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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORTS

1937-38

REPORTS NUMBER 15 and 16

WINNIPEG, MANITOBA

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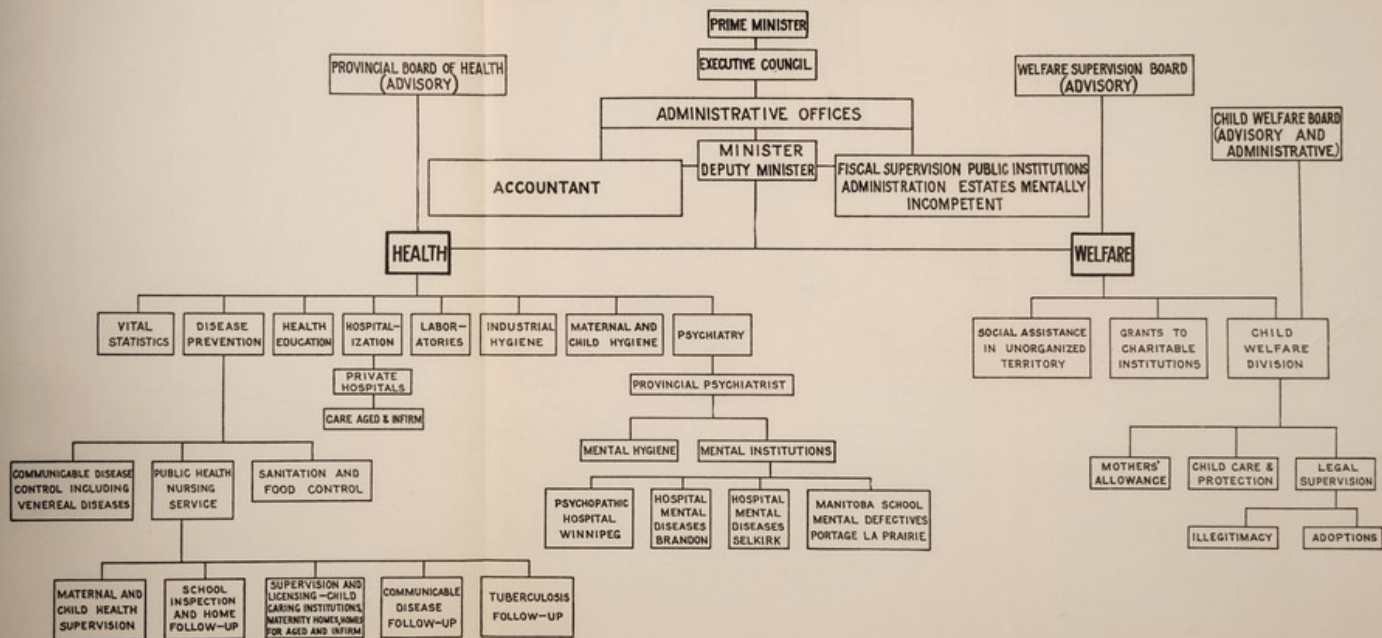


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DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Annual Reports 1937-38

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NOTE:—(The Divisions of this Department who have previously submitted their Annual Report by Fiscal Year have by an Amendment to "The Act Respecting the Department of Health and Public Welfare" prepared an Eight Months' Report for the period May 1st to December 31st, 1937, so that now the whole Departmental Report is submitted by Calendar year with the exception of the Division of Hospitalization, and the Bursars' Reports under the Division of Psychiatry.)

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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

for

Eight Month Period ~ May 1st to December 31st
1937

REPORT NUMBER 15

NOTE:—Including only those sections of the Annual Report
of the Department which do not submit Calendar year
Reports.

WINNIPEG, MANITOBA

Printed by James L. Cowie, King's Printer for the
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Annual Report of the Department of Health and Public Welfare for 1937

Winnipeg, Manitoba, February 22nd, 1938.

The Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:—

I beg to submit herewith reports for the following Divisions of the Department of Health and Public Welfare for the eight month period May 1st, to December 31st, 1937:—

Welfare Supervision Board,
Child Welfare Division, including:—

Mothers' Allowances,
Child Care and Protection,
Legal Section,

Social Assistance in Unorganized Territory,
Division of Psychiatry, including:—

Provincial Psychiatrist,
Psychopathic Hospital,
Brandon Hospital for Mental Diseases,
Selkirk Hospital for Mental Diseases,

Division—Administration of Estates of the Mentally Incompetent, and Supervision
of Public Institutions,

Provincial Bacteriological Laboratory,
Division of Disease Prevention:—

Report of Clinics for Venereal Disease in the Detention Institutions.

At the last Session of the Legislature (1937-38) an amendment to "The Health and Public Welfare Act" was passed providing that in future all reports of the various Divisions of this Department, with the exception of the Report relating to Hospitalization, will be submitted for the Calendar Year. These reports are to be presented to you on or before the First day of March of the year following, and if the House is then in Session, presented to the Legislature.

I expect to have the report for the Calendar Year 1938, together with a summary of all the activities of the Department completed and transmitted to you by the date specified.

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D.,

Deputy Minister of Health and Public Welfare.

Welfare Supervision Board

The Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

The members of the Welfare Supervision Board beg to submit herewith the report of the Board for the eight months ending December 31st, 1937. This Board was appointed by the Government of Manitoba under the provisions of "The Welfare Supervision Act" passed in 1919 and proclaimed by Order-in-Council No. 35906 on January 25th, 1921, and amended in 1923. The membership of the Board was composed of the following:

Dr. E. S. Moorhead—Chairman	Dr. G. F. Stephens
Mr. R. D. Guy, K.C.—Vice-Chairman	Mr. John Spalding
Mrs. Digby Wheeler	Mr. M. D. Grant
Miss Amy J. Roe	Mr. Wm. English
Mrs. Robert Darrach	

Following the practice of former years the Board makes brief comments on the more important matters considered during the period.

SURVEY OF CHILD CARING INSTITUTIONS.

In continuation of this survey to eliminate duplication and to co-ordinate the work of Child Caring Institutions, the Board considered the possibility of amalgamating the Providence Shelter and the St. Norbert Infants' Home. An auditor's report was obtained. After considerable discussion, the matter was deferred until other factors might be investigated. The problem was finally solved by the Sisters of Providence taking over St. Joseph's Orphanage, which was formerly under the jurisdiction of the Sisters of Charity, and amalgamating the Shelter with that institution.

GRANTS TO CHARITABLE INSTITUTIONS.

The method of making grants to charitable institutions was changed this year so that the Government now requires a recommendation from the Welfare Supervision Board before providing financial assistance. A plan is being evolved which will systematize as far as possible the giving of grants. Definite instructions are laid down as to auditor's reports and other information to be furnished to the Board. A general survey is being made by an auditor and many institutions have been visited by members of the Board. Owing to the new arrangement and the extra work involved, some delay in making the recommendations is unavoidable but it is hoped that this will not be necessary in the future.

The Board is of the opinion that careful scrutiny should be made of organizations providing social welfare services before a charter is granted. The studies of the Board show that the original purpose for which authority was given has not always been maintained. In other cases charitable groups have started their activities with a heavy over-load of debt for buildings, equipment, etc., and when subscribers cease to fulfill their obligations or even to display further interest, an appeal for revenue

is made to the Government. In the recommending of grants the Board has to be guided by two principles—(1) Will the reduction or refusal of a grant cripple the legitimate activities of the organization? (2) Will the grant diminish the efforts of the directors of institutions to seek assistance from the charitable public?

The Board is pleased to note the earnest endeavour on the part of the workers in the various fields of social work.

Again the Board wishes to express its appreciation for the confidence which has been placed in it by the members of the Legislative Council and by their departmental staffs who have co-operated with the Board. We desire especially to mention the encouraging attitude of you as Minister of Health and Public Welfare and to thank you for your consideration and courtesy.

Respectfully submitted,

E. S. MOORHEAD, M.D.,

NELLIE E. McNICHOL,

Chairman.

Secretary.

Child Welfare Division

Winnipeg, Manitoba, February 22nd, 1938.

The Honourable Mr. I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith a statistical report of the Division of Child Welfare covering the eight-month period May 1st, 1937 to December 31st, 1937.

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D.,

Director, Child Welfare.

