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The City of Calgary

DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT 1965

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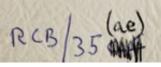
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CONTENTS

AIR POLLUTION CONTROL SERVICES		12,	12 33
COMMUNICABLE DISEASES - Cases and Deaths 7-9, 14, 15, Chickenpox, Diphtheria, Infectious Hepatitis, Measles, Salmonella Infection, Scarlet Fever, etc cases and	19-	20,	53
Polio and Aseptic Meningitis		14,	
Measles and Measles Vaccine	7,	14,	20
Tuberculosis - Cases and Deaths	9,		
DENTAL (SCHOOL AND PRE-SCHOOL) SERVICES		55 -	58
Fluoridation of Water			12
Topical Fluoride Application			55
FINANCIAL STATEMENT		68 -	70
IMMUNIZATION AND VACCINATION		30,	
At Clinics		28 - 29,	
Sabin Oral Vaccination Programme			30
Sera and Vaccines Distribution in Calgary		31 -	32
INFANT AND PRE-SCHOOL HEALTH SERVICES		45 -	47
INSPECTIONS		35 -	
Meat and Food		34 -	
Milk and Dairies		40 - 43 -	
Pigeon Nuisance Control			33
Fly and Mosquito Control			33
Plastic Novelty Drink Coolers			12
LABORATORY EXAMINATIONS OF WATER, MILK, FOOD AND DRINKS, ETC	34,	40-	-42
POISON CONTROL SERVICES - REPORT		9.	-11
Accidental Poisonings in Calgary	9.	10,	10
	,	,	
PRE-NATAL CLASSES			47
REPORTS OF:- Medical Officer of Health		1	32
Deputy Medical Officer of Health		45 -	
Director of Dental Services		55 -	
Chief Public Health Inspector		33 -	
Inspector of Nursing Homes		43 -	44

WELLCOME WAZ8 GCZ 1965

Nurse in Charge of Chest Clinic (TB Association)	59 - 6 61 - 6 63 - 6	52
SCHOOL HEALTH SERVICES	48 - 5	3
TUBERCULOSIS CONTROL SERVICES 6, 8, 48, 49, 52, 53, 59, TB Testing	53, 5	59
VITAL STATISTICS Births	3, 1 2, 4, 1	3
		27
(Of Infants	17 - 1 18, 1 7,	9
(From Coronary Heart Disease	5, 2	24
	7, 2	
Marriages	2, 1	. 6
Population Increase		1

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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 the financial statement of the City Health Department for the year 1965.

The Civic Census taken during the month of January disclosed that the population had been enumerated as 311,116 persons. The over-all increase in population for 1965 is 16,192 for a percentage increase of 5.5%. Included in this total are the 9,116 persons living in Bowness, which became part of the City of Calgary on August 15th, 1964. As the Town of Bowness only formed part of greater Calgary for a period of four and one-half months in 1964, its population was not included in the statistical calculations for that year. The natural increase of population over the past sixteen months numbered 5,253, (i.e. 7,235 births minus 1,982 deaths). This figure represents a decrease of 482 persons from that recorded in the previous year. It should be pointed out that the difference between the over-all population increase (16,192) and the natural increase (5,253) or 10,939 represents the approximate number of persons who have come from other places to swell the City population. In actual fact, 9,116 can be assigned to the Town of Bowness at the time of its annexation to Calgary, so that the actual increase in population coming from other centres is only 1,823 for the year under review.

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

Year	Census Population	Over-all Increase	% Increase	Natural Increase Residents	+ Previous - Year
1965	311,116	16,192	5.5	5,253	- 482
1964	294,924	17,949	6.5	5,735	- 517
1963	276,975	7,907	2.94	6,252	+ 72
1962	269,068	27,393	11.33	6,130	+ 372
1961	241,675	6,247	2.65	5,808	- 136

The rates appearing in the statistical tables of the report are based on the 1965 Civic Census population of 311,116 persons.

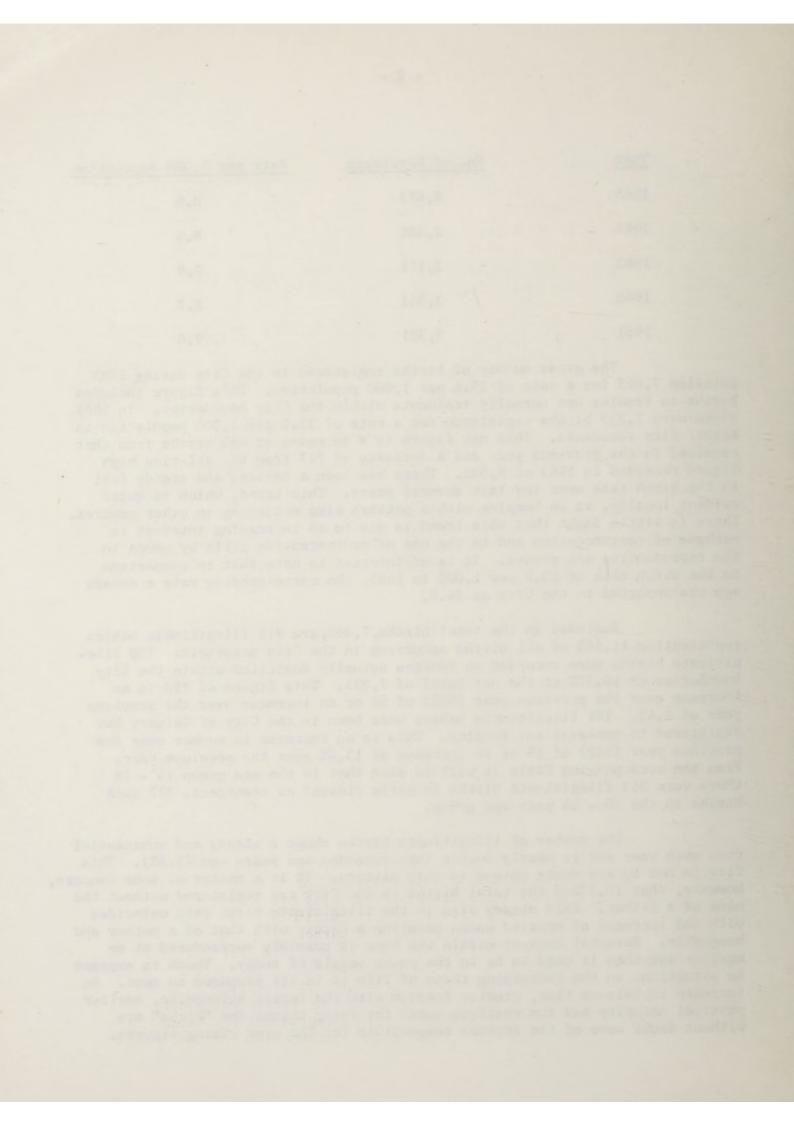
The number of marriages recorded during the year numbered 2,673 for a rate of 8.6 per thousand population. This figure represents an increase of 192 marriages over the previous year and a continuation of the upward trend which commenced last year. The influence of the low birth rate during the years of World War II has run its course. It is expected that in the years to follow there will be a noticeably steady rise in the number of marriages recorded in the City.

Year	No. of Marriages	Rate per 1,000 Population
1965	2,673	8.6
1964	2,481	8.4
1963	2,171	7.8
1962	2,345	8.7
1961	2,331	9.6

The gross number of births registered in the City during 1965 totalled 7,895 for a rate of 25.4 per 1,000 population. This figure includes births to females not normally residents within the City boundaries. In 1965 there were 7,235 births registered for a rate of 23.2 per 1,000 population to actual City residents. This net figure is a decrease of 453 births from that recorded in the previous year and a decrease of 797 from the all-time high figure recorded in 1963 of 8,032. There has been a decided and steady fall in the birth rate over the last several years. This trend, which is quite evident locally, is in keeping with a pattern also occurring in other centres. There is little doubt that this trend is due to an increasing interest in methods of contraception and to the use of contraceptive pills by women in the reproductive age groups. It is of interest to note that in comparison to the birth rate of 23.2 per 1,000 in 1965, the corresponding rate a decade ago was reported in the City as 34.8.

Included in the total births, 7,895, are 911 illegitimate babies representing 11.54% of all births occurring in the City hospitals. 750 illegitimate births were recorded to females actually domiciled within the City boundaries or 10.37% of the net total of 7,235. This figure of 750 is an increase over the previous year (692) of 58 or an increase over the previous year of 8.4%. 161 illegitimate babies were born in the City of Calgary but registered to non-resident females. This is an increase in number over the previous year (142) of 19 or an increase of 13.4% over the previous year. From the accompanying Table it will be seen that in the age group 14 - 19 there were 353 illegitimate births to girls classed as teenagers, 377 such births in the 20 - 24 year age group.

The number of illegitimate births shows a steady and substantial rise each year and is nearly double that recorded ten years ago (5.8%). This City is not by any means unique in this pattern. It is a matter of some concern, however, that 10.3% of the total births in the City are registered without the name of a father. This steady rise in the illegitimate birth rate coincides with the increase of married women coupling a career with that of a mother and homemaker. Parental control within the home is possibly surrendered at an earlier age than it used to be to the young people of today. Youth is exposed to situations in the increasing tempo of life it is ill prepared to meet. An increase in leisure time, greater freedom with the family automobile, earlier physical maturity and the restless quest for doing things for "kicks" are without doubt some of the factors responsible for the ever rising figures.



ILLEGITIMATE BIRTHS - 1965

Month	City	Out	14	15	16	17	18	19	20-24	25-30	31+	1st Child	2nd & Over	Prev. Mrge.	Total
Jan.	42	11	1		3	5	4	1	22	*12	5	32	21	8	53
Feb.	57	14	1	5	3	7	7	10	26	6	6	49	22	7	71
Mar.	70	20	1	5	1	10	10	14	32	15	2	60	30	11	90
Apr.	55	12		1	1	4	9	11	*30	5	6	43	24	9.	67
May	67	20		1	3	9	9	13	35	8	9	62	25	11	87
June	75	11	1	1	5	5	9	*11	31	11	12	58	28	17	86
July	52	8		1	2	4	4	* 9	29	6	5	44	16	10	60
Aug.	78	10		2	7	8	10	8	*39	7	7	58	30	18	88
Sept.	66	19	1	1	2	9	11	7	37	9	8	58	27	10	85
Oct.	53	15		1	2	3	6	*12	32	10	2	44	24	11	68
Nov.	61	11			2	7	10	10	29	9	5	53	19	11	72
Dec.	74	10		1	4	5	*8	*15	35	11	5	56	28	17	84
Total	750	161	5	19	35	76	97	121	377	109	72	617	294	140	911

^{*} There were eight sets of twins. 140 mothers were previously married.

1965 Illegitimate Births - 911 or 11.54% of all births in the City
750 or 10.37% recorded as City residents

1964 Illegitimate Births - 834 or 9.76% of all births in the City 692 or 9.00% recorded as City residents

VITAL STATISTICS REPORT

Population as shown by Civic enumeration in January 1965 was 311,116.

Gross Live Births - 7,895 Rate per 1,000 population - 25.4 Gross Stillbirths - 93 Rate per 1,000 Live Births - 11.8

Net Live Births - City Residents - 7,235 Rate per 1,000 population - 23.2 Net Still Births- City Residents - 79 Rate per 1,000 Live Births - 10.9

Included in the above were 660 non-resident births and 14 non-resident stillbirths.

The gross number of stillbirths registered during the year was 93 for a rate of 11.8 per 1,000 births. The net figure of 79 represents residents only for a rate of 10.9 per 1,000 live births. This year for the first time in five years the upward trend has been reversed. 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 1965 from all causes numbered 2,252. This figure includes deaths of persons not actually residents of the City. When converted into a rate per 1,000 population the figure is 7.2. Total deaths recorded in the registered statistics over the year are actually 15 fewer than in the previous year. The net deaths or deaths recorded as occurring in persons resident within the City limits numbered 1,982 for a rate of 6.4 per 1,000 population. The death rate remains remarkably constant though showing a slight decline over the previous year with 29 fewer deaths recorded. Deaths of non-residents numbered 270 persons.

The following Table shows the chief causes of death and is based on the gross deaths recorded.

The Chief Causes of Deaths Are:

1.	Diseases of the heart and circulatory system (code numbers A 79 to A 86) accounted for 600 deaths. Vascular lesions affecting the central nervous system (code number A 70) accounted for 250 deaths. 600 + 250 =	850
2.	Neoplasms - all forms (code numbers A 44 - A 60)	461
3.	Violent and accidental deaths (code numbers AE 138- AE 149)	170
4.	Diseases of the respiratory system (code numbers A 87 - A 97) including pneumonia, bronchitis, emphysema, bronchiectasis, etc.	164
5.	Diseases of the digestive system (code numbers A 99 to A 107) including peptic ulcers, herniae, cirrhosis of liver, cholecystitis and cholelithiasis, etc.	110
6.	Certain diseases of early infancy (code numbers A 130 - A 135) including birth injuries, infections and prematurity	98
7.	Congenital malformations (deaths in all age groups)	47
8.	Diseases of the genito-urinary tract (code number A 108 - A 114) including nephritis, pyelitis, renal calculi, prostatic hypertrophy, etc.	43
9.	Diabetes mellitus (code number A 63)	32

Deaths from Communicable Diseases:

1.	Tuberculosis, pulmonary and non-pulmonary (including deaths in Sanatoria)	7
2.	Measles	3
3.	Septicaemia and pyaemia	3
4.	Meningococcal Infection	1
5.	Acute Infectious Encephalitis	1
6.	Late effects of acute Poliomyelitis	1
7.	Salmonella Infection	1
8.	Infectious Hepatitis	1
9.	Acute fulminating bacteraemia and toxaemia	1

Diseases involving the heart and circulatory system together with vascular lesions of the central nervous system accounted for 37.7% of all mortality during the year. Diseases in this group showed a slight rise in incidence (850) over the same classification in the previous year (832). Total deaths in these categories for actual City residents numbered 755 representing a figure of 38.1% of the total City deaths. Diseases affecting the cardiovascular system remain solidly on top of the list of conditions responsible for ending life. Heart disease occurrs generally in the period from middle 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 attributable to this category will not tend to diminish. Much sound advice is given daily in the doctor's consulting room on how to stave off heart disease. Pamphlets distributed by the Heart Foundation, articles in magazines and newspapers refer constantly to the evils of cigarette smoking, to the dangers of becoming overweight and of not indulging in a regular regime of physical exercise. The commonest cause of overweight is undoubtedly from overeating and from adopting improper food habits. Coronary heart disease is taking an increasing toll of human life, especially amongst the adult males. Heavy cigarette smoking, high blood pressure and physical inactivity have been shown to be associated with the significantly increasing 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 automobiles, or to rely on the elevator taking them up to their office. A good brisk walk, or simply climbing several flights of stairs daily during the week are good preventive measures in warding off heart ailments.

Malignant diseases of all forms accounted for 20.5% of deaths and remain unchanged from the previous year. There were 403 deaths due to

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neoplastic conditions in persons designated as City residents with total deaths due to this condition recording 20.3% of all deaths. 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 a physician.

Each year continuing evidence is presented of the high incidence of death due to cancer of the lung. During 1965 there were 54 deaths ascribed to this condition for an over-all rate of 23.9 per 1,000 deaths. This is actually a decrease of seven deaths from that recorded in the previous year. Deaths due to lung cancer for City residents numbered 48, or two less than in 1964, for a rate of 24.2 per 1,000 deaths. Males far outnumber the females where this condition is concerned. There were 41 males and seven females recorded as dying from a cancerous condition in the various areas of the pulmonary system. The ratio remains very constant each year, about six males for every one female. Tobacco consumption shows no evidence of decline despite frequent reports and warnings of its potential danger being widely reported in the press and magazine articles. The Department has made a point of having the film "Smoking and You" shown to all school pupils in the junior and senior high schools by the School Nurse as part of a continuing campaign to brief the up-coming generation of the dangers of cigarette smoking. To those who continue to smoke, let me again emphasize the necessity of accepting a chest x-ray each year. Only by early detection by means of x-ray may the victims of lung cancer have even a slim chance of successful cure.

Violent and accidental deaths during the year totalled 170, a figure unchanged from the previous year. 142 victims were City residents with 28 deaths recorded as out-of-town. Deaths in this broad category in City residents account for 7.6% of all deaths recorded. This represents a very substantial number of potential workers denied the opportunity of fulfilling their rightful role in life and a shocking loss of earning potential within the community. 30 deaths were recorded as due to motor vehicle accidents or 1.5% of all deaths. Doctors and nurses in hospital are called upon to devote a staggering amount of time in attempting to patch up and salvage human bodies severely mutilated as the result of motor vehicle accidents each year. Despite wide publicity through the press and news media about each motor vehicle accident or fatality, the toll continues to creep upwards year by year. During the year 1965 the age group showing the highest incidence of death was 25-44 years, closely followed by the 45-64 year group recording 16 and 13 deaths respectively. Out of 29 deaths in these age groups, the figures recorded are 26 males and three females. Although mental health experts declare that experience and judgment are lacking before the age of 25 years, it would appear that those in age groups credited with these assets are not utilizing them properly.

