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The City of Calgary

DEPARTMENT OF PUBLIC HEALTH

ANNUAL REPORT 1966

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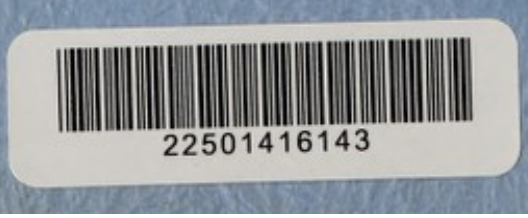
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His Worship the Mayor,
City Commissioners,
Members of City Council.

Gentlemen:-

I have the honour to present the Annual Report and financial statement of the City Health Department for the year 1966.

The Civic Census for 1966 enumerated during the month of December disclosed that the population had been recorded as 335,806 persons. The over-all increase in population for 1966 is 24,690 for a percentage increase of 7.9%. There were no territorial additions to the City boundaries during 1966. The area of the City remains at 155.8 square miles. The natural increase of population during 1966 was 4,956 (i.e. 7,064 births minus 2,108 deaths). This figure represents a decrease of 297 persons from that recorded in the previous year. It is noteworthy that the difference between the over-all population increase (24,690) and the natural increase (4,956) or 19,634 represents the approximate number of persons coming from elsewhere to take up residence in the City within the inter-Census periods.

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

Year	Census Population	Over-all Increase	% Increase	Natural Increase Residents	+ Previous - Year
1966	335,806	24,690	7.9	4,956	- 297
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	6,180	+ 372

The rates appearing in the statistical Tables of the report are based on the 1966 Civic Census population as recorded by the City Clerk of 335,806.

There were 2,788 marriages recorded during the year representing a rate of 8.3. Although the rate is slightly below that recorded last year, the number of marriages show an increase of 115. 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 as the children born in the higher birth rate period following World War II attain marriageable age.

Year	No. of Marriages	Rate per 1,000 Population
1966	2,788	8.3
1965	2,673	8.6
1964	2,481	8.4
1963	2,171	7.8
1962	2,345	8.7

The gross number of births registered in the City during 1966 totalled 7,694 for a rate of 22.9 per thousand population. This figure includes births to parents not normally resident within the City boundaries. There were actually 7,064 live births recorded to City residents for a rate of 21.0 per thousand population. The net figure is a decrease of 171 from that recorded last year and a decrease of 968 from the all time high figure recorded in 1963 of 8,032. The 171 fewer births recorded is equivalent to a decrease in the rate of 2.2, in 1966. It is interesting to note that between 1963 and 1966 there has been a substantial reduction in the birth rate of 8 per thousand. 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 it is due to an increasing interest in methods of contraception by women in the reproductive age group. It is interesting to note that in comparison to the birth rate of 21.0 per 1,000 population in 1966, the corresponding rate a decade ago was reported in the City as 31.7. The present birth rate of 21.0 is still above the national average of 19.4.

Included in the total births (7,694) are 969 illegitimate babies representing 12.59% of all births occurring in City Hospitals. Actually, 803 illegitimate births occurred to females registered as living within the City boundaries or 11.37% of the net total of 7,064. This figure of 803 is an increase over the previous year (750) of 53 or 7.0%. 166 illegitimate babies were born in Calgary but registered to non-resident females. This is an increase in number over the previous year (161) of 5 or an increase of 3.1% over the previous year. From the accompanying Table it will be seen that in the age group 13 - 19 years there were 419 illegitimate births to girls classed as teenagers, with 348 in the 20 - 24 year age group.

The steadily rising number of illegitimate births shows a substantial rise each year. It is more than double that recorded ten years ago (379) (5.4%) gross, (246) (4.3%) net.

The gross number of stillbirths registered was 74 for a rate of 9.6 per thousand live births. This is a very substantial decrease in the rate recorded in the previous year of 2.2. The net figure of 62, representing residents only, for a rate of 8.8 per 1,000 live births is again a reduction over the previous year of 1.1. This is the second year that the rate has shown a downward trend.

Gross deaths during the year 1966 from all causes numbered 2,379. This figure includes deaths of persons not actually residents of the City. When converted into a rate per 1,000 population the figure is 7.1. Total deaths recorded in the registered statistics over the year show an increase of 127 over the 1965 figures. The net deaths, or deaths recorded as occurring in persons resident within the City limits, numbered 2,108 for a rate of 6.3 per thousand population. The crude general mortality rate varies very little from year to year. Deaths of non-resident persons numbered 271.

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ILLEGITIMATE BIRTHS - 1966

Month	Total	City	Out	13	14	15	16	17	18	19	20-24	25-30	31+	1st Child	2nd & Over	Prev. Mrge.
Jan.	88	73	15			2	7	3	15	10	35	10	6	58	30	15
Feb.	73	67	6				3	9	5	8	31*	11	6	46	27	11
Mar.	75	62	13			1	3	8	14	11	21	10	7	50	25	10
Apr.	79	64	15			3	8	8	8	11	23	11	7	58	21	12
May	83	73	10			4	5	4	15	9	32	9	5	58	25	13
June	77	64	13		1	1	3	7	4	12	30	14	5	51	26	16
July	85	71	14		1	2	7	5	5	15	31	8	11	50	35	18
Aug.	81	68	13			5	3	6	13	13	24	6	11	59	22	7
Sep.	81	60	21		1		2	10	11	8	33	9	7	56	25	11
Oct.	73	61	12	1		1	2	8	9	12	28	6	6	57	16	11
Nov.	85	70	15			3	2	10	12	16	23	14	5	67	18	12
Dec.	89	70	19		2	4	1	8	10	9	37*	11	7	63	26	12
Total	969	803	166	1	5	26	46	86	121	134	348	119	83	673	296	148

* There were two sets of twins in the 20 - 24 year age group - one set in February and one in December.

148 mothers were previously married. 673 mothers had their first child and 296 had two children or more.

1966 - Illegitimate Births - 969 or 12.59% of all births in the City
803 or 11.37% recorded as City residents

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

VITAL STATISTICS REPORT

Population as shown by Civic Enumeration in December 1966 was 335,806.

Gross Live Births - 7,694
Gross Stillbirths - 74

Birth Rate per 1,000 population - 22.9
S.B. Rate per 1,000 Live Births - 9.6

Net Live Births - City Residents - 7,064
Net Stillbirths - City Residents - 62

Rate per 1,000 Population - 21.0
Rate per 1,000 Live Births - 8.8

Included in the above were 630 non-resident births and 12 non-resident stillbirths.

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 No. A 79 - A 86) accounted for 620 deaths. Vascular lesions affecting the central nervous system (Code No. A 70) accounted for 262 deaths. 620 + 262	882
2.	Neoplasms - All Forms (Code No. A 44 - A 60)	487
3.	Diseases of the respiratory system (Code No. A 87 - A 97) i.e. Influenza, Pneumonia, Bronchitis, Emphysema, Bronchiectasis, Etc.	235
4.	Violent and Accidental Deaths (Code No. AE 138 - AE 149)	186
5.	Diseases of the digestive system (Code No. A 99 - A 107) i.e. Peptic Ulcers, Herniae, Cirrhosis of Liver, Cholecystitis and Cholelithiasis, Etc.	112
6.	Certain diseases of early infancy (Code No. A 130 - A 135) including birth injuries, infections and prematurity	71
7.	Congenital malformations (deaths occurring in all age groups) (Code No. A 127 - A 129)	47
8.	Diseases of the genito-urinary tract (Code No. A 108 - A 114) i.e. Nephritis, Pyelitis, Renal Calculi, Prostatic Hypertrophy, Etc.	46
9.	Diabetes Mellitus	31

Deaths from Communicable Diseases:-

1.	Tuberculosis, Pulmonary and Non-Pulmonary, including deaths of Calgary residents in Sanatoria outside our City limits (Code No. A-1)	3
2.	Cerebrospinal Syphilis (Code No. A 10)	1
3.	Amoebic Dysentery (Code No. A 16)	2
4.	Septicaemia, Streptococcal and Staphylococcal (Code No. A 20)	4
5.	Acute Infectious Encephalitis (Code No. A 29)	1
6.	Late Effects of Acute Poliomyelitis (Code No. A 30)	1
7.	Chickenpox Encephalitis (Code No. A 43)	1

Diseases involving the heart and circulatory system together with vascular lesions of the central nervous system accounted for 882 cases or 37.08% of all deaths recorded. This is a slight rise over the previous year when 850 deaths were recorded to these causes. Total deaths in these categories for actual City residents numbered 805 representing a figure of 38.2% 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 occurs generally in the period from middle adult life to old age. As life expectancy increases 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 lessen. The incidence of death from heart disease from age 45 upwards is very much higher in the male sex than the female. Much time and effort is spent in research to reduce the incidence of heart diseases but no major breakthrough is in sight yet. Arteriosclerosis, hypertension, overweight, cigarette smoking, insufficient exercise and possibly certain dietary factors are all in some way inter-related contributing to death from this cause. Although cigarette smoking, physical inactivity and improper food habits are all within most everyone's ability to regulate in a sensible fashion, too few persons take these factors seriously enough or heed advice given along these lines to attain an upgrading in their general health status. All health educational literature emphasizes the importance of physical exercise and recreational activity. It is only in this way that the heart and circulation retains its tone over the years. A good brisk walk, or simply climbing several flights of stairs daily during the week are simple preventive measures in warding off heart ailments. It is interesting to note that a recent study has indicated that atheromatous lesions in the larger body arteries appear to be less common in areas enjoying the benefit of water fluoridation at its optimum level than where it is not present in the community water supply.

Malignant diseases continue to remain the number two cause in the statistical tables dealing with causes of death. In 1966 malignant neoplasms in all forms accounted for 487 deaths or 20.5% of the total recorded. This figure is unchanged from the previous year. There were 419 deaths due to neoplastic conditions in City residents with total deaths due to this cause of 19.9% of all deaths.

With increasing longevity and as yet no major breakthrough in determining the basic causes responsible for malignant changes in certain body tissues, the figure remainshigh and stable each year. Early diagnosis provides the only hope for a successful outcome. Many forms of cancer are too often too far advanced before the sufferer consults a Physician.

Continuing emphasis is being placed on the evils of smoking any form of tobacco, as its relationship to the increasing incidence of lung cancer continues to be indisputable. During 1966 a total of 65 deaths were attributed to cancer of the trachea, bronchus and lung. This is an over-all increase in incidence of 11 cases over the previous year. Deaths due to lung cancer in City residents numbered 53, unchanged from the previous year for a rate of 25.1 per 1,000 deaths. As always, the greater number of deaths in this condition occurred in males. In 1966 there were 47 male deaths and 6 female deaths in City residents, a ratio of 7.8 to one.

To those who continue to smoke cigarettes, let me again emphasize the necessity of accepting a chest x-ray on an annual basis. Only by early detection by means of the x-ray may the victims of lung cancer have even a slim chance of successful cure.

The total of violent and accidental deaths during the year numbered 186, an increase over the previous report of 16. 146 victims were City residents with 40 being non-residents. Deaths in this broad category in City residents account for 8.8% of all deaths recorded, up 1.2% over 1965. Motor accidents accounted for the deaths of 38 City residents, 31 males and 7 females. Greatest number of deaths from motor accidents occurred in the age group 24 - 44 years. Deaths from such a cause represent a 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. Motor accidents accounted for 1.8% of the total deaths, slightly higher than the previous year (1.5%). Accidental falls accounted for 48 deaths, 29 male and 19 female, with a total of 44 in the age groups 65 and over. Despite continuing publicity put out by agencies promoting all aspects of safety, there were 4 deaths due to drowning, 4 from fires and 11 due to poisoning incidents. Suicides and self inflicted injuries numbered 32 in City residents. 4 deaths were recorded due to homicide.

Deaths ascribed to ill defined and unknown causes numbered 114 in 1966. This number represents deaths of persons usually not under the immediate care of a doctor. With only a sketchy medical history being available to the physician called to see a body after death, without an autopsy it is virtually 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 possibly more accurate.

In 1966 there were 135 deaths of infants in their first year of life representing a rate of 17.5 per 1,000 live births. This figure includes 10 non-resident infant deaths. The 125 deaths of infants to City residents represent a net infant mortality rate of 17.7 per 1,000 live births. This figure is substantially lower than the national average and reflects the advantages of the high standards of specialized care available for "high risk infants" being born in hospitals staffed with excellent medical specialists. Prematurity, congenital malformations, asphyxia and birth injuries account for 78.6% of deaths in this broad grouping.

67 infant deaths occurred within the first twenty-four hours of life or 49.9% of the total. 93 or 68.9% of deaths occurred within the first week of delivery and 103 or 76.3% occurred within the first month after delivery.