CHILD WELFARE ACT—PART III—MAY - DECEMBER, 1937

Month	Applications Received Granted		Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families under Allowance
Deferred from previous year	62					
May— New	18	13	5	25	2,788	961
Re-applications	9	3	—	—	—	—
June— New	20	15	8	15	2,801	966
Re-applications	3	5	2	—	—	—
July— New	7	15	3	15	2,817	971
Re-applications	2	5	—	—	—	—
Aug.— New	10	12	4	15	2,815	969
Re-applications	1	1	1	—	—	—
Sept.— New	11	8	2	19	2,787	960
Re-applications	3	2	—	—	—	—
Oct.— New	11	3	3	17	2,737	947
Re-applications	2	1	—	—	—	—
Nov.— New	15	7	5	22	2,715	935
Re-applications	6	3	1	—	—	—
Dec.— New	17	13	4	20	2,724	932
Re-applications	3	4	1	—	—	—
	138	110	39	148		
Applications carried over to next year	51					
Families under allowance during year						1,053
Number of children assisted during year						3,072

DISTRIBUTION OF FAMILIES:

Cities	Families	Children
Brandon	27	69
Portage la Prairie	15	43
St. Boniface	21	61
Winnipeg	257	615
26 Towns	83	243
15 Villages	33	93
111 Rural Municipalities	514	1,593
Unorganized Territory	103	355
	<u>1,053</u>	<u>3,072</u>

CAUSES OF CANCELLATION:

(a) Resources sufficient	11
(b) Only one child under fifteen	73
(c) No children under fifteen	18
(d) Only one child—Mother regained health	6
(e) Father not totally and permanently incapacitated	4
(f) Father not in an institution	1
(g) Mother re-married	13
(h) Non-compliance with regulations	4
(i) Mother immoral	3
(j) Received allowance from other funds	1
(k) Left the Province	6
(l) Mother died—only one dependent child	0
(m) Unsatisfactory home conditions	8
Total	<u>148</u>

CAUSES OF REFUSAL:

(a) Resources sufficient	10
(b) Only one child under fifteen	2
(c) Only one child	2
(d) Father not totally and permanently incapacitated	6
(e) Residence qualifications not fulfilled	0
(f) Non-compliance with regulations	2
(g) Mother immoral	0
(h) Unsatisfactory home conditions	5
(i) Mother not naturalized and children not born in Canada	2
(j) Desertion	1
(k) Father not in an institution	1
(l) No children under fifteen	1
(m) Cause of death or disability arose out of Province	2
	<u>34</u>
Applications withdrawn	5
Total	<u>39</u>

CAUSES OF DISABILITY:

1. Infectious Diseases:		
(a) Tuberculosis	38	
(b) Venereal Disease	4	
	—	42
2. Diseases of Nervous System:		
(a) Paralysis	7	
(b) Sleeping Sickness	4	
(c) Multiple Sclerosis	6	
(d) Other Causes	12	
	—	29
3. Diseases of Respiratory System:		
(a) Chronic Bronchitis	2	
(b) Asthma	7	
(c) Other Causes	2	
	—	11
4. Diseases of Digestive System		4
5. Diseases of Circulatory System		23
6. Diseases of Blood		1
7. Diseases of Kidney, Bladder and Urinary Passages		3
8. Diseases of Skin		0
9. Diseases of Bones and Joints		14
10. Mental Diseases—in hospital		34
		—
		161

CAUSES OF DEATH:

1. Infectious Diseases:		
(a) Tuberculosis	99	
(b) Venereal Disease	6	
(c) Influenza	5	
(d) Typhoid Fever	6	
(e) Smallpox	0	
(f) Erysipelas	1	
(g) Other Causes	4	
	—	121
2. Diseases of Nervous System:		
(a) Cerebral Hemorrhage	25	
(b) Meningitis	9	
(c) Apoplexy	2	
(d) Tumor or Abscess of Brain	16	
(e) Other Causes	16	
	—	68
3. Diseases of Respiratory System:		
(a) Pneumonia	76	
(b) Bronchitis	2	
(c) Pleurisy	2	
(d) Asthma	2	
(e) Other Causes	15	
	—	97

4. Diseases of Digestive System:		
(a) Appendicitis	12	
(b) Peritonitis	17	
(c) Ulcers of Stomach and Duodenum	13	
(d) Disease of Liver	5	
(e) Other Causes	17	
		64
5. Diseases of Circulatory System		143
6. Diseases of Blood		8
7. Diseases of Kidney, Bladder and Urinary Passages		28
8. Diseases of Skin		1
9. Diseases of Bones and Joints		2
10. Cancer		100
11. External Causes:		
(a) Accident	66	
(b) Suicide	36	
(c) Murder	3	
(d) Other Sudden Deaths	8	
		113
12. Other Causes		23
13. Presumed Dead		3
		771

NATIONALITY:

	Father	Mother
1. Canadian	31	38
2. English and Welsh	166	171
3. Scottish	109	103
4. Irish	91	73
5. American	17	11
6. Ukranian and Ruthenian	134	142
7. Icelandic	15	19
8. Polish	58	63
9. German	46	52
10. Hebrew	19	17
11. Austrian and Galician	35	37
12. Scandinavian	23	21
13. French	65	66
14. Italian	3	4
15. Russian	11	5
16. Half-breed	22	27
17. Mennonite	56	57
18. Roumanian	5	2
19. Hungarian	6	8
20. Belgian	7	9
21. Dutch	4	6
22. Other Foreign	9	1
	932	932

PART IV.—CHILD CARE AND PROTECTION SECTION:

Supplementary Report—May 1st, 1937, to December 31st, 1937.

Wards in charge on May 1st, 1937	247
Temporary	29
Permanent	218
New cases made from May 1st, 1937, to December 31st, 1937.....	30
Temporary	17
Permanent	13
	<u>277</u>
Discharges:	
To parent or parents	13
Of age	18
Married	1
Absolutely adopted	1
	<u>33</u>
Number on hand at December 31st, 1937	244
Temporary	33
Permanent	211
Disbursements:	
Appropriation	\$11,803.27
Collections on Municipalities	1,898.37
Relatives	144.83
Total	<u>\$13,846.47</u>

STATISTICS FOR THE PERIOD MAY 1st, 1937, TO DECEMBER 31st, 1937:

PART V.

272 Births of children born out of wedlock in Manitoba during this period were reported to this Department. In addition were reported: 16 births where there was insufficient evidence to classify them as children born out of wedlock; and 10 births of children to married women.

66 Maintenance Agreements, including three verbal agreements, were entered into during this period.

30 Filiation Orders were obtained during this period.

Receipts on Filiation Orders and Maintenance Agreements during this period	<u>\$10,782.36</u>
--	--------------------

Disbursements during this period of monies collected under Filiation Orders and Maintenance Agreements were as follows:

To Mothers	\$4,868.30
Maternal Grandmothers	866.10
Boarding Homes	802.79
Lying-in-Expenses	1,826.38
Costs	38.80
Institutions and Children's Aid Societies	782.80
Miscellaneous	646.20
	\$9,831.37

PART VIII:

108 Surrender Forms were signed during this period by the respective mothers or legal guardians.

113 Applications for children for adoption were received during this period.

72 Adoption Contracts were approved during this period.

86 Decrees of Absolute Adoption were signed by the various County Court Judges during this period, of which five were confirmatory decrees.

The sum of \$329.00 was received during this period for adoption fees.

406 Visits and inspections were made to adopting homes during this period, of which 194 were in the country and 212 in the city.

(Adoption figures do not include any Children's Aid Societies' adoptions.)

Social Assistance in Unorganized Territory

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg.

Sir:

I have the honour to submit a report on Social Assistance in Unorganized Territory for the period covering May 1st, 1937, to December 31st, 1937.

This Division extends assistance in cases where the bread-winner is unable to provide for his family through illness and a medical report is usually furnished. Assistance is also given to widows pending application for Mother's Allowance; widows who are not eligible for the Child Welfare Allowance owing to regulations; unmarried mothers; deserted mothers; persons who are over seventy but are not eligible for the Old Age Pension; feeble-minded persons for whom there is no accommodation in the Portage la Prairie Institution; and institutional cases that are placed in private homes at a lower rate.

We have 27 cases that require institutional care and they are placed with private families where they are well-cared for at a much lower rate than at institutional charges.

All applications for relief are personally investigated by the local inspector before aid is given, except in extremely urgent cases, when one order is usually placed and the inspector is instructed to visit the family as soon as possible. Inspectors are required to fill out printed forms provided by the Department, giving the name and age of the applicant, number of dependents and their ages, information as to relatives, details as to personal property, social history and the condition of their land. Inspectors keep in touch with families from time to time, and a report is made to the Department if any change is to be made.

The system of granting relief is as follows: an order in which the storekeeper's name is omitted is sent to the family and in this way they may deal with any storekeeper they wish. The storekeeper is required to forward his account to this office for payment with the recipient's signature shown on the account and he is restricted to supply articles listed on the form sent to him with the original order as follows:

Baking Powder	Flour	Rice
Beans	Honey	Rolled Oats or
Bread	Lard	Oatmeal
Buckwheat Gritz	Macaroni	Salt
Butter	Matches	Sewing Thread
Cheese	Meats—Bacon, Beef, Fish,	Soap (laundry)
Chicory	Sausage (not canned)	Soda
Coal Oil	Onions	Sugar
Cocoa	Pepper	Syrup
Coffee (not first grade)	Potatoes	Tea (not first grade)
Cornmeal	Prunes (60-70)	Yeast Cakes
Evaporated Apples	Raisins	

There are a few cases receiving cash allowance but this is done only on the

inspector's recommendation when assurance is given that the people will spend the money properly.