Accidental falls accounted for 36 deaths with 26 recorded as being of the female sex and City residents over the age of 65 years. Despite campaigns carried on on a year-round basis to make the public safety conscious, to exercise every precaution and respect for firearms and water, every year sees an awful toll and needless loss of life from these causes. Drownings and

deaths from firearms amounted to seven in the current year. Suicides and self-inflicted injuries numbered 33 in City residents. Deaths ascribed to ill-defined and unknown causes numbered 146 in 1965. This number represents deaths of persons usually not under the care of a doctor. With only a sketchy medical history being available to a physician called to see a body after death, without an autopsy it is impossible to assign the actual cause of death to a defined classification. If autopsies were performed on such cases this figure would be considerably less and the statistics more accurate.

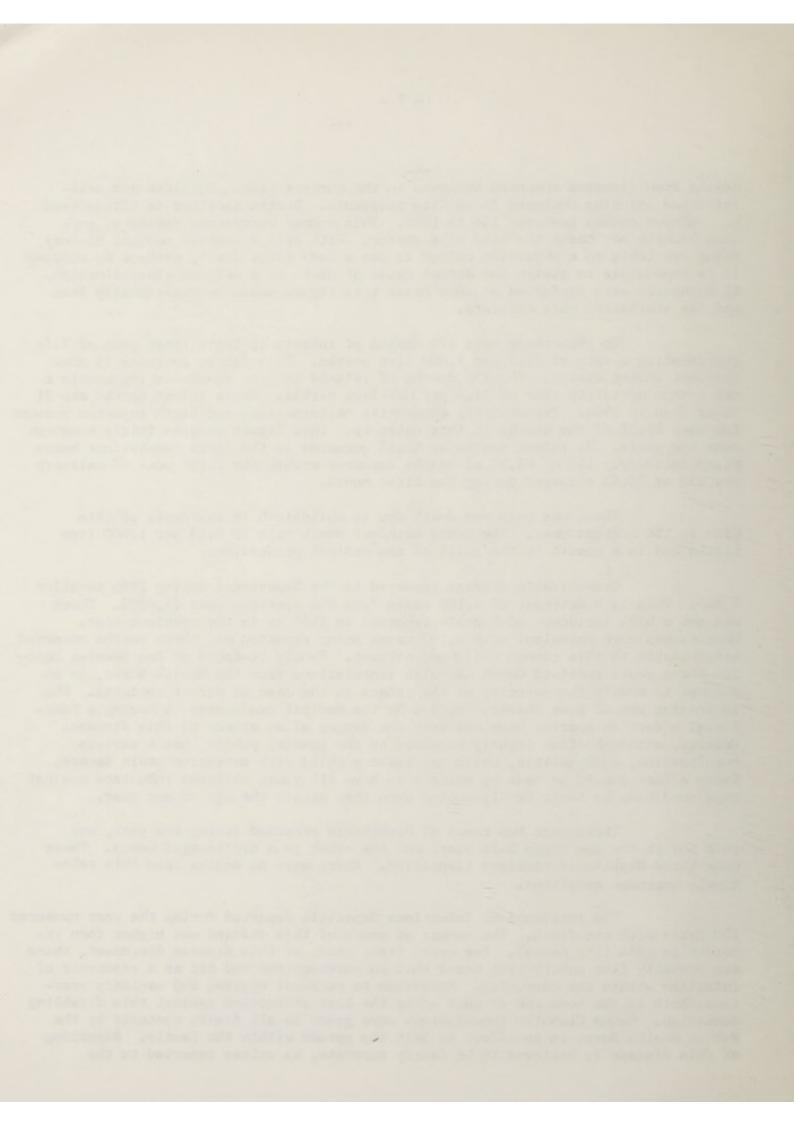
In 1965 there were 170 deaths of infants in their first year of life representing a rate of 21.5 per 1,000 live births. This figure includes 15 non-resident infant deaths. The 155 deaths of infants to City residents represents a net infant mortality rate of 21.4 per 1000 live births. Gross infant deaths are 31 fewer than in 1964. Prematurity, congenital malformations and birth injuries account for over 65.3% of the deaths in this category. This figure remains fairly constant over the years. 71 infant deaths or 41.8% occurred in the first twenty-four hours after delivery. 118 or 69.9% of deaths occurred within the first week of delivery and 130 or 76.4% occurred during the first month.

There was only one death due to childbirth in residents of this City in the current year. The gross maternal death rate is 0.13 per 1,000 live births and is a credit to the skill of the medical profession.

Communicable disease reported to the Department during 1965 totalled 3,945. This is a decrease of 4,105 cases from the previous year (8,050). There was not a high incidence of Rubella reported in 1965 as in the previous year. Measles was more prevalent with 2,793 cases being reported and three deaths recorded attributable to this common childhood ailment. Family contacts of Red Measles below age three years received Gamma Globulin inoculations from the Health Nurse, in an attempt to modify the severity of the attack in the case of direct contacts. The increasing use of Live Measles Vaccine by the medical profession is having a beneficial effect in sparing many children the danger of an attack of this disease. Measles, although often lightly regarded by the general public, has a serious complication, encephalitis, which may leave a child with extensive brain damage. Every effort should be made by parents to have all young children immunized against this condition by their family doctor when they attain the age of one year.

There were two cases of Diphtheria recorded during the year, one in a boy in the age group 5-14 years and the other in a middle-aged women. There were three Diphtheria carriers identified. There were no deaths from this relatively uncommon condition.

The incidence of Infectious Hepatitis reported during the year numbered 150 cases with one death. The number of cases of this disease was higher than recorded in 1964 (118 cases). For every frank case of this disease diagnosed, there are probably five subclinical cases that go unrecognized and act as a reservoir of infection within the community. Attention to personal hygiene and sanitary practices both in the home and at work offer the best protection against this diaabling condition. Gamma Globulin inoculations were given to all family contacts by the Public Health Nurse in an effort to halt the spread within the family. Reporting of this disease is believed to be fairly accurate, as unless reported to the



Department Gamma Globulin is not available for family contacts.

There were 25 cases of Pulmonary Tuberculosis and eight cases of Non-Pulmonary Tuberculosis admitted for treatment to the Sanatorium from City residents during the year. Pulmonary Tuberculosis with a rate of 8.03 cases per 100,000 is the lowest ever recorded. Although no longer the scourge of former years, it is by no means a disease of the past. Its incidence is higher in males than females in a ratio of two to one. Much time and effort is spent by the nursing staff in the follow-up of ex-patients to keep their regular follow-up x-ray appointments. Any patients who have been under treatment for Tuberculosis should be resigned and happy to accept a yearly chest x-ray both for their own safety and that of their immediate family. It is a well accepted fact that 10% of "cured" cases of Tuberculosis break down in subsequent years. Surely this is sufficient reason to take the time to have a yearly chest x-ray at the City Hall X-Ray Unit, especially as the facilities are available on a daily basis the year round and provided free of charge by the Alberta Tuberculosis Association. Much has been written about a broadening of the base of health services. The provision of a free chest x-ray by the Alberta Tuberculosis Association at no cost has long been provided for the common good. It is a great pity that so large a segment of the general public and the industrial and commercial firms do not make use of the diagnostic services provided. Far too few of the general public and industrial firms will take the time to have an x-ray of the thorax as a measure to safeguard themselves against diseases of the chest. Parents readily consent to having their children receive a Tuberculin test in the grades covered in the schools, yet only about 3.5% of the adult population make use of the chest x-ray facilities in a single year.

Cases of Aseptic Meningitis numbered 12.

There were no cases of Poliomyelitis reported. It is now ten years since the mass field trial of the Salk Polio Vaccine was announced to the world. A vigorous programme of immunization against Poliomyelitis was adopted in this City in 1955 and in subsequent years. Through the widespread use of protective vaccines administered to the present generation it is most encouraging to report that this condition is largely a disease of the past.

The incidence of Venereal diseases reported remained remarkably steady with a total of 662 cases being recorded. This was an increase of only two cases from the previous year. However, the incidence of the more serious disease Syphilis showed a three-fold increase over the year 1964 with 40 cases reported. 18 cases of primary Syphilis occurred in males, whereas the total cases of secondary Syphilis numbered 18, with 11 cases diagnosed in females. Venereal diseases are much more readily apparent in the male and consequently present for treatment earlier than in the female.

Confirmed cases of Gonorrhoea during 1965, as reported by the Provincial Division of Venereal Disease Control, numbered 662 for a rate of 213 per 100,000 of population. This represents an increase of but two cases over the previous year. The rate of Gonorrhoea was recorded as 223 per 100,000 in 1964. The rate figure recorded in the present year represents a

slight decrease in incidence of this disease in the current year.

Cases of all forms of Syphilis numbered 40 (13 cases in 1964) for a rate of 12.8 per 100,000, a decided increase from the rate of 4.4 per 100,000 recorded in 1964. Primary and secondary cases of this disease, each numbering 18 cases, reflect the upward trend in this disease being reported throughout the world in the last several years. Although this trend had not been previously noted in Calgary, the case incidence in 1965 falls into line with the upward trend in other major centres. Syphilis in an infectious form is a serious disease and every effort is made to locate and examine relevant contacts. The anatomical differences between the sexes result in the earlier discovery and diagnosis of the primary lesions of Syphilis in the male (18 cases), whereas in the female, advancement of the condition with its more general signs of rash and enlargement of the lymphatic glands of the secondary stage facilitates later diagnosis in the female (11 cases). The Provincial Government maintains a walk-in Social Hygiene diagnostic and treatment centre in the City. All cases of Venereal disease receive free treatment. There is no excuse for anyone neglecting to have a sore or a discharge in the region of the genital organs checked and investigated without delay.

The increasing number of chemical substances used as medicaments, household cleaners, pesticide products and solvents kept in homes today account to a large extent for the cases of accidental poisonings that occur in homes, especially homes with a number of young children. Accidental poisonings continue to increase and account for a lot of emergency cases being admitted to hospitals. From the report of the Provincial Poison Control Services there were 3,632 incidents of poisoning in the Province in 1965 and 90 deaths. Both the Calgary General Hospital and the Holy Cross Hospital run emergency poison control centres from which doctors may obtain information about the multiplicity of organic and inorganic substances having poisonous properties when taken internally. Every year new complex organic products are manufactured which have an application in the day-to-day work of housekeeping within the home, but add extra hazards to the life and safety of young inquisitive children. There were 1,321 poisoning incidents in Calgary during 1965 with ten deaths ascribed to poisoning of an accidental nature. By far the highest incidence of accidental poisoning incidents occur in the age group 0-4 years resulting from young children having access to drugs and household chemicals which are improperly stored and left within the reach of young children. Poisoning is a problem of exposure and often happens when dangerous chemicals and poisons are kept in unmarked bottles or dishes, when medicines such as aspirin or tranquilizers are left lying around. Every accidental poisoning incident is an indictment of the parental supervision provided in the home. A safe home is the first step in prevention of such accidents. Educating children in safety depends to a great extent on the way the parents behave. Parental supervision means never letting down your guard when cooking, answering the telephone or when visiting or being visited. Because there are more hazardous substances in common use within the four walls of the home today, parents have to be aware of this fact and be prepared to exercise great supervision and vigilance over young children if tragedy is to be seriously averted. It should be noted that on an average three to four cases daily of accidental poisoning are seen in the Calgary Hospitals the year round.

REPORT OF THE PROVINCIAL POISON CONTROL SERVICES FOR 1965

Accidental Poisonings in the Province of Alberta in 1965

	0 - 4	yrs.	5 - 14	vrs.	15-24	vrs.	25-44	vrs.	45 yr		Total			
Categories	Cases	D.	Cases	D.	Cases		Cases	D.		Cases D.				D.
A. Drugs & Med. for Ext. Use	138	-	7	-	9	-	4	-	5	-	163	-		
B. Drugs & Med. for Int. Use	1,550	1	80	-	261	2	259	6	89	15	2,239	24		
C. Household Chemicals	544	-	22	-	8	-	10	_	11	-	595	-		
D. Industry, Auto & Fuel	119	3	30	-	40	6	65	24	42	24	296	57		
E. Poisonous Plants & Ven- omous Animals	19	-	7	-	1	-	1	-	1	-	29	-		
F. Pesticides	131	-	25	-	6	1	6	1	17	3	185	5		
G. Tobacco & Alcohol	13	-	7	-	6	-	10	3	-	-	36	3		
H. Miscellaneous	57	-	7	-	9		11	1	5	-	39	1		
Totals	2,571	4	185	-	340	9	366	35	170	42	3,632	90		

Accidental Poisonings in Calgary - 1965

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct.	Nov	Dec	Totals
Calgary General Hospital	74	72	62	57	66	54	80	68	70	78	87	65	833
Holy Cross Hospital	46	21	52	24	49	45	41	53	38	36	43	40	488
Totals	120	93	114	81	115	99	121	121	108	114	130	105	1,321

DEATHS FROM ACCIDENTAL POISONING IN CALGARY - 1965

chan the not me almost				yrs.				s. & Up	
all the united has been re-	M.	F.	M.	F.	M.	F.	M.	F.	Total
A. Drugs & Medicines for Internal Use (barbitur- ates, meprobamate, teophylline)		1		ide in		2			3
B. Drugs for Internal Use (codeine and teophyl- line) + alcohol							2		2
C. Car Exhaust Fumes (carbon monoxide poison- ing)		COLD I			1	d of	3		4
D. Methyl Alcohol . Ingestion		1 101			1		ALIA		1
Total		1			2	2	5		10

DEATHS FROM INTENTIONAL POISONING (SUICIDE) IN CALGARY - 1965

	0-24	yrs.	25-44	yrs.	45-6	4 yrs.	65 yrs	. & Up	Total
	М.	F.	М.	F.	М.	F.	M.	F.	
A. Drugs & Medicines for Internal Use (barbitur- ates)				1					1
B. Household Chemicals (mouse poison - strychnine)			1						1
C. Natural Gas						1		10	1
D. Car Exhaust Fumes (Carbon monoxide poisoning)			5	2	4				11
Total	-	100	6	3	4	1			14

There were 21 other suicides caused by gunshot wounds, drowning, hanging, jumping, etc.

The bottle-type refrigerated water cooler, from which City water adjusted to 1.00 p.p.m. of fluoride is dispensed, has now been in service in the Department for well over 18 months. It is interesting to note that during this time not one observation about fluoride altering the taste or appearance of the water has been registered by anyone who has sampled the water. This drinking fountain is very well patronized. It offers positive proof to every one in Calgary that the addition of fluoride ion to 1.00 p.p.m. in no way alters the taste or appearance of drinking water.

A great deal of time and effort has been expended by Inspectors in compiling a register of all commercial enterprises and apartment buildings in the City utilizing incinerators as a means of disposing of any forms of waste materials occurring on their premises. With the coming into force of the Air Pollution Regulations in 1966 all commercial-type incinerators must receive a compliance certificate issued by the Provincial Board of Health. All single-chambered boiler-type incinerators will be eliminated.

From the monthly readings obtained from the automatic smoke recording machines supplied by the Provincial Health Department, it has been noted that the average of smoke pollution readings showed a slight upward trend over the previous year. On many days during the winter months a decided smoke pall may be observed hanging over that part of the City situated in the valley of the Bow River. Although this smoke pall cannot be coupled with any form of physical discomfort, it is significant to note that it is most pronounced during the period prior to a "chinook". The south-easterly wind flow coupled with the warm air mass traps the smoke resulting from City activities and prevents its normal dispersion by the westerly wind flow. Only when the "chinook" actually breaks through is the smoke haze adequately dispersed by the strong westerly wind currents. Similar climatic influences to those believed responsible for the air pollution problems affecting Los Angeles occur in the Calgary area. Now is the time to institute controls on all sources of smoke pollution occurring within the City to prevent future problems.

Acting on information received from the United States, plastic novelty drink coolers and teething rings containing water were analyzed both by the Department Laboratory and the Provincial Laboratory of Public Health. These novelties originated in Hong Kong and had been filled with fresh water from a most doubtful source insofar as its purity was concerned. From the samples analyzed many contained vast numbers of organisms of the pseudomonas group together with vegetable debris. As these varied novelties presented a potential danger to health should they be defective or be punctured and the contents expelled, it was decided to have them withdrawn from further sale to the public. Excellent co-operation was received from all store owners and managers in this move and no incident of sickness directly attributable to use of these novelties was recorded.

During the year the Department provided field work experience for Dental Auxiliaries and again provided opportunity for Nurses in training in the General Hospitals to receive a period of observation and instruction with the Public Health Nursing staff.

The Department would again wish to pay tribute to the volunteer ladies who give of their time to assist the Nurses in the Well Baby Clinics and act as recorders.

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 manyvolunteer 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.