It should be noted that there were no maternal deaths during the year under normal orthodox childbirth practices. Two deaths are ascribable to maternity causes, however. In both instances this was due to the performance of illegal criminal abortion. Thus the gross maternal death rate must be recorded as 0.26 per thousand live births. One death in this category was in a City resident and the other, a non-resident. The net maternal death rate is very close to that recorded in previous years at 0.14 per 1,000 live births.

Communicable disease reported to the Department numbered 1,397.

This is a decrease of 2,708 cases from the previous year (4,105). The most common infectious disease reported was Measles with a total of 765 cases. This was followed by German Measles with only 213 cases being reported. Scarlet Fever and Streptococcal sore throats numbered 128 followed by Infectious Hepatitis with 100 cases reported.

In February 1966 a programme was started at all the Infant Welfare Centres to provide active immunization against the last serious childhood infectious condition of Measles. Any child between the age of three months and up to the anniversary of the third birthday became eligible to receive three doses, at a monthly interval, of Killed Measles Vaccine. The product provided by the Alberta Public Health Department for use in this programme was Pfizer-Vax. The programme called for three doses of the Killed Measles Vaccine to be followed some seven or eight months later by a single dose of the Live Measles Vaccine, Rubeovax, to be given to all children completing the initial series of three killed vaccine doses. The immediate response to this programme was very gratifying. A total of 30,750 doses of the Killed Measles Vaccine was administered to children under three years of age during this year. No serious reactions were encountered with the Killed Measles Vaccine. 1966 was a non-epidemic year for Measles in its normal cyclical pattern. It was considered fortunate that so many children could receive protection by immunization before the next expected epidemic year. Measles vaccination is now a continuing standard immunization event given concurrently with the Quadruple Vaccine at three months of age. In a few years, as this wave of children protected against Measles enters the school system, this disease should no longer be a common cause of school absence in the elementary school grades.

There were 100 cases if Infectious Hepatitis reported during the year with no deaths. This was a decrease of 50 cases over that reported in the previous year. For every frank case of this disease diagnosed, there are probably five or more subclinical cases that go unrecognized and act as a reservoir of infection within the community. Gamma Globulin inoculations were given to all family contacts by Public Health Nurses in an effort to halt any spread within the most immediate intimate contacts.

There were 35 new active cases of Tuberculosis discovered in 1966 and admitted to the Sanatorium for treatment, giving a rate of 10.4 per 100,000 for this condition. Three deaths only were attributed to the disease. The incidence of this disease has remained remarkably steady over the past several years. Much time and effort is spent by all members of the nursing staff and especially those Nurses in the Tuberculosis Division in the follow-up of ex-patients and Tuberculin positive reactors to keep their regular follow-up x-ray appointments. It is an accepted fact that 10% of "cured" cases of Tuberculosis may break down and suffer a flare up of reactivity in some subsequent year. Nevertheless many ex-patients become not only indifferent but resistive to keeping their appointments for annual or semi-annual x-ray for their own safety and that of their immediate family.

During 1966 a Mobile Chest X-ray Unit had a planned itinerary to systematically visit every district on the North side of the Bow River and make available to all residents the means of obtaining a free chest x-ray. A

door-to-door canvass was undertaken by volunteer groups to effect advanced registration of all persons who would accept a chest x-ray. The x-ray unit was set up in schools, church halls and suitable district locations and those registered were notified of the day, time and place to report for the free chest x-ray. Response to this worthwhile health measure was most disappointing. In most locations not more than 50% of those registering kept their appointment. Out of an estimated 120,000 persons residing in the area North of the Bow River, only 33,618 persons accepted a chest x-ray. There is a very definite complacence regarding screening programmes for early detection of Tuberculosis and chest conditions. If we are to control Tuberculosis the public support of old, young, rich and poor in the acceptance of a chest x-ray at regular intervals is the main hope.

At the Chest X-ray Unit located in the Health Department only 11,144 or 3.3% of the population took advantage of this free service to obtain a chest x-ray during the year. 674 x-rays showed abnormalities including one neoplasm.

There were no cases of Poliomyelitis reported. Through the widespread use of the protective vaccines being administered to the present generation, it is most encouraging to report that this condition is now largely a disease of the past.

A wave of epidemic Influenza passed across North America early in 1966. Its influence was felt in the Calgary area during March, at which time absences from school ranged from 10% to 20% of the student body. The illness was fairly acute for 1 - 3 days in the individuals affected, with fever, headache, cough, weakness and vague muscle aches being the main symptoms of complaint. There was weakness and lassitude for a further week following the acute phase. Throat washings and blood samples were taken in a number of cases during the acute phase from students and staff and follow up blood samples some three to four weeks later to measure blood anti-body levels. These indicated that the virus responsible for the malady was Influenza Type A.

The incidence of Venereal diseases reported showed an increase over the previous year. Confirmed cases of Gonorrhoea numbered 636 for a rate of 189.3 per 100,000 of population. This is actually a decrease in the rate of the previous year (213) per 100,000. Cases of Syphilis of all forms numbered 73 and expressed as a rate per 100,000 of population gives a figure of 21.7. This nearly doubles the rate reported in 1965 of 12.8 per 100,000. Primary cases reported number 42, 35 males and 7 females. Acquired Second Syphilis cases number 29, 10 males and 19 females. These figures are in keeping with the upward rates of this disease being reported in many other centres throughout the World. Syphilis in an infectious form is a serious disease and every effort is made to locate and examine the relevant contacts. The anatomical differences between the sexes result in the earlier discovery and diagnosis of the primary lesions of Syphilis in the male (35) cases, whereas in the female advancement of the condition, with its more general signs of rash and enlargement of the lymph glands of the secondary stage, facilitates later diagnosis in the female (19) 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 number of emergency cases of accidental poisoning recorded in the City during 1966 numbered 1,235. This is a decrease in incidence from the previous year of 86 cases. The increasing number of chemical substances used as medications, household cleaners, pesticides, products and solvents in the home account to a large extent for this large number of cases of accidental poisoning which occur in homes. Lack of vigilance on the part of parents or failure to school young children in the dangers of these preparations,or inadequate methods of keeping such products adequately out of the reach of young children, account for this family crisis. It should be noted that about three to four incidents of accidental poisoning occur in the City every day. To reduce this toll it means that parents must review the home environment. 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 their young children if tragedy is to be averted. The age group 0 - 4 years is, of course, the one in which these accidental poisoning incidents are most common.

On October 19th a plebiscite was held for the third time in nine years in an attempt to get a favourable result on the matter of fluoridation of the community water supply. It is tragic to witness the ravages of tooth decay that continue to occur year after year in the mouths of the younger generation when so much of this could be prevented by the adoption of the time-proven measure of the addition of the fluoride ion to a level of 1.00 p.p.m. in the drinking water, reducing this incidence by at least 60%. The result of the local plebiscite recorded 34,906 in favour of the measure with 41,107 opposed. As the necessary simple majority required to implement this measure was not achieved the present decay rate in the teeth of young children will continue yet a while. The fact that a vote was required on the installation of water meters in the City, coupled with the introduction of a plan by the Provincial Government to provide free of charge fluoride pills or liquid to anyone requesting them was in a large measure responsible for the disappointing result in water fluoridation plebiscite.

Supplies of the Government programme of free fluoride pills or fluoride liquid became available at the end of October. Any person presenting a prescription written by a doctor or dentist for a fluoride supplement is now able to receive same from the Health Department. Three presecription dispensing centres were set up in the City at Well Baby Clinics. From the end of October to December a total of but 3,472 prescriptions for fluoride supplements were dispensed which represents only a small fraction of the eligible population. No significant reduction in the incidence of tooth decay on a community basis has yet been achieved on a home administered fluoride supplement programme. It will be of considerable interest to compare year by year the numbers of prescriptions continuing to be filled on a regular basis in this programme. Of greater interest and significance, however,

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

His Worship the Mayor, Board of Commissioners and Members of City Council,
Members of the Calgary Public and Separate School Boards,
Superintendents and staffs of the Provincial Sanatoria and Mental Hospitals and Institutions,
Alberta and Calgary (Kinsmen's Club) Tuberculosis Association,
Provincial Cancer Clinic,
Provincial Guidance Clinic,
Provincial Social Hygiene Clinic,
Victorian Order of Nurses,
Metropolitan Life Assurance Company,
Provincial Department of Health,
The Director and Staff of the Provincial Laboratory of Public Health, Southern Branch,
Calgary General Hospital and Holy Cross Hospital Staffs,
The Calgary Press, Radio and Television Stations and to the many volunteer workers in the City.

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

Respectfully submitted,

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

REPORT OF THE PROVINCIAL POISON CONTROL SERVICES FOR 1966

Accidental Poisonings in the Province of Alberta in 1966

Categories	0-4 yrs.		5-14 yrs.		15-24 yrs.		25-44 yrs.		45 yrs. & over		Total	
	Cases	D.	Cases	D.	Cases	D.	Cases	D.	Cases	D.	Cases	D.
A. Drugs & Med. for Ext. Use	161		3		9		8		6		187	
B. Drugs & Med. for Int. Use	1,596		72	2	250		274	7	101	4	2,293	13
C. Household Chemicals	487		22		7		10		9		535	
D. Industrial Auto & Fuel	104	1	15		38	15	51	17	34	16	242	49
E. Poisonous Plants & Ven. Animals	16		2		-		-		2		20	
F. Pesticides	127		13	1	9		8	3	7	1	164	5
G. Tobacco & Alcohol	27		2		4	2	5	1	2	1	40	4
H. Miscellaneous	42		5		7		12		6	1	72	1
Totals	2,560	1	134	3	324	17	368	28	167	23	3,553	72

Cases of Accidental Poisonings in Calgary in 1966

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Calgary General Hospital	70	51	84	68	61	59	77	66	54	57	58	52	757
Holy Cross Hospital	52	44	42	36	48	51	41	27	33	36	37	31	478
Totals	122	95	126	104	109	110	118	93	87	93	95	83	1,235

DEATHS FROM ACCIDENTAL POISONING IN CALGARY - 1966

	0-4 yrs.		5-14 yrs.		15-24 yrs.		25-44 yrs.		45-64 yrs.		65 Yrs. & Over		
	M	F	M	F	M	F	M	F	M	F	M	F	Total
A. Drugs & Medicines for Internal Use plus Alcohol									1				1
B. Liquid Detergent		1											1
C. Unknown Poison										*1			1
D. Natural (Heating) Gas in Home		1					1	2					4
E. Car Exhaust Fumes									2		1		3
F. Car Exhaust Fumes plus Alcoholism							1	1					2

* This case is a 57 yr. non-resident female who died of liver necrosis and nephronnephrosis due to unknown poison.

DEATHS FROM INTENTIONAL POISONING (SUICIDE) IN CALGARY - 1966

	15-24 yrs.		25-44 yrs.		45-64 yrs.		65 yrs. & over		
	M	F	M	F	M	F	M	F	Total
A. Drugs and Medicines for Internal Use						1			1
B. Drugs (Hypnotics) Plus Alcohol						1			1
C. Unknown Poison				1		1			2
D. Car Exhaust Fumes	1			1	2				4
E. Car Exhaust Fumes Plus Alcoholism			1						1
F. Strychnine		1							1
G. Natural (Heating) Gas	*1	*1							2

* These cases are non-residents.
There were 22 other suicides from gunshot wounds, drowning, hanging, throat cutting and wrist injuries.

COMMUNICABLE DISEASES REPORTED IN 1966

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Amoebic Dysentery	1												1
Aseptic Meningitis	2				1			1					4
Bacillary Dysentery			2		1	2		1	7	4	4		21
Diarrhoea of the Newborn										1			1
Diphtheria						1							1
Infectious Hepatitis	6	8	4	1	4	11	13	8	13	13	11	8	100
Malaria								1					1
Measles	103	110	52	40	172	147	51	8	20	19	11	32	765
Meningococcal Meningitis		1	1										2
Pertussis	3	10	7	8	16	3	2	7	7	12	8	7	90
Rubella	41	25	20	14	21	15	2	7	11	9	10	38	213
Salmonella Infection	1	8	5	2	2	1	7	1		6	1	1	35
Scarlet Fever & Strep Throat	15	20	15	5	11	13		3	5	18	8	15	128
Tuberculosis, Pulmonary	3	3	4	4	4	1	1		1	1	3	5	30
Tuberculosis, Non-Pulmonary		1	1							1	2		5
Totals	175	186	111	74	232	194	76	37	64	84	58	106	1,397

Communicable Diseases, not Notifiable in the Province of Alberta, Reported by Public Health Nurses in Calgary Schools during 1966

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Mumps	58	72	33	15	21	8	4		5	49	28	104	397
Chickenpox	71	35	51	53	33	51	20	1	3	109	96	105	628
Totals	129	107	84	68	54	59	24	1	8	158	124	209	1,025

VENEREAL DISEASE REPORT - 1966

	Gonorrhoea All Forms		Syphilis Congenital		Syphilis Acquired Primary		Syphilis Acquired Secondary		Syphilis Acquired Latent		Syphilis Acquired Tertiary		Syphilis Type Undetermined	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
January	43	2			4	1	1	1		1				
February	37	4			4	2								
March	63	4			3	1	2	3						
April	46	1			3		1	2						
May	37	2			2	1	1							
June	50	3			6		1	4						
July	59	6			6		1	3						
August	50	4			2			1						
September	52	2			2	2	1	1						
October	45	4			1			1						1
November	61	2			2		1	2						
December	53	6					1	1						
Total	596	40			35	7	10	19		1				1
Male + Female	636				42		29		1				1	

LIVE BIRTHS 1962 - 1966

Out of 7,694 live-born babies registered in 1966, 610 were premature (the weight recorded as 5½ lbs. or less) - this represents 7.9% of all births.