Through the co-operation of the Department of Education, we rely on the inspectors appointed by that Department, who act as collectors of taxes in their various districts, and I cannot speak too highly of these men and the sound judgment they have shown in making their reports. The list of inspectors is as follows:

Geo. C. Sommerville, Hadashville	H. H. Harris, Winnipeg
C. W. Oberlin, Dauphin	(Districts of Riding Mountains, Victoria
F. E. Carson, Fraserwood	Beach, Pine Falls and Lake Winnipeg
J. R. Armit, Alonsa	District)
Geo. La Fortune, Vassar	Wm. Hryciuk, Chatfield .
Jarvis M. Myssyk, Vita	

It is becoming more difficult to have investigations done in a short time as the number of cases is increasing each year and some of the inspectors are not able to cope with the situation as they are unable to handle their own work and look after our cases at the same time.

Owing to the fact that the Department has no schedule for guidance as to the amount of relief to be given, the inspectors' reports are being studied and relief is placed according to the ability of the family to raise their own vegetables and have their own milk supplies. In some districts the children are able to pick seneca roots and also earn a little by helping the neighbors.

The work of this Division is identically the same as that of the Social Welfare Commission of the City of Winnipeg. The Social Welfare Commission has a number of visitors who visit the families quite often and make a check-up of the cases. It would be very desirable to have one inspector who could go to the country as often as it was found necessary and keep in touch with the families receiving relief right along. There are cases that require more attention than having a grocery order placed and clothing supplied. We are dealing with cases where the mother of children has to apply to this office for assistance owing to the fact that she has not complied with the regulations of the Child Welfare Division. Such cases are supervised closely and returned to the Child Welfare Division as soon as the family has met the requirements to benefit under "The Child Welfare Act."

There is great difficulty in some of the rural areas in obtaining medical attention especially when one or more members of the family require medical treatment daily or weekly. In some instances we have to keep people requiring treatment in the city on a board and room basis for a few months at a time. In other cases we have to bring the patient to the city once a month for treatment. In the City of Winnipeg people receiving assistance usually go to the Out Patient Clinic of the hospitals. In unorganized territory the patient has to be provided with transportation to enable him to see a doctor or if he is unable to travel a doctor is sent to the home. During the eight months, from May 1st, 1937, to December 31st, 1937, this Division spent \$1,407.34 for doctors' fees in Northern Manitoba and \$552.34 in other parts of Manitoba; and for medicine and ambulance service in Northern Manitoba \$286.15, and other parts of Manitoba \$260.39. This item includes, in some districts where there is a nursing home and the hospital is too far away, the confinement cases being looked after in the nursing home. The department pays at the rate of \$1.50 per day. We used to supply transportation to T.B. patients from Gypsumville district to come to Winnipeg for Pneumo-Thorax, but now the local doctor gives Pneumo-Thorax in Grahamdale nursing station and therefore all the patients in that district go to him.

In closing I wish to express thanks and appreciation to the Minister and yourself for your guidance and help in assisting me to carry out my duties as Supervisor. I also wish to thank the following organizations for their kind co-operation.

The Nursing Division, Hospitalization Division, Child Welfare Division, Juvenile Court, Officer Commanding of the R.C.M.P., Unemployment Relief Division (Department of Public Works) Out Patient Departments of the Winnipeg General, Psychopathic and St. Boniface Hospitals and the Social Welfare Commission of the City of Winnipeg.

You will find appended, statistical data of the work covering from May 1st, 1937 to December 31st, 1937, showing the total number of persons receiving relief during that time as follows:

Table No. I—Total number of persons on relief as compared to the last fiscal year.

- " 2—Classified Summary of expenditure.
- " 3—Details of persons receiving relief from May 1st, 1937 to December 31st, 1937, showing amount spent for food, clothing, etcetera, classified according to causes and nationality.
- " 4—Number of children in families, classified according to nationality, showing sex; number of applicants of foreign extraction born in Canada; persons not naturalized and total number of adults and children on relief.

I have the honour to be, Sir,

Your obedient servant,

B. ZEGLINSKI,

Supervisor, Social Assistance,
Unorganized Territory.

TABLE No. I.

NUMBER OF CASES RECEIVING RELIEF MAY 1st, 1937 to DECEMBER 31st, 1937

	Cases	Dependents
Number of Cases receiving relief May 1st, 1937	359	515
Number of new cases, May 1st, 1937 to December 31st, 1937	148	390
Total number of cases receiving relief, May 1st, 1937 to December 31st, 1937	507	672
Number of cases discontinued, May 1st, 1937 to December 31st, 1937	65	192
Number of cases carried over to 1938	442	1,098

The discontinued cases were as follows:

- 1 case transferred to the Public Works Department.
- 15 cases transferred to the Old Age Pension Board.
- 9 cases transferred to the Child Welfare Division.
- 8 cases died.
- 32 cases closed.

TABLE No. II.

**CLASSIFIED SUMMARY OF EXPENDITURE, MAY 1st, 1937 to
DECEMBER 31st, 1937:**

Food, Fuel, Clothing, Medical Fees, Transportation, Burial, Nursing and Miscellaneous Expenditure, \$45,902.74.

The above is divided into the following:

Food, etc.	\$35,639.46
Clothing	4,845.46
Inspectors	593.26
Medical Fees, Transportation, Burial of Indigent Persons, Nursing and Misc. Expenditure	4,824.56
Clothing on hand	\$4,386.23
Refund on Relief from May 1st, 1937 to December 31st, 1937....	255.07

TABLE No. III.

DETAILS OF CASES RECEIVING RELIEF FROM MAY 1st, 1937 to DECEMBER 31st, 1937
 Showing the amount spent for Food, Clothing, etc., in each Classification and each National Group

Numbers above expenditure represent the number of Cases

Classification	British	Canadian	French	H. Breed	Ukrainian	Polish	Germans	Other Nats.	Total	Average
Old Age	8	9	4	13	88	2	6	7		
Partially Disabled	\$ 752.26 5	\$ 739.78 6	\$ 423.70 4	\$ 658.52 11	\$ 5,764.62 30	\$ 73.47 1	\$ 486.12 3	\$ 519.08 3	\$ 9,417.55	\$1,177.19
Sickness	795.70 9	951.00 12	312.62 5	572.83 19	3,262.29 50	42.92 4	387.60 2	386.05 5	6,711.01	838.87
Imprisonment	829.54	1,845.51 2	539.90	1,535.92	3,836.66 4	257.64	201.06	683.68	9,729.91	1,216.23
Desertion	1	149.42 4	2	5	89.92 6		2	2	239.34	28.25
Widows	59.29	462.18 2	161.33 1	752.22 9	746.57 22		313.49	390.64	2,834.43	354.30
Blind	2	332.50 4	127.61 2	1,030.15 1	1,819.48 4	1		1	3,369.03	421.13
Tuberculosis	189.43	179.17	160.14 1	13.62 11	530.56 4	63.80 1		61.67 2	829.79	103.72
Paralysis			190.04	1,979.55 2	437.60 2	37.02	119.80 1	172.49 1	3,305.10	413.16
Insanity				154.46	130.67 3		30.00	80.00	395.13	49.39
Mentally Incompetent		2	3	2	178.46 4	1	1	2	178.46	22.31
Unmarried Mothers		571.07	115.14 1	153.00 1	515.63 3	88.58	164.26	313.99	1,921.67	240.21
Venereal Disease	1		61.59 2	141.37 2	520.92 3		1		723.88	90.48
	107.64		183.19	70.48	375.03		93.30		829.64	103.70
	27	41	25	76	223	10	17	23		
	\$2,741.86	\$5,230.63	\$2,275.26	\$7,062.12	\$18,208.41	\$563.43	\$1,795.63	\$2,607.60	\$40,484.94	\$5,060.62

Division of Psychiatry

INCLUDING

PROVINCIAL PSYCHIATRIST

PSYCHOPATHIC HOSPITAL

BRANDON HOSPITAL FOR MENTAL DISEASES

SELKIRK HOSPITAL FOR MENTAL DISEASES

(Note:—Farm Reports and Bursars' Reports for Fiscal year ending April 30th, 1938, appended to Annual Report of Department of Health and Public Welfare for calendar year 1938 for Hospitals for Mental Diseases at Selkirk and Brandon.)