COMMUNICABLE DISEASES REPORTED IN 1965

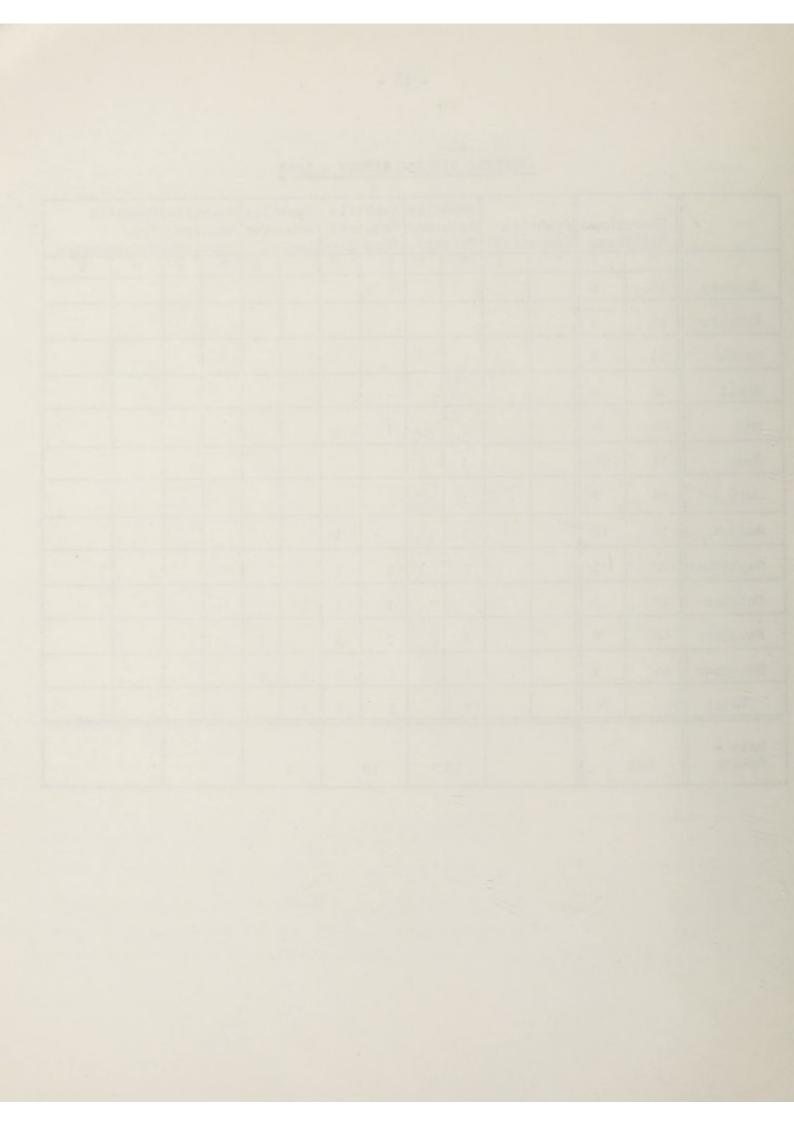
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Aseptic Meningitis	2							1	6	3			12
Bacillary Dysentery		2					1	1			1		5
Diphtheria											2		2
Diphtheria Carrier											2	. 1	3
Equine Encephalitis									1				1
Infectious Hepatitis	13	20	21	21	11	7	3	14	5	13	9	13	150
Measles	300	423	751	448	283	189	43	11	50	115	87	93	2,793
Pertussis	10	4		1	5	1	1	21	6	10	4	5	68
Rubella	117	136	78	71	71	58	3	5	8	17	46	46	656
Salmonella Infection	1		5	2	8		3	3	3	2	4	18	49
Scarlet Fever & Strep- tococcal Sore Throat	26	24	18	5	16	5	1	2	6	28	27	15	173
Tuberculosis, Pulmonary	1	2	1	5	3	4	1	1	1	1	2	3	25
Tuberculosis, Non- Pulmonary		2	1		2			1	2				8
Totals	470	613	875	553	399	264	56	60	88	189	184	194	3,945

COMMUNICABLE DISEASES, NOT NOTIFIABLE IN THE PROVINCE OF ALBERTA, REPORTED BY PUBLIC HEALTH NURSES IN CALGARY SCHOOLS DURING 1965

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Chickenpox	116	62	70	3 8	60	35	12	22	33	70	165	111	794
Mumps	296	262	258	124	77	58	11	13	33	39	84	63	1,318
Totals	412	322	328	162	137	93	23	35	66	109	249	174	2,112

VENEREAL DISEASE REPORT - 1965

			Congenital		Acquired Primary		Syphilis Acquired Secondary		Acquired Latent		Syphilis Acquired Tertiary			
	М	F	М	F	М	F	M	F	М	F	М	F	M	F
January	40	6												
February	39	6												
March	58	8			1								-	
April	36	6												
May	45	9			2		1	1		harri				
June	57	10			3									
July	54	7			3									
August	56	10			3			1						
September	38	5			2		2	1						
October	48	2					1	1	1					
November	68	7			3		2	4		1				
December	44	3			1		1	3	1	1				
Total	583	79			18		7	11	2	2				
Male + Female	662		18		18		4							



LIVE BIRTHS 1961 -1965

Out of 7,895 live-born babies registered in 1965, 659 were premature (the weight recorded as $5\frac{1}{2}$ lbs. or less) - this represents 8.3% of all births

Year	Population	Births Incl. Non-Residents	Rate per 1,000 Population	Births-Res. Only	Rate per 1,000 Population
1965	311,116	7,895	25.4	7,235	23.2
1964	294,924	8,545	29.0	7,688	26.1
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

STILLBIRTHS 1961 - 1965

Year	No. of stillbirths Incl. Non-Residents		Stillbirths Residents Only	Rate per 1,000 Live Births Net
1965	93	11.8	79	10.9
1964	107	12.5	96	12.5
1963	96	10.6	83	10.3
1962	92	10.2	79	9.9
1961	89	9.8	66	8.9

MARR LAGES

Number performed in 1965 in the City of Calgary was 2,673. Rate per 1,000 population - 8.6

DEATHS AND MORTALITY RATE (EXCLUSIVE STILLBIRTHS) 1961 - 1965

From all causes a total of 2,252 deaths were reported, being a rate of 7.2 per 1,000 population, including 270 deaths of non-residents

Year	No. of Deaths Incl. Non-Residents	Rate per 1,000 Population	No. of Deaths Residents Only	Rate per 1,000 Population
1965	2,252	7.2	1,982	6.4
1964	2,267	7.7	1,953	6.6
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

CHIEF CAUSES OF DEATHS, 1963, 1964 & 1965 (TOTAL NUMBER INCLUDING NON-RESIDENTS)

	Numb	er of De	eaths	Rate	per 100	,000
Causes of Death	1965	1964	1963	1965	1964	1963
Diseases of the heart, arteries and kidneys, including apoplexy	882	869	814	283.5	294.6	293.9
Neoplasm - all forms	461	465	433	148.2	157.7	156.3
Violent and accidental deaths	170	170	122	54.6	57.6	44.0
Pneumonia, bronchitis and influenza	126	128	103	40.5	43.4	37.2
Certain Diseases of early infancy	98	133	115	31.5	45.1	41.5
Congenital malformations	47	40	40	15.1	13.6	14.4
Diabetes Mellitus	32	28	13	10.3	9.5	4.7
Communicable diseases (other than TB, pneumonia and influenza)	12	4	1	3.8	1.4	0.3
* Tuberculosis - all forms	7	14	15	2.2	4.7	5.4
All other Causes	419	427	427	134.7	144.8	154.2
* Totals	2,254	2,278	2,083			

^{*} These numbers include deaths of Calgary residents in TB Sanatoria outside City limits.

INFANT DEATHS AND MORTALITY RATE 1961 - 1965 FIRST YEAR OF LIFE ONLY

	1965	1964	1963	1962	1961
Number of Infant Deaths	170	201	187	198	223
Rate per 1,000 Live Births	21.5	23.5	20.6	22.0	24.6

Number of deaths of non-residents included in the above: 1965 - 15; 1964 - 21; 1963 - 31; 1962 - 37; 1961 - 51.

INFANT MORTALITY BY CAUSES OF DEATHS - 1961-1965

Of the 170 infant deaths registered in 1965, 71 occurred within the first twenty-four hours of life, 47 deaths occurred after twenty-four hours but within the first week of life, and 12 deaths occurred after one week of life but within the first month of life; combined they represent 76.5% of the total infant deaths.

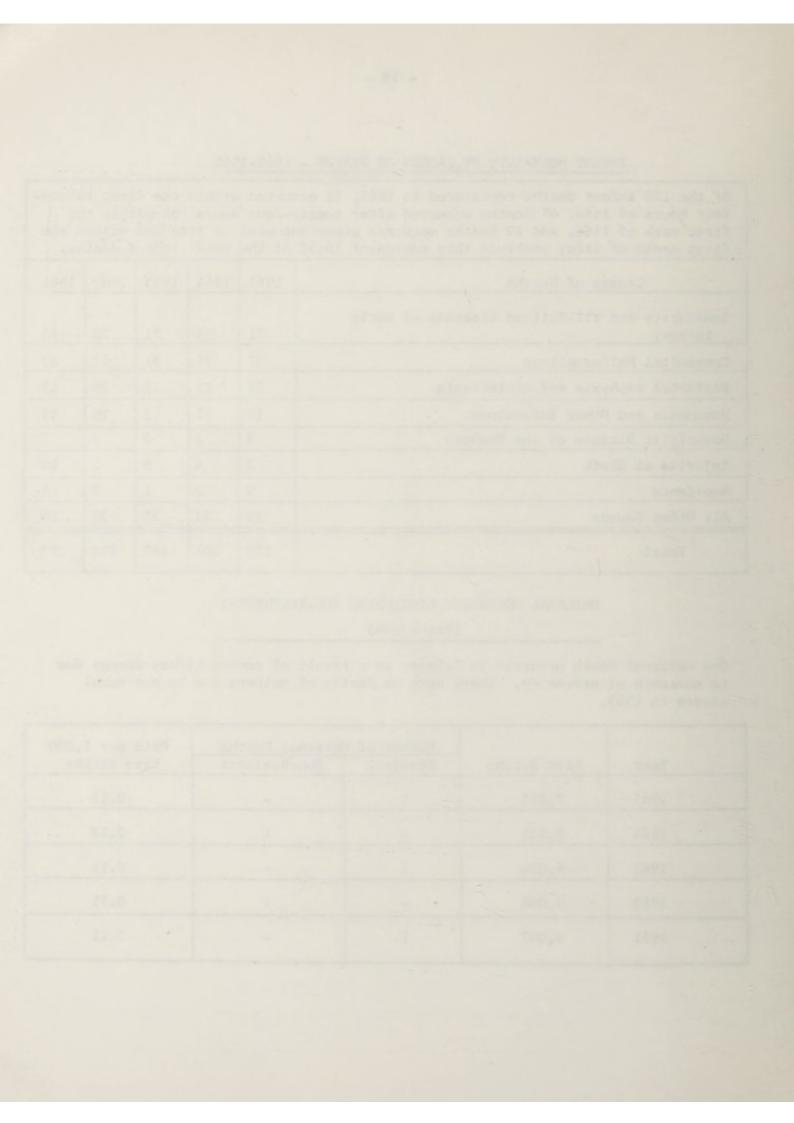
Causes of Deaths	1965	1964	1963	1962	1961
Immaturity and ill-defined diseases of early infancy	71	94	71	70	73
Congenital Malformations	37	27	31	42	42
Postnatal asphyxia and Atelectasis	11	22	23	26	17
Pneumonia and Other Infections	11	17	13	16	19
Haemolytic Disease of the Newborn	3	2	6	3	7
Injuries at Birth	3	4	5	1	14
Accidents	5	2	1	2	1
All Other Causes	29	33	37	38	50
Total	170	201	187	198	223

MATERNAL MORTALITY (INCLUDING NON-RESIDENTS)

1961 - 1965

One maternal death occurred in Calgary as a result of severe kidney damage due to toxaemia of pregnancy. There were no deaths of mothers due to puerperal causes in 1965.

		Number of 1	Maternal Deaths	Rate per 1,000	
Year	Live Births	Resident	Non-Resident	Live Births	
1965	7,895	1	-	0.13	
1964	8,545	-	1	0.12	
1963	9,084	1	-	0.11	
1962	9,006	-	1	0.11	
1961	9,047	1	-	0.11	



CAUSES OF MATERNAL DEATHS - 1965

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

REPORTED CASES AND DEATHS FROM COMMUNICABLE DISEASES (RESIDENTS ONLY) - 1965

	Case	s	0 -	4 yrs.	5 - 1	4 yrs.	15 yrs	. & Up	Tot	al
Disease	M	F					Cases	Dths.	Cases	Dths.
Aseptic Meningitis	8	4	-	-	8	-	4	-	12	-
Bacillary Dysentery	-	5	1	-	4	:	-	-	5	-
Diphtheria	1	1	-	-	1	-	1	-	2	-
Diphtheria Carrier	2	1	-	-	3	-	-	-	3	-
Equine Encephalitis	-	1	-	-	-	-	1	-	1	-
Infectious Hepatitis	71	79	3		53		94	1	150	1
Measles	1408	1385	653	2	2115	1	25	-	2793	3
Pertussis	36	32	27	-	39	-	2	-	68	-
Rubella	298	358	81	-	534	-	41	-	656	-
Salmonella Infection	29	20	20	-	8	-	21	1	49	1
Scarlet Fever & Strep Throat	69	104	26	-	131	-	16	-	173	
Tuberculosis, Pulmonary	16	9	2	-	1	-	22	4	25	4
Tuberculosis, Non-Pulmonary	2	6	-	-	1	-	7	1	8	.1
Totals	1940	2005	813	2	2898	1	235	7	3945	10

OTHER REPORTED CASES OF DEATHS CLASSIFIED AS INFECTIVE

Meningococcal Infection	-	1		-	-	1
Acute Fulminating Bacteraemia and						
Toxaemia	-	-	-	1	-	1
Septicaemia and Pyaemia	-	1	-	2	-	3
Acute Infectious Encephalitis	-	-	-	1	-	1
Late Effects of Acute Poliomyelitis	-	-	-	1	-	1

COMMUNICABLE DISEASES NOT NOTIFIABLE IN THE PROVINCE OF ALBERTA

Mumps (all age groups)

Cases

Deaths

1,318

Chickenpox (all age groups)

794

-

REPORTED CASES AND DEATHS FROM TUBERCULOSIS 1961 - 1965

Year	New Active Cases	Number Died In Calgary	Number Died In Sanatoria	Total Deaths	Rate per 100,000 Population
1965	33	5	2	7	2.2
1964	46	3	11	14	4.7
1963	41	4	11	15	5.4
1962	46	1	6	7	2.6
1961	45	2	8	10	4.1

REPORTED CASES AND DEATHS FROM CHICKENPOX, DIPHTHERIA, INFECTIOUS HEPATITIS, MEASLES, MENINGOCOCCAL MENINGITIS, PERTUSSIS, SALMONELLA INFECTION, ETC. 1963 - 1965

Communicable Disease	1963	Cases 1964	1965	1963	Deaths 1964	1965		ity Rat 00 Popul 1964	
Chickenpox	1,060	1,195	794	-	2	-	-	0.68	-
Diphtheria	-	-	2	-	-	-	-	-	-
Infectious Hepatitis	169	118	150	1	1	1	.36	.34	.32
Measles	1,960	1,041	2,793	-	-	3	-	-	1.0
Meningococcal Meningitis	2	1	1	-	1	1	-	•34	.32
Pertussis	444	136	63	-	-	-	-	-	-
Salmonella Infection	23	7	49	-	-	1	-	-	.32

- 21 -

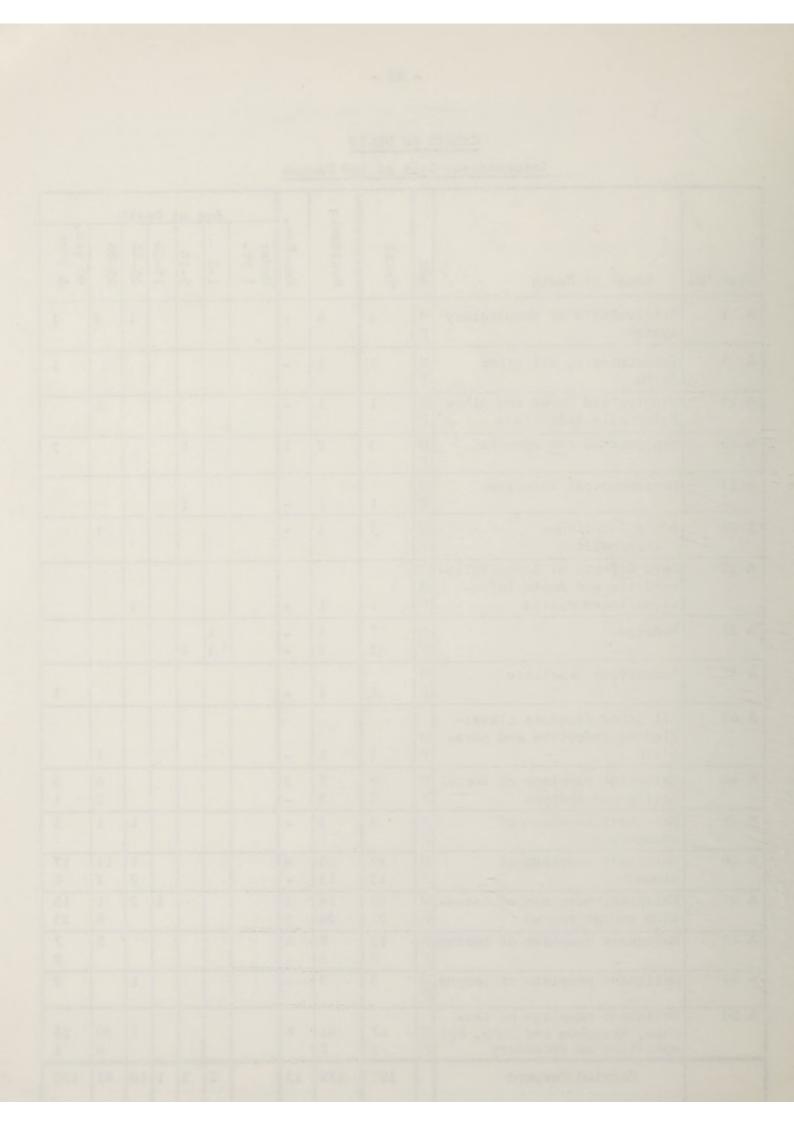
CAUSES OF DEATH BY AGE AND SEX (GROSS) 1965

