

The Lacombe Home at Midnapore decided to concentrate on the care of the older patient and, as a result, the children who were accommodated at this Home have been placed in foster homes.

The Canadian National Institute for the Blind moved to new quarters during the latter part of the year and now have a residence able to accommodate 41 members, as compared to 28 in the old building on 16th Avenue N.W. The recreation areas are much more adequate for their needs as are the workshops. These new facilities should do much to encourage and create interest in the work of the C.N.I.B. in Calgary and district. The address of the new Home is 1260 Memorial Drive.

The Glamorgan Nursing Home, 105 Galbraith Drive, is now complete. Two additions were added during the year and this Home, with a capacity of 58, is offering progressive care in a homelike atmosphere.

The capacity of Sunset Lodge, which is operated by the Salvation Army and offers a home to elderly ladies able to care for their own personal needs, has been reduced to 49 from 57. No guests are to be accommodated on the third floor, nor have they been for most of 1963.

A comparison of the figures for 1962 and 1963 is as follows:

	<u>1962</u>	<u>1963</u>
Number of Homes	27	23
Number of Beds - Adult	645	738
- Children	25	0

Most Nursing Homes have a staff doctor who visits once a week, the others, because the patients are up and about and require less supervision, call upon the staff doctor or the patient's own doctor for guidance when this is necessary. The people in charge of these Homes are experienced and qualified for their positions. The majority are Registered Nurses, particularly if any nursing care is required, and in the Homes caring for the senior citizen who is up and about, mature women with an understanding of the older person and training in their care, are doing effective work. Much credit should be given these persons and to all who staff the Homes. It is their skill, interest and patience in this difficult work that makes possible this essential service.

October, 1963 - Kensington Nursing Home,
2420 - 1st Street S.E. - Capacity 8.

This Little Home was unable to continue operating because of
a drop in occupancy. It was closed voluntarily by the operator,
Mrs. E. Watson.

The closing of the aforementioned homes reduced the number of home-
ing home beds available in the City by 22.

When Montgomery became a part of the City of Calgary, August 15th,
one of the newest Nursing Homes came under inspection by the Department of Health.
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in Calgary and district. The address of the new Home is 1200 Memorial Drive.

The Glenora Nursing Home, 105 Fairview Drive, is now complete.
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offering progressive care in a homelike atmosphere.

The capacity of Sunset Lodge, which is operated by the Salvation
Army and offers a home to elderly ladies able to care for their own personal needs,
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not have they been for most of 1962.

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their tales, are doing effective work. Much credit should be given those per-
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in this difficult work that makes possible this essential service.

During the year an attempt has been made to stimulate the thinking and appreciation of the operators in more progressive care. Literature has been taken into these Homes and many are now receiving appropriate periodicals. The Registered Nurses working in the Homes are included in the Alberta Association of Registered Nurses Sub-Committee on Nursing Service and seem to benefit from the discussions of this group. In the coming months I think there will be more of a realization that life must be added to years not just years to life.

The report of the Nursing Home Division for 1963 is as follows:

Nursing Home Inspections	-	215
Complaints Received	-	3
Complaints Justified	-	1
Permits Cancelled	-	0
Licenses Granted	-	0

I would like to thank the operators and the members of their staffs for their courtesy and interest whenever I visited in the Homes.

To Mrs. E. Jones, Supervisor of Nurses and to you, Sir, my sincere thanks for the interest, time and help given me while I held this position.

Respectfully submitted,

(Miss) Phyllis H. Weir, B.Sc.N.

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The report of the Nursing Home Division for 1953 is as follows:

Nursing Home Inspections	-	715
Complaints Received	-	7
Complaints Justified	-	1
Permits Cancelled	-	0
Licenses Granted	-	0

I would like to thank the operators and the residents of their
nails for their courtesy and interest whenever I visited in the homes.

To Mrs. E. Jones, Supervisor of Nurses and to you, Sir, my sincere
thanks for the interest, time and help given me while I held this position.

Respectfully submitted,

(Mrs) Sylvia H. Bell, B.Sc.N.

Dr. L. C. Allan,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It is a privilege to report on the services of the Calgary Health Department to infants, pre-school and school children for the year 1963.

The school population in September 1963 served by our Department was 66,200. There are now 50 districts, each with a Public Health Nurse. The services provided have been essentially the same as in the previous year, including physician's examination of each new pupil in a Calgary school, examination of other pupils on referral. Immunization with all the approved antigens is offered on a regular basis, so that no pupil having his parent's consent for immunization is likely to be left unimmunized or without his immunity reinforced at the recommended intervals. An outstanding task was accomplished this year in the feeding of the Sabin vaccine to 83% of the pupils in the schools, in accordance with the Province wide plan. To do this with the necessary parental consent in the short time provided represented a high degree of organization and co-operation of all concerned, Health Department staff, parents, teachers and volunteers.

A minor change has been instituted to conform with the custom in other health jurisdictions in the Province who do skin testing for tuberculosis in Grades I and IX. We have been doing them in Grades I and X. Thus, this year, in order not to miss the cohort of children presently in Grade X, this Grade was done as well as the Grade IX class of this school year 1963-64. Skin testing was also done in all the Special Classes (opportunity classes, hard of hearing, sight saving). It will be noted that there is a greater proportion of positive reactors in the Special Classes than in the other grades done. We ought to do the Special Classes again, after an interval of possibly three years (to allow their population to change) in order to ascertain if this is a constant finding. Close contacts of those with a positive tuberculin (Heaf or Mantoux) test are skin tested, and all persons newly found with a positive skin are followed by x-ray examination of the chest once or more and at intervals varying with the age of the person and according to the recommendations of the Provincial Division of Tuberculosis Control. Fortunately, no case of active tuberculosis has been turned up among 1963's positive reactors, among the school children or among their contacts. Our rate of tuberculin reactors is very low in comparison with that in other cities of our size in both the younger and the older children. It may, however, be suspected that there would be a higher percentage of positive reactors among those who refused the test than among those who accepted.

As in previous years, dental decay was the most prevalent defect among the school children examined. Prevention of dental decay is stressed on many occasions of the nurse's contact with the pupil. The Dental Division of our Health Department did restorative treatment and preventive dentistry in the form of topical fluoride applications and space maintainers on the numbers of school children noted in the statistical report. The eligibility for these services is determined by a means test and is limited to Grades I, II and III except in the case of fluoride painting which is available to Grade I children only and for which there is no means test.

We were recently asked for the incidence of handicapping hearing defects found in our Grade III examinations and how this compared with other cities. We have two audiometers for our group testing of Grade III and these are assigned in order of prior request to each of our 50 nurses in charge of a district. In some years, a larger percentage of the hearing testing is accomplished in the fall term than in other years. The individual hearing tests done on those who failed the group tests are not necessarily completed in the same calendar year. For this reason, our statistics, reported as they have been collected for the Annual Report by the calendar year, are not comparable from year to year, nor are they useful in comparison with other cities reporting in the literature.

We have on this occasion gone back over our records in order to report on them by the school year. Arbitrarily choosing a 10% combined loss as a level which begins to be a little handicap (we use the AMA formula for computing hearing loss), we recorded the number of children having this degree of loss or more.

<u>School Year</u>	<u>Grade III Population</u>	<u>No. of Children With Binaural Loss Of 10% or More</u>	<u>Expressed As Rate Per 1,000</u>
1956-7	3,676	8	2
1957-8	3,919	10	2.5
1958-9	3,947	21	5
1959-60	4,549	18	4
1960-61	4,938	15	3
1961-62	5,453	11	2
1962-63	6,214	12	2

This gives an expression of the incidence of handicapping hearing loss in the Grade III classrooms (the more severe cases are already screened out and in the hard of hearing class at James Short School or at the School for the Deaf in Edmonton). The reason for our hearing testing is not in order to pick up this small incidence of between 2 per 1,000 and 5 per 1,000. The value is in the picking up of more minor degrees of loss, first in the group testing and in the individual testing and the opportunity this gives to draw to the attention of a parent what harm repeated ear infections or infected tonsils and adenoids may be doing to the hearing and further justifying and motivating prompt care for these conditions. 10% hearing loss is not a loss that would require a hearing aid. Seating close to the teacher's usual teaching position is recommended.

For comparison of incidence of hearing loss with another city, unfortunately, methods of measuring vary greatly. In a survey of New York City schools reported in August, 1963, where they report on failures of individual tests at a level that would correspond with a 9% hearing loss computed by the method we use, Calgary would compare favourably with the schools in the upper socio-economic districts of New York.