Year	Population	Births Incl. Non-Residents	Rate per 1,000 Population	Births - Res. Only	Rate per 1,000 Population
1966	335,806	7,694	22.9	7,064	21.0
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

STILLBIRTHS 1962 - 1966

Year	No. of Stillbirths Incl. Non-Residents	Rate per 1,000 Live Births Gross	Stillbirths Residents Only	Rate per 1,000 Live Births Net
1966	74	9.6	62	8.8
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

MARRIAGES

Number performed in 1966 in the City of Calgary was 2,788. Rate per 1,000 population - 8.3.

DEATHS AND MORTALITY RATE (EXCLUSIVE STILLBIRTHS) 1962 - 1966

From all causes a total of 2,379 deaths were registered being a rate of 7.1 per 1,000 population, including 271 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
1966	2,379	7.1	2,108	6.3
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

CHIEF CAUSES OF DEATH, 1966, 1965, 1964
(TOTAL NUMBER INCLUDING NON-RESIDENTS)

Causes of Death	Number of Deaths			Rate per 100,000 Population		
	1966	1965	1964	1966	1965	1964
Diseases of the heart, arteries and kidneys, including apoplexy	915	882	869	272.2	283.5	294.6
Neoplasms - all forms	487	461	465	145.0	148.2	157.7
Violent and accidental deaths	186	170	170	55.4	54.6	57.6
Pneumonia, Bronchitis and Influenza	201	126	128	59.8	40.5	43.4
Certain diseases of early infancy	71	98	133	21.1	31.5	45.1
Congenital malformations	47	47	40	14.0	15.1	13.6
Diabetes Mellitus	31	32	28	9.2	10.3	9.5
Communicable Diseases (other than TB, Pneumonia and Influenza	10	12	4	3.0	3.8	1.4
*Tuberculosis - all forms	3	7	14	0.9	2.2	4.7
All other causes	428	419	427	127.4	134.7	144.8
Totals	2,379	2,254	2,278			

* This number includes deaths of Calgary residents in TB Sanatoria outside Calgary City limits.

INFANT DEATHS AND MORTALITY RATE 1962 - 1966
FIRST YEAR OF LIFE ONLY

	1966		1965		1964		1963		1962	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net
Number of Infant Deaths	135	125	170	155	201	180	187	156	198	161
Rate per 1,000 Live Births	17.5	17.7	21.5	21.4	23.5	23.4	20.6	19.4	22.0	20.3

Gross figures include non-resident babies.
Net figures are residents only.

INFANT MORTALITY BY CAUSES OF DEATHS - 1962-1966

Of the 135 infant deaths registered in 1966, 67 occurred within the first twenty-four hours of life, 26 deaths occurred after twenty-four hours but within the first week of life, and 10 deaths occurred after one week of life but within the first month of life; combined they represent 76.3% of the total infant deaths.

Causes of Deaths	1966	1965	1964	1963	1962
Immaturity and ill-defined disease of early infancy	47	71	94	71	70
Congenital Malformations	37	37	27	31	42
Pneumonia and other respiratory infections	12	11	17	13	16
Postnatal asphyxia and atelectasis	9	11	22	23	26
Injuries at birth	6	3	4	5	1
Haemolytic disease of the newborn	4	3	2	6	3
Accidents	3	5	2	1	2
All other Causes	17	29	33	37	38
Total	135	170	201	187	198

MATERNAL MORTALITY (INCLUDING NON-RESIDENTS)
1962 - 1966

There were two cases of maternal death as a result of criminal abortion. A resident of Calgary died of Toxaemia after a criminal abortion by means of intrauterine caustic material. A non-resident died of cardiac arrest during an attempted criminal abortion.

Year	Live Births	Number of Maternal Deaths		Rate per 1,000 Live Births
		Resident	Non-Resident	
1966	7,694	1	1	0.26
1965	7,895	1	-	0.13
1964	8,545	-	1	0.12
1963	9,084	1	-	0.11
1962	9,006	-	1	0.11

CAUSES OF MATERNAL DEATHS - 1966

Causes of Death	Number Including Non-Residents	Residents Only
Abortions (Septic and Non-Septic)	2	1
Toxaemias of Pregnancy	-	-
Accidents of Labour and Delivery	-	-
Puerperal Causes (Sepsis, Toxaemia, Etc.)	-	-
Other Causes	-	-

REPORTED CASES AND DEATHS FROM COMMUNICABLE DISEASES (RESIDENTS ONLY) - 1966

Disease	Cases		0 - 4 yrs.		5 - 14 yrs.		15 yrs. & Up		Total	
	M	F	Cases	Dths.	Cases	Dths.	Cases	Dths.	Cases	Dths.
Amoebic Dysentery	1						1	2	1	2
Aseptic Meningitis	2	2			2		2		4	
Bacillary Dysentery	7	14	6		9		6		21	
Diarrhoea of Newborn		1	1						1	
Diphtheria		1					1		1	
Infectious Hepatitis	44	56	2		31		67		100	
Malaria		1					1		1	
Measles	398	367	154		604		7		765	
Meningococcal Infections	1	1	2						2	
Pertussis	46	44	41		47		2		90	
Rubella	98	115	63		134		16		213	
Salmonella Infection	13	22	19		6		10		35	
Scarlet Fever & Strep Throat	57	71	28		96		4		128	
Tuberculosis, Pulmonary	15	15	2		2		26	3	30	3
Tuberculosis, Non-Pulmonary	2	3	1				4		5	
Totals	684	713	319		931		147	5	1397	5

REPORTED CASES AND DEATHS FROM TUBERCULOSIS 1962 - 1966

Year	New Active Cases	Number Died In Calgary	Number Died in Sanatoria	Total Deaths	Rate per 100,000 Population
1966	35	1	2	3	0.9
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

REPORTED CASES AND DEATHS FROM CHICKENPOX, DIPHTHERIA, INFECTIOUS HEPATITIS, MEASLES, MENINGOCOCCAL MENINGITIS, PERTUSSIS, SALMONELLA INFECTION, ETC. 1964 - 1966

Communicable Disease	Cases			Deaths			Mortality Rate per 100,000 Population		
	1964	1965	1966	1964	1965	1966	1964	1965	1966
Chickenpox	1,195	794	628	2		1	0.68		0.3
Diphtheria		2	1						
Infectious Hepatitis	118	150	100	1	1		0.34	0.32	
Measles	1,041	2,793	765		3			1.0	
Meningococcal Meningitis	1	1	2	1	1		0.34	0.32	
Pertussis	136	68	90						
Salmonella Infection	7	49	35		1			0.32	

CAUSES OF DEATH BY AGE AND SEX (GROSS) 1966

	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	8	5		1	2		1	6	3	13
2. Neoplasms - all forms	274	213	1		5	6	28	147	300	487
3. Allergic, endocrine system, metabolic and nutritional diseases of the blood and blood forming organs	21	27		1	1	1	3	16	26	48
4. Mental, psychoneurotic and personality disorders	10	7					4	9	4	17
5. Diseases of the nervous system and sense organs	151	141	2		3	2	8	29	248	292
6. Diseases of the circulatory system	384	236				3	20	146	451	620
7. Diseases of the respiratory system	154	81	9	6	1		7	31	181	235
8. Diseases of the digestive system	68	44	1			3	10	22	76	112
9. Diseases of the genito-urinary system	29	17	1	1			4	7	33	46
10. Deliveries and complications of pregnancies, childbirth and puerperium		2					2			2
11. Diseases of skin and cellular tissue; diseases of bones and organs of movement	5	8						3	10	13
12. Congenital malformations	26	21	37	1	1		3	1	4	47
13. Certain diseases of early infancy	42	29	71							71
14. Symptoms, senility and ill-defined conditions	117	73	9	1	1		7	43	129	190
15. Accidents, poisoning and violence	128	58	4	6	6	24	47	37	62	186
Total	1417	962	135	17	20	39	144	497	1527	2379
Stillbirths	36	38								

CAUSES OF DEATH - 1966

Intermediate List of 150 Causes

List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Age at Death						
						Under 1 yr.	1 - 4	5 - 14	15-24	25-44	45-64	65 yrs. & Over
A - 1	Tuberculosis of the respiratory system	M	2	2							1	1
		F	1	1							1	
A - 10	All other Syphilis	M	1	1								1
		F										
A - 16	Dysentery - all forms	M	2	2							1	1
		F										
A - 20	Septicaemia & Pyaemia	M	2	2				1			1	
		F	2	2							2	
A - 29	Acute Infectious Encephalitis	M	1	1				1				
		F										
A - 30	Late effects of acute Poliomyelitis	M										
		F	1	1						1		
A - 43	All other diseases classified as infective & parasitic	M										
		F	1	1			1					
A - 44	Malignant neoplasm of buccal cavity and pharynx	M	7	6	1					1	4	2
		F	1	1							1	
A - 45	Malignant neoplasm of oesophagus	M	6	6							2	4
		F	2	2								2
A - 46	Malignant neoplasm of stomach	M	22	17	5					1	7	14
		F	9	8	1							9
A - 47	Malignant neoplasm of intestine except rectum	M	32	27	5						10	22
		F	29	25	4					1	8	20
A - 48	Malignant neoplasm of rectum	M	11	9	2						4	7
		F	10	10						1	2	7
A - 49	Malignant neoplasm of larynx	M	3	3							1	2
		F										
A - 50	Malignant neoplasm of trachea, bronchus & lung not specified as secondary	M	57	47	10					1	22	34
		F	8	6	2						4	4
A - 51	Malignant neoplasm of breast	M										
		F	43	38	5					3	17	23
A - 52	Malignant neoplasm of cervix uteri	M										
		F	9	9						1	1	7
A - 53	Malignant neoplasm of other & unspecified parts of uterus	M										
		F	2	2							2	
A - 54	Malignant neoplasm of prostate	M	31	28	3						1	30
		F										
A - 55	Malignant neoplasm of skin	M	3	2	1						1	2
		F	1	1						1		
A - 56	Malignant neoplasm of connective tissue	M	4	4					1		2	1
		F	1	1								1
	Carried Forward		304	265	39		1	2	1	11	95	194

List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Age at Death						
						Under 1 yr.	1-4	5-14	15-24	25-44	45-64	65 yrs. & over
	Brought Forward		304	265	39		1	2	1	11	95	194
A - 57	Malignant neoplasm of all other & unspecified sites	M	74	63	11				1	6	26	41
		F	80	73	7	1		2	1	7	20	49
A - 58	Leukaemia & Aleukaemia	M	12	7	5					3	3	6
		F	9	5	4			3			3	3
A - 59	Lymphosarcoma & other neoplasms of lymphatic & haematopoietic system	M	11	11					1	1	3	6
		F	7	6	1				1		3	3
A - 60	Benign neoplasms & neoplasms of unspecified nature	M	1	1						1		
		F	2	1	1				1			1
A - 62	Thyrotoxicosis with or without goiter	M										
		F	2	2					1			1
A - 63	Diabetes Mellitus	M	17	16	1					3	4	10
		F	14	13	1						4	10
A - 64	Avitaminosis & other deficiency states	M	1	1							1	
		F										
A - 65	Anaemias	M										
		F	2	2							1	1
A - 66	Allergic disorders; all other endocrine, metabolic and blood diseases	M	3	3			1					2
		F	9	6	3			1			6	2
A - 67	Psychoses	M										
		F	1	1								1
A - 68	Psychoneuroses and disorders of personality	M	10	9	1					3	5	2
		F	6	6						1	4	1
A - 70	Vascular lesions affecting central nervous system	M	135	123	12					3	9	123
		F	127	118	9					1	15	111
A - 71	Non-meningococcal Meningitis	M	1	1							1	
		F	2	1	1	1						1
A - 72	Multiple Sclerosis	M	4	4						1	2	1
		F	1	1							1	
A - 73	Epilepsy	M	2	2						1	1	
		F	4	4				1	2	1		
A - 78	All other diseases of the Nervous System and sense organs	M	9	6	3			1				8
		F	7	6	1	1		1		1		4
A - 79	Rheumatic Fever	M	1	1					1			
		F										
A - 80	Chronic Rheumatic Heart Disease	M	11	9	2						6	5
		F	12	12						2	3	7
A - 81	Arteriosclerotic & degenerative Heart Disease	M	306	285	21					12	91	203
		F	169	153	16					2	19	148
A - 82	Other Diseases of Heart	M	11	9	2					2	2	7
		F	8	6	2						3	5
	Carried Forward		1375	1232	143	3	2	11	10	62	331	956