	Male	Female	Under 1 yr.	1-4 yrs.	5-14 yrs.	15-24 yrs.	25-44 yrs.	45-64 yrs.	65 yrs. & Up	Totals
1. Infective and parasitic diseases	11	6	_	2	3	_	2	5	5	17
2. Neoplasms - all forms	265	196	1	5	5	7	32	145	266	461
3. Allergic, endocrine system, metabolic and nutritional diseases, diseases of the blood and bloodforming organs	35	15	2	-	-	3	7	9	29	50
 Mental, psychoneurotic and personality disorders 	2	2					1	2	1	4
5. Diseases of the nervous system and sense organs	143	132	2	4	1	3	9	36	220	275
6. Diseases of the circulatory system	361	239	_	1	-	4	19	106	470	600
7. Diseases of the respira- tory system	105	59	6	2	-	_	5	28	123	164
8. Diseases of the digestive system	64	46	2	1	1	2	8	28	68	110
9. Diseases of the genito- urinary system	28	15	2	-	-	1	4	6	30	43
10. Deliveries and complica- tions of pregnancies, childbirth and puerperium	-	1	1		-	1		1	-	1
11. Diseases of the skin and cellular tissue; diseases of the bones and organs of movement	5	6	-	•	-	1		6	4	11
12. Congenital malformations	22	25	37	3	4	1	-	1	1	47
13. Certain diseases of early infancy	53	45	97	-	-			1	_	98
14. Symptoms, senility and ill-defined conditions	138	63	16	2	1	-	7	56	119	201
15. Accidents, poisonings and violence	107	63	5	9	6	14	43	37	56	170
Totals	1,339	913	170	29	21	37	137	466	1,392	2,252
Stillbirths	49	44								

CAUSES OF DEATH

Intermediate List of 150 Causes

	The second second			on .			Age	at	. De	ath	1	
List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65 yrs. & over
A 1	Tuberculosis of respiratory system	M F	4	4	-					1	2	1
A 5	Tuberculosis, all other forms	M F	1	1	-							1
A 13	Paratyphoid Fever and other Salmonella Infections	M F	1	1	-						1	
A 20	Septicaemia and Pyaemia	M F	3	2	1			1				2
A 23	Meningococcal Infection	M F	1	1	-			1				
A 29	Acute Infectious Encephalitis	M F	1	1	-						1	
A 30	Late Effects of Acute Polio- myelitis and Acute Infec- tious Encephalitis	MF	1	1	-					1		
A 32	Measles	M F	1 2	1 2	-		1	1				
A 32	Infectious Hepatitis	M F	1	1	-							1
A 43	All other diseases classi- fied as infective and para- sitic	MF	1	1	-						1	
A 44	Malignant neoplasm of buccal cavity and pharynx	M F	9	7 3	2 -						4 2	5
A 45	Malignant neoplasm of oesophagus	M F	3	3	-					1	1	1
A 46	Malignant neoplasm of stomach	M F	29 13	23 13	6					1 2	11 2	17 9
A 47	Malignant neoplasm of intes- tine except rectum	M F	19 27	16 24	3				1	2	1 4	15 23
A 48	Malignant neoplasm of rectum	F	12 8	8	4						5	7 8
A 49	Malignant neoplasm of larynx	M F	3	3	-					1		2
A 50	Malignant neoplasm of tra- chea, bronchus and lung, not specified as secondary	M F	47 7	41 7	6					1	20 6	26
	Carried Forward		197	172	25		2	3	1	10	61	120

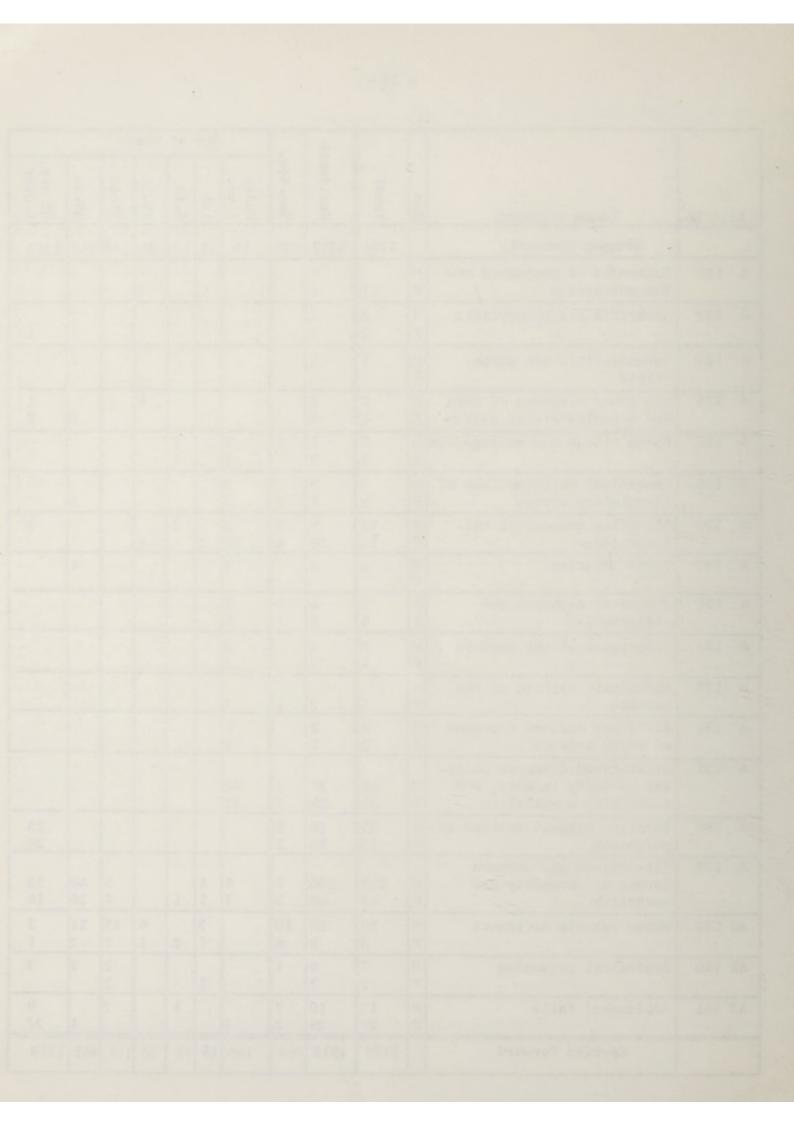


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List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65 yrs.
	Brought Forward		197	172	25		2	3	1	10	61	120
A 51	Malignant neoplasm of breast	M F	43	41	2					5	22	16
A 52	Malignant neoplasm of cervix uteri	M F	13	13	-					3	4	6
A 53	Malignant neoplasm of other and unspecified parts of uterus	M F	5	5	_						2	3
A 54	Malignant neoplasm of prostate	M F	37	32	5						4	33
A 55	Malignant neoplasm of skin	M F	1 4	1 4	-					1		1 3
A 56	Malignant neoplasm of bone and connective tissue	M F	4 2	4	- 1						3 2	1
A 57	Malignant neoplasm of all other and unspecified sites	M F	68 45	56 40	12 5		2	2	1	7 2	20 18	38 21
A 58	Leukaemia and aleukaemia	M F	19 8	16 8	3		2	1	1	1 2	4	11
A 59	Lymphosarcoma and other neo- plasms of lymphatic and haematopoietic system	M F	13 17	9 14	4 3			1	2	1 2	2 6	8 7
A 60	Benign neoplasms and neo- plasms of unspecified nature	M F	1 1	1 -	- 1	1					1	
A 62	Thyrotoxicosis with or without goiter	M F	1	1								1
A 63	Diabetes mellitus	M F	22 10	20 10	2				1 1	5	5 2	11 7
A 64	Avitaminosis and other deficiency states	M F	1	1	-							1
A 65	Anaemias	M F	3	3	-							3
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases	MF	9	8	1	2			1	1 1	2	3 2
A 67	Psychoses	M F	1	1								1
A 68	Psychoneuroses and dis- orders of personality	MF	2	2	-					1	2	
A 70	Vascular lesions affecting central nervous system	MF	135 115	118 106	17 9		1			1 5	29 4	104
A 71	Non-meningococcal meningitis	MF	1	1	-	1						
	Carried Forward		783	693	90	4	8	8	10	48	194	511

								Age	a	t D	eat	h	
Li No		Cause of Death	Sex	Total	Residents	Non-Res.	Under 1 vr.	1-4	5-14	15-24	25-44	45-64	65 yrs.
		Brought Forward		783	693	90	4	8	8	10	48	194	511
A	72	Multiple Sclerosis	M F	3	3	-						2	1
A	73	Epilepsy	M F	1 4	1 4	-	1			1	. 2		1
A	77	Otitis Media and Mastoiditis	M F	1		1		1					
A	78	All other diseases of the nervous system and sense organs	MF	7 8	4 8	3 -		2	1	2	1	1	1 7
A	79	Rheumatic Fever	M F	4	4	- 1		1			1	3	
A	80	Chronic Rheumatic Heart	M F	12 14	10 9	2 5				2	1 2	6 9	3 2
A	81	Arteriosclerotic and degenerative heart disease	MF	272 161	250 148	22 13					8	65 8	199
A	82	Other diseases of heart	M F	17 14	14 12	3 2				1		2	15
A	83	Hypertension with heart disease	M F	14 18	12 15	2 3						2 2	12
A	84	Hypertension without mention of heart	M F	7 7	6 7	1 -						2	5
A	85	Diseases of Arteries	M F	29 22	21 20	8 2					3	5	21
A	86	Other diseases of circula- tory system	M F	6 2	3 2	3					1		:
A	87	Acute upper respiratory infections	M F	1	1	-	1						
A	88	Influenza	MF	1	1 1	-							1
A	89	Lobar Pneumonia	MF	3 2	3 2	-					1	2	1
A	90	Bronchopneumonia	M F	41 29	36 28	5	1 1	1			1	4	34
A	91	Primary atypical, other, and unspecified Pneumonia	MF	21 13	19 12		1 1					5	1.1
A	92	Acute Bronchitis	M F	3 2	3 2	-	1	1			1	1	
		Carried Forward		1524	1354	170	11	14	9	17	73	317	1083

				co.		A	ge a	at	Dea	th		
List No.	Cause of Death	Sex	Total	Resident	Non-Res.	Under 1 yr.	1-4	5-14	15-24	25-44	49-54	65 yrs.
	Brought Forward		1524	1354	170	11	14	9	17	73	317	1083
A 93	Bronchitis, Chronic and unqualified	M F	16 4	14 3	2					1	5 1	10
A 95	Empyema and abscess of lung	M F	2	1	1					. 1		1
A 97	All other respiratory dis- eases	M F	17 8	15 8	2						2 6	15 2
A 99	Ulcer of stomach	M F	6 5	5 4	1					1	2	4
A 100	Ulcer of duodenum	M F	10 3	8	2					2	1	7
A 101	Gastritis and duodenitis	M F	2	2	1		1					2
A 102	Appendicitis	M F	2	2	-				1		1	1
A 103	Intestinal obstruction and hernia	M F	11 11	5 11	6	2		1			1 4	7 7
A 104	Gastro-enteritis and colitis, except diarrhoea of the newborn	M F	5 4	4 4	1				1	2		3
A 105	Cirrhosis of liver	M F	12 10	11 10	1					1	8 4	4 5
A 106	Cholecystitis and cholelithiasis	M F	5 4	2 3	3					1	2	2
A 107	All other diseases of the digestive system	M F	11 7	7 6	4					1	2	9
A 108	Acute Nephritis	M F	1 2	1 2	-	1				1		1
A 109	Chronic, other, and unspecified Nephritis	MF	9 7	8 6	1	1			1	2	1	7
A 110	Infections of kidney	MF	7 4	7 3	- 1				_		3	4
A 111	Calculi of urinary system	MF	2	2	-						-	2
A 112	Hyperplasia of prostate	MF	6	2	4							6
A 114	Other diseases of genito- urinary system	MF	3 2	1 2	2						1	3
	Carried Forward		1724	1517	207	15	15	10	20	87		1212

					(O)			Age	at	Dea	th		
Li	st No.	Cause of Death	Sex	Total	Residents	Non-Res.	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65 yrs. & over
		Brought Forward		1724	1517	207	15	15	10	20	87	365	1212
A	116	Toxaemias of pregnancy and the puerperium	M F	1	1					1			
A	122	Arthritis and spondylitis	MF	2 2	2 2						-	2	1
A	124	Osteomyelitis and perio- stitis	M F	1	1							1	
A	126	All other diseases of skin and musculoskeletal system	M F	2 4	2 4					1		2	1 2
A	127	Spina bifida and meningocele	M F	2 2	1 2	1	1 1		1				
A	128	Congenital malformations of circulatory system	M F	8 9	8 7	2	8 8					1	
A	129	All other congenital mal- formations	M F	12 14	9 10	3 4	9 10		2	1	3		1
A	130	Birth injuries	M F	4	4		3					1	
A	131	Postnatal asphyxia and atelectasis	M F	5	4 5	1	5 6						
A	132	Infections of the newborn	M F	2 3	2 3		2 3						
A	133	Haemolytic disease of the newborn	M F	3	2	1	3						
A	134	All other defined diseases of early infancy	M F	2 2	2 2		2 2						
A	135	Ill-defined diseases pecul- iar to early infancy, and immaturity unqualified	M F	40 31	37 29	3 2	40 31						
A	136	Senility without mention of psychosis	M F	25 20	20 18	5 2							25 20
A	137	Ill-defined and unknown causes of morbidity and mortality	M F	113 43	106 40	7 3	9 7	1	1		5 2	40 16	58 16
AE	138	Motor Vehicle Accidents	M F	38 8	28 2	10 6		3	2	6	15 1	11 2	3 1
AE	140	Accidental poisoning	M F	7	6 3	1		1			2 2	2	3
AE	141	Accidental falls	M F	12 29	10 26	2 3	1		1		2	1	9 27
		Carried Forward		2179	1915	264	166	25	18	30	116	445	1379



				00				Age	at	Deat	h	
List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65 yrs. & over
	Brought Forward		2179	1915	264	166	25	18	30	116	445	1379
AE 142	Accidents caused by ma- chinery	M F	2	1	1					1	1	
AE 143	Accidents caused by fire and explosion of combustible material	M F	4 4	4 3	1			1		1	1	1 2
AE 144	Accidents caused by hot sub- stance, corrosive liquid, steam and radiation	M F	1	1								1
AE 145	Accidents caused by firearm	M F	2	2		cely			1		1	
AE 146	Accidental drowning and sub- mersion	M F	4	4	MAIN		2				1	1
AE 147	All other accidental causes	MF	13 6	11 6	2	1 3	2	1	2	5	1	3
AE 148	Suicide and self-inflicted injury	M F	24 11	22 11	2				3	6 7	11	1
AE 149	Homicide and injury pur- posely inflicted by other persons (not in war)	MF	1	1							1	
Solb	Totals		2252	1982	270	170	29	21	37	137	466	1392

	r	Ocati	at I	98/	1			63				
g over		52-44	12-54	2-10	1-1	I M.*	Non-Res.	dashtesg	Total		Cause of Death	.oM Jail
		911	30		25	166	264	1915	2179			
		1						I	2		Accidents caused by ma- chinery	AE 142
1 2	1	1		1			1	4 3	4	N N	Accidents caused by fire and explosion of combustible material	AE 143
1								1		M	Accidents caused by not sub- stance, corrosive liquid, steam and radiation	AE 144
			100					2	2	M	Accidents caused by firearm	AE 145
1	I				2			4 . 1	4	M	Accidental drowning and sub- mersion	AE 146
3	I	5	2	1	2	1 3	2	11	13	M	All other accidental causes	AE 147
4		6 7	3				2	22	24	M	Suicide and self-inflicted injury	AE 148
	ı							I	Prof.	F 75	Homicide and injury pur- posely inflicted by other persons (not in war)	AE 149
1392	466	137	37	21	29	170	270	1982	2252		Totals	

IMMUNIZATION REPORT

IMMUNIZATIONS ADMINESTERED BY HEALTH DEPARTMENT TO INFANTS

	Doses	Reinforcing Doses Or Completed
Diphtheria	11,996	557
Pertussis	11,876	547
Tetanus	11,997	557
Salk (Polio Vaccine)	12,011	524
Typhoid-Paratyphoid AB	3	-
Cholera	-22	1

Smallpox, primary vaccinations - 2,266; smallpox, revaccinations - 15 Gamma Globulin - 237

IMMUNIZATIONS ADMINISTERED BY HEALTH DEPARTMENT TO PRE-SCHOOL CHILDREN

		Reinforcing Doses
	Doses	or Completed
Diphtheria	4,132	8,905
Pertussis	3,629	6,273
Tetanus	4,153	8,923
Salk (Polio Vaccine)	5,050	6,107
Sabin (Oral Feedings)	4,988	3,804
Typhoid-Paratyphoid AB	139	61
Typhus	29	32
Cholera	11	17