School Health Services - 1963

Routine examinations	11,364
Referred	1,148
Sports	1,325
Total number examined	13,837

TABLE I INSPECTIONS BY PHYSICIANS

<u>Defects</u>	<u>Number</u>	<u>Defects</u>	<u>Number</u>
Dental	3,264	Nose	165
Eyes	1,014	Emotional Problems	158
Tonsils and Adenoids	937	Allergy	157
Skin	709	Pulmonary	154
Feet	674	Nervous System	88
Glands	543	Abdominal	84
Orthopaedic	486	Hernia	71
Ears	462	Endocrine	58
Cardiac	316	Anaemia	58
Speech	206	Others	515
Genitalia	182		

Routine Examinations:

Pupils - Health Grade A -	9,942
Pupils - Health Grade B -	1,317
Pupils - Health Grade C -	105

Referred Examinations:

Pupils - Health Grade A -	706
Pupils - Health Grade B -	250
Pupils - Health Grade C -	192

Total	11,364	Total	1,148
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There were 1,168 cases referred to their family physicians for treatment.

126 cases were referred to the Minor Ailment Clinic for diagnosis and advice. 40 were referred to their family physicians for treatment; 56 were given free glasses.

TABLE II HOME VISITS BY NURSES

School Visits	4,987	Visits re communicable disease	259
Visits to T.B. contacts	450		
Rheumatic Fever & Other Cases	7		

TABLE III SCHOOL INSPECTIONS AND EXAMINATIONS BY NURSES

Vision Tests	46,603		
No. referred to optician	5,239		
Children examined by nurse	46,490		
No. referred to family physician	2,821		

Dental Inspections	30,158		
No. requiring dental treatment	10,212		
First Aid Treatments	13,493		
Audiograms (Grade III)	6,382		
Failed	321		
Urine Glucose Tests	8,745		
Positive for Sugar	9		
Colour Vision Tests	1,569		
Failed	74		

TABLE IV HEALTH CONFERENCES WITH:-

Pupils	26,539	Physicians	1,525
Teachers	20,406	Supervisors & Others	758
Parents	7,932	Other Agencies	118

TABLE V EXCLUSIONS FOR SUSPECT COMMUNICABLE DISEASES

Undiagnosed by nurse	946
Impetigo	229
Infestations	84

TABLE VI COMMUNICABLE DISEASES AMONG SCHOOL CHILDREN

Measles	929	Rubella	150
Chickenpox	921	Infestations	84
Mumps	331	Infectious Hepatitis	43
Impetigo	229	Ringworm	32
Pertussis	222	Aseptic Meningitis	1
Scarlet Fever & Strep Throat	174		

TABLE VII AUDIOMETRY

Grade III students group tested	6,382
Grade III students failed group test	321
Individual audiograms	220
Referred to eye, ear, nose and throat specialist	66

TABLE VIII IMMUNIZATION AND VACCINATION IN SCHOOLS

Smallpox vaccinations	11,405	Sabin Vaccine Programme - Jan. - March 1963.	
Diphtheria, Tetanus & Polio	7,561		
Polio (Salk)	4,398	Pupils receiving 2 doses	46,872
Diphtheria & Tetanus	3,918	Pupils receiving 1 dose	3,804
Gamma Globulin	1,064		
Other	1,564		
Schick Tests	10		
Nose and throat swabs	10		

10,122	Dental Inspections
10,212	No. requiring dental treatment
13,497	First Aid Treatments
8,381	Audiograms (Grade III)
321	Failed
8,762	Urine Glucose Tests
9	Positive for Sugar
1,269	Color Vision Tests
74	Failed

HEALTH COMMENTS WITH:-

1,522	Public
739	Teachers
118	Parents
28,539	Physicians
20,408	Superintendents & Others
7,932	Other Agencies

EXCLUSIONS FOR SUSPECT COMMUNICABLE DISEASES

946	Undiagnosed by nurse
229	Impetigo
84	Infections

COMMUNICABLE DISEASES AMONG SCHOOL CHILDREN

120	Measles
84	Chickenpox
43	Mumps
32	Impetigo
1	Furunculosis
	Scarlet Fever & Strep Throat 174
	Asymptomatic Hemophilia
	Ringworm
	Infectious Hepatitis
	Infections
	Rubella

TABLE VII AUDIOMETRY

6,382	Grade III students group tested
321	Grade III students failed group test
120	Individual audiograms
88	Referred to eye, ear, nose and throat specialists

TABLE VIII IMMUNIZATION AND VACCINATION IN SCHOOLS

11,402	Smallpox vaccinations
7,391	Diphtheria, Tetanus & Polio 7,391
4,398	Polio (Saliv)
2,918	Diphtheria & Tetanus
1,004	Gamma Globulin
1,384	Other
10	Skin Test
10	Nose and throat swabs
48,872	Public receiving 2 doses
3,804	Public receiving 1 dose
	Public Vaccination Program - Jan. - March 1963.

TABLE IX TUBERCULOSIS SURVEY - GRADES I, IX, X AND SPECIAL CLASSES

Grade	No. of pupils in Schools	Heaf Tests Accepted	% Accepting Tests	Heaf Tests Positive	% Found Positive Reactors
I	7,365	6,446	87.5	73	1.1
IX	4,116	3,552	86.3	170	4.8
X (not all surveyed)	1,927	1,525	78.1	58	3.8
Special Classes	260	240	92.3	25	10.4

TABLE X SCHOOL DENTAL SERVICES

Examinations	Clinic Cases	No. of Teeth Treated	Topical Fluoride Applications	Space Maintainers	Orthodontic Treatment
3,500	7,475	6,127	2,883	77	12

During the year 1963, 110 student nurses from Calgary General Hospital spent one day each with Public Health Nurses in schools, home visiting and in Well Baby Clinics.

SERVICES TO INFANTS AND CHILDREN UNDER SCHOOL AGE

Our clinics provided immunization, health counselling and inspection by the nurses, examination of selected children by a physician.

The disposition and utilization of these services are tabulated as follows.

ATTENDANCE:-

Infants	23,815
Pre-School	11,979
Total	35,794

NEW CASES:-

Infants	6,015
Pre-School	2,112
Total	8,127

ATTENDANCE BY CLINICS:-

City Hall	-	5,843	- open five afternoons weekly - daily average 25.05
Scarboro	-	7,496	- open five afternoons weekly - daily average 32.31
North Hill	-	10,864	- open five afternoons weekly - daily average 45.59
Haysboro	-	3,671	- open two afternoons until August
			- open three afternoons from August to December
			- daily average 31.36
Forest Lawn	-	3,765	- open three afternoons weekly - daily average 36.23
Killarney	-	2,847	- open one afternoon weekly - daily average 58.57
Wildwood	-	876	- open two afternoons per month - daily average 42.86

The first five Clinics listed are in permanent City-owned quarters. The last two are held in church basements. The Haysboro Clinic is held in a building completed in the summer of 1963, designed as the Health Department sub-office for that part of the City. It is an attractive, modern building providing facilities for immunization and well-child services, dental clinic and sanitary inspector's office.

INFANT FEEDING COMPARISONS:-

Breast	-	1,706
Bottle	-	16,931

NUMBER EXAMINED BY PHYSICIAN:-

Infants	-	1,324
Pre-School	-	1,291
Total		2,615

DEFECTS FOUND ON EXAMINATIONS BY PHYSICIANS AND INSPECTIONS BY NURSES:-

	<u>Infants</u>	<u>Pre-School</u>	<u>Total</u>
Skin	1,480	304	1,784
Eyes	189	117	306
Ears	52	49	101
Nose and Throat	53	43	96
Tonsils and Adenoids	1961	223	1962
Phimosis	24	6	30
Hernia	108	12	120
Intestinal Disturbance	209	9	218
Chest	159	33	192
Orthopaedic	101	63	164
Congenital Conditions	37	24	61
Cardiac	3	19	22
Anaemia	58	17	75
Mental Defects	16	2	18
Nutrition	343	67	410
Teeth	-	804	804
Speech	6	19	25
Emotional	6	30	36
Eneuresis	2	12	14
Epilepsy	2	-	2
Pinworms	-	12	12
Genital - Urinary	5	5	10
Communicable Disease	2	2	4
Hydrocephalic	1	-	1
Ringworm of Scalp	1	-	1
Sex Precocity	1	-	1
Rheumatic Fever	-	1	1
Thrush	4	-	4
Septic Finger	-	1	1
Polyp	1	-	1
Total	2,855	1,874	4,729

The first five Clinics listed are in permanent City-owned quarters. The last two are held in church basements. The Keyhole Clinic is held in a building completed in the summer of 1963, designed as the Health Department sub-office for part of the City. It is an attractive, modern building providing facilities for immunization and well-child services, dental clinic and sanitary inspector's office.