Report for 8 month period May 1st, - December 31st, 1937.

Provincial Psychiatrist

January 27th, 1938.

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith a general report of the work of the Mental Diseases Division for the eight month period, May 1st, 1937 to December 31st, 1937.

GENERAL STATISTICS

(Mental Hospitals only)

	Men	Women	Total
Remaining in hospital April 30th, 1937	1,287	998	2,285
On parole or otherwise absent	46	39	85
Total on registers April 30th, 1937	1,333	1,037	2,370
Admitted, May 1st, 1937 to December 31st, 1937	269	221	490
Total under treatment	1,602	1,258	2,860
Discharged	128	101	229
As "recovered"	49	40	89
As "much improved"	15	15	30
As "improved"	29	25	54
As "unimproved"	13	9	22
(Transfers not included)			
As "Not psychotic"	22	12	34
Transfers between hospitals	56	48	104
Deaths	37	40	77
Elopements	3	0	3
% discharged of number under treatment	11.17	11.84	11.47
% discharged of number admitted	47.59	45.7	46.74
% died of number under treatment	2.31	3.18	2.76
Remaining in hospital December 31st, 1937	1,320	1,022	2,342

Since the types of patients treated are not comparable, the above table does not include statistics from the Institution for Mental Defectives. These are available in the report of that institution and it scarcely seems necessary to repeat them here.

This is a report for an eight-month period only, and the figures quoted are not exactly comparable with corresponding figures in the previous report. The only way in which they could be made approximately comparable, would be to consider that conditions influencing admissions, discharges, deaths, etc., would have been approximately the same in a succeeding four month period, as they were in the eight month period now reported upon. These conditions would not be entirely similar, particularly with regard to deaths, since the period reported upon does not cover months when deaths from Pneumonia, etc., are likely to rise.

However, some comparisons that may be made will be reasonably trustworthy, and are always interesting.

In the previous year, 3,000 patients received treatments and, if the same conditions now reported upon covered a full year instead of eight months, there would have been an increase of 290. There are some compensations however, as will be noted hereafter. The increment for the past five report periods has been: 57, 66, 79, 50, 42, respectively. One gets the impression of something suggesting a peak in the year 1935-36. There is a rather striking increase in the past three years over the previous two and the reasons advocated in last year's report, continue to be held as a possible explanation, viz., (1) increased confidence in the mental institution, (2) increased willingness to turn over to government agencies, responsibilities once retained in the home.

Reducing the figures again to an estimate of what would have happened in a full year, we are able to record a decrease in admissions. In the last report we recorded 781 admissions—in the period under review there were 490. In a full year at the same rate, there would have been 735. The decrease, according to indications, was mostly at Selkirk and the Psychopathic Hospital. Matters of available accommodation influence this figure. At both Selkirk and the Psychopathic Hospital, accommodation, especially for female patients, is always a matter of serious concern. At Brandon, such accommodation has been available throughout. The preponderance of female admissions noted in the previous report did not hold for the period now reviewed.

The actual number of discharges was, of course, less in this period, and if the same rate of discharge had continued for a full year, there would have been a very slight increase in total discharges. The proportion of those discharged and considered to be benefited, was approximately 75%—a figure somewhat less than the year before but much in advance of the year before that. The change is an indication of the effect of the newer forms of treatment. Any new departure is always received with enthusiasm, and the results of its application are likely to be tinged with this enthusiasm. With the accumulation of experience, a more balanced judgment is arrived at. This is illustrated by the figures for this period and its predecessor. In the latter the proportion of benefit was set at 81, in this period it is 75, but this is a noteworthy increase over the 54 of the second year back. There has been a significant increase also in the ratio of those discharged to those admitted—approximately 10% higher in this eight month period. 39% of discharged patients were considered as "recovered".

There was a sharp decrease in the number of transfers between hospitals even allowing for a mass transfer of sixteen patients in the previous year in order to affect some helpful readjustment in available accommodation.

The mortality rate—2.76% of those treated was unusually low, I think the lowest on record. This may only be an isolated occurrence, but one feels reasonably sure that improved means of caring for the chief mental hospital infections, viz., Tuberculosis and Pneumonia, contribute to this favorable result. No deaths from suicide occurred even though of the hundreds of patients treated a great many contemplate and seek opportunities for self destruction.

As has been mentioned, accommodation, while not a serious matter at Brandon, has continued to be one at Selkirk, and because of this, at the Psychopathic Hospital, also. The proportion of chronic patients held at the latter institution fluctuated between 30-50%. This situation, wasteful from every standpoint, could only be remedied by the provision of increased accommodation, chiefly for females at Selkirk.

Once more we were successful in keeping mental patients out of gaols. Patients

brought to our attention through the issuance of warrants have been given priority in admissions, even though at times their actual condition did not warrant their admission in advance of others who had been waiting longer. What happens is that relatives, and even physicians, finding that to await turn for admission entails considerable delay, call in the police and we, in turn, feel obliged to admit the patient rather than have him lodged in a gaol.

There were no deportations.

ACCIDENTS

There was a total of eight fractures—2 at Selkirk, 6 at Brandon. With one exception, these were produced by assaults from other patients. The one mentioned resulted from a fall in an old lady with unsteady gait. Overcrowding has a direct bearing on the number of accidents due to assaults, and in the "chronic" wards of both hospitals, there is overcrowding.

GENERAL HEALTH

On the whole the general health of patients and staff was good. Although there were isolated cases of infectious disease, no epidemics occurred.

Tuberculosis continues to be a menace, but with the steps being taken to discover cases among patients and staff, this situation will improve, and, in fact, I think I am safe in saying improvement is evident now.

MEDICAL WORK

The outstanding point for notice here is the extension of use of the so-called "shock" treatment of schizophrenia especially. Although a rational basis for the treatment has not been forthcoming, as yet, certainly results warrant employment. Work with hypoglycemic "shock" requires the attention of a number of both medical and nursing staffs and these must be temporarily withdrawn from other and routine work. What has been accomplished warrants this, however, the actual final results of these types of treatment will not be evident for some years, since the question of relapse of cases seemingly improved or recovered, requires time for its answer. At present, indications are that a distinct advance has been made, although possibly not quite of the proportions anticipated earlier.

Staffs have been unchanged and routine work has been well covered. Records at Selkirk and Brandon, more especially those relating to chronic patients, were investigated and suggestions for improvement were made.

The Out Patient work of the Psychopathic and Brandon Hospital for Mental Diseases, continued with satisfaction to all.

Occupational Therapy continued to occupy its important position in the work of all the hospitals. Each one has had its particular feature or problem. At Brandon, Dr. Schultz, physician in charge of the work, has been successful in getting a very large proportion of patients to work with great benefit to themselves and the institution. At Selkirk, we have had serious difficulty in retaining an occupational instructor, but in the latter part of the period, the department got started to work once more. At the Psychopathic inadequate accommodation and rapid turn over in patient population, limit the types of work that may be undertaken.

The Laboratory, X-Ray and Dental department have been busy throughout. The

newer types of treatment adapted, have increased the laboratory work and the zealous search for cases of tuberculosis keep the modest X-Ray departments occupied.

The institution of the 8-hour day, six day week, at Selkirk and Brandon, necessitated increase in staff and in living accommodation. The training of nurses has continued satisfactorily. There was an increased demand for trained nurses and we lost some of our staff to institutions offering higher remuneration.

Miss Crutchlow, Superintendent of Nurses at Selkirk, resigned after seventeen years of service, and was replaced by Miss Nicoll, former Assistant Superintendent of Nurses.

REQUIREMENTS

As has been the case in former years, the outstanding need is accommodation. The apparent vacancies at both Selkirk and Brandon give a false impression. Had we the patients justified by ordinary hospital standards re floor and air space per patient, we would have from 150-200 fewer in each of these institutions. The situation is particularly serious in wards accommodating chronic patients. A very definite effort is made to keep overcrowding of reception and treatment wards at a minimum and this inevitably results in over-filling of the custodial wards.

I should like to commend to you the uniformly faithful work of the medical and nursing staffs of all the institutions, and to thank you and the Minister for your continued co-operation and understanding.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.

Provincial Psychiatrist.

Psychopathic Hospital

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg.

Sir:

I beg to submit herewith a report on the work of the Psychopathic Hospital during the period May 1st, 1937, to December 31st, 1937. It will be noted that this period of less than a year is now reported upon pursuant to regulation changing the reporting period from the fiscal to the calendar year.