Rocky Mountain Spotted Fever - 2

Smallpox, primary vaccinations - 2,220; Smallpox, revaccinations - 1,264 Gamma Globulin - 711

builten, mining vacatantieds - 2,276; Smillgox, singettens - 1,264

IMMUNIZATIONS ADMINISTERED BY HEALTH DEPARTMENT TO SCHOOL CHILDREN

		Reinforcing Doses
	Doses	or Completed
Diphtheria	2,640	7,107
Pertussis	23	8
Tetanus	3,347	12,348
Salk (Polio Vaccine)	1,997	1,934
Sabin (Oral Feedings)	5,546	6,135
TAB	577	401
Typhus	22	15
Cholera	22	13

Reaction Tests - 7; Schick Tests - 334; Rocky Mountain Spotted Fever - 10 Smallpox, primary vaccinations - 2,271; Smallpox, revaccinations - 3,882 Gamma Globulin - 167

IMMUNIZATIONS ADMINISTERED BY HEALTH DEPARTMENT TO ADULTS

	Doses	Reinforcing Doses or Completed
Diphtheria	71	68
Pertussis	1	2
Tetanus	1,267	1,049
Salk (Polio Vaccine)	1,501	857
Sabin (Oral Feedings)	2,615	2,653
TAB	1,744	1,505
Typhus	344	344
Cholera	300	339

Diluted Diphtheria - 8; Schick Tests - 119; Rocky Mountain Spotted Fever - 32 Gamma Globulin - 413

Smallpox, primary vaccinations - 302; Smallpox, revaccinations - 5,412

SABIN VACCINE UTILIZATION - 1965

	Grand Total	8,792	11,681	1,228	4,045	25,746
5 program	2nd doses Total	3,804	6,135	622	2,036	12,597
given during 196	After 1st dose 2nd doses Grand in 1965 Total Total	2,398	4,427	309	1,065	8,199
No. of 2nd doses given during 1965 program	Vac- during 1965 After 1st dose program in 1964 or earlier	1,406	1,708	313	971	4,398
ible 1/65 No. of 1st		4,988	5,546	909	2,009	13,149
No. eligible on Jan. 1/65	- 01	25,000	10,000	20,000	30,000	85,000
No. eligible No. eligible on Jan. 1/65	Estimated only of Sa- of Sabir Population bin Vaccine cine	6,216	1,200	300	1,000	8,716
	Estimated	50,000	77,564	90,067	93,485	311,116
7	Category	Pre-School Children (Including Infants)	School Children	Adult Males	Adult Females	Total

VALVE AVOIDED IN LEGISLATION - THEY

SERA AND VACCINE DISTRIBUTED FOR USE IN CALGARY

Diphtheria Antitoxin, 1,000 units	7
Diphtheria Antitoxin, 40,000 units	6
Diphtheria Toxoid, singles	50
Diphtheria Toxoid, diluted 4 cc	10
Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, singles	635
Diphtheria Toxoid & Tetanus Toxoid, singles	1,226
Diphtheria Toxoid & Tetanus Toxoid, 6 x 6 cc. pkge	95
Gas Gangrene Antitoxin, vials of 10,000 units	40
Immune Sera Globulin cc.'s	4,263
Materials for Schick Tests (25 tests)	180
Poliomyelitis Vaccine, 10 cc. pkge	721
BIAD (Tetanus, Polio Vaccine), 10 cc. pkge	116
TRIAD (DT-Polio Vaccine), 10 cc. pkge	590
QUAD (DPT-Polio Vaccine), 10 cc. pkge	3,027
Rocky Mountain Spotted Fever Vaccine, 3 cc. pkge	11
Sabin Poliovirus Vaccine, 20 doses	100
Sabin Poliovirus Vaccine, 100 doses	270
Smallpox Vaccine, singles	2,058
Smallpox Vaccine, 10's	2,695
Staphylococcus Toxoid, 2 cc. pkge	162
Staphylococcus Antitoxin 20,000 units	1
Tetanus Antitoxin, 1,500 units	329
Tetanus Antitoxin, 20,000 units	1
Tetanus Toxoid, 30 cc. pkge	206
Tetanus Toxoid, 3 cc. pkge	776

Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 3 cc. pkge	171
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 25 cc. pkge	90
Typhoid & Paratyphoid Vaccine, singles	96
Typhoid & Paratyphoid Vaccine, 10 cc. pkge	120
(all the above material supplied free by the Provincial Government)	
Cholera Vaccine, 2½ cc. pkge	114
Cholera Vaccine, 10 cc. pkge	54
Typhus Vaccine, 3 cc. pkge	254
Typhus Vaccine, 30 cc. pkge	10

MARKET STREET, SHOULD BE ASSESSED. AND BY AND IN THE SERVICE OF THE STREET, THE

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

Dear Sir:

Once again it is my privilege and pleasure to present to you the past year's record of accomplishment of the Inspectional Division and the Laboratory. I would also like to take this opportunity of expressing the appreciation of the personnel under my supervision as well as my own for your assistance and guidance during this past year.

In addition to their regular work, the Public Health Inspectors made an excellent effort in attempting to clean up the lanes of garbage cans and burning barrels. This was a monumental task, and with so many callbacks and reinspections the job of completely covering the City was not finished.

A thorough survey of waste disposal methods of all commercial establishments in the City was started in September and will continue well into 1966 before it is completed. Upon completion this survey will give us information on all commercial incineration in the City and should greatly assist us in the enforcement of the Regulations for the Control of Air Pollution when these Regulations come into effect on September 15th, 1966.

The Fly and Mosquito Control Programme was carried on this year in co-operation with the Parks Department. In discussions with yourself and Mr. Boothman it was decided that by co-ordinating the work a much better coverage would be obtained, and by using the personnel of the Parks Department a savings in the duplication of manpower would be obtained. The large numbers of mosquitoes presented an unusual degree of annoyance to the citizens with resulting complaints. The use of a fogging machine which was loaned to the Parks Department assisted greatly in the control of mosquitoes.

Mr. J. Saville, Pigeon Control Officer, trapped a total of 462 birds during the summer season 1965.

A series of lectures were given to the Food Service Classes at James Fowler and Bowness School as well as to the students of the Food Service Course at the Southern Alberta Institute of Technology. Lectures were also given to small groups of personnel of several of the restaurants in the City. In addition, the Inspectors participated in lectures and panel discussions at various meetings and conventions held by the Restaurant Association and the Dairy Associations.

The usual troubles were encountered with the food service stands at the Stampede prior to the opening. However, by noon on the opening Monday nearly all these had been overcome. Over the years the methods employed in supervising these stands at the Stampede have resulted in a higher grade of foodstuffs being offered to the public and a great improvement in the foodhandling methods.

During the year five Inspectors successfully completed a correspondence course in Environmental Sanitation which was given by the Extension Department of the University of Utah. These Inspectors are to be congratulated on their interest and effort. Mr. N. L. Bruce successfully completed a Training Course in Supervisory Methods in Municipal Administration.

The addition of Mr. D. Seeley and Mr. A. T. Tulloch to the inspectional staff is greatly appreciated and has filled two vacancies. They have fitted in well with the work of the Department and are doing a very good job.

The Dairy Plant Inspector and the two Dairy Farm Inspectors have worked most effectively in upgrading the quality of milk in the City. The change-over to bulk shipping has presented many unexpected problems, as has the multitude of different packaging of the final product. These problems were tackled in co-operation with management of the dairy plants and for the most part a solution has been found.

The Laboratory Technicians should be given credit for doing a most efficient and effective job. 62,199 laboratory tests were done in 1965, whereas the totalfor 1964 was 66,680 tests. Tests were made on City water, well water, raw milk, pasteurized milk, turtle water and dishes and utensils of restaurants, nursing homes and beverage rooms. In addition, chemical tests were made on the water from wells within the City.

The following statistical reports are submitted for your information.

Respectfully submitted,

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

DISTRICT INSPECTIONS

DETAILED REPORT - 1965

	Number Established as of December/65	Number of Inspections Made
Abattoirs	1	8
Air Pollution	10	812
Ambulances	5	34
Amusement Arcade	1	2
Apartment Blocks	209	408
Apiaries	6	13.
Auction Mart	1	4
Auto Courts	68	257
Aviaries	2	10
Bakeries	92	1,207
Barber Shops	213	784
Basement Rooms		51
Basement Suites		68
Baths	9	20
Beauty Parlors	249	973
Beverage Rooms	38	276
Billiard Halls	30	143
Boarding Nurseries	2	3
Boarding Houses	2	10
Bottling Works	10	52
Bowling Alleys	11	98
Breweries	2	13
Butchers	153	993
Cabarets	28	5 7
Camp Grounds	3 2	21
Candy Manufacturing	2	10
Canneries	2	30
Caterers	34	206
Chickens		75
Chicken Slaughter Houses	4	10
Chinchilla Farms	1	3
Clubs	27	82
Cocktail Lounges	35	273
Concessions	65	835
Dairy Bars	20	198
Day Nurseries	34	92
Departmental Stores	23	217
Dogs		10
Dry Cleaners	72	187
Dry Cleaners - Coin	23	87

	Number Established as of December /65	Number of Inspections Made
Factories	44	197
Feed Lots	21	163
Fish Markets	2	13
Fish Wholesale	2	7
Food Packaging	-	47
Fur Farms	6	51
Garages	558	124
Garbage		1,396
Groceries	346	2,393
Halls	114	128
Hatcheries	7	7
Hawkers	37	37
Home Occupations	57	47
Honey Processing		1
Horses	12	19
Horse Meat Packers	1	4
Hospitals	6	10
Hostels	1	7
Hotels	41	97
Housing		926
Housing Survey		338
Ice Cream & Soft Drinks	248	597
Ice Manufacturers	4	
Incinerators		278
Institutions	21	16
Kennels (Boarding)	9	23
Kennels (Registered)	7	34
Kindergartens	104	239
Lanes		764
Laundries	39	72
Laundries - Coin	34	183
Locker Plants	8	48
Meat Processing	13	114
Miscellaneous		3,438
Mobile Canteens	34	21
NoxiousGases		72
Nursing Homes	19	65
Office Buildings		81

		Number Established as of December/65	Number of Inspections Made
Pauline Tate			9
Parking Lots Pest Control			169
		17	80
Pet Shops		17	166
Pigeons Pigeon Lofts		55	136
Pig Farms		10	81
Plumbing		10	19
Poultry Keeper		12	.60
routery keeper		12	00
Rendering Plants		2	29
Restaurants & Drive-Ins		433	5,247
Riding Academies		1	17
Rodents		*	34
Roller Rinks		1	8
Rooming Houses		22	77
nooming nouses			1.0
Sanitary Landfill		2	1
Septic Tanks		42	42
Sewage Disposal			76
Slaughter Houses		4	35
Shopping Centres		15	33
Staff Cafeterias		35	152
Swimming Pools - Private		19	44
Swimming Pools - Public		12	133
Swimming Pools - Semi-Private		17	124
_			
Theatres		16	26
Toilet Accommodations			92
Trailer Courts		15	128
Trailers			166
Truck Terminals		6	7
Unsightly Premises			565
Used Car Lots		97	34
0000 001 000			-
Warehouses		55	160
Waste Disposal			1,299
Waste Disposal Grounds		2	142
Weeds		-	125
Wells		460	460
MISCEL	LANEOUS	PROCEDURES	
O. D. C. Parrers B.	001	Cultural De 1 - (Cl	
O.P.C. Beverage Rooms	221 7	Swimming Pools (Che Wells (Chemical)	emical) 11 148
O.P.C. City Water			
O.P.C. Cocktail Lounges	143	Complaints Call Bar	1,789
O.P.C. Hospitals O.P.C. Nursing Homes	8 35	Complaints Call Bac Notices - Verbal	
O.P.C. Restaurants		Notices - Verbal Notices - Written	5,058 838
O.P.C. Wells	2,674 263		
		Planning Application	0115 450
O.P.C. Swimming Pools	5		

MISCELLANEOUS PROCEDURES (Continued)

Requests for Inspections	473
Written Reports	1,300
Letters	254
Lectures	67

CONDEMNED: -

1 House

1 Accessory Building

2 Basement Suites

6 Basement Rooms

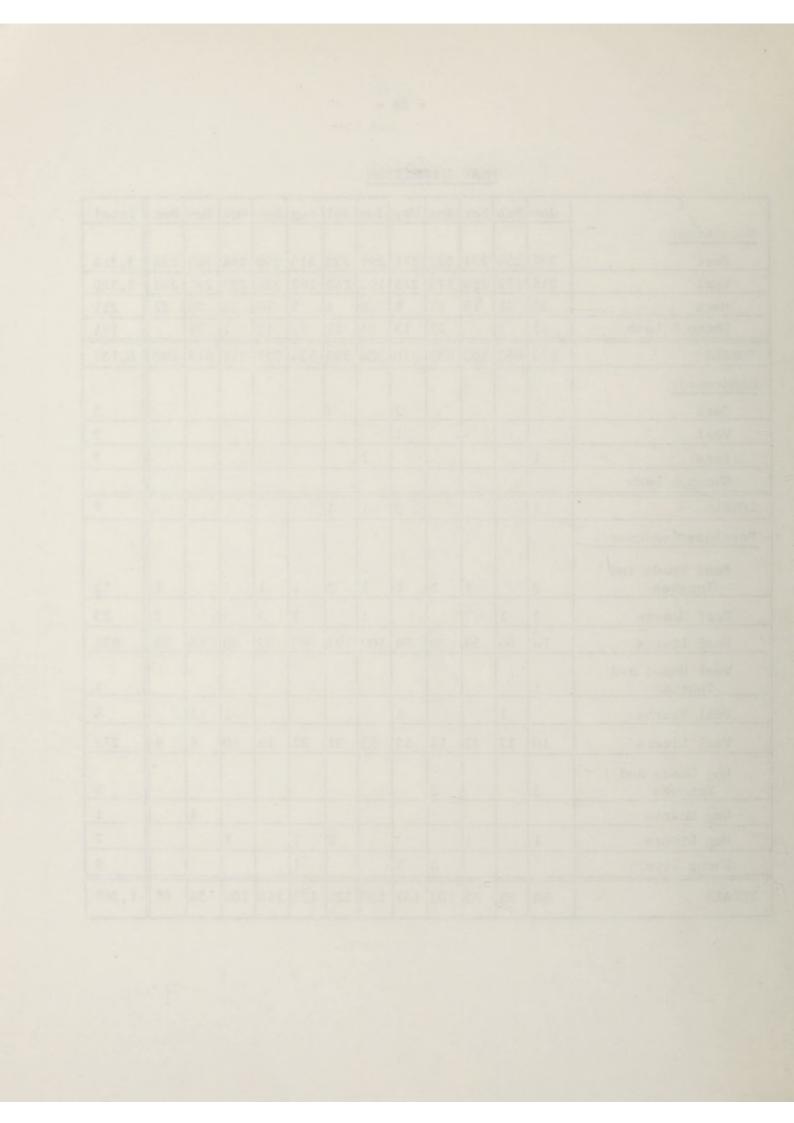
CONDEMNED FOODSTUFFS: -

350 lbs. Vegetables 100 lbs. Various Meats 155 lbs. Fish

and 3 truck-loads of foodstuffs which were smoke damaged - approximately 2,500 lbs.