INFANT FEEDING COMPARISONS:-

Breast	-	1,706
Bottle	-	16,931

NUMBER EXAMINED BY PHYSICIAN:-

Infants	-	1,735
Pre-School	-	1,781

Total 3,516

DEFECTS FOUND ON EXAMINATIONS BY PHYSICIANS AND NURSES:-

	Infants	Pre-School	Total
Skin	1,486	304	1,784
Eyes	108	117	206
Ears	32	43	101
Nose and Throat	23	43	98
Tonsils and Adenoids	23	233	253
Extremities	24	6	30
Heart	108	13	120
Internal Disturbance	309	9	318
Chest	129	33	162
Orthopaedic	101	67	166
Congenital Conditions	37	24	61
Cardiac	3	19	22
Anemia	28	17	35
Neural Defects	16	2	18
Nutrition	343	67	410
Teeth	-	804	804
Speech	-	12	12
Emotional	6	30	36
Enuresis	-	12	12
Epilepsy	2	-	2
Pinworms	-	12	12
Genital - Urinary	3	2	10
Communicable Disease	3	2	4
Hydrocephalic	1	-	1
Ringworm of Scalp	1	-	1
Sex Precocity	1	-	1
Rheumatic Fever	-	1	1
Thrush	6	-	6
Septic Throat	-	1	1
Polio	1	-	1
Total	2,822	1,874	4,696

REFERRED TO FAMILY PHYSICIAN:-

Infants - 380 Consultations with Dental Hygienists - 238 in our
Pre-School - 303 (January to July)

Our infant and pre-school clinic facilities and staff provided observation and instruction for four University of Alberta postgraduate Public Health Nursing students, for two Dental Auxiliary students, for 60 students of nursing from the Calgary General Hospital and for eight students of nursing from the Holy Cross Hospital.

We are grateful for the assistance of volunteers in our clinics for 400 half-days.

A visit to the homes of all newborn in our City is attempted and was accomplished for 9,323 babies.

Other infant visits numbered	-	1,094
Pre-School visits	-	7,866
Adult Visits	-	9,910
Visits for investigation of complaints		101
Other Miscellaneous Special Visits		27

Immunizations by numbers are reported elsewhere in the Annual Report. A measure of the coverage of our infant and pre-school population can be had in the following count done of children entering Grade I at school in September 1963 and compared with children entering Grade I in September 1962.

	<u>1963</u>	<u>1962</u>
Total Grade I pupils 1963	7,417	6,808
Number who have not had Salk	958 or 12.9%	1,907 or 27.6%
Number who have not had Diphtheria, Pertussis or Tetanus Inoculation	887 or 11.8%	905 or 13.1%
Number D.P.T. inoculation outdated	2,469 or 32.8%	2,307 or 31.9%
Number who have not had smallpox vaccination	2,121 or 28.2%	2,117 or 30.5%
Number Smallpox vaccination outdated	2,366 or 31.4%	2,004 or 29%

The Department lost Dr. Kevin Barrett who resigned as Assistant Medical Officer of Health June 30th, 1963. Dr. Agnes E. O'Neil assumed this position in November 1963.

The co-operation of the School Boards in permitting the use of 36 school auditoriums in both day-time and evening hours as feeding stations for Sabin vaccine for the adult and pre-school public was greatly appreciated. We extend thanks to principals and teachers who co-operate so kindly with our Nurses

REFERRED TO FAMILY PHYSICIAN:-

Infants - 380
Pre-School - 303
Consultations with Dental Hygienists - 138
(January to July)

Our infant and pre-school clinic facilities and staff provided observation and instruction for four University of Alberta postgraduate Public Health Nursing students, for two Dental Auxiliary students, for 60 students of nursing from the Calgary General Hospital and for eight students of nursing from the Holy Cross Hospital.

We are grateful for the assistance of volunteers in our clinics for 400 half-days.

A visit to the homes of all newborn in our City is attempted and was accomplished for 9,311 babies.

Other infant visits numbered 1,082
Pre-School visits 7,886
Adult visits 9,910
Visits for investigation of complaints 101
Other Miscellaneous Special Visits 33

Immunizations by numbers are reported elsewhere in the Annual Report. A measure of the coverage of our infant and pre-school population can be had in the following table of children entering Grade I at school in September 1962 and compared with children entering Grade I in September 1961.

	1962	1961	Total Grade I pupils 1962
Number who have not had Diphtheria, Pertussis or Tetanus inoculation	928 or 12.9%	887 or 11.8%	1,815
Number who have not had B.C. Vaccination	1,460 or 21.8%	1,307 or 18.9%	2,767
Number who have not had Smallpox vaccination	2,131 or 31.7%	2,117 or 30.3%	4,248
Number Smallpox vaccination outdated	2,366 or 35.4%	2,004 or 29.2%	4,370

The Department lost Dr. Kevin Barrett who resigned as Assistant Medical Officer of Health June 30th, 1962. Dr. Angus E. O'Reilly assumed this position in November 1962.

The co-operation of the School Boards in providing the use of 36 school auditoriums in both day-time and evening hours as leading stations for Smallpox vaccination for the adult and pre-school public was greatly appreciated. We extend thanks to principals and teachers who co-operate so kindly with our Bureau.

Dr. L. C. Allen,

Medical Officer of Health,

and commendation to our Nurses and Doctors for their care and sense of service and to our Senior Medical Officer for his continued interest and help in our programme.

Respectfully submitted,

It is my privilege to report to the Dental Department for the period of January 1st, 1963 to December 1963.

As in other fields of Public Health, the ultimate aim of this Department is the prevention of disease. In the prevention and control of dental disease, it is preventive dental health programme.

Agnes E. O'Neil, M.D., D.P.H.,
Assistant Medical Officer of Health.

Through this programme it is hoped to increase the awareness and the use of "multiple principles of preventive dentistry." To achieve this aim it is again pointed out that this educational programme must be extended and integrated into the school and home environment on a continuous basis. Every preventive measure available must be utilized - especially when deprived of the most effective measure - fluoridation of the City water supply.

It is suggested that public promotion of dental education and of services available be instituted. This can be achieved through public information media, public displays and demonstrations at local exhibits such as teachers' conventions and junior science fairs, etc.

SERVICES PROVIDED:

(a) Consultation Service: In the pre-school clinics information is given on all matters concerned with the detection and correction of dental disease and the maintenance of proper dental health, which is essential to good general health.

(b) Topical Stannous Fluoride Application: This therapy is carried out by the dental hygienists, who in addition to the treatment also carry out an educational session with both parent and child.

Those eligible for this treatment are:

1. All pre-school children, age three and upwards who attend one of the City's Well Baby Clinics and whose parents request and authorize such service.
2. All Grade I children whose parents consent to this therapy.
3. All children having completed dental treatment in the City clinics receive this "painting."

(c) Dental Treatment: This includes preventive care, x-rays, extractions, fillings, crowns, space maintainers and minor preventive orthodontics.

Those eligible for these services are:

1. All pre-school children three years and upwards who have attended one of the City Well Baby Clinics and whose parents can satisfy a means test.
2. Grade I, II and III students of Calgary schools who are found at the time of inspection by the school public health nurse to be in need of dental treatment, and whose parents can satisfy a means test.

Dr. L. C. Allan,
Medical Officer of Health,
City of Calgary.

Dear Sir:

It is my privilege to report the activities of the Dental Department for the period of January 1st, 1963 to December 1963.

As in other fields of Public Health, the ultimate aim of this Department is the prevention of disease. Since education holds the answer to the prevention and control of dental disease, it should occupy a major portion of our preventive dental health programme.

Through this programme it is hoped to increase the awareness and the use of "multiple principles of preventive dentistry." To achieve this aim it is again pointed out that this educational programme must be extended and integrated into the school and home environment on a continuous basis. Every preventive measure available must be utilized - especially when deprived of the most effective measure - fluoridation of the City water supply.

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Dr. J. C. Allan,
Medical Officer of Health,
City of Calgary.

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Those eligible for these services are:

1. All pre-school children three years and upwards who have attended one of the City Well Baby Clinics and whose parents can satisfy a means test.
2. Grade 1, 2 and 3 students of Calgary schools who are found at the time of inspection by the school public health nurse to be in need of dental treatment, and whose parents can satisfy a means test.

3. Grade IV to IX treatment limited to "special patients" - children of destitute parents who are felt to warrant special consideration due to circumstantial conditions.

STAFF:

Again the dental clinics have been forced to function below maximum efficiency for the major part of the year due to illness and partial staffing.

Dr. Mackay and Dr. Barnes resigned as of June and July of 1963. Dr. Curry took leave as of September in order to further his professional training leading to a Diploma in Public Health Dentistry. Dr. Peebles and Dr. Valentini came on staff as of August and September respectively. On staff during the year were Drs. Snow, Shea, Moffat, Peebles, Curry, Barnes, Mackay and Valentini.

The appointment of three dental auxiliaries to the staff of this Department has allowed us to offer increased service. Mrs. Platt, Mrs. Watson and Mrs. Hopewell were appointed in mid-June. However, Mrs. Hopewell was forced to resign due to illness, further curbing our prospective plans.

Also on staff were five dental assistants and one receptionist.