List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Age at Death: Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 yrs. & over
	Brought Forward		1375	1232	143	3	2	11	10	62	331	956
A - 83	Hypertension with heart disease	M	11	10	1						5	6
		F	16	16							2	14
A - 84	Hypertension without mention of heart	M	6	5	1						3	3
		F	7	7							5	2
A - 85	Diseases of arteries	M	36	29	7				1	2	5	28
		F	21	18	3				1		1	19
A - 86	Other diseases of circulatory system	M	2	2								2
		F	3	2	1						1	2
A - 87	Acute respiratory infections	M	1	1			1					
		F	1	1		1						
A - 88	Influenza	M	11	11		1					1	9
		F	7	7		1					2	4
A - 89	Lobar Pneumonia	M	6	6						1	1	4
		F	2	2						1		1
A - 90	Bronchopneumonia	M	33	28	5	1	2				2	28
		F	36	36		1		1		1	1	32
A - 91	Primary atypical, other and unspecified Pneumonia	M	38	34	4	1	3			1	2	31
		F	16	16		2					2	12
A - 92	Acute Bronchitis	M	2	2		1						1
		F	1	1								1
A - 93	Bronchitis, chronic & unqualified	M	39	31	8					1	9	29
		F	10	10						2	2	6
A - 95	Empyema and abscess of lung	M	2	1	1						1	1
		F										
A - 97	All other respiratory diseases	M	22	21	1						8	14
		F	8	8								8
A - 99	Ulcer of stomach	M	7	6	1						1	6
		F	4	3	1							4
A - 100	Ulcer of duodenum	M	7	5	2						2	5
		F	5	4	1					1	1	3
A - 102	Appendicitis	M										
		F	1		1						1	
A - 103	Intestinal obstruction and hernia	M	9	4	5						1	8
		F	8	7	1				1		2	5
A - 104	Gastro-enteritis & Colitis, except diarrhoea of the newborn	M	6	6						1	1	4
		F	10	8	2	1			1			8
A - 105	Cirhossis of Liver	M	14	14						5	4	5
		F	7	5	2				1	1		5
A - 106	Cholelithiasis & Cholecystitis	M	12	10	2						2	10
		F	1	1								1
	Carried Forward		1803	1610	193	13	8	12	15	79	399	1277

List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Age at Death: under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 yrs. & over
	Brought Forward		1803	1610	193	13	8	12	15	79	399	1277
A - 107	Other diseases of the digestive system	M	13	13						1	4	8
		F	8	8						1	3	4
A - 108	Acute Nephritis	M	2		2						1	1
		F										
A - 109	Chronic, other & unspecified Nephritis	M	7	6	1	1				2	1	3
		F	8	8			1				2	5
A - 110	Infections of kidney	M	9	8	1						1	8
		F	7	5	2					2	1	4
A - 111	Calculi of urinary system	M										
		F	1	1								1
A - 112	Hyperplasia of prostate	M	9	7	2						1	8
		F										
A - 114	Other diseases of genito-urinary system	M	2	2								2
		F	1	1								1
A - 118	Abortion without mention of sepsis or toxaemia	M										
		F	1		1					1		
A - 119	Abortion with sepsis	M										
		F	1	1						1		
A - 122	Arthritis & Spondylitis	M	2	2								2
		F	5	4	1						1	4
A - 126	All other diseases of skin & musculoskeletal system	M	3	2	1						1	2
		F	3	2	1						1	2
A - 127	Spina Bifida & Meningocele	M	2	1	1		1				1	
		F	3	3		3						
A - 128	Congenital malformations of circulatory system	M	12	8	4	11				1		
		F	5	4	1	5						
A - 129	All other congenital malformations	M	12	12		9				1		2
		F	13	12	1	9		1		1		2
A - 130	Birth injuries	M	5	5		5						
		F	1	1		1						
A - 131	Postnatal asphyxia & Atelectasis	M	4	4		4						
		F	5	5		5						
A - 132	Infections of the newborn	M										
		F	3	3		3						
A - 133	Haemolytic disease of the newborn	M	1	1		1						
		F	3	3		3						
A - 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	M	31	31		31						
		F	16	16		16						
A - 134	All other defined diseases of early infancy	M	1	1		1						
		F	1	1		1						
	Carried Forward		2003	1791	212	122	10	13	15	90	417	1336

List No.	Cause of Death	Sex	Total	Residents	Non-Res.	Age at Death: Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 yrs. & over
	Brought Forward		2003	1791	212	122	10	13	15	90	417	1336
A - 136	Senility without mention of psychosis	M	37	34	3							37
		F	24	23	1							24
A - 137	Ill-defined diseases & unknown causes of morbidity & mortality	M	80	71	9	4		1		4	30	41
		F	49	43	6	5	1			3	13	27
AE- 138	Motor vehicle accidents	M	49	31	18		2	1	13	15	10	8
		F	14	7	7			1	3	4	2	4
AE- 139	Other transport accidents	M	1		1						1	
		F										
AE- 140	Accidental poisoning	M	6	6						2	3	1
		F	6	5	1	1	1			3	1	
AE- 141	Accidental falls	M	34	29	5					5	3	26
		F	22	19	3					1	3	18
AE- 143	Accidents caused by fire & explosion of combustible material	M	3	2	1		1			1	1	
		F	1	1			1					
AE- 145	Accidents caused by firearm	M	1	1				1				
		F										
AE- 146	Accidental drowning & submersion	M	4	4				2	1			1
		F										
AE- 147	All other accidental causes	M	4	4		1			1	1	1	
		F	1	1		1						
AE- 148	Suicide & self-inflicted injury	M	22	20	2			1	4	5	8	4
		F	13	12	1				2	8	3	
AE- 149	Homicide & injury purposely inflicted by other persons (not in war)	M	4	4		1				2	1	
		F	1		1		1					
	Totals		2379	2108	271	135	17	20	39	144	497	1527

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

Dear Sir:-

I have the honour and pleasure to submit the 1966 report of the Inspectional Division and the Laboratory to you.

During the year Mr. A. Standell resigned his position with the Department to accept employment in British Columbia. The vacancy created was filled by Mr. G. Butler.

The Public Health Inspectors carried out their work in a most satisfactory manner, covering their routine inspectional work as well as the multitude of complaints and other health matters which came to their attention.

The Survey of Waste Disposal Methods was completed by the date the Regulations For The Control Of Air Pollution came into effect. Immediately the Inspectors began the task of notifying all commercial premises that were incinerating waste products in other than Provincial Board of Health approved incinerators to discontinue incinerating.

The fly and mosquito control programme was carried out again this year on the same lines as we set up last year. The co-operation between the Parks and this Department was excellent.

Mr. J. Saville, who acted as the Pigeon Control Officer again this year, reported that he trapped approximately 480 pigeons.

In addition to the lectures on Proper Methods of Food Handling and related subjects given by the Inspectors to the Southern Alberta Institute of Technology, James Fowler and Bowness Schools, similar lectures were given to food service personnel of the Holy Cross Hospital. This was undertaken at the request of the Hospital.

Three Inspectors checked every food-handling concession at the Calgary Exhibition and Stampede several times each day. This requires that the Inspectors inspect each concession in the morning before opening. This is followed by continuous patrolling and checking during the afternoon and evening.

The Dairy Plant Inspector and two Dairy Farm Inspectors continued their work to ensure that the milk offered to the citizens of Calgary was of a high quality and standard. The numbers of Dairymen shipping milk into Calgary decreased by five during the year.

A decrease in the total numbers of tests conducted by the Laboratory was due to the Dairy Plants using fewer different types of packages and the decrease in the number of Dairy Farms.

May I express to you my sincere appreciation for your continued advice and guidance.

The statistical reports of the various activities of the Inspectional Division for the year follow.

Respectfully submitted,

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

STATISTICAL SUMMARY OF DISTRICT INSPECTIONS

DETAILED REPORT - 1966

	Number Established as of December/66	Number of Inspections Made
Abattoirs	1	49
Air Pollution Stations	14	761
Ambulances	9	20
Apartment Blocks	615	638
Auto Courts	50	272
Aviaries	2	1
Apiaries	1	1
Bakeries	86	1,088
Barber Shops	210	950
Basement Rooms		112
Basement Suites		92
Baths	9	37
Beauty Parlors	224	944
Beverage Rooms	38	310
Boarding Houses	3	73
Bottling Works	8	66
Bowling Alleys	15	95
Breweries	3	38
Butchers	140	869
Billiard Halls	29	164
Cabarets	27	70
Camp Grounds	3	17
Candy Manufacturing	3	10
Canneries	2	20
Caterers	32	285
Chickens		15
Chicken Slaughter Houses	5	17
Chinchilla Farms	1	1
Clubs	31	152
Cocktail Lounges	41	301
Concessions	7	2,299
Dairy Bars	22	176
Day Nurseries	43	124
Departmental Stores	28	252
Dry Cleaners	75	167
Dry Cleaners - Coin	21	67
Dye House	1	5

	Number Established as of December/66	Number of Inspections Made
Factories	43	121
Feed Lots	25	192
Fish Markets	3	12
Fish Wholesale	3	15
Food Packaging	3	25
Fur Farms	6	27
Foster Homes		11
Freezer Plants	2	10
Garages	59	107
Garbage		1,480
Groceries	341	2,300
Glass Manufacturer		1
Halls	114	155
Hatcheries	8	36
Hawkers	6	21
Home Occupations	18	53
Horses		18
Horse Meat Packers	1	1
Hospitals	6	5
Hostels	2	8
Hotels	44	116
Housing		580
Honey Processing	1	17
Heating and Ventilation		21
Ice Cream and Soft Drinks	234	602
Institutions and Schools		63
Incinerators		52
Infestations		1
Kennels (Boarding)	9	23
Kennels (Registered)	11	29
Kindergartens	101	192
Lanes		800
Laundries	48	52
Laundries - Coin	26	99
Locker Plant	7	49
Massage Parlour		1
Miscellaneous		4,249
Mobile Canteens	16	55
Meat Processing	15	66
Motels		21

	Number Established as of December/66	Number of Inspections Made
Noxious Gases		28
Nursing Homes	21	87
Office Buildings		53
O.P.C. Beverage Rooms		103
O.P.C. Cocktail Lounges		173
O.P.C. Restaurants		2,984
O.P.C. U.A.C. Physical Education Bldg.		8
O.P.C. Wells		228
O.P.C. Drinking Fountains		21
O.P.C. Swimming Pools		38
Pest Control		161
Pet Shops	17	108
Pigeons		155
Pigeon Lofts	58	216
Pig Farms	11	85
Plumbing		37
Poultry		43
Poultry Keepers	12	23
Rendering Plants	3	36
Restaurants	407	5,874
Riding Academies		5
Rooming Houses	22	69
Rodents		26
Roller Rink	1	2
Septic Tanks	200	60
Sewage Disposal	2	41
Staff Cafeterias	38	183
Swimming Pools - Private		39
Swimming Pools - Semi-Private	29	194
Swimming Pools - Public	12	201
Swimming Pool Decks		5
Slaughter Houses	4	12
Service Stations		1
Second-Hand Clothing Store		3
Shopping Centres		35
Tannery	1	5
Tattoo Parlours	1	1
Theatres	17	48
Toilet Accommodations		175
Trailers		90
Trailer Courts	13	103

	Number Established as of December/66	Number of Inspections Made
Unsightly Premises		462
Used Car Lots	30	19
Warehouses	82	204
Waste Disposal		2,949
Waste Disposal Grounds	5	158
Wells	503	158
Wells - Chemical		175
Weeds		60
Water Pollution		1

MISCELLANEOUS PROCEDURES

Complaints	1,989	Written Reports	926
Complaints - Call Back	1,560	Letters	292
Notices - Verbal	5,165	Lectures	64
Notices - Written	444	Requests for Inspections	407
Planning Applications	517		