MEAT INSPECTION

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	0ct	Nov	Dec	Total
Submitted:										200			
Beef	307	259	231	222	271	291	232	314	280	264	309	234	3,214
Veal	215	172	256	173	275	193	143	162	225	223	241	242	2,520
Hogs	38	31	16	11	9	9	4	5	10	28	28	22	211
Sheep & Lamb	15	1		27	15	11	19	53	12	1	37		191
TOTALS	575	463	503	433	570	504	398	534	527	516	615	498	6,136
Condemned:													
Beef					2		1						3
Veal					1							1	2
Hogs	1					1							2
Sheep & Lamb													
TOTALS	1				3	1	1					1	7
Portions Condemned:													
Beef Heads and Tongues	2		1	1	1	1	2	1	1	2		1	13
Beef Hearts	3	1	7		69	1		1	3	5	100	2	23
Beef Livers	74	66	59	80	89	103	92	96	87	86	46	56	934
Veal Heads and Tongues	1												1
Veal Hearts		1			1					1	1		4
Veal Livers	10	17	27	15	53	53	31	22	19	10	6	9	272
Hog Heads and Tongues	3			2									5
Hog Hearts											1		1
Nog Livers	1		1				2	2		1			7
Sheep Livers				5	3			1					9
TOTALS	94	85	95	103	147	158	127	123	110	105	54	68	1,269



DAIRIES AND MILK CONTROL

General 3111	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Dairy Farm Inspections	54	92	104	115	105	108	32	57	115	102	89	74	1,047
Milk Plant Inspections	28	32	30	30	32	35	16	18	28	33	29	31	342
Permits Issued to Dairymen	278	1	1	1		3		2	3	2	2	3	296
Permits Issued to Cowkeepers													
Permits Issued to Distributors	5												5
Permits Issued to Milk Plants	4												4
Permits Issued to Collectors	39												39
Complaints Received	2			1	2	2	2	2	1	3	1		16
Complaints Justified	2			1	1	2			1	2	1		10
Notices Issued	149	158	211	60	115	175	118	165	126	198	247	114	1,836
Permits Suspended								1	1		1		3
Dairymen's Sediment Tests		43	38				7 8			72	33		191
Dairymen's M.Q.T. Tests	143	176	362	272	142	101				72			1,268
Dairymen's S.P.C. & Reductase Tests	506	387	675	534	426	649	399	625	386	399	634	378	5,998
Dairymen's Samples Collected	649	611	1075	806	568	750	399	625	386	543	667	378	7,457
Distributors' Samples Collected	206	190	247	194	178	224	253	319	226	236	254	209	2,736
Total Samples Collected	855	801	1322	1000	746	974	652	944	612	779	921	587	10,193

METHYLENE BLUE TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Grade I	351	312	603	501	339	383	189	300	221	211	246	139	3,795
Grade II	68	21	15	4	41	141	111	167	93	99	212	151	1,123
Grade III	84	43	43	1	32	112	93	143	72	84	165	88	960

SEDIMENT TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Grade I		21	19							18	8		66
Grade II		9	14							23	8		54
Grade III		18	5							31	17		71

AVERAGE OFFICIAL PLATE COUNT

Glass Bottles		Cartons	
Standard	4,000	Standard	4,000
Homogenized	< 3,000	Homogenized	<3,000
Homogenized 1/2 gals	s.<3,000	Homogenized 1 gals.	<3,000
Skim	<3,000	Skim	<3,000
Partly Skim (2 %)	<3,000	Partly Skim	<3,000
Partly Skim 2 gals	s. <3,000	Partly Skim 2 gals.	<3,000
Jersey	7,500	Substandard Cream	3,000
Substandard Cream	43,000	Whipping Cream	6,000
Whipping Cream	5,000	Chocolate	3,000
Chocolate	43,000		

AVERAGE BUTTER FAT CONTENT

Standard	3.41	Jersey	4.63
Homogenized	3.39	Substandard Cream	10.22
Skim	0.06	Whipping Cream	35.40
Partly Skim	2.13	Chocolate	2.39

Total Milk Sales in Quarts 31,052,263
Total Cream Sales in Quarts 1,918,348
Per capita, per day consumption:-

Milk - .547 pints Cream - .034 pints

EXAMINATION OF WATER SUPPLIES

Water Samples	Number Received	Presum. Lactose 100 cc.	Presum. Lactose 10 cc.	Presum. Lactose 1 cc.	Agar Plate Count	Confir- mation (BGB)	Total
City Water	1,233	2,598	354	354	2,598	479	6,383
Glenmore Plant	775	2,072	1,566	1,458	1,954	359	7,409
Swimming Pools	11	33	21	21	28	7	110
Well Water	963	2,706	2,340	2,340	2,496	1,240	11,122
Miscellaneous	285	842	810	810	783	706	3,951
Total	3,267	8,251	5,091	4,983	7,859	2,791	28,975

EXAMINATION OF MILK SAMPLES

Number of Samples Received	Bab-		Gra-		Total Solids Not Fat Test	TGEM Plate Count	Coli-	ase	Plate Count on Pro- ducers' Samples	
2,338	403	349	338	335	335	5,441	11,690	2,317	3,796	25,004

MISCELLANEOUS TESTS

Plate counts on restaurant and beverage room utensils	- 3,157
Tests on Foods and Drinks	- 281
Chemical Tests on Water	- 2,074
Tests on Urine	- 54
	5,566

GRAND TOTAL 62,199

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

Dear Dr. Allan:

I wish to submit a report of Public Health Nursing Services to Nursing Homes and Homes for the Aged for 1965.

Miss L. M. Young, R.N., resigned as a Nursing Home Inspector of the City Health Department on March 31st, 1965. She was succeeded by Mrs. Ina M. Gotfried, P.H.N., appointed on March 23rd, 1965.

There are three categories of institutions which have been inspected by the Nursing Home Inspector of the City of Calgary. They are:

- 1. The Contract Nursing Homes as included and described in the Alberta Nursing Home Plan established in April 1964. (There were 13 Contract Nursing Homes in Calgary with a capacity of 1,207 patients and an occupancy of 1,083 patients at the end of 1965)
- 2. The Private Nursing Homes which are not in the Alberta Government Contract Scheme. (There were four private nursing homes in January 1965; however, only one remained open by the end of 1965 with a capacity of 19 patients and an occupancy of 18.)
- 3. The Homes for the Aged. (There were four homes for the aged with a capacity of 180 guests and an occupancy of 154 guests at the end of 1965.)

Private Nursing Homes

During the year 1965, changes have occurred in the status of some of the private nursing homes:

Central Park Lodge, a private nursing home, became a contract nursing home;

Mount Royal Nursing Home, Dana Nursing Home and Bowness Nursing Home were closed during 1965, although the Bowness Nursing Home quarters continue to be used as an annex to Bowcrest Nursing Home;

33 visits were made to these private nursing homes.

Homes for the Aged

Among the homes for the aged some changes have occurred:

Rundle Lodge has made alterations which reduce its licensed capacity to 43 guests.

Sunset Lodge, with accommodation for 49 guests, has operated during this year with an average of approximately 30 guests.

Calgary Old Folks Home will remain in operation into 1966 until Scottish Nursing Home construction is completed. All guests will be transferred to this Nursing Home.

Maintenance of these old buildings continues to receive the careful attention of their managements.

42 visits were made to the homes for the aged.

For the first group, the contract nursing homes, a Director of Nursing Home Services was appointed by the Provincial Department of Health in January, 1965. To her, our Calgary Nursing Home Inspector gradually transferred her responsibility for inspecting contract nursing homes within the City of Calgary. However, 44 visits to contract nursing homes were still made by our Inspector who included these in a detailed inspection and survey of food service in all nursing homes in the City. Problems encountered requiring further surveillance or action were referred to the Chief Health Inspector, City of Calgary. Facilities developing under the contract nursing homes programme promise to be excellent.

For elderly couples who are not disabled there are the following homes: Eastern Star Homes; Bow Valley Lodges; Jacques Lodges; Elbow Valley Lodges.

There is still a need for better care and assistance to senior citizens who choose to remain as long as possible in their own homes. Partially this need is met by the Victorian Order of Nurses who provide by their visits nursing care to those who are under the treatment of a physician. The "Meals on Wheels" project which was started by the United Church in the fall of 1965 deserves praise for its contribution to meet a real need. An extended home help programme (visiting housekeeping services) is urgently required for senior citizens living in their own homes.

The District Public Health Nurse has much to offer in geriatric care through her recognition of the need, her knowledge of community resources and her ability to counsel. This aspect of Public Health Service must be considered in our future programme.

Respectfully submitted,

(Mrs.) Eileen V. Jones, Director of Public Health Nursing.

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

Dear Dr. Allan:

It is my privilege to present the report of the child health services of the Calgary Health Department for the year 1965.

We continue to visit newborns and their mothers shortly after their return home from hospital.

There were 8,447 new admissions to our Child Health Centres in 1965 consisting of 5,070 infants and 3,417 pre-school children. There were 26,655 visits (other than first visits) - 10,011 by infants and 16,644 by pre-school children. Thus, the average child admitted to our Clinics comes four more times. As seen in the following tables, our clinics are used by all social classes since the number of admissions is even higher than the number of births to City residents. We explain the excess over 100% by the use of our facilities by migrants and residents from surrounding areas, and this latter would have been greater just before the annexation of the Town of Bowness in August 1964.

Infant	TTENDANCE	AT CHIL	D HEALTH	CENTRES			
Attendance	1959	1960	1961	1962	1963	1964	1965
New	4,598	5,049	4,801	5,846	6,015	5,351	5,070
01d	15,235	15,511	17,468	18,427	17,800	13,183	10,011
Total Infant Attendance	19,833	20,560	21,269	24,273	23,815	18,534	15,081
Pre-School Attendance							
New	1,389	1,170	1,422	2,018	2,112	3,172	3,417
01 d	6,003	5,133	5,532	8,557	9,867	15,467	16,644
Total Pre-School Attendance NEW ENROLLMENTS EXP	7,392	6,303 A PERCE		10,575 BIRTHS	11,979 MINUS DE		20,061
Births minus	7,190	7,471	7,388	7,932	8,032	7,688	7,235
Infant Deaths	172	158	172	161	156	180	155
	7,018	7,313	7,216	7,771	7,876	6,508	7,080
New Infants	4,598	5,049	4,801	5,846	6,015	5,351	5,070
plus				day till			
plus Pre-Schoolers Enrolled	1,389	1,170	1,422	2,018	2,112	3,172	
	1,389 5,987		1,422 6,223	2,018 7,864	2,112 8,127	3,172 8,523	

ATTENDANCE BY CLINICS

Infants	City Hall	Bow- ness	Forest Lawn	Hays- boro	North Hill	Kil- larney	Scar- boro	Wild- wood	Total
Attendance	3,076	674	1,272	2,257	3,634	973	2,977	218	15,081
Admissions	856	217	408	784	1,477	306	946	76	5,070
On Breast	93	46	40	139	219	36	125	15	713
On Bottle	763	171	368	645	1,258	270	821	61	4,357
Pre-School Attendance	3,606	989	1,806	4,812	5,277	864	2,415	292	20,061
Admissions	470	296	290	914	777	173	442	55	3,417
Doctor's Examination	s 224	268	194	318	607	233	365	106	2,315
Doctor's Day	rs 74	27	48	64	96	40	66	19	434
Total Atten- dance		1,663	3,078	7,069	8,911	1,837	5,392	510	35,142
No. of Clini Days	c 242	49	140	204	242	50	242	20	1,189
Average Attendance	27.6	33.9	21.9	34.6	36.8	36.7	22.3	25.5	29.5

Our Scarboro Centre at Scotland Street and 17th Avenue is very much smaller than our North Hill, Haysboro or City Hall accommodation, yet is serves a very large area and population. Postnatal home visits done in the districts are listed below to indicate the population served in these areas.

Scarboro	-	2,203	postnatal	visits
North Hill	-	2,104	**	**
City Hall & Bowness	-	1,489	**	"
Haysboro	-	1,085	**	11
Forest Lawn	-	728	**	**

Because of the smallness of the Scarboro Clinic and office quarters, this district office cannot have a stenographer or receptionist. The Public Health Nurse Supervisor has to do the clerical work and is interrupted in her nursing work by the telephone. The waiting room is often overcrowded. (The Nurses based in one of these Clinics work in that Clinic and out in a district and are under the super-

vision of the Supervisor of Public Health Nursing in that Clinic and area).

Another measure introduced in our other Clinics has, because of limited space and arrangement, not been possible in our Scarboro Clinic. This has been for the Nurse interviewing the mother about feeding, etc. also to give the immunization. This eliminates a second wait by the little family and leads to more considerate and warmer human treatment of the public by our staff.

Although it has been proven that, in general, breast fed infants are more resistant to gastro-intestinal infections and to respiratory infections, the level of sanitation, care and nutrition in our community is such that serious illness or death of an infant from these causes is infrequent. Thus, fear of infection is not a powerful factor in motivating Calgary mothers to nurse their babies. Incidence of breast cancer is a little less in those who have nursed babies than among those who have not. Yet, among the 5,000 admissions of infants to our Child Health Centres in 1965, fewer than one-seventh were breast fed (the great majority of babies come for the first time to our Clinic at ages under five months).

Breast	Fed	Infants	713
Bottle	Fed	Infants	4,357
			The state of the s

Total Number Of Infants Admitted In 65

5,070

It might be thought that we were in a position to change this ratio. However, by the time the infant comes to the Clinic the decision has been made by the parent. A little more effort might be made at the time of the home visit to the newborn to encourage persistence with breast feeding. Yet at this time the mother is following the advice of her own physician or paediatrician, who would in particular cases have very good reason to consider as interference our strong urging to breast feed.

Prenatal classes begun in 1964 were continued in 1965. These are classes of instruction in diet, exercises and relaxation beneficial for expectant mothers. They are also designed to foster a good attitude to and care of the baby and the family as a whole. Although we were pleased to have attendance representing all socio-economic groups, we have been disappointed in the results of our efforts to have classes in Forest Lawn and Bowness. We did in these areas make special efforts visiting the practising physicians and others involved in the local community life as well as some expectant mothers who were hesitant about coming. We are not getting in our prenatal classes a proportion of the lower economic groups nearly so high as their proportion in the general population. In fact, there will be no justification for continuing these classes if this attendance does not grow in the next two to three years.

In 1965 there were 112 expectant mothers who attended the ten series of eight prenatal classes at one of our Centres (North Hill, Haysboro, Forest Lawn or Bowness). We should mention that in the City, under other auspices, there are series of prenatal classes held at hospitals and at medical office buildings. One of the reasons for our entering this field was to make this service available in the more outlying districts at a fee which would not

deter even the poorest.

The school population served in 1965 was 77,564, consisting of:

61,994 pupils belonging to the Public School System and

14,744 pupils belonging to the Separate School System, plus

62 Seventh Day Adventist School

78) 290) Jewish Schools

118 Calgary Christian Reformed

206 Christine Meikle

72 Emily Follensbee

The City is divided into fifty-six nursing districts.

It will be noted that the two schools for retarded children are now among those to whom we give service.

In 1965, the Calgary Public School Board approved a policy making more use than formerly of skin testing as a means of screening their staff for Tuberculosis.

- a) Now the Calgary Public School Board requires a pre-employment chest x-ray (or written agreement to have this within one month of employment).
- b) Annual skin testing for Tuberculosis of negative reactors.
- c) Chest x-ray of positive reactors every two years.
- d) Compliance with Division of TB Control, Department of Public Health Recommendations, for follow-up x-rays in the case of those employees recently converting from a negative reactor to positive, or of any recovered from a tuberculous illness, or contacts of active cases.

The school staff takes advantage of the Public Health Nurse's presence and has the skin test at the time the Grade I or Grade IX pupils are being done.

The statistics this year will not present an accurate statistical picture of the rate of positive reactors since some teachers were done voluntarily in February at the Teachers' Convention, some were done after the new policy took effect and others will not be done until January and February 1966 when the Grade IX pupils are to be done; but it looks as if the rate of positive reactors

in the staffs of the Calgary schools is about 25%.

Calgary School Board and Calgary Separate School Board staffs in 1965 were composed of:

Calgary Separate Schools - teachers, s	ecretaries and o	earetakers -	700
Calgary Public Schools - teaching staff - caretakers - office staff - main office s - visiting teac psychologists	in schools taff hers,	2,670) 444) - 1 168) 314 15 3,611	3,282
Total Whom We Covered Or Tried To Cove Skin Tests or X-Rays	r With		3,982
TUBERCULIN TESTS DONE - SCHOOL BOARD STAFF	Positive Reactors		
1) at Mobile Unit at Teachers' Convention in February 1965 - (1,839 done) but only	1,679 reported	670	
2) by Health Department Nurses at schools - done and reported -	1,452	167	
Total done that were reported	3,131	837	
	-63233	450.00	
X-RAYS - SCHOOL BOARD STAFF			
At Mobile Unit at Teachers' Convention in F At City Hall	2,066 653		
Total	X-Rays Done	2,719	

The urine test for diabetes previously done routinely on Grade I pupils has been dropped for the reason that, in the previous year, when 9,480 tests were done, only seven were positive and of those only one proved to lead to the discovery of a case of diabetes.

We have for years done audiometer testing on pupils referred by the Teacher who may suspect a hearing defect. We have found valuable the extension of the routine audiometer testing. Now, in addition to a test on each Grade III pupil, one is performed on any child in the elementary grades who is repeating a grade or who has been put into the "slow stream". This has led to the finding of a significant number of hitherto unsuspected cases of marked deafness and measures were taken to see that the handicap was offset by things such as immediate ear specialist care, hearing aid and more sympathetic handling.

Although in 1965 the cases of venereal disease which were officially reported gave no reason to believe that Calgary was sharing in the great rise of teenage venereal disease reported elsewhere in North America, there has been other evidence of changing standards of behaviour in this age group, viz. the rising rate of illegitimate births. Three new films for youth and parents on the subject of venereal disease were viewed by our Department, tested for teenage and parent reaction. The Calgary Public School administrative staff made plans to study the suitability of introducing one or more of these films through their regular classes to all pupils of high school age or before leaving school.

Otherwise, our programme in the schools is the same as reported in detail in last year's Annual Report.

Statistics follow on work done in the schools, communicable diseases reported in school-age children by Doctors and Nurses. Statistics were not this year collected on immunization status of children on entry to Grade I and in May in Grade VI. It is our intention next year again to do this to compare with 1964.

SCHOOL HEALTH SERVICES IN 1965

1. Physicians' Report

No. of children examined on referral by teacher, parent or nurse	
of child	900
No. of these referred to family doctor, dentist or eye examiner No. of children examined as routine new admissions to school other	298
than Grade I	3,210
No. of these referred to doctor, dentist or eye examiner	1,181

Routine Grade 1 Examinations Only - - - - - 7,746

No.	of	these	-	Health.	Grade	A	6,767
No.	of	these	-	Heal th	Grade	В	925
No.	of	these	-	Health	Grade	С	54
- C -1		E		-1 +- E.	1	deat	1.00

No.	of	these	referred	to	family doctor	480
No.	of	these	referred	to	dentist	1,935
No.	of	these	referred	to	eve examiner	229

Defects Found In Routine Grade 1 Examinations

History of	repeated	Eczema,	Asthma	or	Hay	Fever	217
Skin							301
Nutrition							231
Speech							108
Ears							218
Eyes							313
Nose							91
Throat							390

Teeth		1,821	
Glands (lymph)		175	
Glands (endocrine)		10	
Heart		347	
Respiratory		109	
Abdomen - hernia		57	
- gastro-intestin	nal	15	
- urinary		24	
- genital		97	
Ortho - posture		127	
- feet		786	
- other		87	
Nervous System		64	
Mental Health		68	
Urine		8	
Hemoglobin		110	

Consultations - 434; first Number of children examin		stered - 85. ents were present - 6,161.	
School Children Evenined	at City Wall	49	
School Children Examined Referred to family phys		31	
	sician	31	
Free Glasses provided		31	
Hearing Threshold Tests		250	
Showing Hearing Loss		110	
Referred to Ear Special	list	77	
II. Nurses' Report			
Nurses' inspections		42,472	
No. of Vision Tests		54,726	
Referred re Vision		6,356	
No. of Audiometer Tests		8,462	
Referred re Hearing		369	
No. of Dental Inspections	9	30,836	
Requiring Dental Treat		8,678	
Referred to Senior Medica		373	
Referred to Family Physic		3,395	
First-aid	4 6411	17,044	
Exclusions		2,613	
Telephone Calls		22,289	
rerephone carrs		22,207	
Conferences With:		Visits:	
Doctors	1,272	School Children	5,232
Teachers	21,353	TB Contacts	124
Parents	8,409	Acute Communicable Disease	149
Students	35,372	Investigation Re Complaint	71
Supervisors	2,043	ziresergueron ne comprarne	, -
Other Agencies	827		
ocher Agencies	047		

No. of Grade 1 Pupils in Schools		Tests Positive	Positive Reactors	
	m			
	SCHOOL TUBERCULIN	TESTS - GRADE 1		
o. Positive	8	Addressed	187	
lucose Tests	6,568	Attended	1,118	
ests Performed:		Meetings:		

The group of 19 positive reactors includes 5 BCG.