The Haysboro Well Baby Clinic was opened in August. This new clinic provides fully equipped operatories for both a dentist and hygienist.

Following is a comprehensive report on the services provided by the City dental clinics during the 1963 period.

SCHOOL DENTAL CLINIC STATISTICS

Total Fillings	4,317	Number of Teeth Treated	6,143
Permanent	1,854	Permanent	2,079
Deciduous	2,463	Deciduous	4,157
Total Extractions	1,736	Clinic Cases	7,475
Permanent	125	Completed Cases	3,547
Deciduous	1,611	Examinations	1,865
Miscellaneous Procedures		Fluoride Applications	2,907
Prophylaxis	3,005	Parent and Child Education	7,276
X-ray	359	Emergency Treatments	192
Crowns	175	Appointments Paying	5,697
Space Maintainers	77	Appointments Free	1,967
Orthodontic Treatment	12	Missed Appointments (paying)	171
Periodontic Treatment	217	Missed Appointments (free)	134
Bases	3,370		

3. Grade IV to IX treatment limited to "special patients" - children of destitute parents who are left to warrant special consideration due to circumstantial conditions.

STAFF:

Again the dental clinics have been forced to function below maximum efficiency for the major part of the year due to illness and partial staffing.

Dr. Mackay and Dr. Barker resigned as of June and July of 1963. Dr. Curry took leave as of September in order to further his professional training leading to a diploma in Public Health Dentistry. Dr. Barker was Dr. Valentin's case on staff as of August and September respectively. On staff during the year were Drs. Snow, Snow, Snow, Mackay, Curry, Barker, Mackay and Valentin.

The appointment of three dental assistants to the staff of this Department has allowed us to offer increased service. Mrs. Fiala, Mrs. Watson and Mrs. Hopewell were appointed in mid-June. However, Mrs. Hopewell was forced to resign due to illness, further cutting our prospective plans.

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Following is a comprehensive report on the services provided by the City dental clinics during the 1963 period.

SCHOOL DENTAL CLINIC STATISTICS

Total Patients	4,317		Number of Teeth Treated	6,143	
	Permanent	1,824	Permanent	2,070	
	Deciduous	2,493	Deciduous	4,127	
Total Extractions	1,736		Clinical Cases	1,472	
	Permanent	128	Completed Cases	3,247	
	Deciduous	1,611	Examinations	1,967	
Miscellaneous Procedures	1,002		Fluoride Applications	2,907	
	Prophylaxis	399	Parent and Child Education	1,336	
	X-ray	172	Emergency Treatment	188	
	Crowns	77	Appointments Filling	2,697	
	Space Maintainers	12	Appointments Exam	1,967	
	Orthodontic Treatment	217	Mixed Appointments (Filling)	171	
	Periodontic Treatment	3,270	Mixed Appointments (Exam)	134	

PRE-SCHOOL DENTAL STATISTICS

Total Fillings	3,165	Number of Teeth Treated	4,074
Permanent	139	Permanent	179
Deciduous	3,026	Deciduous	3,895
Total Extractions	656	Clinic Cases Completed	4,573
Permanent	5		1,850
Deciduous	651	Examinations	1,462
Miscellaneous Procedures		Fluoride Applications	1,292
Prophylaxis	1,292	Parent and Child Education	4,322
X-ray	218	Emergency Treatments	238
Crowns	217	Appointments Paying	3,253
Space Maintainers	57	Appointments Free	1,370
Orthodontic Treatment	9	Missed Appointments (paying)	160
Periodontic Treatment	88	Missed Appointments (free)	115
Bases	2,425		

It can be noted that the dental programme has been favouring concentration on the pre-school group. This is in the hope that through preventive care in this age group we may arrest conditions which usually cause irreparable damage by the time the child reaches school age. Again the dental education received by both parent and child during these pre-school years should better equip them for the maintenance of a good oral state, which is so important in the maintenance of sound general health conditions.

Therefore, if the advice received at the dental clinics is religiously followed and regular check-ups sought, preservation of good oral health in the school age child should require minimum expenditure of time and money for everyone concerned.

The integration of a school dental health educational programme to provide a continuous awareness of dental health should greatly enhance the long term effects of any preventive programme.

I would at this time like to take the opportunity to express my appreciation and thanks to you, the Assistant Medical Officer of Health, the Dentists and Hygienists, the Public Health Nurses, the school medical staff, the Dental Clinic staff and the Health Department clerical staff for the help and co-operation received by both Dr. Curry and myself during the past year.

Respectfully submitted,

R. F. V. Valentini, D.D.S., B.Sc.

Attendance at the clinic increased by 900. During the month of November 715 visited the office, nearly one half of the total for the previous year. Many hours of extra help were received from the Health Department staff

Dr. Leslie C. Allan,
Medical Officer of Health,
City of Calgary.

Dear Dr. Allan:

It is my privilege to submit the report of the Kinsmen Nursing Service for the year ending February 29th, 1964. This service, financed by the Christmas Seal Sale, comes under the direction and supervision of the Medical Officer of Health, the Provincial Director of Tuberculosis Control and the Superintendent of the Baker Memorial Sanatorium.

The statistical report follows:

Home visits	1,327	Co-operative and other visits	136
Clinic attendance	2,695	Streptomycin injections	356
Tuberculin Tests Total			
1. Tests done at the Chest Clinic	1,902	positive	618
2. Tests done at home, school, etc.	1,302	"	283
Nursing aides (before and after BCG)	886	"	244
Contacts at home	27	"	4
Staff contacts at work (7 groups)	162	"	60
Contacts at school	119	"	12
Booth Home	61	"	5
Calgary Kinsmen	47	"	10
	1,302		335

Home visiting to newly discovered cases and the checking of contacts of all admissions continues and is probably the most important part of our programme. There is never a year without one or more children being admitted as the result of a parent or grandparent having active tuberculosis. Home and economic conditions are assessed and referral is often necessary to other community agencies such as the Welfare Department. Many have a second diagnosis of alcoholism or other pressing problems. Frequent consultation is needed with the Rehabilitation Counsellor and excellent co-operation is always received.

Patients are visited after discharge, some requiring more frequent visits than others. Many of these patients must continue drugs from 6 to 18 months after discharge, and should accept some responsibility for an uninterrupted drug routine and are encouraged to do so. There are many, however, needing reminders and some supervision. Education and persuasion are the main weapons to promote the continuance of treatment and the regular return for clinic examination. Although the increase in the number of home visits made is not great, the mileage increase is substantially greater. We can expect a still greater amount of travelling time without actually increasing the number of home visits if Bowness is included within the City limits this year. It is fortunate that the number of new cases is not increasing. Public Health Nurses are becoming more involved with tuberculosis as the patients are returned to the community at an early date to continue the greater part of their treatment at home.

Attendance at the clinic increased by 900. During the month of November 718 visited the office, nearly one half of the total for the previous year. Many hours of extra help were received from the Health Department staff

Dr. Leslie C. Allen,
Medical Officer of Health,
City of Calgary.

Dear Dr. Allen:

It is my privilege to submit the report of the Tuberculosis Nursing Service for the year ending February 28th, 1934. This service, financed by the City of Calgary, comes under the direction and supervision of the Medical Officer of Health, the Provincial Director of Tuberculosis Control and the Superintendent of the Baker Memorial Sanatorium.

The statistical report follows:

Home visits	1,757	Co-operative and other visits	138
Clinic attendance	2,673	Streptomycin injections	322
Tuberculin Tests			
1. Tests done at the Chest Clinic	1,903	Positive	618
2. Tests done at home, school, etc.	1,707	"	263
Nursing aides (before and after BCG)			
Contacts at home	884	"	264
Staff contacts at work (7 groups)	37	"	4
Contacts at school	165	"	60
Booth home	119	"	32
Booth school	61	"	5
Booth home	43	"	10
Calgary Kingston	1,702		332

Home visiting is newly discovered cases and the checking of contacts of all tuberculous contacts and is probably the most important part of our program. This is done a year without one or more children being visited as the result of a patient or grandparent having active tuberculosis. Home and economic conditions are assessed and referred to other necessary to other community agencies such as the Welfare Department. Many have a second diagnosis of alcoholism or other pressing problems. Frequent consultation is needed with the Health Officer and excellent co-operation is always received.

Patients are visited after discharge, some requiring more frequent visits than others. Many of these patients need continued drugs for 18 months after discharge, and should accept some responsibility for an uninterrupted drug routine and are encouraged to do so. These are many, however, needing remedial and some supervision. Education and persuasion are the main weapons to promote the continuance of treatment and the regular return for clinic examination. Although the increase in the number of home visits made is not great, the mileage increase is substantially greater. We can expect a still greater amount of traveling time without actually increasing the number of home visits if however is included within the City limits this year. It is fortunate that the number of new cases is not increasing. Public Health Nurses are becoming more involved with tuberculosis as the patients are referred to the community at an early date to continue the greater part of their treatment at home.