FOODSTUFFS CONDEMNED:-

4,480 lbs. produce

MEAT INSPECTION

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Submitted:-													
Beef	292	245	287	233	271	259	243	336	287	270	232	146	3,101
Veal	249	159	206	162	240	210	210	216	395	213	189	252	2,701
Hogs	10	7	17	19	6	18	35	20	27	29	74	63	325
Sheep & Lamb	32	21	26			47	13	42	5	18	28	29	261
TOTALS	583	432	536	414	517	534	501	614	714	530	523	490	6,388
Condemned:-													
Beef	1		1	1	1							1	5
Veal							1					1	2
Hogs				1			1						2
Sheep & Lamb													
TOTALS	1		1	2	1		2					2	9
Portions Condemned:-													
Beef Heads & Tongues	2		1		3	1			4		4	1	16
Beef Hearts	5	3		4		4			3	5	3	2	29
Beef Livers	80	73	82	70	86	72	64	111	75	95	62	59	929
Veal Heads & Tongues		1		1			1				1	1	5
Veal Hearts		1								1		2	4
Veal Livers	6	14	21	36	42	47	35	18	21	9	5	7	261
Hog Heads & Tongues			1							3	1		5
Hog Livers							1		6	1	4	7	19
Hog Skin			1										1
Sheep Livers		1				1		5	11	14	6	11	49
TOTALS	93	93	106	111	131	125	101	134	120	128	86	90	1,318

DAIRIES AND MILK CONTROL

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Dairy Farm Inspections	67	59	128	96	105	107	49	51	72	103	82	49	968
Milk Plant Inspections	31	7	30	32	29	28	15	18	17	24	26	24	281
Permits Issued to Dairymen	278			4	1	1	1	2	1	1		2	291
Permits Issued to Cowkeepers													-
Permits Issued to Distributors	5												5
Permits Issued to Milk Plants	5												5
Permits Issued to Collectors			1						1				2
Permits Suspended		1				1		1			1		4
Complaints Received	1	3	3	2	3	2	3	4	4	2	1	3	31
Complaints Justified	1	3	2	2	2	2	3	2	1	2	1	3	24
Notices Issued	112	78	135	93	123	92	112	108	96	113	73	95	1,230
Special Tests	79	11	38	11	14	16	10	7	14	14	7	2	223
Dairymen's S.P.C. Tests	509	524	384	382	514	401	384	504	396	512	248	372	5,130
Dairymen's Samples Collected - Total	588	535	422	393	528	417	394	511	410	526	255	374	5,353
Distributors' Samples Collected - Total	275	241	277	220	283	214	137	246	195	229	208	170	2,695
Total Samples Collected	863	776	699	613	811	631	531	757	605	755	463	544	8,048

DAIRYMEN'S TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Good	302	316	226	271	275	303	198	319	269	370	167	233	3,249
Fair	136	151	95	66	98	71	102	116	78	105	44	72	1,134
Bad	71	57	63	45	29	27	84	69	49	37	37	67	635

SEDIMENT TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Good	33												33
Fair	28												28
Bad	10												10

AVERAGE OFFICIAL PLATE COUNT

Glass Bottles

Standard	4,000
Homogenized	< 3,000
Homogenized ½ gal.	< 3,000
Skim	< 3,000
Partly Skim	< 3,000
Partly Skim ½ gal.	< 3,000
Jersey	5,500
Substandard	3,000
Whipping Cream	8,000
Chocolate	3,000

Cartons

Standard	< 3,000
Homogenized	< 3,000
Homogenized ½ gal.	< 3,000
Skim	< 3,000
Partly Skim	< 3,000
Partly Skim ½ gal.	< 3,000
Substandard Cream	3,500
Whipping Cream	4,500
Chocolate	3,200

AVERAGE BUTTER FAT CONTENT

Standard	3.34	Jersey	4.56
Homogenized	3.32	Substandard Cream	9.96
Skim	0.12	Whipping Cream	35.67
Partly Skim	2.18		

Total Milk Sales in Quarts 31,917,381
Total Cream Sales in Quarts 1,897,796

Per Capita, per day consumption of milk:- 0.521 pint

Per Capita, per day consumption of cream:- 0.031 pint

EXAMINATION OF WATER SUPPLIES

Sample	Number Received	Presum. Lactose 100 cc.	Presum. Lactose 10 cc.	Presum. Lactose 1 cc.	Agar Plate Count	Confirmation (BGB)	Total
City Water	1,188	2,376	-	-	2,376	457	5,209
Glenmore Plant	761	1,995	1,455	1,455	1,522	296	6,723
Swimming Pools	2	6	6	6	4	-	22
Well Water	833	2,399	2,199	2,199	1,666	479	8,942
Miscellaneous	176	528	528	528	384	472	2,440
Total	2,960	7,304	4,188	4,188	5,952	1,704	23,336

EXAMINATION OF MILK SAMPLES

Number of Samples Received	Babcock	Phosphatase	Specific Gravity	Total Solids Test	Total Solids Not Fat Test	TGEM Plate Count	BGB Coliforms	Plate Count on Producers' Samples	Total
2,052	330	300	280	280	280	4,104	10,090	5,474	21,138

STORE MILK

Number of Samples	Bacteria Count	BGB Coliforms	Total
617	1,268	3,070	4,338

MISCELLANEOUS TESTS

Plate Counts on Restaurant and Beverage Room Utensils	3,561
Bacteriological Tests on Food and Drink	92
Chemical Analyses on Water Samples	2,047
Fluoride Tests on Water Samples	304
Total	6,004

TOTAL TESTS DONE:-		
	Water Supplies	23,336
	Milk Samples	21,138
	Store Milk	4,338
	Miscellaneous Tests	6,004
	GRAND TOTAL	54,816

Dr. L. 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 1966.

The visit to each newborn soon after return home from the hospital continues. At this visit the Nurse no longer does the diaper test for Phenylketonuria, but explains to the mother that this test is now to be done at the Child Health Centre. The diagnosis of the metabolic defect, Phenylketonuria, by this test depends on a build up of a level of this phenylpyruvic acid in the blood stream and urine due to faulty metabolism of the amino acid phenylalanine. In some cases of this defect, the level might not be high enough for detection in the urine by this method until the babe is over six weeks of age. This year, we found that the method we had used, the ferric chloride diaper test, had failed to detect two cases of Phenylketonuria which were detectable by the phenistix method and which were indeed found by this method by a practising paediatrician in Calgary. We have now discarded the ferric chloride diaper test and are using the phenistix method. It is anticipated that the Guthrie Method of case-finding by blood testing of infants in hospital will eventually remove the necessity of our testing for this condition.

The attendance at the Child Health Centres is up over that for 1965 in spite of a drop in the absolute number of births. We attribute this to the availability of Measles Vaccine. For children of ages three months to three years a series of three doses of Killed Measles Vaccine followed by one dose of Live Vaccine was introduced in February 1966. The Live Vaccine for this fourth or completing dose in the series was not distributed to us until late in December. Since Measles is still a prevalent disease, the availability of protection against it stimulated many of those whose attendance (predictable from other years) would have dropped off after three of four visits and who, for this reason, would not have received their Live Polio Vaccine. There is, therefore, a remarkable threefold increase in Sabin Vaccine doses and children immunized this year over last year.

This effect is not carried over into the number of Smallpox Vaccinations. The number of pre-school children vaccinated for Smallpox is about the same as last year and the number of infants vaccinated for Smallpox greatly reduced. Our practice of vaccinating children for Smallpox between their third and fourth doses of the Quadruple Vaccine (Diphtheria, Pertussis, Tetanus and Killed Polio) was changed in 1966 to postpone any Smallpox vaccinating until after one year of age. This followed the presentation by paediatricians of evidence that the degree of resistance to common infant infections was lowered temporarily in some of the infants who had more severe reactions to Smallpox Vaccine. This effect was not significant in children over one year of age. It is not wise to postpone our routine vaccinating until school age and thus lower our herd immunity to this dangerous disease.

A field trial of the Killed Measles Vaccine and its combination with Whooping Cough, Diphtheria, Tetanus and Polio antigen prepared by Connaught Laboratories was begun and our Clinics co-operated by collecting blood and administering the Vaccine to fifty-four children whose parents were willing. This will contribute to the information necessary for licensing this Vaccine for use in Canada. We look forward to being able to use a Quintuple Vaccine routinely in our Clinics and to reducing the number of needle pricks that it now takes to immunize a child against the five diseases.

Attendance at the Bowness Child Health Centre's Thursday Clinic has continued to increase, so that now it has the highest average Clinic day attendance of any of our Child Health Centres in the City. The opening of this Centre for a second clinic per week will be considered.

Prenatal Classes continue. They are appreciated by those who attend them. However, the socially and economically deprived are almost unrepresented in the attendance. In 1966, 149 women attended prenatal classes which were held at our North Hill, Haysboro and Bowness Centres in fifteen series of eight, two hour sessions. The average number of registrants for two locations was twelve, but for Bowness the average attendance was only four. In two classes of the eight in the series, husbands are invited and thirty-four husbands did come. The age range of mothers was seventeen to thirty-four, average age twenty-four.

The Health Department continues to co-operate with the various training institutions by affording opportunity for supervised observation of our work to students, nurses and others.

	No. of Students	Duration of Observation
Calgary General Hospital Nurses	67	1 day each
C.G.H. Dietetic Internes	2	1½ days each
Holy Cross Hospital Nurses	22	½ day each
University of Alberta	14	2 weeks
Dental Hygienists	3	3 days

Members of our staff participate in committee work, lectures and discussion groups accompanying the increasing awareness in the community of the interrelation of health and social problems.

ATTENDANCE AT CHILD HEALTH CENTRES

Infant Attendance	1960	1961	1962	1963	1964	1965	1966
New	5,049	4,801	5,846	6,015	5,351	5,070	5,429
Old	15,511	16,468	18,427	17,800	13,183	10,011	11,907
Total Infant Attendance	20,560	21,269	24,273	23,815	18,534	15,081	17,336
Pre-School Attendance							
New	1,170	1,422	2,018	2,112	3,172	3,417	3,866
Old	5,133	5,532	8,557	9,867	15,467	16,644	19,543
Total Pre-School Attendance	6,303	6,954	10,575	11,979	18,639	20,061	23,409
NEW ENROLLMENTS EXPRESSED AS A PERCENTAGE OF BIRTHS MINUS DEATHS							
Births	7,471	7,308	7,932	8,032	7,688	7,235	7,064
minus							
Infant Deaths	158	172	161	156	180	155	125
	7,313	7,216	7,771	7,876	7,508	7,080	6,939
New Infants	5,049	4,801	5,846	6,015	5,351	5,070	5,429
plus							
Pre-Schoolers Enrolled	1,170	1,422	2,018	2,112	3,172	3,417	3,866
	6,219	6,223	7,864	8,127	8,523	8,487	9,295
New Infants Plus Pre-Schoolers Enrolled Expressed as a % of Births Minus Deaths	85%	86%	101%	103%	113%	120%	134%

ATTENDANCE BY CLINICS

Infants	City Hall	Bow-ness	Forest Lawn	Hays-boro	North Hill	Kil-larney	Scar-boro	Wild-wood	Total
Attendance	3,598	1,058	1,757	2,841	3,595	1,084	3,162	241	17,336
Admissions	915	224	462	888	1,574	302	989	75	5,429
On Breast	113	19	36	136	219	38	66	7	634
On Bottle	802	205	426	752	1,355	264	923	68	4,795
Pre-School									
Attendance	5,542	1,649	2,108	5,760	4,826	1,075	2,181	268	23,409
Admissions	530	113	373	1,102	906	183	499	60	3,866
Doctor's Examinations	341	309	101	515	426	118	159	72	1,939
Doctor's Days	42	43	26	61	60	23	26	12	285
Total Attendance	9,140	2,707	3,865	8,601	8,421	2,159	5,343	509	40,745
No. of Clinic Days	240	52	135	204	237	49	240	20	1,177
Average Attendance	38.1	52.0	28.6	42.1	35.5	44.0	22.2	25.4	34.6

In September we had a school enrollment of 82,548. There are sixty-one nursing districts in the City, each containing several schools. The school work of the Public Health Nurse is part of her health service to families in that district. With the great growth of the City, social and interrelated health problems seem to have multiplied and our educational function needs to be carried into the home. The Public Health Nurse is the first one, and often the only one, to go to the home to follow up health, behaviour or neglect problems that have come to notice at school. In many cases, sending a note or having a conference at school is not enough. We encourage our Nurses now to follow up until the family has at least taken a step in the direction of a remedy, whether it is making the appointment for the eye examination, visiting the alcholism foundation, or starting to plan and cook one square meal a day. Many are the times when the Nurse is missed at school when a Teacher would like someone to make a decision whether a child's headache is severe enough to warrant sending him home, or when a bandaid is needed. However, we have had to make a choice and have chosen to give our Nurses more time for the more important parts of their work. The widespread coverage of the working people with prepaid medical insurance and the provision for medical care of those on public assistance have led us to reduce the great numbers of physical examinations done by Doctors in the schools to include:-

(1) Those Grade 1 pupils or new pupils to the school whose parents have not prepaid medical insurance;
(2) Any child in any grade selected by the Nurse as possibly suffering from some ill health for whom the family has not got, or is unlikely to get, medical attention because of financial reasons, indifference or lack of conviction that there is anything wrong.