SCHOOL TUBERCULIN TESTS - MISCELLANEOUS

(Other Ages Not Previously Tested)

Tuberculin Tests Done	Tuberculin Tests Positive	% Found Positive Reactors
242	13	5.4

The group of 13 positive reactors includes:

7 BCG (Indians)

3 Immigrants

SCHOOL TUBERCULIN TESTS - GRADE IX

No. of Grade IX Pupils in Schools Separate & Public	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors	
4,959	4,545	91.6	214	4.7	

The group of 214 positive reactors includes:

9 previous positive reactors 13 BCG

47 Immigrants (BCG 11 + previous positive reactors 3)

SCHOOL TUBERCULIN TESTS - GRADE X (SEPARATE SCHOOLS ONLY)

No. of Grade X	Tuberculin Tests	% Accepting	Tuberculin Tests Positive	% Found Positive
Pupils	Accepted	Tests		Reactors
626	520	83.0	36	6.9

The group of 36 positive reactors includes: 3 previous positive reactors

2 BCG

11 immigrants

IMMUNIZATION OF SCHOOL CHILDREN

		Doses	Complet	ed
Diphtheria		2,640	7,107	
Pertussis		23	8	
Tetanus		3,347	12,348	
Salk		1,997	1,934	
Sabin		5,546	6,135	
TAB		577	401	
Typhus		22	15	
Cholera		22	13	
Reaction Tests	7	Rocky Mountain Spott	ed Fever	10
Schick Tests	334	Smallpox, primary va		
Gamma Globulin	167	Smallpox, revaccinat		8,882
COMMUNICABLE DISEASES	REPORTED	FOR THE AGE GROUP 5-19	YEARS IN 19	65
Aseptic Meningitis	8	Salmonella Infecti	ons	9
Diphtheria	1	Scarlet Fever		135
Diphtheria Carrier	3	Tuberculosis, Non-	Pulmonary	2
Dysentery, Bacillary	4	Tuberculosis, Pulm		1
Infectious Hepatitis	73	Whooping Cough		41
Measles	2,125			1000
Rubella	558			

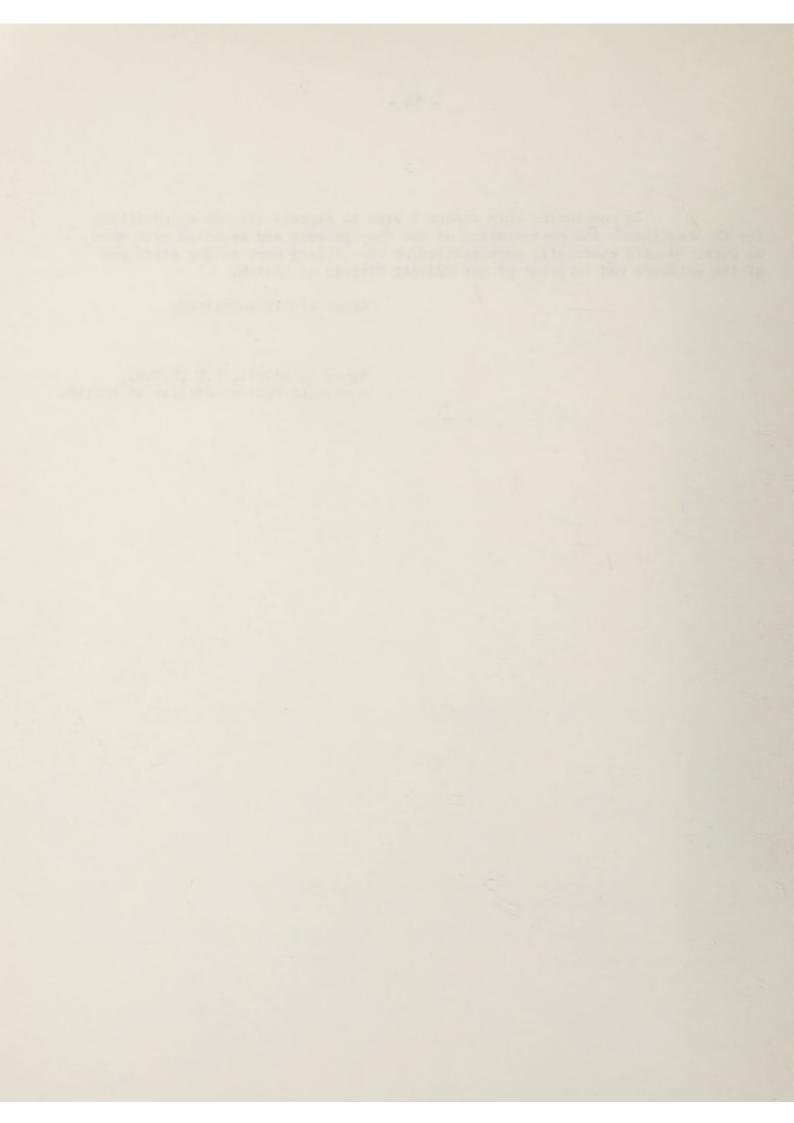
Our Department this year has provided supervisional field observation for students as follows: -

Nursing or Other School	Students	Time Each	Total Time
Calgary General Hospital	94	1 day	. 94
Holy Cross Hospital	22	½ day	11
University of Alberta Public Health Nursing	7	14	98
University of Alberta Dental Hygiene	2	10	20
Total	125		223

In concluding this report I wish to express sincere appreciation for the assistance and co-operation of the many persons and agencies with whom we work. We are especially appreciative of the willing work of our staff and of the guidance and interest of our Medical Officer of Health.

Respectfully submitted,

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



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

Dear Sir:

It is with pleasure that I submit the report of the Dental Division for the year 1965.

During the year the Premier of the Province announced that legislation would be introduced at the next session of the legislature to enable local authorities to fluoridate drinking water supplies if a simple majority favoured that measure in the area. It is hoped that this legislation will pass and that this long delayed preventive measure will at last be made available to the children who will be the future leaders and citizens of this City and Province.

As of September applicants for treatment are requested to produce documentary evidence that the combined family taxable income for the previous year did not exceed \$500.00. This would mean that a man and wife with one child could earn up to approximately \$3,000.00 and still would be eligible to have the child treated at a City Dental Clinic.

Preventive services, which are becoming more and more the primary function of our Division, are available, without a means test, to all preschool children and Grade I children. Topical fluoride application ("painting") is available to all preschool and Grade I children. Parents should see that all children in this category use this service.

As you are aware, dental inspections are done on all Grade II and Grade III children by the Public Health Nurses. Dental inspections are performed on the Grade I children by the School Medical Officer at the time of the school medical examination. Referral slips are sent home in most cases advising the parents to consult the family dentist. The Dental Hygienists may visit the schools of both the Public and Separate Systems on an invitational basis. Their services in the schools are limited to teacher consultation and direct classroom teaching. It would be preferable, of course, if the hygienists could perform all their services in the schools, but a simple exercise in mental arithmetic should convince the majority of people that it is simply impractical even to contemplate such a move until an adequate supply of hygienists are made available.

However, in spite of the lack of sufficient numbers of Hygienists, our Division did endeavour to carry out an educational programme in both the School Systems. It is to be hoped that from this modest start the presence of the Dental Hygienist in the classroom will become a regular and more frequent event. Sixty schools were visited by the Dental Hygienists under this programme.

It should be borne in mind that families in the \$500.00 taxable income bracket may not be able to provide dental services for their children over Grade III. I do feel that the Dental Division should make provision to examine for and correct any defects in those children until at least that child

is in a position to provide these services for himself. I would suggest that initially the age limit could be raised so that all children up to and including Grade VI should have access to our Clinics for full treatment services, providing, of course, that the family can satisfy the means test. Provision should, of course, be made for older pupils as is done at the moment.

Staffing is generally a problem in any Dental Clinic; Calgary is no exception. It is time that responsible leaders took a long, close look at this problem. Is money involved? I do think that one could be justified in saying "yes" to that question, especially when one looks at the simple fact that there is a \$5,000.00 differential between what dentists receive in most Dental Clinics and what they would receive for equal services in the field of private endeavour. It could, I believe, be legitimately argued that administrators are using depression years' thinking when computing their values they are placing on the so-called security aspect of civic or civil service positions. It could be further argued that the seeming perpetuation of this reasoning is not in line with sound planning and it does make it extremely difficult, if not impossible, for supervisors to recruit and retain competent, energetic staff.

In the field of Dental Hygiene we are now at the crossroads. Civic Government and Provincial Government will have to realize that if programmes are to be carried out, staff must be available. The present system of bursary assistance and the reluctant return in service may have been acceptable to start with, but if salaries and working conditions are not on the same level and maintained at the levels that are available elsewhere, then we are going to end up in the same position as we now find ourselves in the Dental Field. We have been fortunate in obtaining the services of Hygienists. Mrs. Reece was with us full time for the year. Mrs. Platt returned to University to obtain her B.Ed. degree and was engaged part time by our Division. Mrs. Watson resigned as of September 1965. Miss Perkins, a 1965 graduate, joined our staff on a full-time basis as of June 1965. Miss Logie resigned as of September 1965 to return to University.

Dentists on staff during the year were Drs. Willey, Dey, Moffatt and Keith. Dr. Turner came on staff in February 1965 and retired as of the end of July 1965. Dr. De Ridder came on staff on a full-time basis as of August 1st, 1965.

I would like to take this opportunity to thank you, Sir, for your help during the year. I would also like to thank all the other members of the Health Department for their help and co-operation during the year.

A summary of work performed in the Dental Clinics is set out as follows-1964 figures are given for comparison.

Respectfully submitted,

T. M. Curry, B.D.S., D.D.S., D.D.P.H., Director of Dental Services. . The state of the partie of the state of th

TABLE NO. I
SCHOOL DENTAL CLINIC STATISTICS

	19	65	19	64
Total Extractions Permanent Deciduous	115 943	1,058	139 1,566	1,705
Total Fillings Permanent Deciduous	2,485 2,803	5,288	2,266 2,437	4,700
Miscellaneous Procedures Bases Prophylaxis X-Rays Periodontal Treatment Crowns Space Maintainers Ortho Appliances	4,437 2,780 664 22 357 92 13	8,365	4,911 3,588 699 315 261 77 53	9,904
Number of Teeth Treated Permanent Deciduous	2,600 4,103	6,703	2,411 4,276	6,687
Clinic Cases Completed Unfinished	3,538 3,418	6,956	4,325 4,106	8,431
Fluoride Applications Parent & Child Education Emergency Treatments Examinations		2,778 6,768 110 2,827		3,431 8,141 230 1,425
Appointments Paying Appointments Free		6,795 161		8,290
Missed Appointments (Paying) Missed Appointments (Free)		177 11		260

TABLE NO. II

PRE-SCHOOL DENTAL CLINIC STATISTICS

	19	65	19	64
Total Extractions		495		537
Permanent	3	3.00	6	
Deciduous	492		531	
Total Fillings		3,338		2,681
Permanent	290		182	
Deciduous	3,048		2,499	
Miscellaneous Procedures		9,040		8,618
Bases	2,980		3,064	,
Prophylaxis	5,032	*	4,281	
X-Rays	487		587	
Periodontal Treatment	40		114	
Crowns	428		375	
Space Maintainers	69		45	
Ortho Appliances	4		152	
Number of Teeth Treated		4,261		3,573
Permanent	293		184	,
Deciduous	3,968		3,389	
Clinic Cases		8,052		6,630
Completed	5,685	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,280	,,,,,,
Unfinished	2,367		2,350	
Fluoride Applications		5,032		3,550
Parent & Child Application		7,898		6,106
Emergency Treatments		177		192
Examinations		5,150		835
Appointments (paying)		7,976		6,550
Appointments (Free)		76		80
Missed Appointments (Paying)		144		134
Missed Appointments (Free)		10		16

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

Dear Dr. Allan:

It is with pleasure that I submit the Nursing Service Report for the year ending February 28th, 1966.

The Chest Clinic, located in the Health Department of the City Hall, is financed by the Christmas Seal Sale. Supervision is received from the Medical Officer of Health, the Provincial Director of Tuberculosis Control and the Superintendent of the Sanatorium.

The following statistical report covers	the work of	two Nurses.
Home Visits 1,280 Other Visits		114
Clinic Attendance 2,468 Streptomycin	Injections	416
Tuberculin Tests:		
1. At home, at work, etc.	Total	Positive
(a) Nursing Aides (before and after BCG)	834	259
(b) Contacts at Home	7	0
(c) Staff Contacts at work	38	8
(d) Kinsmen Club	103	8
	982	275
2. In the Office	1,678	293
Total Tuberculin Tests	2,660	568

The number of new active cases discovered in Calgary for 1965 reached 10.6 per 100,000 population, continuing a gradual decrease each year. In ten years of tuberculin testing Grade X at school, the percentage of positive reactors decreased from 8.2% to 4.8%, and in five years of testing Grade I, the percentage of positive reactors dropped from 0.98% to 0.2%.

One must question if the decrease in the number of new active cases is due to lack of discovery and, of course, we must realize that any day a pocket of infection may be discovered to greatly increase this number. However, the decrease in the percentage of positive reactors in the school population would lend support to the belief that there are not too many undetected cases at large in the community.

The discovery of new cases will become more difficult with more and more examinations producing less returns for the money and energy expended. Any

lack of interest on our part, or lack of finances curtailing the programme, would be disastrous. Without adequate follow-up there would be increasing out-breaks of disease. We must continue with health teaching, ideally conducted in the home. We must persuade the patients to continue with drug treatment for the prescribed time and to report for regular x-ray examinations. We must assure that all contacts are examined. There is a growing indifference from all groups to report for review examination.

The school tuberculin testing programme is also of educational value, with many families reached through the follow-up of the reactor. The addition of 200 to 300 names each year to the reactors of previous years gives us another large group requiring follow-up x-ray. Liaison between the Public Health Nurses, the Central Registry and the Sanatorium is essential.

The patient with a long-term illness is concerned for the family welfare. The Nurse visiting at the time of diagnosis may greatly relieve this concern. Consultation with the Rehabilitation Counsellor at the Sanatorium is of value and referral and co-operation with the Welfare Department and other agencies is necessary.

We are most grateful for the guidance received from you and the wonderful co-operation from all the members of the Health Department.

Very sincerely,

IRENE H. WALTON, Nurse-in-Charge.

Dr. Leslie C. Allan, 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 1965.

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

While we have our continuing programmes of pre-employment x-rays as well as our biannual industrial surveys, it is regrettable to note that there is no significant increase in Clinic attendance.

The complete statistical summary for the stationary unit of the Civic Administration Building follows:

	•	Pro	bable B		Abnorma1	ities		
Month	Total Attendance	Active	Inactive	Non-TB Conditions	Further Exam Requested	Pleurisy Inactive	Total Abnormalities	
January	1,195		47	12	9	34	102	
February	1,218		28	13	14	14	69	
March	853		23	10	5	9	47	
April	1,080		22	12	7	21	62	
May	1,309		35	18	11	22	86	
June	1,013		38	15	6	20	79	
July	127		2	2	1	4	9	
August	864		32	13	14	2	61	
September	1,087		28	18	7	11	64	
October	937		27	22	14	17	80	
November	957		56	11	15	24	106	
December	657		22	7	8	13	50	
Total	11,297		360	153	111	191	815	

In addition to the City Hall Unit the Alberta Tuberculosis Association operated a Mobile Chest X-Ray and Tuberculin Testing Unit in the City for the months of January, February and March.

The summary is as follows:

CALGARY 1965	X-RAYED		INACTIVE	PROB. NEOPLASM	FURTHER EXAM REQUIRED		RISY INACTIVE	OTHER ABNORMALITIES
Jan. & Feb.		-	45 (24R)	-	44	-	20	S years a
March Moved to Country	3,660	or Tiles	11 (9R)	1	12		29 (3F	8) 6
December	1,314	of ele	6 (R)	-	4	-	3	16
TOTAL	14,956		62	1 =	60		52	22

TUBERCULIN TESTED	POSITIVE REACTORS	REACTORS UNDER 25
9,558	melitar segularity During	1965, 191 series
3,574	1,424	80
1,252	the region of progression	9
	1.424	89
====		====
	9,558 3,574 1,252 14,384	9,558 3,574 1,424 1,252 14,384

We wish to thank you and the City Health Department and the Provincial Department of Public Health for the co-operation and direction for the past year.