Attendance at the clinic increased by 900. During the month of November 118 visited the office, nearly one half of the total for the previous year. Many hours of extra help were received from the Health Department staff.

and their co-operation is sincerely appreciated.

Since the annexation of Montgomery and the general increase in the school population, the tuberculin testing in the schools has been conducted solely by the Health Department nurses and the reactor's family referred to us for follow-up. The school reactors are recalled for re-examination over a period of years and this is the responsibility of the Health Department rather than the Division of Tuberculosis Control.

There is a great deal of detail work with all tuberculosis nursing, especially with the school programme where approximately 50 nurses, the Central Registry and the Sanatorium are involved in the interchange of communications. Tuberculin testing, like home visiting, is of little value if the results are not reported to the Doctors and Central Registry, and if the x-ray results are not reported to the nurses. Whenever there is a reactor in the young age group an attempt must be made to locate the source of infection. It is the individual interview, learning of any known contact, BCG etc., getting all the family members to report, and the reactors x-rayed, that is a slow process. The actual testing of large groups is far less time consuming.

Programmes with special groups, teachers, food services, etc. continued. The mobile unit was in operation in the City for a seven-month period, double the time of previous years, with the resultant increase in both office and outside follow-up.

Less time was spent on welfare problems. Transportation to the Sanatorium was provided for four persons and admission clothing requirements were purchased for two patients. Milk assistance was started to two families and discontinued to five. Eight families were provided with vitamins and five with cod liver oil. Seven families received food gift certificates at Christmas and the Kinettes provided gifts for 17 children.

The guidance and co-operation received from you and your Department is sincerely appreciated.

Respectfully submitted,

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

Number X-rayed	Probable TB		Further Examination Requested	Probable Non-TB Reactions	Probable TB		Total Abnormalities
	Active	Inactive			Active	Inactive	
17,850	3	49	127	1	76	145	400

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 complete statistical summary for the stationary unit at the Civic Administration Building follows.

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Since the inauguration of Montgomery and the general increase in the school population, the tuberculosis testing in the schools has been conducted solely by the Health Department nurses and the reactor's family referred to us for follow-up. The school reactors are retained for re-examination over a period of years and this is the responsibility of the Health Department rather than the Division of Tuberculosis Control.

There is a great deal of detail work with all tuberculosis nursing, especially with the school programs where approximately 30 nurses, the Central Registry and the Sanatorium are involved in the follow-up of examinations. Tuberculin testing, like home visiting, is of little value if the results are not reported to the nurses and Central Registry, and if the x-ray results are not reported to the nurses. Whenever there is a reactor in the young age group an attempt must be made to locate the source of infection. It is the individual interview, learning of any known contacts, BCG etc., getting all the family members to report, and the reactor x-rayed, that is a slow process. The actual testing of large groups is far less time consuming.

Programs with special groups, teachers, food services, etc., continued. The mobile unit was in operation in the City for a seven-month period, double the time of previous years, with the resultant increase in both office and outside follow-up.

Less time was spent on welfare problems. Transportation to the Sanatorium was provided for four persons and admission clothing requirements were purchased for two patients. With assistance was started to two families and discontinued to four. Eight families were provided with vitamins and live with cod liver oil. Seven families received food gifts distributed at Christmas and the Kinross provided gifts for 17 children.

The guidance and co-operation received from you and your Department is sincerely appreciated.

Respectfully submitted,

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

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

Dear Sir:

We have the pleasure of reporting to you the activities of the Chest X-Ray Clinic for the year 1963.

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.

During the year a Food Service Survey was instigated and the response was only fair, in that we feel that a large number of smaller establishments did not participate. The following is a table showing the results.

FOOD SERVICE CHEST X-RAY SURVEY - 1963

Number X-Rayed	Inactive TB	Probable Neoplasm	Further Examination Requested	Pleurisy Inactive	Non-TB Conditions	Total Abnormalities
1,864	19	-	25	10	23	77

The pre-employment x-ray programme is still continuing but the number of companies participating has not shown any noticeable increase. This is due partially to the fact that so many companies do not have a pre-employment medical programme, nor do they have a company doctor. The biannual x-ray programme is still being carried out for some companies. This supplements the mobile chest x-ray unit that visits periodically.

Between March and September of this year, the mobile unit made surveys at 56 locations throughout the City and the following table shows the results.

MOBILE CHEST X-RAY SURVEY - 1963

Number X-Rayed	Probable TB		Further Examination Requested	Probable Neoplasm	Pleurisy Inactive	Non-TB Conditions	Total Abnormalities
	Active	Inactive					
17,850	1	49	127	1	76	146	400

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 complete statistical summary for the stationary unit at the Civic Administration Building follows.

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

Dear Sir:

We have the pleasure of reporting to you 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 Department.

During the year a food service survey was conducted and the response was only fair, in that we found that a large number of smaller establishments did not participate. The following is a table showing the results.

FOOD SERVICE CHEST X-RAY SURVEY - 1957

Number X-Rayed	Inactive TB	Probable Tuberculosis	Further Examination Requested	Probably Inactive	Non-TB Conditions	Total Establishments
1,804	19	-	25	10	23	77

The pre-employment x-ray program is still continuing but the number of companies participating has not shown any noticeable increase. This is due partly to the fact that so many companies do not have a pre-employment medical program, nor do they have a company doctor. The physical x-ray program is still being carried out for some companies. This supplements the mobile chest x-ray unit that visits periodically.

Between March and September of this year, the mobile unit made surveys at 56 locations throughout the City and the following table shows the results.

MOBILE CHEST X-RAY SURVEY - 1957

Number X-Rayed	Probably TB		Further Examination Requested	Probably Tuberculosis	Probably Inactive	Non-TB Condi- tions	Total Establishments
	Active	Inactive					
17,850	1	59	127	1	76	105	400

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 complete statistical summary for the stationary unit at the Civic Administration Building follows.

SUMMARY CHEST X-RAY SURVEYS - 1963
CITY HALL CLINIC

	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. Conditions	
Jan	520	24	56	49	649		12		6		4	12	34
Feb	678	73	53	39	843		22		9		3	16	50
Mar	816	925	54	16	1811	1	35		14		12	30	92
Apr	557	583	23	9	1172		21		12		9	18	60
May	712	192	32	32	968		25		16		7	17	65
June	657	227	53	6	943		35		22		11	23	91
July	159	17	60	8	244		9		7			3	19
Aug	498	57	27	17	599	1	35		11		9	12	68
Sep	522	365	73	6	966		22		12		6	24	64
Oct	537	211	25	69	842		27		8		10	16	61
Nov	485	66	21	128	700		20		14		10	11	55
Dec	474	96	131	75	776		20		16		9	10	55
Total	6615	2836	608	454	10513	2	283		147		90	192	714

Respectfully submitted,

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

REGISTRY CHEST X-RAY SURVEYS - 1952
CITY HALL CLINIC

Month	Total	Lateral	Anteroposterior	Oblique	Total	Other Abnormalities					Total
						Fracture	Dislocation	Other	Calcification	Other	
Jan	250	24	26	28	608	12	10	6	2	12	24
Feb	678	73	33	39	843	32	32	9	3	16	20
Mar	816	922	24	16	1811	1	32	14	22	30	92
Apr	227	283	22	9	1172	21	21	12	9	19	60
May	712	102	22	22	968	22	22	16	7	17	62
June	692	222	22	8	942	22	22	22	11	22	91
July	129	12	60	8	249	9	9	7		3	19
Aug	498	27	27	12	399	1	22	11	0	12	68
Sep	222	202	22	8	406	22	22	12	6	22	64
Oct	232	211	22	69	842	22	22	8	10	16	61
Nov	482	69	21	128	700	20	20	14	10	11	22
Dec	424	96	121	22	726	20	20	16	2	16	22
Total	6812	2826	608	424	10212	2	262	142	80	192	714

Respectfully submitted,

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

VICTORIAN ORDER OF NURSES - CALGARY BRANCH

REPORT OF THE DISTRICT DIRECTOR

Madam President, Ladies and Gentlemen:

I have the honour and the responsibility to present to you the report on the visiting nursing service which you citizens have provided through the Victorian Order of Nurses, a United Fund Agency, to the residents of Calgary and Bowness.

The primary responsibilities of the Victorian Order are familiar to most of you. They are to provide skilled Nursing Care on a visit basis to people ill in their homes; to give instructions in the care of the patients between visits; to combine with this care, health teaching to the patient and family; and to give instruction to expectant mothers, to mothers and their new babies. How many of you know that the Victorian Order of Nurses founded in 1897 was originally intended for service to mothers and babies in the country districts; that 44 small cottage hospitals were established and operated by the Victorian Order between 1898 and 1924; that following World War I, the Victorian Order became an active participant in the developing field of Public Health in Canada, and provided the complete service, including schools, child health conferences and immunization clinics until such time as official Public Health Nursing Agencies were developed? Thus, over the years the V.O.N., as it is more popularly known, has tried to fulfill the valuable function of a voluntary agency - that of meeting the community needs or of initiating or demonstrating a service proving the value and then moving on to other fields. Through all these years, however, the primary function of the Order has been and still is to have skilled bedside Nursing Care to those who are ill at home.