Thus, the number of routine Grade 1 examinations has been reduced by 40% in 1966, and yet the number of referrals from these routine examinations to family physicians is very close to the number of the same for 1965.

The number of school staff skin tested and x-rayed in 1966 is reduced by those on staff who were x-rayed in 1965 and need not be repeated for two years. There were no cases of Active Tuberculosis discovered as a result of this survey.

The routine skin testing of Grade 1's led, through one of the positives discovered, to the admission of that child and of her younger sister to Sanatorium. This was the child of a parent who was an ex-Sanatorium case who had been lost to follow-up because of moving.

The discovery of another case of Tuberculosis in a Grade VII child admitted to Sanatorium can be credited to the careful work of another Nurse who skin tested not only her Grade 1 and IX pupils but pupils in other Grades on whom she had no record of tuberculin testing.

Another child, eight years old, not in the Grades routinely tested, was admitted to Sanatorium, a contact of her mother who was a newly discovered case of Tuberculosis.

SCHOOL TUBERCULIN TESTS

No.of Gr. 1 Pupils In Schools	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors	Number X-Rayed
8,743	8,227	94.1	42	0.5	39 (3 yet to come)

The group of 42 Positive Reactors includes:- 10 immigrants (6 BCG) and
3 others with BCG

No. of Gr. IX Pupils In Schools	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors	Number X-Rayed
5,611	5,225	93.1	174	3.3	170 (1 by own doctor, 3 recent x-rays elsewhere)

The group of 174 Positive Reactors includes:- 47 immigrants (18 BCG)
6 Indians (2 BCG)
9 others with BCG and
15 previous positive reactors

Miscellaneous (Other Ages Not Previously Tested)	Tuberculin Tests Positive	% Found Positive Reactors	Number X-Rayed
164	12	7.3	10 (2 yet to come)

The group of 12 Positive Reactors includes:- 6 immigrants and
1 previous positive reactor

No. of School Staff Tested	Number of Positive Reactors	Number X-Rayed
2,966	305	1,436

Contacts (Staff and Students) Number Tested	Number of Positive Reactors	Number X-Rayed
543	103	286

1. PHYSICIANS' REPORT

Number of children examined on referral by teacher, parent, nurse or child	1,091
Number of these referred to family doctor, dentist or eye examiner	354
Number of children examined as routine new admissions to school other than Grade 1	2,855
Number of these referred to doctor, dentist or eye examiner	1,019
Number of routine Grade 1 examinations	4,516
Number of these referred to family doctor	496
Number of these referred to dentist	1,282
Number of these referred to eye examiner	145

Number of these in Health Grade A	3,637
" " " " " Grade B	837
" " " " " Grade C	42
Total	4,516

DEFECTS FOUND IN THE ROUTINE GRADE 1 EXAMINATIONS

History of repeated Eczema, Asthma or Hay Fever	138
Skin	198
Nutrition	318
Speech	147
Ears	201
Eyes	225
Nose	88
Throat	244
Teeth	1,257
Glands (Lymph)	130
Glands (Endocrine)	12
Heart	255
Respiratory	65
Abdomen - Hernia	31
- Gastro-intestinal	15
- Urinary	19
- Genital	72
Ortho - Posture	71
- Feet	443
- Other	75
Nervous System	58
Mental Health	117
Urine	6
Hemoglobin	197
Consultations	242
First Aid	31
No. of children examined whose parents were present	3,397

Number of children examined at City Hall	72
Number of these referred to family doctor	30
Free glasses provided	34
Audiometer Threshold Tests	272
Hearing Defects	113
Referred to Ear Specialist	81

11. DENTAL SERVICES FOR SCHOOL CHILDREN

Examinations	Clinic Cases	No. of Teeth Treated	Topical Fluoride Applications	Space Maintainers	Crowns
2,692	7,778	6,162	3,051	190	228

SCHOOL NURSES' REPORT

School Examinations:-

Number of children examined by Nurse	37,604
Number of children referred to family physician	3,452
Number of children referred to S. M. O.	322
Number of Vision Tests	56,452
Number Referred re Vision	6,188
Number of Audiometer Tests	10,454
Number Referred re Hearing	481
Number of Dental Inspections	28,752
Number Requiring Dental Treatment	7,556
Number of Mantoux Tests	17,034
Number of Positive Mantoux Tests	482
Number of Glucose Tests	246
Number of Positive Glucose Tests	9
First Aid Treatments	15,234
Number of Exclusions	2,972

Visits Re School Children:-

Number of Visits	5,770
TB Visits	153
TB Contact Visits	163
Visits re Communicable Disease	101
Investigations re Complaint	103

Conferences With:-

Doctors	1,083	Students	36,899
Teachers	22,113	Supervisors	1,994
Parents	6,412	Other Agencies	888

Telephone calls	22,341
Meetings attended	1,192
Meetings addressed	236

INCIDENCE OF REPORTED COMMUNICABLE DISEASE CASES IN THE AGE GROUP 5 TO 19 YEARS

Aseptic Meningitis	2
Bacterial Dysentery	8
Diphtheria (Clinical Diagnosis Only)	1
Infectious Hepatitis	44
Measles	608
Pertussis	49
Rubella	142
Salmonella Infection	6
Scarlet Fever & Strep Throat	99
Tuberculosis, Pulmonary	3
Tuberculosis, Non-Pulmonary	-
Mumps	397
Chickenpox	628

SURVEY OF IMMUNIZATION STATUS - GRADE 1 SCHOOL CHILDREN

Disease	Full	%	Lapsed	%	Inade-quate	%	None	%	Unknown	%	Total	%
Diphtheria	4,751	54.4	2,146	24.6	569	6.5	664	7.6	600	6.9	8,730	100
Pertussis	5,114	58.6	1,830	21.0	501	5.7	685	7.8	600	6.9	8,730	100
Tetanus	4,751	54.4	2,146	24.6	569	6.5	664	7.6	600	6.9	8,730	100
Smallpox	3,533	40.5	2,129	24.4	176	2.0	2,310	26.5	582	6.6	8,730	100
Polio	5,113	58.6	1,283	14.7	883	10.1	831	9.5	620	7.1	8,730	100
Salk Only	2,027	23.2										
Salk & Sabin	3,086	35.4										

IMMUNIZATIONS OF SCHOOL CHILDREN

	Doses	Completed
Diphtheria	1,776	6,709
Pertussis	12	18
Tetanus	2,355	11,523
Salk	1,764	1,702
TAB	790	664
Typhus	21	19
Cholera	31	27

Sabin (Oral Polio)

No. of 1st Doses	No. of 2nd Doses After 1st Dose In 1966	No. of 2nd Doses After 1st Dose Before 1966	Total 2nd Doses	Maintenance Doses
7,534	6,463	1,893	8,356	1,971

Smallpox Vaccinations Primary:-	2,258	Diluted Diphtheria	14
Smallpox Revaccinations:-	10,334	Schick Tests	295
Gamma Globulin	164	Rocky Mountain Spotted Fever	7

The immunization status of children entering Grade 1 in September 1966 was again tabulated as an assessment of the effectiveness of pre-school services in the field of immunization and is reported in the statistical section of this report. The column "lapsed" is for those who have had an adequate primary immunization but who are due or overdue for a booster. For Smallpox only 65% have had adequate primary immunization and for Poliomyelitis only 73%. Although we aim for 100%, we (and others) have come to consider 75% as a quite realizable level below which we should not fall. The immunization done in the school year brings the children well above this level &up to 90% in other years), and we shall again in May 1967 tabulate the immunization status of Grade 1 and Grade IX pupils to verify this.

A record was kept of the audiometer testing in the schools and reported from a sample of fourteen districts (out of our sixty-two districts). In the sweep audiometer tests done routinely on all Grade III pupils, 1.1% failed. Of the repeaters or slow students of any Grade, 2.7% failed. Of the miscellaneous referrals by teachers, parents or complaints by children themselves, 4.7% failed.

This report includes the statistical Tables which follow. The staff carrying out this work join in expressing appreciation of the support of our Medical Officer of Health and the co-operation of staffs of school and other agencies with whom we work.

Respectfully submitted,

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

IMMUNIZATIONS - 1966

D = Dose C = Completed
P = Primary R = Revaccination

	DIPHTHERIA		PERTUSSIS		TETANUS		POLIO (SALK)		POLIO (SABIN)		SMALLPOX		MEASLES	
	D	C	D	C	D	C	D	C	D	C	P	R	Killed	Live
Infants	11,677	2,035	11,664	2,016	11,677	2,039	11,762	1,997			311	6	13,968	1
Pre-School	4,368	10,405	4,044	8,680	4,366	10,420	4,228	6,366	13,962	13,566	2,118	1,369	16,782	193
School	1,776	6,709	12	18	2,355	11,523	1,764	1,702	7,534	10,327	2,258	10,334		
Adults	51	50			2,394	1,777	1,859	1,046	3,779	3,867	258	6,541		
Totals	17,872	19,199	15,720	10,714	20,792	25,759	19,613	11,111	25,275	27,760	4,945	18,250	30,750	194

	DILUTED DIPH-THERIA	SCHICK TESTS	TYPHOID FEVER PARATYPHOID FEVER		TYPHUS		CHOLERA		ROCKY MOUNTAIN SPOTTED FEVER	PLAGUE	GAMMA GLOBULIN
			D	C	D	C	D	C			
Infants			5	2	1		1				74
Pre-School			90	45	31	32	41	35			258
School	14	295	790	664	21	19	31	27	7		164
Adults	22	217	2,480	2,257	475	490	449	482	57	2	284
Totals	36	512	3,365	2,968	528	541	522	544	64	2	780

The figures under C represent the number of people immunized by the use of single or multiple antigen.

SERA AND VACCINE DISTRIBUTED FOR USE IN CALGARY

Diphtheria Antitoxin, 1,000 units	11
Diphtheria Antitoxin, 40,000 units	14
Diphtheria Toxoid, singles	46
Diphtheria Toxoid, diluted 4 cc.	14
Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, singles	1094
Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, 6x6 cc.	24
Diphtheria Toxoid & Tetanus Toxoid, singles	907
Diphtheria Toxoid & Tetanus Toxoid, 6x6 cc. pkge.	120
Gas Gangrene Antotoxin, vials of 10,000 units	46
Immune Sera Globulin cc.'s	2985
Materials for Schick Tests (25 tests)	179
Poliomyelitis Vaccine, 10 cc. pkge.	622
BIAD (Tetanus, Polio Vaccine), 10 cc. pkge.	203
TRIAD (DT-Polio Vaccine), 10 cc. pkge.	182
QUAD (DPT- Polio Vaccine), 10 cc. pkge.	2990
Measles Virus vaccine inactivated, 10 doses x .5 cc.	3015
Measles Virus Vaccine, Live Attenuated, 1 dose	215
Rocky Mountain Spotted Fever Vaccine, 3 cc. pkge.	13
Sabin Poliovirus Vaccine, 20 doses	1909
Smallpox Vaccine, singles	1820
Smallpox Vaccine, 10's	2881
Staphylococcus Toxoid, 2 cc. pkge.	176
Staphylococcus Antitoxin, 20,000 units	1
Tetanus Antitoxin, 1,500 units	231
Tetanus Antitoxin, 20,000 units	4
Tetanus Toxoid, 30 cc. pkge.	177
Tetanus Toxoid, 3 cc. pkge.	991

Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 3 cc. pkge.	173
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 25 cc. pkge.	94
Typhoid & Paratyphoid Vaccine, singles	102
Typhoid & Paratyphoid Vaccine, 10 cc. pkge.	90

(all the above material supplied free by the Provincial Government)

Cholera Vaccine, 2½ cc. pkge.	163
Cholera Vaccine, 10 cc. pkge.	75
Typhus Vaccine, 3 cc. pkge.	134
Typhus Vaccine, 30 cc. pkge.	36

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 1966.