STATISTICAL SUMMARY

	Men	Women	Total
Remaining in hospital April 30th, 1937	14	15	29
On parole, or otherwise absent	0	0	0
Total patients on register April 30th, 1937	---	---	---
Admissions: May 1st to December 31st, 1937.....	117	103	220
First Admissions	86	73	159
Re-admissions	31	30	61
General Admission	51	59	110
Voluntary Admission	6	5	11
By Commitment	59	38	97
Retaken from Probation	0	1	1
From Immigration Authorities	1	0	1
Transfers	0	0	0
Total patients under care	131	118	249
Average daily population			33.2
Rated capacity	16	16	32
Percentage over capacity			3.75
Discharges: May 1st to December 31st, 1937	109	94	203
As "recovered"	27	23	50
As "much improved"	7	7	14
As "improved"	8	8	16
As "not insane"	16	7	23
As "unimproved"	51	49	100
Deportations	---	---	---
Transfers	51	48	99
To Selkirk	36	31	67
To Brandon	15	17	32
To Relatives	39	34	73
To Relatives, against advice	5	6	11
To Own control	8	3	11
To Police	5	0	5
To Old Folks' Home	0	1	1
To Convalescent Home	1	0	1
To Winnipeg General Hospital	0	2	2
Elopements	0	0	0

Deaths	6	5	11
% death of total admission			5.42
% death of total under treatment			4.74
% discharged of number under treatment			41.77
% discharged of number admitted			47.27
% recoveries of number admitted			22.72
Remaining in hospital December 31st, 1937	16	19	35

ADMISSIONS

220 patients were admitted. Had the same rate of admission prevailed throughout the year, 330 would have been admitted which is below the five year average by about forty. It might seem that there had been an actual lessening of demand, but from the size of the waiting list this assumption would not be correct. The real explanation no doubt is the effort to keep the admissions as near in number to rated capacity as possible. While this policy is dictated by one type of necessity, another, that of accepting patients at once and at the earliest possible period in their psychosis, would dictate a policy of immediate admission. A waiting list implies the presence in the community of patients with mental disorder of sufficient grade to warrant hospital care and this has serious further implications of danger, anxiety and loss of valuable time. In addition, it entails much effort on the part of staff in interviewing physicians and relatives in an effort to keep peace and allay anxiety till admission is effected.

Once more, the chief bar to speedy admission has been inability to arrange transfer of suitable patients to Selkirk. At times 50% of our accommodation was taken up by patients who should have been transferred but could not be on account of lack of accommodation at Selkirk. This fact is dwelt upon with full understanding of the many difficulties facing the government. It is an important item that indicates clearly a need that should be met at the earliest feasible moment.

The proportion of first admissions was approximately the same as last year. There are minor fluctuations from year to year.

There were fewer female patients than male admitted but the waiting list for females was persistently longer. The reason for this is that it is provision for female patients that constitutes the chief lack at Selkirk. When one-third to one-half of the accommodation here is taken up by chronic patients, the excess is about 80% female patients.

Last year there was a drop of 4% in the number of patients admitted by magistrate's commitment. This year the proportion has gone back to approximately what it was before, viz., 44%—a figure that is too high. It seems unlikely that it will be reduced until such time as we can promptly admit patients when application for admission is made. When we are unable to do this two things may happen—either the patient's condition gets worse and he must then be brought in by force, or, with an attempt on our part to delay admission so that we may keep patient population down, the relatives simply call in the police and we are obliged to take by commitment a patient who would have come voluntarily had we been able to accept him in the first instance.

We continue to have difficulty on account of the insistence of relatives and physicians on early admission for their particular patient, regardless of the prior claims of others. This is, in part, due to a desire on the part of relatives or physicians

to be speedily relieved of responsibility, and partly due to the anxiety and fear that the exhibition of mental symptoms arouses in those nearby the patient.

DISCHARGES

Fewer patients being admitted, naturally fewer were discharged. There was a slight decrease in the number of patients who on discharge were considered to have benefited, but the change was too small to be of significance. A rather remarkable thing was that the proportion discharged as "not insane" was three times that of last year. This is hard to explain. In regard to this group, those bringing them under care were wrong in their judgment of the case three times as often as in the previous year. One would like to know why. One explanation that suggests itself is that these particular patients in the face of their difficulties "let go" and exhibited conduct that to the lay mind meant disease, and yet was only a temporary lapse into primitive behaviour such as many would show were they similarly tried.

A proportionately larger number of patients were transferred to the other hospitals for mental diseases, although the actual number so transferred was smaller. During the period under review in an effort to keep patient population here down, we have tended toward earlier transfer of patients in whose case an early improvement was not to be expected. Approximately two-thirds of the transfers were to Selkirk—a proportionate decrease compelled by the state of accommodation there.

There were no escapes during the period.

DEATHS

The mortality rate 4.74 of those under treatment is .1% higher than in the previous year. Five of the eleven deaths might be credited to the same condition as caused the psychosis for which the patient was admitted. Proportionately fewer died of Pneumonia in one of its forms. The average age at death was 55 years and the average stay of those who died was between 17 and 18 days. There were no unusual cases among these.

No suicides occurred.

CLASSIFICATION

Classification by diagnosis of cases admitted shows no particular variation. The group "Schizophrenia or Dementia Praecox" continues to occupy the first position as to numbers. Other types show little change from year to year.

Classification by age showed a shift to the decade 20-30. Last year the prominent decade was 40-50.

The largest single occupational group was again that of "housewife".

CLINICAL SERVICE

The interne service arranged with the Winnipeg General Hospital was in operation and on the whole was satisfactory. The only disadvantages have been (1) that the period was too short; (2) that the interne had to give two hours daily to the Out Patient medical service at the General Hospital. The internes have gained more from the arrangement than has the hospital but one is satisfied that the ultimate result, viz., wider dissemination of psychiatric knowledge will be all to the good.

Relationships with other hospitals have continued to be cordial. The staff has co-operated in matters of consultation, etc., whenever their service has been desired.

The Out Patient Department has been, if anything, busier than ever. As noted last year, the entire time of one physician is required each forenoon for this work.

During the year, co-operation with the experimental clinic for children having school difficulties, was extended. This clinic arranged by the Faculty of Education in the University, is of the nature of a demonstration clinic only.

NURSING SERVICE

The arrangement with the Training School of the Winnipeg General Hospital continued and thirty-five nurses in training served in this hospital during the period under review.

Staff personnel was unchanged.

SOCIAL SERVICE

During the period, thirty home visits were made and 168 investigations of cases admitted or readmitted, carried out. This was, of course, in addition to the usual service for patients, liaison with relatives, etc.

OCCUPATIONAL DEPARTMENT

An inventory of completed articles is not supplied in this report but the department has been busy all the time and continually demonstrates its value as a part of the treatment of mental disease.

EDUCATIONAL WORK

In addition to the training of nurses, the usual work for medical students has continued. We look forward to an extension of this, not so much in the clinical portion as in the provision of a better ground work for interpretation of psychiatric problems.

GENERAL

The service rendered by the members of the staff in all departments has been of a high order throughout.

Co-operation from yourself and the Minister has been ready and prompt, and for it, we have been grateful.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.

Director, Psychopathic Hospital.

Brandon Hospital for Mental Diseases

Brandon, Man.

A. T. Mathers, M.D., F.R.C.P.,
Provincial Psychiatrist,
Winnipeg, Man.

Sir:

I have the honour to present the forty-eighth Report of the Brandon Hospital for Mental Diseases for the eight months' period May 1st, 1937, to December 31st, 1937.

The resident population at the beginning of the period was 1,412, consisting of 763 men and 649 women, with 42 on parole. On December 31st, 1937, there were 1,456 in residence, 788 men and 668 women—an increase in resident population of 44, with 65 on probation.

The admission rate was higher than for the previous report. First admissions 114, readmissions 32, transferred 35—total 181. Transfers from the Psychopathic Hospital constituted 17.6% of all admissions.

Age Incidence.—67.4% of admissions were under fifty years of age. The 3rd, 4th and 5th decades furnished an equal number. Nineteen patients were over 70 years of age, and 40 over 60 years.

Nativity.—58.01% were Canadian born, 18.23% from Great Britain and Ireland. Poland was the next largest contributor with 9.40%. It is to be noted that the Canadian born percentage is increasing, and this is not unexpected in view of declining immigration from Central Europe.

Diagnostic Classification.—Of first admissions 32.45% were Schizophrenics; 7.9% Manic-depressive psychoses; Senile and Arteriosclerotic conditions accounted for 17.55%; General Paralysis 2.63%. There were 21 patients admitted without psychosis, of whom nine were mental defectives.

The average daily number of patients in residence since 1919-20 is as follows:—

1919-20	749		1929-30	1,155	Increase 43
1920-21	787	Increase 38	1930-31	1,177	" 22
1921-22	837	" 50	1931-32	1,186	" 9
1922-23	865	" 28	1932-33	1,190	" 4
1923-24	908	" 43	1933-34	1,220	" 30
1924-25	934	" 26	1934-35	1,278	" 58
1925-26	982	" 48	1935-36	1,313	" 35
1926-27	1,038	" 56	1936-37	1,384	" 71
1927-28	1,076	" 38	*1937	1,433	" 49
1928-29	1,112	" 36			*8 months.