During the year our nurses personally cared for 2,348 patients and to these patients made 21,630 visits.

As Victorian Order Service is available to anyone, the homes we visit are sumptuous and beautiful; are dingy and cold; are bare floors in hotels; are dark, crowded basement suites; are small spaces in boarding homes with no privacy; or generally are the ordinary comfortable homes and apartments in which we like to think most people in our Society live, and the people we visit in these homes require Nursing Care for many types of acute and chronic conditions; for heart disease and strokes; for post-operative dressings, for fractures, for injections and irrigations; for assistance in bathing the new baby during the first few days after birth - in short, for any treatment ordered by the patient's doctor which may safely be performed in the home situation.

The significant change over the previous year's work is that Nursing Care visits were increased by 1,391 visits or 8.4%. Although only 40% of our patients are adults, they received 77.3% of the visits. Our elderly patients are claiming an ever increasing share of our nursing time. We assist many of them to carry on their daily living within familiar surroundings of their own homes. To accomplish this we have been continually increasing our skills and incorporating rehabilitation techniques in our Nursing Care. These visits take time and patience. As you can well imagine, it would be easier for the nurse herself to perform many of the duties instead of allowing the patient to learn to manage himself; but there is great satisfaction in helping someone to live more usefully and happily.

All Public Health workers agree that the time a mother needs help most is immediately on her return home. Better care to mothers and babies is still one of our main concerns and will always remain as such. Along with the official agency we share the responsibility of providing maximum benefits to every mother and baby in our community.

3,884 visits were made to mothers and babies. The Calgary Branch also reports two home deliveries in 1963.

For a more detailed report, I would refer you to the statistical table. Although our service is available to all regardless of ability to pay, there is a charge based on cost which is computed annually.

23.5% of the visits were paid in full
26.2% paid a part of the charge
34.3% received visits free of charge
16% were no charge visits

In recent years group instruction has been accepted as a valuable teaching method. Not only can a number of people be reached at one time, but the group learns from one another through shared experience and discussion of common problems. While this method cannot replace the home visits to the individual, it has been found to be an excellent way to give Public Health nursing instruction to certain groups of expectant mothers. In 1963, 77 mothers attended prenatal classes.

In conjunction with the Department of Welfare we hold adoptive parent classes. These too are a discussion type of class and are proving to be very popular. We have had 35 couples attend these classes the past year.

It is now recognized that care in the familiar normal surroundings of the home brings about more rapid recovery. In order to ensure that continuity of patient care is not interrupted, that convalescence or rehabilitation will be complete, and that re-admission to hospital will be prevented, information pertaining to the patient's needs must be transmitted to the nurse prior to hospital discharge. In the Calgary General we have a nurse three hours a day, five days a week. The liaison or referral nurse in V.O.N. uniform visits the patients to assure them that our nurses will make the necessary visits when they are discharged and arranges to obtain any necessary equipment not already available at home. Thus assured, the otherwise anxious patient is not so apprehensive about leaving the security of 24 hour hospital care. With this background information the nurse in the district is now able to give continuity of quality Nursing Care.

During the past year 152 patients were referred to our services. In order that head nurses and clinical instructors have better understanding of our services, one day of observation was organized. 40 nurses from the Calgary General and Holy Cross participated in this programme.

This continuity of care would be more effective under an organized Home Care Plan. Since there is some confusion regarding these two programmes we will try to make a simple differentiation. A Home Care Plan or hospital extended care provides for a range of individualized medical and Nursing Care services, essential drugs and supplies, housekeeping, social and rehabilitation services in their own home to selected patients who do not require all the treatment facilities of a hospital, but who because of

the lack of alternative care services would have to be hospitalized. These services are co-ordinated through one central agency, which may be hospital or a community agency.

Last June, on a request from the Council of Community Services, Miss Constance Swinton, Regional Director, Victorian Order of Nurses for Canada, did a survey on the needs of a Home Care Plan in Calgary. Meetings were held with the Medical Profession, Hospital Administrators, Directors of Allied Agencies and City Officials. A need was determined. The City Commissioners asked Miss Swinton to prepare a proposed submission which would include a budget for one year of operation. This was done. On August 5th members of City Council accepted the plan and endorsed payment of one-third of the cost providing the other two-thirds be paid by Provincial or Federal Governments. It is anticipated that definite word from the Minister of Health will be forthcoming in February.

In order to fulfill one of our objectives and to maintain and elevate the standard of Nursing Care, we have assisted in the education of 86 undergraduate student nurses from the two local Hospitals and 10 postgraduate students from the Public Health nursing course at the University of Alberta and the University of Saskatchewan. The hospital nurses observe the work of the staff as they visited in the homes, while the Public Health students were given the opportunity of participating in the programme of the Branch.

This report affords us an opportunity to express publicly our appreciation to the many organizations, Agencies, and private individuals without whose financial assistance and wholehearted co-operation we would have been unable to function effectively.

The staff would like to say a special thanks to our answering service who handle our telephone calls so efficiently at night and on weekends; the Canadian Cancer Society for dressings and special appliances; the Calgary Medical Society, the nursing staff of the City Health Department and the administration and all personnel of the Hospitals for their co-operation. We wish to express our gratitude to the staff of our National Office, to Miss Swinton and Miss James for their wise counsel and guidance throughout the year. So to all those who have contributed in any way to our record of 1963 we say a sincere "thank you."

We realize there are still unmet needs in our community. One of our roles as a voluntary agency is to explore and demonstrate new programmes and to supplement and compliment the work of the official agency.

It is our hope to contribute to a more comprehensive health service by our participation in:

1. Referral programmes in all the Hospitals in Calgary to ensure continuity of care, and making it possible for an earlier discharge and reducing the likelihood of the need for re-admission.
2. The co-ordination of a Home Care Programme, making it possible to give adequate care to selected patients who would otherwise be hospitalized, and thereby contributing to the patient's welfare as well as relieving the strain of hospital facilities.
3. Any programme which would enrich the lives of the citizens of Calgary, especially the senior citizens.

SERVICE STATISTICS

We have a responsibility to extend our work. Let us go forward together prepared to accept our responsibilities as they arise, with the focus of our attention always directed toward the health and welfare of the patients we serve and for whom we exist.

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Prenatal	50	8	10	1,076	1,289	67
Postnatal	30	31	10	1,097	2,248	1,194
Newborn	443	510	468	838	376	2,103
Infant	47	45	123	32	10	323
Pre-school	23	46	10	12	9	
School age	380	325	10			
Adult	<u>13,059</u>	<u>15,340</u>	<u>18,783</u>			
Total	16,059	16,311	17,750	5,506	4,049	3,708

Respectfully submitted,

Eleanor MacDougall,
District Director.

Total Visits

	<u>1961</u>	<u>1962</u>	<u>1963</u>
Nursing Care	16,059	16,311	17,750
Health Instruction	5,506	4,049	3,708
Pt. not seen	454	138	125
On behalf of Pt.	58	30	34
Fellow Calls	-	3	3
Home Delivery	-	-	10
(Equivalent visits)	<u>5</u>	<u>-</u>	<u>-</u>
Total	22,082	20,531	21,630

Number of Patients Visited

	<u>1961</u>	<u>1962</u>	<u>1963</u>
Prenatal	43	48	16
Postnatal	746	716	673
Newborn	764	739	706
Infant	43	49	60
Pre-school	22	24	11
School age	13	15	15
Adult	<u>952</u>	<u>910</u>	<u>867</u>
Total	3,591	2,517	2,348

Pay Status of Visits

	<u>1961</u>	<u>1962</u>	<u>1963</u>
Full	4,504	4,233	3,993
Part	4,377	5,077	5,642
Free	7,221	7,229	7,646
No Charge	5,054	3,626	3,617
Insurance	23	-	41
Contract	10	13	10
Govt. (D.V.A.)	<u>54</u>	<u>81</u>	<u>1,303</u>
Total	22,082	20,531	21,630

We have a responsibility to extend our work. Let us go forward together prepared to accept our responsibilities as they arise, with the issue of our attention always directed toward the health and welfare of the patients we serve and for whom we exist.

Respectfully submitted,

Eleanor MacDougall,
District Director.