The prevention of most diseases depends largely upon how much the average person knows about them and upon what he does to protect himself and his family against them. This is particularly true of oral disorders.

Because dental disease is almost universal and because no infallible means of preventing it has been found, the dental health protection of children becomes a paramount concern of all health programmes. Teeth are not indispensable structures such as the heart or the brain. Nevertheless, we have good physiological and aesthetic reasons for prizing our teeth and deploring their premature loss. That dental defects are extremely common among our school children is a sad fact. Up to 98% of these children will at some time in their school lives experience tooth decay, disease of the supporting tissues, or other deviations from normal dental health. The margin of safety for the teeth is narrow compared with that of most other body structures. There is inadequate provision for self repair. Teeth are subject to a common disease known as dental caries. The damage done by dental caries steadily mounts through the entire period of childhood and early adulthood. For this reason preventive measures taken during early childhood are of particular value.

The dental health of the school child is a problem of service, instruction and treatment.

During the year a dental random sample survey was carried out on Grades I, II, IV and VI, school children in the Public and Separate School Systems of the City of Calgary. The highlights of the findings are given in Tables 4, 5 and 6.

The Public Health Act was amended to allow fluoridation of public water supplies if a simple majority voted in favour of the measure in a plebiscite.

A plebiscite was held on the issue in conjunction with the October Civic Elections. Details of the vote are given in Table 1.

I find it difficult to understand why our children must continue to be denied the benefits of this safe, proven, economical and effective preventive measure.

The distribution of fluoride tablets and drops commenced in the City on November 22nd, and while it is hoped that all parents will provide their children with these, it is too early yet to report fully on the success or failure of this operation. Up to December 31st, 1966, 3,572 prescriptions were dispensed.

TABLE 1

FLUORIDATION PLEBISCITE HELD OCTOBER 19th, 1966

WARD	FOR	AGAINST	TOTAL
1	7,295	8,779	16,074
2	3,839	7,058	10,897
3	6,910	6,230	13,140
4	4,240	4,758	8,998
5	2,914	7,305	10,219
6	9,369	6,677	16,046
Hospitals	339	300	639
	34,906	41,107	76,013

Eligible Voters 182,463

Less than 42% of the eligible voters voted on this Issue.

TABLE 2

PRE-SCHOOL DENTAL STATISTICS

	1965		1966	
Total Extractions		495		394
Permanent	3		2	
Deciduous	492		392	
Total Fillings		3,338		1,960
Permanent	290		186	
Deciduous	3,048		1,774	
Miscellaneous Procedures		9,040		8,970
Bases.	2,980		1,539	
Prophylaxis	5,032		6,947	
X-Rays	487		184	
Periodontal Treatment	40		6	
Crowns	428		222	
Space Maintainers	69		70	
Ortho Appliances	4		2	
Number of Teeth Treated		4,261		2,576
Permanent	293		189	
Deciduous	3,968		2,387	
Clinic Cases		8,052		8,730
Completed	5,685		7,200	
Unfinished	2,367		1,530	
Fluoride Applications		5,032		6,947
Parent and Child Education		7,898		8,655
Emergency Treatments		177		28
Examinations		5,150		4,840
Appointments (Paying)		7,976		8,585
Appointments (Free)		76		145
Missed Appointments (Paying)		144		63
Missed Appointments (Free)		10		12

Details of the work completed by the Dentists and Dental Hygienists are given below. 1965 figures are given for comparison.

TABLE 3

SCHOOL DENTAL STATISTICS

	1965		1966	
Total Extractions		1,058		1,230
Permanent	115		101	
Deciduous	943		1,129	
Total Fillings		5,288		4,932
Permanent	2,485		2,651	
Deciduous	2,803		2,281	
Miscellaneous Procedures		8,365		9,292
Bases	4,437		4,727	
Prophylaxis	2,780		3,551	
X-Rays	664		559	
Periodontal Treatment	22		8	
Crowns	357		228	
Space Maintainers	92		190	
Ortho Appliances	13		29	
Number of Teeth Treated		6,703		6,162
Permanent	2,600		2,751	
Deciduous	4,103		3,411	
Clinic Cases		6,956		7,758
Completed	3,538		4,406	
Unfinished	3,418		3,352	
Fluoride Applications		2,778		3,551
Parent & Child Education		6,768		7,612
Emergency Treatments		110		94
Examinations		2,827		4,280
Appointments Paying		6,795		7,290
Appointments Free		161		488
Missed Appointments (Paying)		177		134
Missed Appointments (Free)		11		32

SCHOOL VISITS BY DENTAL HYGIENISTS

This phase of our operation was expanded during 1966. Some 22,598 pupils in Calgary Schools were given first-hand instruction on proper tooth brushing and care of the dental structures. Some 93 schools in the Calgary area were included in this programme.

It is hoped that in future years mobile units can visit all the schools and topical applications of fluoride may be completed on the school premises.

TABLE 4

DENTAL CARE LEVEL

	No Defects	Complete Caries Care	Partial Caries Care	Extractions Only	Neglect No Evidence Of Dental Care
Age 6 Years					
Percentage	13.87	34.10	21.38	4.04	25.43
Standard Error	2.62	3.59	3.11	1.48	3.30
Age 7 Years					
Percentage	4.51	44.63	28.24	1.69	20.33
Standard Error	1.54	3.72	3.37	.94	3.01
Age 9 Years					
Percentage	4.79	50.89	31.13	2.99	8.99
Standard Error	1.64	3.86	3.57	1.30	2.19
Age 11 Years					
Percentage	6.06	59.39	23.63	1.81	7.87
Standard Error	1.843	3.820	3.30	1.00	2.07

In an effort to ensure that Dental Hygienists would be available to the Dental Division in future years, continuous representations were made to the Provincial Department of Health to allow the City Health Department two bursary sponsored students. This was agreed to and it is to be hoped that by this procedure sufficient Dental Hygiene replacements will be forthcoming.

TABLE 5 * ZERO INCIDENCE CHART

AGE	6 YEARS	7 YEARS	9 YEARS	11 YEARS
DECIDUOUS TEETH				
Percentage	15.75	7.38	12.50	61.63
Standard Error	2.82	1.94	2.60	3.84
PERMANENT TEETH				
Percentage	80.70	52.24	27.97	11.18
Standard Error	3.01	3.74	3.44	2.46
DECIDUOUS & PERMANENT TEETH				
Percentage	15.60	5.61	5.95	7.87
Standard Error	2.75	1.70	1.81	2.07

* This is a percentage index which indicates those children who do not have premature loss, crowns destroyed, carious or restored teeth.

TABLE 6

STAIN, PLAQUE & TREATMENT LEVEL CHART

Age	6 Years	7 Years	9 Years	11 Years
* Stain				
Percentage	58.38	68.92	55.68	47.87
Standard Error	3.74	3.47	3.83	3.88
* Plaque				
Percentage	63.00	74.50	62.87	53.93
Standard Error	3.66	3.27	3.72	3.87
* Treatment Level				
Deciduous Teeth (%)	62.02	73.85	83.61	81.46
Permanent Teeth (%)	35.80	56.52	74.51	80.94
Deciduous + Permanent Teeth (%)	58.40	69.92	78.89	79.83

* Stain

Recorded here is the presence of green or orange stain on the gingival third of at least two teeth which could be attributed to poor oral hygiene.

* Plaque

Dental plaque, a thin, tenacious, film-like deposit, made up principally of micro-organisms and mucinous substances from the saliva, covers all or part of the crown of the tooth. It must be constantly removed if dental decay is to be controlled.

* Treatment Level

This is the percentage of the attacked teeth that had been treated at the time of examination.

On staff during the year were Drs. Dey, de Ridder, Keith, Moffatt, and Curry. Other staff included four Dental Hygienists and five Dental Assistants. Dr. Willey proceeded to the D.D.P.H. Course at the University of Toronto and will return in June 1967.

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.

Respectfully submitted,

T.M. Curry, D.D.S.,B.D.S.,D.D.P.H.,
Director of Dental Services.

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, 1967.

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	1,091	Other Visits	100
Clinic Attendance	2,163	Streptomycin Injections ..	214

Tuberculin Tests:-

	Total	Positive
1. Outside the office		
a. Contacts at home or at work	101	11
b. Nursing Aides and Student Nurses at Mount Royal (before and after BCG)	853	264
c. Kinsmen Club of Calgary	102	11
	1,056	286
2. In the office	1,691	327
TOTAL	2,747	613

There has been a gradual decline in the number of new active cases of Tuberculosis in Calgary for the past few years and 1966 continued at the same level. It is to be hoped that this trend will continue, but it is quite possible at any time to have a decided increase. Lifelong surveillance of inactive cases is required. We have several thousand in this "Inactive" group and have been meeting with increased reluctance towards review x-ray. Continued vigilance with our follow-up programme is necessary.

The guidance and counsel received from you and the continued co-operation of the Health Department staff is sincerely appreciated.

Respectfully submitted,

IRENE H. WALTON,
Nurse-in-Charge.

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

Dear Dr. Allan:-

It is with pleasure that I submit the report of the activities of the Chest X-Ray Clinic for the year 1966.

These services are provided by the Alberta Tuberculosis Association, through the sale of Christmas Seals, and are operated in conjunction with the City of Calgary Health Department and the Provincial Department of Public Health.

Unfortunately, the Clinic attendance is not increasing in relation to the population increase. This has to be due to the apathy on the part of the public to the need of constant screening and surveillance. However, it might be noted that the percentage of abnormalities to the number of x-rays has shown a decrease over the previous years.

In the meantime, we are intensifying our canvassing, with special emphasis now on hairdressers, barbers and others in close contact with the Public.

The complete statistical summary for the stationary X-Ray Unit at the Civic Administration Building follows:-

Month	Total Attendance	Probable TB		Other Abnormalities				Total Abnormalities
		Active	Inactive	Probable Neoplasm	Pleurisy Inactive	Non-TB Conditions	Further Exam. Requested	
January	815		26		10	10	9	55
February	1,326		45		14	9	13	81
March	1,120		41		15	14	9	79
April	825		20		13	7	9	49
May	1,231		30		5	8	9	52
June	1,181		39		13	9	10	71
July	58							
August	1,182		45	1	10	16	5	77
September	698		22		5	10	4	41
October	813		28		13	10	8	59
November	853		38		10	1	8	57
December	1,042		31		11	7	4	53
TOTAL	11,144		365	1	119	101	88	674

In addition to the stationary Unit here, the Alberta Tuberculosis Association and the Provincial Department of Public Health operated a Mobile Chest X-Ray and Tuberculin Testing Unit in the City for a few months.

The summary is as follows:-

Mobile Chest X-Ray Survey Calendar Year 1966	# Persons X-Rayed	Probable TB		Other Abnormalities					Total Abnormalities
				Pleurisy					
		Active	Inactive	Active	Inactive	Further Examination Requested	Probable Neoplasm	Non-TB Conditions	
City of Calgary	18,579	-	74		70	63	-	58	265

We wish to thank you and your Department and the Provincial Department of Public Health for your guidance and co-operation in the past year.

Respectfully submitted,

M.S. Holme, Technician,
Alberta Tuberculosis Ass'n.

VICTORIAN ORDER OF NURSES, CALGARY BRANCH
DISTRICT DIRECTOR'S REPORT FOR 1966

Mr. Chairman, Ladies and Gentlemen:-

It is my privilege to give the Nursing Service Report of the Calgary Branch of the Victorian Order of Nurses for 1966.

Progress continues slowly but steadily. The number of patients receiving care in 1966 was 2,753, an increase of 5% over 1965. To these 2,753 patients 23,243 visits were made, an increase of 3% over 1965. A detailed report of our visiting nursing service is attached.

The satisfaction Nurses receive from doing visiting nursing or the effectiveness of the programme is never revealed in statistics.

To find out what lies behind the scenes, let me tell you about two patients - one from the community and the other referred through our liaison Nurse at the hospital.

Mrs. V. had a stroke at home in October of '64, at the age of 83, and has never been hospitalized. She had paralysis of the left arm and leg and her speech was slurred. With the loan of a bed and commode chair from the Red Cross, with the rehabilitation exercises from a Physiotherapist and the giving of nursing care on a regular basis from our staff, the daughter has been able to care for her mother. Mrs. V., now 85, is able to communicate to a degree, she is understood by her daughter and people who visit her regularly, and she sits up in her wheelchair at the table for her meals. The two years of being able to remain in her own home and lead a fairly normal independent life has meant a great deal to Mrs. V. Although she is failing now, Mrs. V. still likes to be at home with her own family.