Separations.—There were 114 total separations, including 72 discharged, 2 transferred, 3 eloped and 37 died. 19.4% were discharged as recovered; 41.6% as improved, 23.6% unimproved and 15% as not psychotic.

Deaths.—There were 37 deaths, a decidedly low figure even considering the shorter

period involved. 21.6% were due to or associated with the cause of the mental disorder, 10.8% died from pulmonary tuberculosis, 16% from bronchopneumonia, and 38% from cardio-vascular conditions. Fortunately there were no deaths from suicide.

Accidents.—Accidents are all too frequent and the situation is becoming more alarming as overcrowding increases despite the evident vigilance of the ward staff. Two patients suffered from Colles fractures, two sustained fractures of tibia and fibula and one old lady suffered from fracture of the neck of the femur when she slipped due to unsteadiness of gait. All but the latter were due to assaultive attacks by other patients.

General Health.—The health of patients and staff has on the whole been good. Male staff lost a total of 216 days, 86 of which were due to one individual suffering a psychosis. Female staff lost 297 days, one individual accounting for 83 days, due to arthritis. No severe epidemics visited the institution. Tuberculosis is still a serious problem, particularly among our pupil nursing staff, in spite of constant vigilance in supervising nursing technique and repeated measures to check up on early infections. It is our opinion that the discovery of all cases in the early stages is the only method of choice, and whereas many would doubtless overcome minor lesions, we have learned from past experience that the occasional case would proceed to a fatal termination.

Clinical and Medical Work.—The routine clinical work has been maintained on all services in spite of additional time devoted to new lines of therapy in the Reception Service. I refer in particular to Insulin Shock therapy which appears to offer some benefit in certain types of psychosis and has been a means of stimulating interest not only in the medical but also the nursing and attendant staff. We feel that with experience and prolonged observation of cases selected and treated, valuable information will be gained as to whether it is likely to become an indispensable therapeutic measure.

Many cases have been treated by Metrazol both in the chronic and acute reception services. At present there rests much doubt as to its value in long standing cases, but here again the early cases appear to derive some benefit.

It is necessary to keep constantly in mind the needs of the majority of patients of chronic type in order that the well established routine is not thrown overboard and abandoned in over concentration on the newer and as yet unproven procedures. We would like at this time to express our gratitude for the suggestion made in this regard by you during your recent visit and already steps have been taken to ensure that more frequent records will be made in a systematic manner of all patients.

The Child Guidance Clinics continue in great demand both in Brandon and outlying districts. It is interesting to note that centres which have been visited a number of times need less attention than those more recently contacted. Eleven centres were visited and the educational authorities have shown an increasing appreciation of the service offered. One hundred and sixty-two patients were examined, 196 parents and teachers interviewed, and 257 homes visited.

Interest in Occupational Therapy is increasing and has shown good results in aiding the adjustment to institutional life and speeding up recovery. From a financial standpoint the venture is also proving successful. Profit shown during the fiscal year was \$4,155.63. This does not take into consideration expenditures for salaries, etc.

LABORATORY AND X-RAY DEPARTMENTS

The introduction of the Insulin treatment for Schizophrenia has entailed a con-

siderable increase of work in the bio-chemical section. There are indications that the variations found in the blood-urea content may prove of especial interest. Again there has been a decrease in the number of autopsies performed.

The results of the Mantoux testing indicate a relatively high percentage of non-reactors among the population of Western Manitoba. Most of the positive reactors among the members of the male staff have been attendants in the hospital for a number of years.

The value of routine plating of the chest was shown in the discovery of active pulmonary tuberculosis in one of the nurses who had made no complaint and who seemed to be enjoying her usual health.

Three student technicians are enrolled in preparation for the diploma of the American Registry of Technicians. Detailed summary of all laboratory procedures is available for your inspection at this office but it is considered unnecessary to include it in this report. It is to be noted, however, that the work of the laboratory is increasing and its value to the hospital and Public Health district can scarcely be over-estimated.

The departments of dentistry and surgery were operated in an efficient manner. Our dentist is kept constantly occupied on a half-time basis, and more time could be allotted to this institution with benefit to the service.

The training school has carried on the usual course of instruction. The number of nurses has risen to 113 by the institution of the six-day week, eight-hour day, necessitating the employment of some thirty-one pupil nurses in the probation class. With few exceptions all our graduates stay for an indefinite period after receiving their diplomas. Some leave to take up general training and are encouraged to do so. We regret the loss of some recently to other mental institutions offering greater monetary inducements.

RECOMMENDATIONS

A serious situation is rapidly developing due to over-crowding on our chronic wards. Already we have 150 patients in excess of reasonably comfortable accommodation. Our attendant staff quarters are not adequate and our Nurses' Home has long since failed to provide sufficient privacy and comfort, especially for student nurses in their senior years, and graduates who are obliged to occupy double rooms designed for one person.

The Report of the Bursar and the Report of the Farm Manager for the fiscal year ending April 30th, 1938, will be found appended to the Annual Report of the Department of Health and Public Welfare for the calendar year 1938.

Many I again avail myself of this opportunity of thanking you for your interest and advice and to extend to the Honourable the Minister of Health and Public Welfare and his Deputy, our gratitude for their appreciation of our needs. I cannot speak too highly of the splendid service being rendered by the majority of the staff of this institution and of their genuine desire to promote its welfare.

I have the honour to be, Sir,

Your obedient servant,

T. A. PINCOCK, M.D.,

Medical Superintendent.

TABLE No. 1.

THE MOVEMENT OF PATIENTS

From May 1, 1937 to December 31, 1937.

	Male	Female	Total
Remaining under treatment at May 1, 1937	763	649	1,412
On Parole or otherwise absent	22	20	42
Total	785	669	1,454
First Admissions:			
	Male	Female	Total
General admissions	28	29	57
Voluntary admissions	4	4	8
Other sources	30	19	49
Re-admissions:			
General admissions	11	6	17
Voluntary admissions	3	0	3
Other sources	7	5	12
(From probation, males 5, females 12)			
(From elopement, males 3, females 0)			
Transferred:			
From Psychopathic Hosp., Winnipeg....	14	18	32
From Selkirk Hosp. for Mental Dis....	3	0	3
	100	81	181
Total number treated	885	750	1,635
Discharged:			
As recovered	8	6	14
As much improved	7	5	12
As improved	11	7	18
As unimproved	10	7	17
As not psychotic	6	5	11
	42	30	72
Transferred:			
To Selkirk Hospital for Mental Dis....	2	0	2
Eloped	3	0	3
Died	16	21	37
Total number Discharged, Transferred, Eloped and Died during eight months' period	63	51	114
Remaining under Treatment, December 31, 1937	788	668	1,456
On Parole or otherwise absent	34	31	65
Total	822	699	1,521

Selkirk Hospital for Mental Diseases

Selkirk, Manitoba, January 1st, 1938.

Dr. A. T. Mathers,
Provincial Psychiatrist,
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Selkirk Hospital for Mental Diseases for the eight month period—May 1st to December 31st, 1937.

The Statistical Report is confined to the Movement of Population, and a summary of additional data compiled from other tables which are not attached, as in prior years.

Movement of Population.—The period began with 510 men and 334 women in residence,—a total of 844, and 24 men and 19 women, 43, on probation,—the total on the Register being 534 men and 353 women,—887. The period ended with 516 men and 335 women in residence,—a total of 851, and 24 men and 16 women on probation,—a Register population of 540 men and 351 women,—a total of 891,—an increase of 4%. The total under treatment during this period was 976,—586 men and 390 women, a decrease of 41 due in part to the shorter period covered by this report and in greater part to the lack of accommodation. Lowest number in residence was 839 (May 24th), and the highest number 851 (December 30th). The daily average for this period was 845.64 as compared with 840.76 of the prior year,—an increase of 4.88.

Admissions.—Admissions totalled 89,—52 men and 37 women. **First Admissions** were male 31, female 25,—a total of 56. **Re-admissions** were male 21, female 12,—33.

Psychoses of First Admissions.—Out of a total of 56, 25 (44.63%) were Schizophrenia; 7 (12.5%) were Cerebral Arteriosclerosis; 6 (10.78%) were Manic Depressive, and 4 (7.14%) were General Paralysis of the Insane. Other psychoses were of smaller percentages.