SERVICE STATISTICS

	<u>Nursing Care</u>			<u>Health Instruction</u>		
	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Prenatal	50	8	14	98	92	67
Postnatal	30	31	36	1,476	1,289	1,194
Newborn	448	510	468	1,897	2,248	2,105
Infant	47	45	123	838	376	323
Pre-school	55	46	44	22	32	10
School age	380	325	341	48	12	9
Adult	<u>15,049</u>	<u>15,349</u>	<u>16,737</u>	<u>1,127</u>	<u>-</u>	<u>-</u>
Total	16,059	16,314	17,763	5,506	4,049	3,708

	<u>Total Visits</u>		
	<u>1961</u>	<u>1962</u>	<u>1963</u>
Nursing Care	16,059	16,311	17,750
Health Instruction	5,506	4,049	3,708
Pt. not seen	454	138	125
On behalf of Pt.	58	30	34
False Calls	-	3	3
Home Delivery	-	-	10
(Equivalent visits)	<u>5</u>	<u>-</u>	<u>-</u>
Total	22,082	20,531	21,630

	<u>Number of Patients Visited</u>		
	<u>1961</u>	<u>1962</u>	<u>1963</u>
Prenatal	43	48	16
Postnatal	746	716	673
Newborn	764	755	706
Infant	45	49	60
Pre-school	22	24	11
School age	13	15	15
Adult	<u>958</u>	<u>910</u>	<u>867</u>
Total	2,591	2,517	2,348

	<u>Pay Status of Visits</u>		
	<u>1961</u>	<u>1962</u>	<u>1963</u>
Full	4,564	4,233	3,993
Part	4,577	5,077	5,642
Free	7,221	7,299	7,446
No Charge	5,633	3,626	3,413
Insurance	23	-	41
Contract	10	13	10
Govt. (D.V.A.)	<u>54</u>	<u>81</u>	<u>1,085</u>
Total	22,082	20,531	21,630

SERVICE STATISTICS

	1961	1962	1963	1964	1965	1966
Prostatal	30	8	16	38	98	87
Postnatal	30	31	38	468	1,470	1,389
Newborn	458	210	468	838	1,897	2,108
Infant	47	42	133	216	316	333
Pre-school	82	68	66	22	22	10
School age	380	312	361	48	12	9
Adult	12,050	12,340	16,737	1,127	-	-
Total	16,039	16,316	17,703	2,506	4,009	3,708

Total Visits

	1961	1962	1963
Nursing Care	16,039	16,316	17,720
Health Instruction	2,506	4,009	3,708
PT, not seen	454	130	133
On behalf of PT	38	30	34
Pain Clinic	-	3	3
Home Delivery	-	-	10
(Equivalent visits)	2	-	-
Total	22,082	20,331	27,620

Number of Patients Visited

	1961	1962	1963
Prostatal	43	48	16
Postnatal	748	716	673
Newborn	764	732	766
Infant	43	69	60
Pre-school	32	34	31
School age	13	12	12
Adult	926	910	867
Total	2,281	2,217	2,248

Pay Status of Visits

	1961	1962	1963
Full	4,264	4,233	4,903
Part	4,277	2,077	2,002
Free	7,221	7,209	7,446
No Charge	2,639	2,666	2,413
Insurance	23	-	41
Contract	10	13	10
Govt. (D.V.A.)	24	61	1,008
Total	22,082	20,271	27,620

FINANCIAL STATEMENT

<u>HEALTH DEPARTMENT</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1963</u>	<u>1962</u>
Attendance at Prenatal Classes	158	130		77	
Adoptive Parent Classes	-	-		35 (couples)	
Referrals from the C.G.H.	179	158		152	
Salaries			\$ 40,897.10		\$ 34,323.11
Travel Expenses			95.05		104.40
Private Car Allowances			600.00		366.64
Employers' Transit Tickets & Passes			50.00		149.38
Equipment Maintenance			290.30		234.52
Telephones & Telegrams			190.03		260.98
Printing, Stationery & Office Supplies			1,668.36		1,396.78
Janitorial & Housekeeping Supplies			69.62		85.27
Sundries			28.89		163.74
Furniture & Furnishings			487.30		150.12
			<u>\$ 44,376.67</u>		<u>\$ 37,464.94</u>
<u>SCHOOL MEDICAL SERVICES DIVISION</u>					
Salaries			\$153,279.06		\$130,032.17
Travel Expenses			453.99		357.00
Private Car Allowances			3,954.07		3,635.43
Passenger Car Rentals			3,729.12		3,444.73
Employers' Transit Tickets & Passes			2,543.39		2,628.94
Equipment Maintenance			185.78		114.06
Printing, Stationery & Office Supplies			2,391.84		1,741.30
Medical Supplies			3,375.33		2,751.54
Sundries			750.54		662.74
Medical Equipment			-		216.72
Furniture & Furnishings			438.60		313.87
Aid to Needy (Glenn)			818.16		1,163.57
Staff Development & Training			5.00		156.59
			<u>\$171,234.36</u>		<u>\$146,108.18</u>
<u>SCHOOL & PRE-SCHOOL DENTAL SERVICES DIVISION</u>					
Salaries			\$ 75,306.22		\$ 68,471.79
Travel Expenses			49.00		153.00
Private Car Allowances			680.00		479.14
Employers' Transit Tickets & Passes			100.00		104.35
Equipment Maintenance			551.75		47.35
Laundry Service			1,212.41		647.06
Printing, Stationery & Office Supplies			989.38		652.90
Dental Supplies			7,302.33		3,994.44
Sundries			266.10		-
Dental Equipment			1,107.79		6,260.26
Furniture & Furnishings			608.12		309.88
Staff Development & Training			55.00		10.82
			<u>\$ 81,508.09</u>		<u>\$ 83,130.73</u>

Attendance at Parental Classes		Adoptive Parent Classes		Referrals from the C.D.H.	
1961	1962	1961	1962	1961	1962
128	130	-	-	129	132
				75 (couples)	

FINANCIAL STATEMENT

HEALTH DEPARTMENT

ADMINISTRATION DIVISION

	1963	1962
Salaries	\$ 40,897.10	\$ 34,333.11
Travel Expense	95.05	104.40
Private Car Allowances	600.00	566.64
Employees' Transit Tickets & Passes	50.00	149.38
Equipment Maintenance	290.30	254.52
Telephones & Telegrams	190.05	260.98
Printing, Stationery & Office Supplies	1,668.36	1,396.78
Janitorial & Housekeeping Supplies	69.62	85.27
Sundries	28.89	163.74
Furniture & Furnishings	487.30	150.12
	<hr/>	<hr/>
	\$ 44,376.67	\$ 37,464.94

SCHOOL MEDICAL SERVICES DIVISION

Salaries	\$153,279.06	\$130,032.17
Travel Expense	453.99	357.00
Private Car Allowances	3,954.07	2,635.43
Passenger Car Rentals	3,729.12	3,444.75
Employees' Transit Tickets & Passes	2,843.39	2,628.94
Equipment Maintenance	185.78	114.06
Printing, Stationery & Office Supplies	2,391.84	1,741.30
Medical Supplies	3,375.33	2,731.54
Sundries	750.54	662.24
Medical Equipment	-	216.72
Furniture & Furnishings	438.60	323.87
Aid to Needy (Glasses)	818.16	1,163.57
Staff Development & Training	5.00	156.59
	<hr/>	<hr/>
	\$172,224.88	\$146,208.18

SCHOOL & PRE-SCHOOL DENTAL SERVICES DIVISION

Salaries	\$ 78,306.22	\$ 68,471.79
Travel Expense	49.00	153.00
Private Car Allowances	480.00	479.14
Employees' Transit Tickets & Passes	100.00	104.35
Equipment Maintenance	551.75	47.35
Laundry Service	1,212.41	647.06
Printing, Stationery & Office Supplies	989.28	652.90
Dental Supplies	7,302.33	5,994.44
Sundries	286.10	-
Dental Equipment	1,707.79	6,260.20
Furniture & Furnishings	468.12	309.68
Staff Development & Training	55.00	10.82
	<hr/>	<hr/>
	\$ 91,508.00	\$ 83,130.73