Our other patient is Mrs. G., who at the age of 80 was referred from the Calgary General in January of 1963, after having major surgery requiring daily dressing changes for the rest of her life. During her stay in hospital Mrs. G. was irritable and termed "hard to manage". On discharge she was referred for our service. At first she was resentful because she felt that the hospital had, as she said, "kicked her out". When the purpose and objectives of a referral programme were explained, she accepted the situation. For the first few weeks she was visited daily then less frequently as she became independent. She is now living with a friend who has helped her maintain her independence and who has also encouraged her to continue with other church interests. Her financial needs above her Old Age Security are looked after by the Provincial Department of Welfare; her dressings are supplied by the Cancer Society and our Nurse visits twice a week. For four years this woman has been maintained at home and she too has led an independent and satisfying life.

The referral programmes bridge the gap between the hospital and the community and assure the patient that he will receive the care he needs on his return home. 344 of our patients were referred through the

referral programme at the Calgary General, Holy Cross and Foothills Hospitals The referral programme started at the Foothills Hospital on May 30th. Early in 1967 we expect to begin a similar programme at Rockyview Hospital.

A health service programme, started at Wood's Christian Home in September 1965, was discontinued at the end of September 1966 when a full-time Nurse was appointed to the staff of the Home.

Two series of Education for Parenthood discussion groups were held with 14 couples attending.

Participation in the education of health personnel through providing observation or field experience is an accepted part of the branch programme. In 1966, 11 students from the University spent two weeks with us for field experience, 77 hospital students observed for a two-day period, nine Graduate Nurses, two Dietitians and one Homemaker Supervisor observed for a one-day period. These periods of observation continue to be a very worthwhile programme, providing an opportunity for allied workers to gain an understanding of our service, but the requests for observation periods increase year by year.

In the past 2½ years we have had very few changes in our regular or relief staff which enables us to meet the many demands. The "long term" staff offers strength and stability to the supervision and administration of all programmes; anyone who has resigned has remained in the City and returns as relief Nurse in the time of need; the new Nurses joining our staff bring considerable past experience as Public Health Nurses or are qualified in a speciality, which is an asset; and the regular relief Nurses are our life line. To each one, may I express my personal appreciation for your service, enthusiasm and support. All the staff would join with me in thanking Mrs. Charette, our Secretary, for her contribution in making us operational at all times, whether it be keeping our collection of fees correct, re-routing us to the next urgent call, or just being able to put her hand on that "lost" piece of paper with important information.

The Victorian Order of Nurses cannot continue to increase service in a community unless there is a recognition by the individual within the community of both the need and the Order's ability to fill the need. We are indebted to all the news media for helping to interpret our service to the public. We thank also the Medical Profession, the City Health Department, Hospital personnel, Social Workers, allied agencies, the Lion's Club, the Samaritan Club, many individuals,and especially the United Fund who have assisted us throughout the year. We have relied on them in the past and rely on them for the future as we continue our community service.

Where should the Victorian Order direct their efforts this coming year? Ours is basically a visiting Nursing service, giving care to the sick and chronically ill in their own homes. In 1966, 77% of the adult patients (anyone over 16) visited and 87% of the visits made to adults were to individuals 65 and over.

In the final report of the Senate Committee on Aging, there are 92 recommendations regarding all aspects of the preparation for aging and of the aged person's needs. Recommendation #17 is one of great interest to the Victorian Order. It states:-

(a) That home care programmes for elderly people be greatly extended for those who are discharged early from hospital or who would otherwise require to be admitted; and

(b) That these programmes include medical and nursing care, physiotherapy and other forms of rehabilitation, visiting homemaker service and use of sick room equipment; and

(c) That the cost of such programmes be provided for under the Hospital Insurance and Diagnostic Service Act, through Health Grants or under a more comprehensive Health Plan.

Although all citizens would benefit from home care, the largest number of individuals using the service would be our senior citizens.

In Calgary there are services available in the communitywhich are the basis of an Organized Home Care Programme. In Alberta, hence Calgary, Medical Care and Medical Insurance are available to every citizen; the Calgary Family Service Bureau is developing a geriatric unit within their Homemaker Department, which will enrich the lives of many of our elderly people, allowing them to remain in their own home and lead an independent life. The Canadian Arthritic and Rheumatism Society will be able to increase the number of mobile units in the community, thereby providing increased direct physiotherapy service, assessment, and consultation in the care of the older person. The United Women's "Meals on Wheels" have just completed a most successful year and with each year this service will expand. The Canadian Red Cross provides a loan cupboard with quite an extensive supply of sick room equipment. We, the Victorian Order, can provide the nursing care to the sick and chronically ill in their own home. In Calgary there are between 2,200 and 2,500 acute hospital beds available, 500 auxiliary hospital beds, some 1,200 nursing home beds, which should allow for some mobility and produce progressive care for all patients.

As our liaison Nurses make rounds with Head Nurses in the hospital, talk with patients, Doctors, Social Workers and other hospital personnel, they find that many patients are being transferred to the auxiliary hospitals shortly after surgery or with a chronic illness requiring some physiotherapy. To date, we have been unable to follow the patients through the auxiliary hospital and then back to the community.

There appears to be an urgent need for health, welfare, hospitals and other agencies to join forces to develop a co-ordinated plan and function as a team in order to develop services which will close the gaps and provide progressive care, and continuity of care, to enable the patient to return to his home in the community.

The Victorian Order of Nurses, both staff and board members, have a responsibility to:-

1. Report the needs of our elderly patients to the Medical Officer of Health and other Health Personnel because they have the legal, as well as the traditional responsibility, for promoting the health of everyone in the Community.

2. Keep the citizens of the Community informed about the Victorian Order's present services and how these services can be most effectively used.

3. Increase our knowledge and understanding of other agencies' functions and resources.

4. Increase co-operative and co-ordinated planning with other agencies to develop programmesto meet the need of the Senior Citizen.

5. Demonstrate by action and words our belief that many older people adjust to the inconveniences and restrictions of aging and chronic illness, providing community services can accommodate their needs.

Respectfully submitted,

Eleanor MacDougall,
District Director.

VICTORIAN ORDER OF NURSES

SERVICE STATISTICS

	NURSING CARE			HEALTH INSTRUCTION		
	1964	1965	1966	1964	1965	1966
Prenatal	2	-	1	66	81	113
Postnatal	19	32	22	1,143	1,298	1,411
Newborn	333	436	441	2,245	2,635	2,855
Infant	33	32	73	198	212	268
Preschool	31	65	70	49	86	69
School Age	339	328	153	22	47	28
Adult	16,843	16,294	17,550			
	17,600	17,187	18,310	3,723	4,359	4,744

TOTAL VISITS

	1964	1965	1966
Nursing Care	17,600	17,187	18,310
Health Instruction	3,723	4,359	4,744
Patient Not Seen	130	112	130
On Behalf of Patient	21	63	59
False Calls	-	-	-
Home Deliveries (1 = 5)	10	5	-
	21,484	21,726	23,243

NUMBER OF PATIENTS VISITED

	1964	1965	1966
Prenatal	18	16	35
Postnatal	639	731	781
Newborn	677	765	810
Infant	34	55	44
Preschool	20	22	22
School Age	10	15	17
Adult	903	883	1,044
	2,301	2,487	2,753

PAY STATUS OF VISITS

	1964	1965	1966	
Full	3,637	3,550	4,137	17.7%
Part	5,279	4,775	5,183	22.
Free	7,654	6,624	5,547	23.8
No Charge	3,253	3,870	4,200	18.7
Insurance	-	6	-	
Government	1,638	2,894	4,176	17.8
Contract	23	7	-	
	21,484	21,726	23,243	100.0

FINANCIAL STATEMENT

HEALTH

	1966	1965
ADMINISTRATION DIVISION		
Salaries	52,733.26	50,477.69
Travel Expense	29.10	120.60
Private Car Allowances	600.00	600.00
Equipment Maintenance	307.93	238.78
Printing, Stationery & Office Supplies	1,694.71	1,231.08
Janitorial & Housekeeping Supplies	9.95	40.27
Sundries	230.37	103.20
Furniture & Furnishings	889.79	393.12
Purchasing & Stores Handling	1,507.00	
	58,002.11	53,204.74
SCHOOL MEDICAL SERVICES DIVISION		
Salaries	208,633.41 *	179,600.55
Travel Expense	220.10	607.45
Private Car Allowances	4,405.11	4,216.80
Passenger Car Rentals	3,236.04	3,835.90
Employees' Transit Tickets & Passes	3,341.69	3,250.21
Equipment Maintenance	38.41	185.39
Printing, Stationery & Office Supplies	2,407.26	2,923.89
Medical Supplies	3,841.15	3,278.65
Sundries	590.48	707.78
Medical Equipment	416.77	421.93
Furniture & Furnishings	25.44	165.36
Glasses for Underprivileged Children	360.74	675.70
Staff Development & Training		15.00
Remuneration for Services	(Incl. *)	21,346.04
Contribution to Capital - New Vehicle	-	664.00
	227,516.60	221,894.65
SCHOOL & PRE-SCHOOL DENTAL SERVICES DIVISION		
Salaries	107,298.91	99,195.44
Travel Expense	-	161.50
Private Car Allowances	448.88	480.00
Employees' Transit Tickets & Passes	50.00	-
Equipment Maintenance	225.57	146.76
Laundry Service	1,894.05	1,771.44
Printing, Stationery & Office Supplies	562.48	705.39
Dental Supplies	6,088.88	6,815.61
Sundries	108.52	317.75
Dental Equipment	-	447.20
	116,677.29	110,041.09

	1966	1965
INFANT & PRE-SCHOOL CLINICS DIVISION		
Salaries	203,844.30	179,600.55
Private Car Allowances	4,401.89	4,249.04
Passenger Car Rentals	3,236.06	3,802.00
Employees' Transit Tickets & Passes	3,341.66	3,199.16
Printing, Stationery & Office Supplies	418.10	497.16
Sundries	534.17	412.42
Furniture & Furnishings	440.91	594.87
Contribution to Capital - New Vehicle	-	663.58
	216,217.09	193,018.78
GENERAL HEALTH SERVICES DIVISION		
Salaries	9,399.09	8,498.36
Employees' Transit Passes & Tickets	160.00	160.00
Equipment Maintenance	29.32	18.87
Printing, Stationery & Supplies	82.69	197.88
Medical Supplies	205.00	-
Drugs & Sera	302.11	711.34
Chemicals	235.12	241.35
Furniture & Furnishings	-	283.60
Milk for Sickly and Undernourished	1,139.28	1,299.61
Special Health Programmes	3,130.47	2,056.09
	14,683.08	13,467.10
INSPECTION SERVICES DIVISION		
Salaries	135,544.60	122,183.39
Travel Expense	26.00	499.73
Private Car Allowances	10,201.35	9,630.00
Passenger Car Rentals	3,239.25	3,670.80
Employees' Transit Tickets & Passes	646.66	769.47
Equipment Maintenance	113.82	519.04
Laundry Service	122.35	137.70
Milk Inspection	1,198.74	1,437.03
Meat Inspection	3,710.65	4,034.74
Fly & Insect Control	10,931.27	9,966.36
Pigeon Control Programme	390.00	480.00
Printing, Stationery & Office Supplies	235.35	394.34
Laboratory Supplies	2,520.08	1,571.00
Sundries	224.68	316.14
Laboratory Equipment	480.08	823.63
Furniture & Furnishings	156.49	174.72
Staff Development & Training	408.30	240.00
	170,149.67	156,848.09

	1966	1965
HEALTH CENTRES MAINTENANCE DIVISION		
Buildings and Property Rentals	770.00	840.00
Buildings and Property Maintenance	1,981.77	1,044.68
Equipment Maintenance	115.40	108.48
Utilities	2,674.42	2,443.17
Telephones & Telegrams	1,273.80	1,280.25
Janitorial Service	4,643.68	4,210.92
Laundry Service	591.94	1,239.72
Janitorial & Housekeeping Supplies	755.49	496.61
Sundries	49.27	7.63
Grounds Development	210.06	
	13,065.83	11,671.46
SUMMARY		
Administration Division	58,002.11	53,204.74
School Medical Services Division	227,516.60	221,894.65
School & Pre-School Dental Services Division	116,677.29	110,041.09
Infant & Pre-School Clinics Division	216,217.09	193,018.78
General Health Services Division	14,683.08	13,467.10
Inspection Services Division	170,149.67	156,848.09
Health Centres Maintenance Division	13,065.83	11,671.46
	816,311.67	760,145.91
Less:-		
Fees, Charges Recovered, Misc. Sales	21,666.25	19,503.30
Provincial Government Grant	259,639.20	232,279.50
	$535,006.22	$508,363.11
Population	335,806	311,116
Per Capita Expenditure	1.53	1.63
Per Capita Expenditure without consideration of Grants	2.37	2.38