Nativity—(All Admissions)—

Canada	47.2%
United States	1.1%
Great Britain, Ireland and New Zealand	20.2%
Europe	31.5%

Racial Distribution—(First Admissions)—

Slavonic	28.6%	German	8.9%
English	23.2%	Scandinavian	7%
Scotch	9%	Hebrew	5.3%
Irish	7%	All others	11%

Age Distribution—(First Admissions)—

Under 15 years	None	45 - 49 years	6
15 - 19 years	3	50 - 54 years	2
20 - 24 years	9	55 - 59 years	2
25 - 29 years	8	60 - 64 years	4
30 - 34 years	3	65 - 69 years	2
35 - 39 years	6	Over 70 years	6
40 - 44 years	5		

Educational Status—(First Admissions)—Illiterate 5; Read and Write 4; Common School 37; High School 8; College 2.

Environment—(First Admissions)—Urban 44, and Rural 12.

Economic Status—(First Admissions)—Dependent 13; Marginal 17; and Comfortable 26.

Civil Status—(First Admissions)—Single 25; Married 25; Widowed 4; Separated 1; Divorced 1.

Re-admissions.—Re-admissions totalled 33,—male 21, and female 12. Schizophrenia represented 57%, and Manic Depressive 24% of the total.

Discharges.—Discharges totalled 53, distributed as follows:—

Recovered	25	Improved	20
Much Improved	4	Unimproved	4

Transfers.—Three males were transferred to the Brandon Hospital for Mental Diseases.

Elopements.—One male eloped but was recovered,—hence he is not shown in the Statistical Return.

Deaths.—29 patients died,—15 men and 14 women,—a mortality rate of 3% based upon the total number under treatment.

GENERAL HEALTH

Patients and Staff have, on the whole, enjoyed good physical health. Nothing in the nature of an epidemic occurred, and infectious diseases were comparatively few and of mild degree.

Tuberculosis, especially pulmonary, is prevalent in our congested chronic wards, and until the overcrowding is in great measure relieved the isolation and control of this infection will be far from satisfactory,—in fact well nigh impossible.

As this report is being prepared all patients and Staff are under-going X-Ray examination of the chest. The resulting plates will materially assist in uncovering new cases, confirming the diagnosis in suspects and permit of classification of active and inactive cases, but the isolation and nursing care so essential will not be possible until the requisite space is available. It is now only possible to partially isolate the most infective cases.

Major accidents were few. A male patient suffered a fracture of the Tibia; a male patient suffered a nasal fracture; a female patient a fracture of the Humerus, and an attendant received a dislocation of the nasal cartilage, due to an accidental blow by a patient.

MEDICAL WORK

On admission all patients are put to bed and a chart kept for a few days as though physically ill. During this period a complete physical examination is made including analysis of the urine, blood and spinal fluid. Wassermann tests of blood and spinal fluid are routine in all cases as are various immunization procedures. Making available to the Hospital the services of an X-Ray Technician and equipment, as has

been done recently, will add materially to the thoroughness of the physical examination.

Mental analysis of all patients is carried out, and when completed the case is presented at Medical Staff Conference for diagnosis, and treatment routine outlined. Adequate case records are maintained.

INSULIN "SHOCK" THERAPY

During the past fourteen months Insulin "Shock" Therapy has been carried out on a group of Schizophrenic patients. Included in this group are patients whose duration of illness varies from a few weeks to five years. The results so far obtained suggest that with patients who have been ill less than six months beneficial results can be obtained in a larger percentage of cases than is to be expected under ordinary hospital care. With greater duration of illness there is a rapid decrease in the percentage that is favorably affected.

To date 62 patients have had a complete course of treatment with the results as tabulated below. All patients classified as "Remissions" and four of those classified "Improved" have been probated from hospital and our latest information indicates that they are making good adjustments. It is, of course, too early to express any opinion as to the permanency of these Remissions.

Full Remissions	24
Social Remissions	8
Improved	9
Unimproved	21
Total	62

It is hoped at a later date to present a detailed report to the profession at large of the results obtained in at least one hundred cases.

METRAZOL THERAPY

Our experience with Metrazol in the treatment of Schizophrenia is as yet all too limited to permit of any conclusion being drawn as to its value. The results so far obtained have been, in the main, disappointing, especially when compared with those of other reporting hospitals. This may be accounted for by the fact that patients treated by this method have been those who failed to show any response to Insulin "Shock" or cases of such duration that it was thought useless to use Insulin. It may well be that selected recent cases would show better results.

As time and opportunity permits this method will be further investigated.

DENTAL CLINIC

The Dentist reports the following work done:—

Patients examined	678	Treatments	23
Extractions	316	Dentures	26
Fillings	39	Local Anaesthetics	306
Scaling and Polishing	265	General Anaesthetics	2

STAFF INCREASE

On May 1st, 1937, instructions were issued by the Department of Health and Public Welfare that arrangements be made as soon as possible to give all employees a day's rest in seven. This meant a considerable increase in Staff,—Nursing, Attendant, Domestic and Farm.

The problem immediately confronting the officers of the Hospital was the provision of accommodation for the necessary additions. By the renovation of two rooms in the basement of the Old Building and granting living-out privileges to several married attendants nine new men were taken care of. Lecture and demonstration rooms in the Nurses' Residence were partitioned and eight pupil nurses accommodated. These changes could not be decided upon and completed at a moment's notice and the implementing of the instructions was of necessity delayed. However, male attendants got a day every two weeks beginning June 1st and a day a week beginning July 12th. Changes in the Nurses' Residence were such that the "day off" was not possible until mid-December. Farm Staff began in July. It has not been possible to arrange for the Domestics who now get the equivalent of $3\frac{1}{2}$ days per month. Just as soon as accommodation for extra Domestics can be found this group will receive the same consideration accorded all others. A tentative plan is being examined and if found practical and suitable it will be carried out.

TRAINING SCHOOL FOR NURSES

After seventeen years of loyal service to the Hospital as Superintendent of Nurses Miss Jean Crutchlow resigned on May 8th. Miss Mabel Nicoll, Assistant Superintendent for fifteen years was promoted to Acting Superintendent and later confirmed as Superintendent of Nurses.

Eight Nurses completed their three years of Training and were granted Diplomas in Mental Nursing.

OCCUPATIONAL THERAPY

Of recent years it has been difficult to retain in the service a trained Occupational Therapist. The only training school is in Toronto and practically all students are Easterners and there is a disinclination on their part to spend any length of time in a western hospital. The distance from their home and the great expense involved in going home for holidays make a position here less attractive than otherwise would be the case. The only solution to this problem is to induce western young women to take the necessary training and then seek posts in western hospitals.

Despite the fact that for some seven months the Hospital had been without a Therapist, patients have been employed in useful work in the Hospital in numbers equal to former years.

RELIGIOUS SERVICES, ENTERTAINMENTS, ETC.

Religious services have been regularly held each Sunday, the local clergy officiating in turn.

Weekly dances have been held, except during the summer months. Radio entertainment is provided daily.

CONSTRUCTION, ALTERATIONS AND REPAIRS

These have been confined to keeping the plant in as good repair as possible. No new construction has been undertaken.

Ground improvement goes forward as new areas are prepared for lawn and landscaping.

ACCOMMODATION

The necessity of additional accommodation for patients and staff is so well recognized that no special comment is required.

The reports of the Bursar and Farm Superintendent for the fiscal year ending April 30, 1938, will be found attached to the Annual Report for the calendar year 1938.

In conclusion, I desire to express my thanks for the co-operation and support given me by all officials of the Department and by the Staff in carrying on the work of the Hospital.

I have the honour to be, Sir,

Your obedient servant,

E. C. BARNES, M.D.,

Medical Superintendent.

TABLE No. I.

STATISTICAL SUMMARY

1.—Movement of Population—

	M.	F.	T.
Remaining in Hospital April 30th, 1937	510	334	844
On Parole or otherwise absent April 30th, 1937	24	19	43
Total Patients on Register April 30th, 1937	534	353	887

First Admission, May 1st to December 31st, 1937:

	M.	F.	T.			
General Admissions	—	—	—			
Voluntary Admissions	1	—	1			
By Commitment	4	3	7			
Transfers from other Institutions for Mental Diseases	26	22	48	31	25	56

Readmissions, May 1st to December 31st, 1937:

General Admissions	—	—	—			
Voluntary Admissions	2	—	2			
By Commitment	6	3	9			
Transfers from other Institutions for Mental Diseases	13	9	22	21	12	33
Total Admissions May 1st to December 31st, 1937				52	37	89
Total under Treatment May 1st to December 31st, 1937				586	390	976

Discharges—May 1st to December 31st, 1937—

	M.	F.	T.			
Recovered	14	11	25			
Much Improved	1	3	4			
Improved	10	10	20			
Unimproved	3	1	4	28	25	53

Not Insane	---	---	---
Deportations	---	---	---
Eloperments	---	---	---
Transfers between Hospitals	3	---	3
Deaths	15	14	29
Total Discharged, Not Insane, Deported, Eloped, Transferred and Died	46	39	85
Remaining in Hospital December 31st, 1937	516	335	851
On Parole or otherwise Absent December 31st, 1937	24	16	40
Total on Register December 31st, 1937	540	351	891

2.—Additional Data—

1. Average Daily Population (excluding probations)	845.64
2. Rated Capacity	640
3. % over Rated Capacity	33%
4. % Deaths of average Daily Population	3.43%
5. % Deaths of number under treatment	3%
6. % Discharged of number under treatment	5.44%
7. % Discharged of number admitted	60%
8. % Recoveries of number admitted	28%
9. Returned from probation: 3 Males and 4 Females.	