FINANCIAL STATEMENT

<u>HEALTH DEPARTMENT</u>		<u>1983</u>	<u>1982</u>
<u>ADMINISTRATION DIVISION</u>			
Salaries	\$ 40,987.10	\$ 34,337.11	
Travel Expenses	92.02	104.40	
Private Car Allowances	600.00	588.84	
Employees' Transit Tickets & Passes	50.00	140.38	
Equipment Maintenance	290.30	254.52	
Telephone & Telegrams	100.02	280.98	
Printing, Stationery & Office Supplies	1,688.36	1,386.78	
Laundry & Housekeeping Supplies	69.61	85.37	
Sundries	28.89	183.74	
Furniture & Furnishings	487.30	120.12	
	<u>\$ 44,316.67</u>	<u>\$ 37,486.94</u>	
<u>SCHOOL MEDICAL SERVICES DIVISION</u>			
Salaries	\$157,278.06	\$130,037.17	
Travel Expenses	453.99	397.00	
Private Car Allowances	2,954.07	2,632.43	
Passenger Car Rentals	2,759.12	2,844.72	
Employees' Transit Tickets & Passes	2,843.39	2,820.94	
Equipment Maintenance	182.78	114.08	
Printing, Stationery & Office Supplies	2,391.84	1,741.30	
Medical Supplies	2,372.33	2,771.24	
Sundries	750.54	682.24	
Medical Equipment	-	218.72	
Furniture & Furnishings	438.60	323.87	
Aid to Needy (Classes)	818.16	1,167.57	
Staff Development & Training	2.00	126.29	
	<u>\$173,224.88</u>	<u>\$146,208.18</u>	
<u>SCHOOL & PRE-SCHOOL DENTAL SERVICES DIVISION</u>			
Salaries	\$ 78,308.22	\$ 68,471.78	
Travel Expenses	69.00	153.00	
Private Car Allowances	480.00	479.14	
Employees' Transit Tickets & Passes	100.00	104.32	
Equipment Maintenance	221.72	47.32	
Laundry Service	1,212.41	647.00	
Printing, Stationery & Office Supplies	909.28	822.90	
Dental Supplies	7,302.72	5,996.44	
Sundries	288.10	-	
Dental Equipment	1,707.19	6,388.20	
Furniture & Furnishings	448.12	302.88	
Staff Development & Training	27.00	10.82	
	<u>\$ 91,308.00</u>	<u>\$ 82,120.72</u>	

INFANT & PRE-SCHOOL CLINICS DIVISION

	<u>1963</u>	<u>1962</u>
Salaries	\$137,162.38	\$120,341.41
Private Car Allowances	3,593.97	2,635.43
Passenger Car Rentals	3,729.13	3,444.75
Employees' Transit Tickets & Passes	2,765.09	2,628.95
Printing, Stationery & Office Supplies	383.46	436.59
Medical Supplies	-	182.10
Sundries	1,017.61	781.84
Medical Equipment	502.86	179.90
Furniture & Furnishings	1,197.06	5,360.29
Staff Development & Training	-	156.59
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	\$150,351.56	\$136,147.85

GENERAL HEALTH SERVICES DIVISION

Salaries	\$ 6,991.02	\$ 8,108.42
Employees' Transit Passes & Tickets	213.32	277.01
Equipment Maintenance	-	127.30
Printing, Stationery & Office Supplies	226.71	174.53
Medical Supplies	316.15	-
Sundries	8.86	54.58
Drugs	48.79	395.20
Chemicals & Disinfectants	177.63	233.40
Furniture & Furnishings	50.49	112.59
Milk for Needy	1,514.55	1,310.18
Special Health Programmes (Sabin)	6,727.53	3,597.72
	<hr/>	<hr/>
	\$ 16,275.05	\$ 14,390.93

INSPECTION SERVICES DIVISION

Salaries	\$109,641.21	\$103,120.00
Travel Expense	110.00	208.80
Private Car Allowances	7,253.74	6,660.86
Passenger Car Rentals	3,363.00	3,186.50
Employees' Transit Tickets & Passes	1,093.30	968.40
Equipment Maintenance	477.78	509.03
Utilities	174.44	162.64
Telephones, Telegrams	48.75	54.71
Laundry Service	177.70	282.86
Milk Inspection	1,207.38	1,000.93
Meat Inspection	-	33.56
Fly & Insect Control	9,175.23	12,044.45
Printing, Stationery & Office Supplies	655.13	436.59
Laboratory Supplies	1,297.77	567.46
Sundries	188.63	54.58
Laboratory Equipment	2,150.22	346.44
New Vehicle Replacement	1,941.18	-
Furniture & Furnishings	327.42	112.59
Staff Development & Training	-	194.00
	<hr/>	<hr/>
	\$139,282.88	\$129,944.40

INFANT & PRE-SCHOOL CLINICS DIVISION		1963	1962
Salaries		\$137,182.38	\$150,341.41
Private Car Allowances		3,393.97	3,812.43
Passenger Car Rentals		3,728.13	3,444.75
Employees' Transit Tickets & Passes		2,782.09	2,628.92
Printing, Stationery & Office Supplies		383.46	438.39
Medical Supplies		-	182.10
Sundries		1,017.61	781.84
Medical Equipment		302.86	172.90
Furniture & Furnishings		1,197.06	2,360.29
Staff Development & Training		-	156.39
		\$150,351.36	\$156,147.82
GENERAL HEALTH SERVICES DIVISION		1963	1962
Salaries		\$ 6,981.03	\$ 8,108.42
Employees' Transit Passes & Tickets		213.31	377.01
Equipment Maintenance		-	127.30
Printing, Stationery & Office Supplies		228.71	175.23
Medical Supplies		316.12	-
Sundries		6.86	24.28
Drugs		48.79	397.20
Chemicals & Disinfectants		177.63	372.40
Furniture & Furnishings		20.49	117.39
Milk for Nursery		1,214.22	1,210.18
Special Health Programmes (Sphn)		6,717.23	2,297.72
		\$ 18,272.02	\$ 14,990.02
INSPECTION SERVICES DIVISION		1963	1962
Salaries		\$109,641.31	\$103,130.00
Travel Expenses		110.00	208.80
Private Car Allowances		7,227.74	6,690.00
Passenger Car Rentals		2,387.00	2,188.20
Employees' Transit Tickets & Passes		1,093.92	968.40
Equipment Maintenance		477.18	309.03
Utilities		174.84	162.64
Telephone, Telegrams		62.72	36.71
Laundry Service		112.70	283.86
Milk Inspection		1,407.38	1,000.93
Heat Inspection		-	32.26
Fly & Insect Control		9,122.13	12,044.43
Printing, Stationery & Office Supplies		622.13	428.29
Laboratory Supplies		1,287.17	267.46
Sundries		188.62	24.28
Laboratory Equipment		2,100.22	246.46
New Vehicle Replacement		1,941.18	-
Furniture & Furnishings		327.42	112.29
Staff Development & Training		-	194.09
		\$139,182.88	\$139,964.60

HEALTH CENTRES MAINTENANCE DIVISION

	<u>1963</u>	<u>1962</u>
Salaries	\$ 1,387.51	\$ 1,643.63
Buildings & Property Rental	840.00	1,450.00
Buildings & Property Maintenance	545.25	612.29
Equipment Maintenance	258.79	220.89
Utilities	2,865.96	1,692.35
Telephones, Telegrams	1,006.65	660.25
Janitorial Service	2,448.00	1,527.60
Laundry Service	579.51	779.50
Janitorial & Housekeeping Supplies	471.43	275.98
Sundries	36.23	-
Ground Development	2,886.92	2,690.19
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	13,326.25	11,552.68
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SUMMARY

Administration Division	44,376.67	37,464.94
School Medical Services Division	172,224.88	146,208.18
School and Pre-School Dental Services Division	91,508.00	83,130.73
Infant & Pre-School Clinics Division	150,351.56	136,147.85
General Health Services Division	16,275.05	14,390.93
Inspection Services Division	139,282.88	129,944.40
Health Centres Maintenance Division	13,326.25	11,552.68
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	627,345.29	558,839.71
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Less:-		
Fees, Charges Recovered, Misc. Sales	14,077.51	11,595.29
Provincial Government Grants	<u>193,728.96</u>	<u>157,142.40</u>
	\$419,538.82	\$390,102.02
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Population	276,975	269,068
Per Capita Expenditure	1.51	1.45
Per Capital Expenditure without consideration of Grants	2.21	2.03

HEALTH CENTRES MAINTENANCE DIVISION

Salaries
Buildings & Property Rental
Buildings & Property Maintenance
Equipment Maintenance
Utilities
Telephones, Telegrams
Janitorial Service
Laundry Service
Janitorial & Housekeeping Supplies
Supplies
Ground Development

SUBTOTAL

Administration Division
School Medical Services Division
School and Pre-School Dental Services Division
Infant & Pre-School Clinics Division
General Health Services Division
Inspection Services Division
Health Centres Maintenance Division

Less:-

Fees, Charges Recovered, Misc. Sales
Provincial Government Grants

Population

Per Capita Expenditure
Per Capita Expenditure without
consideration of Grants

1962	1963
1,563.83	1,387.51
1,430.00	640.00
612.39	345.22
120.89	258.79
1,682.38	2,862.98
660.22	1,008.65
1,327.60	2,448.00
779.20	279.21
372.98	471.43
-	36.22
2,680.19	2,888.92
11,322.68	12,326.22
37,684.94	46,728.57
146,208.18	172,124.88
83,120.73	91,266.00
136,147.62	150,351.26
14,390.93	16,372.05
120,844.46	120,882.98
11,822.68	12,326.22
228,839.71	227,262.29
11,322.39	14,071.21
127,142.40	182,720.98
290,102.02	419,728.82
288,068	226,972
1.43	1.21
2.03	1.21