Respectfully submitted,

M. S. Holme, Technician, Alberta Tuberculosis Ass'n., Chest X-Ray Clinic, City Hall.

DISTRICT DIRECTOR'S REPORT FOR 1965

Mr. Chairman, Ladies and Gentlemen:

It is my privilege and pleasure to present to you, on behalf of the staff, a report of the Nursing Service in 1965.

The provision of skilled nursing care at home on a part-time basis is still the basic service of the Victorian Order. The philosophy, that where a branch of the Victorian Order is established service is available to persons of any age, creed or financial status, has remained unchanged since the Order was founded.

During the past year 21,726 visits were made to 2,487 citizens of Calgary. 79.1% of these visits were for nursing care and 20.9% were for health supervision. Of the 16,294 nursing care visits made to adult patients, that is anyone over the age of 16, 10,151 or 62.2% were to patients over 70 years of age. There will be more about the aged later in this report.

Five years ago when I gave my first Annual Report of the Calgary Branch, our referral programme at the Calgary General was barely a year old. Now, we have one at the Holy Cross, have completed plans for one to begin at the Foothills Hospital as soon as it opens in May and are anticipating having a similar one at Rockyview later this year. To develop a good referral programme, it takes time, patience, ingenuity and a recognition of the need to constantly interpret ours and other community agencies services. During 1965, 151 patients from the Calgary General and 94 patients from the Holy Cross were referred to us for care. Once a month, a Nurse has attended the cleft palate clinic at the Alberta Children's Hospital. We are hoping that we will attend other clinics, such as the orthopedic, and as soon as the expansion programme is completed have a regular referral programme there.

Since September, we have provided counselling and health teaching for children at the Wood's Christian Home. The programme has been planned in order to determine the need for nursing service for children in the home. The trial period was for three or four months and an evaluation report has been prepared. It has not been determined yet whether this programme will continue.

Two sessions of Education for Parenthood have been conducted with 13 couples attending. For the first session we had an advertisement in the paper, but since that time this has not been necessary. From the number of requests that we receive, it would appear that the number of sessions will have to increase.

One of the objectives of the Order is to "assist in the preparation of Nurses for Public Health Nursing". This objective, we believe, has been accomplished in no small measure. It is suggested by our National Office that a Staff Nurse should act as a field guide for approximately 20 working days a year. This would be 180-200 days for our staff. In 1965 our Nurses had students or observers for over 300 days. Five post graduate students from the University of Alberta and three from the University of Saskatchewan had two-three weeks field

experience with us; 89 students from the Holy Cross or Calgary General observed for two days and 20 Head Nurses or clinical instructors observed for one day.

As you look over this service report and study the statistical report, you will realize that each Staff Nurse and each Relief Nurse has contributed her own unique efforts in the service given to our patients and our agency's participation in community affairs.

To all members of the Nursing Staff and Mrs. Charette, I wish to express my personal gratitude for their unfailing support and their willing acceptance of many extra demands which have been made upon them during the year.

In the early development of the Victorian Order, our service was weighted heavily with maternal and child care visits. Since the late 1940's service to the aged and to patients with long term illness has claimed an ever-increasing amount of Nursing time. In the Calgary Branch we had 43 home deliveries in 1945 and only one in 1965.

We are not the only agency, institute or business which has been reporting this changing trend. Problems of financial independence, housing, retirement and maintenance of health have aroused public interest. It was public interest of these problems which stimulated the first Conference on Aging which was held in Toronto this year. The Victorian Order of Nurses (Alberta Branch) and the Calgary Branch made it possible for me to attend. Participants at the Conference came from all parts of Canada with several speakers and representatives from the United States, England and France. One of the objectives was to bring people from varied professions and groups together in order that some consideration could be given to programmes already in existence and to discuss and to develop others. One only had to attend an Interest group session to realize that no one discipline of health or welfare can work alone. Present were Doctors, Dentists, Nutritionists, Church Workers, Public Relations Officers, Administration Representatives, Architects, Economists, Social Workers and Nurses, all with an interest in their own work.

Naturally, the V.O.N.'s main interest is in Health Care Services. No other worker in any agency or institution is as close to the individuals under care as the V.O.N. We see the relationships of families to medical care, to schools, to church and religion, to business, industry and retirement. By the very nature of our work we are in a preferred position and have the responsibility of helping people to prepare for their senior years and to interpret the needs of the aged people who are under our care. We were told at the Conference that: "There are no problems of people over 65 except those imposed by retirement that are not also the problems of all other groups."

Out of the Conference will come many new programmes and social changes. Some of these will take longer to be initiated than others. If the V.O.N. truly believes in the statement that each individual should be encouraged "to do as much as he can, as well as he can, for as long as he can", the Board Members and staff can become involved immediately.

First of all, we can no longer look upon the elderly as an adult who is "over the hill" but an individual who has a role and can function in our Society. To become interested in hobbies during middle age is not sufficient but it will be necessary that each has a complete re-education of his mental attitudes. We must learn to live with ourselves, value our leisure and regard old age as an age of fulfillment and happiness.

Secondly, what do we want for our old people and for ourselves in the future? Father Guillemette, Director of the University of Montreal Institute on Gerontalogy suggests that when arriving at policies and determining programmes three concepts have to be considered:

- That the elderly must be thought of as full citizens of the country, they must share in the wealth of this country in fair balance between their talents and needs, just as all other sections of society do.
- That it must be acknowledged that the elderly, like any other citizens, have the primary responsibility for their own lives and for the material, intellectual, and spiritual ordering of their lives.
- 3. That the elderly, although they are full citizens and free, are nevertheless in a special position which makes them more dependent than others on services which supplement their own resources.

When policies are being formulated, we as interested citizens have an obligation to interpret to "them", the Government, the health needs of the people under our care.

Thirdly, it is generally agreed that our aim should be to keep the elderly person in his own home as long as possible. In order to do this, financial security must be assured, housing must be adapted to the physical capacity and proportionate in cost to their income, society must integrate them into social groups and health care should include not only rehabilitation and treatment but also prevention.

When health services were discussed, organized home care was the one programme that most people felt we could not live without. I believe that organized home care is inevitable in Calgary and Alberta. The Victorian Order has given leadership in the development of this programme in other parts of Canada. Whether we are assigned the leadership role in Alberta or not should not concern us too greatly. We can and will be an active participant and without a doubt provide the home nursing.

In conclusion, I would like to express our appreciation to allied community agencies, to the Lion's and Samaritan Clubs, to the news media, to all groups and individuals who have so generously given of their interest and financial assistance. A special word of appreciation to the United Fund without whose support our services would not be possible. In 1965, 42.6% of the income was our United Fund allotment.

Miss Swinton's and our National Office guidance and wise counsel is invaluable.

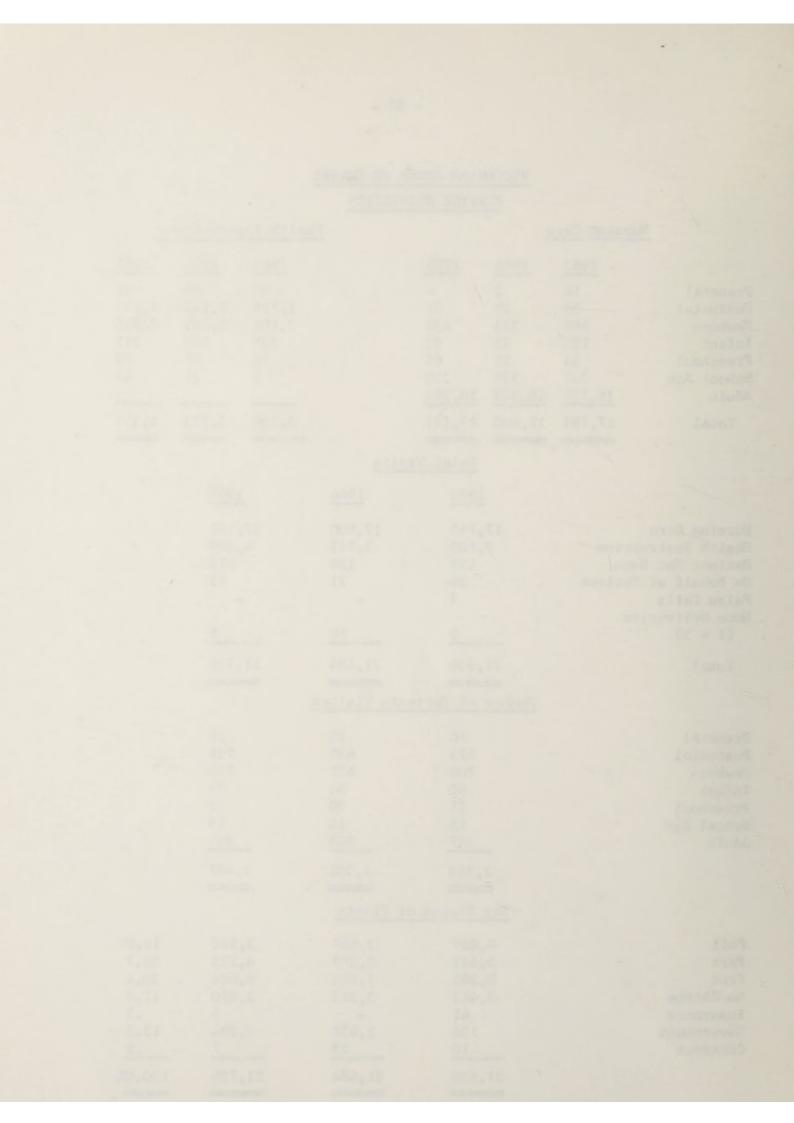
As much as we believe in the value of the work of the Victorian Order, we realize that without the support and guidance of our Board of Management, we could not serve this community. To our President, Mr. Horne, and the other Board members, all of us owe a sincere vote of thanks for the many hours of work and interest and efforts expended on behalf of the staff and those we are privileged to serve.

Respectfully submitted,

Eleanor MacDougall, District Director.

VICTORIAN ORDER OF NURSES SERVICE STATISTICS

Nursing Care			Health Instruction		n				
1963	1964	1965		1963	1964	1965			
Prenatal 14	2	-		67	66	81			
Postnatal 36	19	32		1,194	1,143	1,298			
Newborn 568	333	436		2,105	2,245	2,635			
Infant 123	33	32		323	198	· 212			
Preschool 44	31	65		10	49	86			
School Age 341	339	328		9	22	-47			
Adult 16,737	16,843	16,294							
Total 17,763	17,600	17,187		3,708	3,723	4,359			
Total Visits									
		1963	1964	129,000.0	1965				
Nursing Care	17	763	17,600	17	187				
Health Instruction	17,763 3,708		3,723		17,187 4,359				
Patient Not Seen		125	130		112				
On Behalf of Patient	26		21		63				
False Calls	3		-						
Home Deliveries									
(1 = 5)	5		10		5				
Total	21,630		21,484		21,726				
Number of Patients Visited									
Prenatal		16	18		16				
Postnatal		673	639		731				
Newborn		706	677		765				
Infant	60		34		55				
Preschool	11		20		22				
School Age	15		10		15				
Adult	_	867	903	_	883				
	2	,348	2,301		,487				
Pay Status of Visits									
F11	0.7				FFC	16 500			
Full Part		,029	3,637		550	16.5%			
Part Free		,642	5,279		7.75	20.7			
No Charge		,361 ,413	7,654		624 870	30.4			
Insurance	3	41	3,253	٥,	6	17.8			
Government		134	1,638	2	894	13.3			
Contract		10	23	2,	7	.5			
		,630	21,484	21,	726	100.0%			



FINANCIAL STATEMENT

TIPAT MIT		
HEALTH	1965	1964
ADMINISTRATION DIVISION	51 TO 100 TO 100	
Salaries	\$ 50,477.69	\$ 48,041.60
Travel Expense	120.60	100.10
Private Car Allowances	600.00	600.00
Equipment Maintenance	238.78	198.58
Printing, Stationery & Office Supplies	1,231.08	1,927.28
Janitorial & Housekeeping Supplies	40.27	40.02
Sundries	103.20	260.43
Furniture & Furnishings	393.12	545.39
Payment to Mountview Health Unit		4,618.53
	\$ 53,204.74	\$ 56,331.93
SCHOOL MEDICAL SERVICES DIVISION		
Salaries	\$179,600.55	\$186,939.84 *
Travel Expense	607.45	227.00
Private Car Allowances	4,216.80	4,147.50
Passenger Car Rentals	3,835.90	3,818,70
Employees' Transit Tickets and Passes	3,250.21	2,981.70
Equipment Maintenance	185.39	145.76
Printing, Stationery & Office Supplies	2,923.89	2,759.07
Medical Supplies	3,278.65	5,515.21
Sundries	707.78	769.17
Medical Equipment	421.93	685.90
Contribution to Capital - New Vehicle	664.00	1,643.32
Furniture & Furnishings	165.36	225.25
Glasses for Underprivileged Children	675.70	658.15
Staff Development & Training	15.00	70.00
Remuneration for Services	21,346.04	(incl.*)
	\$221,894.65	\$210,586.57
SCHOOL & PRE-SCHOOL DENTAL SERVICES DIVISION		
Salaries	\$ 99,195.44	\$ 89,668.25
Travel Expense	161.50	270.00
Private Car Allowances	480.00	480.00
Employees' Transit Tickets & Passes		50.00
Maintenance of Equipment	146.76	225.12
Laundry Service	1,771.44	1,659.56
Printing, Stationery & Office Supplies	705.39	774.98
Dental Supplies	6,815.61	7,291.14
Sundries	317.75	102.66
Dental Equipment	447.20	454.82
Furniture & Furnishings		240.69
	\$110,041.09	\$101,217.22

INFANT & PRE-SCHOOL CLINICS DIVISION	1965	1964
Salaries	\$179,600.55	\$167,213.62
Private Car Allowances	4,249.04	4,128.86
Passenger Car Rentals	3,802.00	3,804.45
Employees' Transit Tickets & Passes	3,199.16	2,935.03
Printing, Stationery & Office Supplies	497.16	681.76
Medical Supplies	457.10	88.43
Sundries	412.42	896.56
Contribution to Capital - New Vehicle	663.58	1,643.32
Furniture & Furnishings	594.87	397.60
Taring a racing	\$193,018.78	\$181,789.63
	7193,010.70	7101,700.00
GENERAL HEALTH SERVICES DIVISION		
Salaries	\$ 8,498.36	\$ 8,632.06
Employees' Transit Tickets & Passes	160.00	160.00
Equipment Maintenance	18.87	100,00
Printing, Stationery & Office Supplies	197.40	245.89
Medical Supplies	177.40	39.66
Sundries	.48	69.84
	711.34	531.47
Drugs & Sera Chemicals	241.35	222.81
	283.60	68.98
Furniture & Furnishings		1,234.98
Milk for Sickly & Undernourished Special Health Programmes	1,299.61 2,056.09	1,549.41
	\$ 13,467.10	\$ 12,805.10
INSPECTION SERVICES DIVISION	/	
		2122 (21 (2
Salaries	\$122,183.39	\$122,604.68
Travel Expense	499.73	223.20
Private Car Allowances	9,630.00	8,504.08
Passenger Car Rentals	3,670.80	3,990.80
Employees' Transit Tickets & Passes	769.47	560.02
Equipment Maintenance	519.04	188.36
Laundry Service	137.70	136.42
Milk Inspection	1,437.03	864.67
Meat Inspection	4,034.74	118.51
Fly & Insect Control	9,966.36	9,595.31
Pigeon Control Programme	480.00	482.85
Printing, Stationery & Office Supplies	394.34	743.36
Laboratory Supplies	1,571.00	1,365.27
Sundries	316.14	192.30
Laboratory Equipment	823.63	1,266.17
Furniture & Furnishings	174.72	39.78
New Vehicle Replacement Staff Development & Training	240.00	1,643.32 226.99
Start Soverophiene a realiting	\$156,848.09	\$152,746.09

HEALTH CENTRES MAINTENANCE DIVISION		
	1965	1964
Buildings and Property Rentals Buildings and Property Maintenance Equipment Maintenance Utilities Telephones & Telegrams Janitorial Service Laundry Service Janitorial & Housekeeping Supplies Sundries Grounds Development	\$ 840.00 1,044.68 108.48 2,443.17 1,280.25 4,210.92 1,239.72 496.61 7.63	\$ 840.00 1,400.96 123.54 2,464.38 1,181.20 3,932.51 797.54 540.18 88.01 2,745.44 \$ 14,113.76
SUMMARY		
Administration Division School Medical Services Division School & Pre-School Dental Services Division Infant & Pre-School Clinics Division General Health Services Division Inspection Services Division Health Centres Maintenance Division	\$ 53,204.74 221,894.65 110,041.09 193,018.78 13,467.10 156,848.09 11,671.46 \$760,145.91	\$ 56,331.93 210,586.57 101,217.22 181,789.63 12,805.10 152,746.09 14,113.76 \$729,590.30
Less:-		
Fees, Charges Recovered, Misc. Sales Provincial Government Grant	\$ 19,503.30 232,279.50	\$ 20,870.62 169,231.20
	\$508,363.11	\$539,488.48
Population	311,116	294,924
Per Capita Expenditure	1.63	1.83
Per Capita Expenditure Without Consideration of Grants	2.38	2.40