Fiscal Supervision of Public Institutions

January 1st, 1938.

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

It is my privilege and honour to submit to you report, as Supervisor of Public Institutions, for the period May the 1st, 1937, to December the 31st, 1937. It is not possible in this report to give comparisons as to previous revenue, as you will note that by virtue of the new regulations, this report is for an eight months' period only.

The revenue reported herein is made up from the various sources; maintenance of patients in the Psychopathic Ward of the Winnipeg General Hospital; maintenance of patients in the Manitoba School, Portage la Prairie; and maintenance of patients in the Hospitals for Mental Diseases, Brandon and Selkirk, Farm and Sundry Revenue from the various Institutions is also included.

MAINTENANCE ACCOUNT

Brandon Hospital for Mental Diseases:

8 months' period ending December 31st, 1937—

Provincial and Private patients	\$ 9,678.15	
Indian Patients	2,767.65	
Collection Receipts		\$12,445.80
Estate Receipts		13,175.91
		\$ 25,621.71

Selkirk Hospital for Mental Diseases:

8 months' period ending December 31st, 1937—

Provincial and Private Patients	\$ 5,258.78	
Indian Patients	3,791.94	
Soldiers	12,803.65	
Insane Convicts	250.10	
Collection Receipts		\$22,104.47
Estate Receipts		7,465.42
		29,569.89

Manitoba School, Portage la Prairie:

8 months' period ending December 31st, 1937—

Provincial and Private Patients	\$ 1,884.33	
Municipal Patients	29,460.53	
Collection Receipts		\$31,344.86
Estate Receipts		320.40
		31,665.26

Psychopathic Hospital, Winnipeg:

8 months' period ending December 31st, 1937—

Provincial and Private Patients	\$ 4,160.37	
Collection Receipts	\$ 4,160.37	
Estate Receipts	1,133.00	
		<u>5,293.37</u>
Total Maintenance Collected		<u>\$ 92,150.23</u>

FARM ACCOUNT

8 months' period ending December 31st, 1937.

Brandon Hospital for Mental Diseases:

Produce supplied from Institution	\$10,925.77
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Selkirk Hospital for Mental Diseases:

Produce supplied from Institution	9,413.16
---	----------

Manitoba School, Portage la Prairie:

Produce supplied from Institutions	5,186.63
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Total	<u>25,525.56</u>
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SUNDRY REVENUE ACCOUNT

8 months' period ending December 31st, 1937.

Brandon Hospital for Mental Diseases	\$228.69	
Selkirk Hospital for Mental Diseases	286.25	
Manitoba School, Portage la Prairie	135.71	
Total	\$ 650.65	
Refunds to appropriations	2,237.56	
Total Revenue		<u>\$121,776.45</u>

OCCUPATIONAL THERAPY ACCOUNT

8 months' period ending December 31st, 1937.

Brandon Hospital for Mental Diseases	\$935.91	
Selkirk Hospital for Mental Diseases	99.34	
Manitoba School, Portage la Prairie	177.20	
Total		<u>\$ 1,212.45</u>

Total Revenue received on Maintenance Account	\$92,150.23
Total Revenue received on Farm Account	25,525.56
Total Revenue received on Sundry Revenue	650.65
Total Revenue received on Therapy Account	1,212.45
Total Revenue received on Refunds to Appropriations	2,237.56
Grand Total	<u>\$121,776.45</u>

GENERAL REMARKS

As stated in the fore-part of this report, this being the first time that a report for eight months only of any year has been made, comparisons as to collections cannot satisfactorily be made. My understanding is, that hereafter our reports are to be made at the end of each calendar year and comparisons will then be able to be made as heretofore.

One does not need to elaborate on the difficulties experienced in collection for hospitalization accounts, especially for hospitalization of this type, but I can safely say that I believe that we have a properly established routine in this office to handle the accounts to the best advantage.

I have the honour to be, Sir,

Your obedient servant,

R. R. GOODWIN,

Supervisor of Public Institutions.

ADMISSIONS AND MAINTENANCE OF PERSONS TO INSTITUTIONS AND PRIVATE HOMES FOR AGED AND INFIRM

For 8 Months' Period, May 1st, 1937 to December 31st, 1937

Total admissions, Manitoba School, Portage la Prairie	17	
Total admissions, Home for Aged and Infirm, St. Boniface	100	
Total admissions, Sunset Lodge	9	
Total admissions, Middlechurch Old Folks' Home	none	
Total admissions, Private Homes	28	
		<u>154</u>
Total number of patients remaining in the Manitoba School, Portage la Prairie, as at December 31st, 1937	396	
Total number of patients remaining in the Home for Aged and Infirm, St. Boniface, as at December 31st, 1937	271	
Total number of patients remaining in Sunset Lodge as at December 31st, 1937	30	
Total number of patients remaining in Incurable Ward, St. Anthony's Hospital, as at December 31st, 1937	3	
Total number of patients remaining in Incurable Ward, Old Folks' Home, Middlechurch, as at December 31st, 1937	4	
Total number of patients in Private Homes as at December 31st, 1937	195	
		<u>899</u>

Arrangements have been made that henceforth this office will not have the supervision of the passing on the applications for the Government Grant, for cases in the foregoing categories. This will be under the supervision of the Division of Hospitalization, which division is headed by a physician. This to my mind is a proper transfer, as the writer, not being a physician, is not qualified to properly pass on the applications, each of which necessarily contains a lengthy Medical Report on the Applicant. Hereafter, therefore, reports regarding these admissions will be made by the Supervisor of the Division of Hospitalization.

It might be mentioned that with the exception of the Manitoba School at Portage la Prairie, which is a Government Institution, all of the other Institutions named received a Grant from this Department on a per capita basis of twenty-five cents per day.

During the year we obtained information from all of the other Provinces of Canada as to what was done by them in meeting the problem of looking after Incurable old persons. This problem is becoming an increasingly large one and, to my mind, should be a concern solely of the Municipality of which the old persons are resident and not one of the Provincial Government. Our information from the other Provinces was to the effect that no contribution was made by the Provincial authorities for the care of aged and infirm persons as is the case in this Province, the whole responsibility resting with the Municipality, and to my mind this Province should take steps to bring this about here. The costs are going to be increasingly great from year to year and I can see no reason for the Province absorbing part of these costs from the Municipalities who are directly responsible for the care of their own people. Of course, it is to be borne in mind that, in addition to the twenty-five cents per day paid by the Province, the Municipality is required to pay fifty cents per day towards the patient's maintenance if the case is an ambulant one and one dollar per day for bedridden cases.

OLD AGE PENSIONERS

I beg to report that we have administered the Old Age Pensions belonging to patients admitted to the Homes for Aged and Infirm. During past eight months' period, there were 96 Old Age Pensioners in the Home for Aged and Infirm, St. Boniface; 12 Old Age Pensioners in the Manitoba School, Portage la Prairie; 12 Old Age Pensioners in the Salvation Army Home, Sunset Lodge, and 3 Old Age Pensioners in the Salvation Army Eventide Home, totalling 123, and their Pension monies were disposed of as follows:—

Old Age Pensions Trust Fund:

Balance in Trust Account, April 30th, 1937	\$ 6,597.65
Amount of pensions received	19,186.46
Personal Allowances to Pensioners	\$1,141.14
Refunded back to Municipalities	8,068.89
Paid out on Sundry Account	5,177.74
Placed in Consolidated Revenue	2,503.88
	16,891.65
Balance in Trust Account, December 31st, 1937	\$ 8,892.46

THE MANITOBA SCHOOL, PORTAGE LA PRAIRIE THE MENTAL DEFICIENCY ACT

This Department is responsible for the collection for the maintenance of Mental

Defectives in the Manitoba School at Portage la Prairie from the Municipalities from which they come. With the return to better tax collections by the Municipalities our collections in this respect have shown a corresponding increase over the previous year. We have instituted a new system on these collections and have been sending out the accounts more frequently than has been done in the past, with good results. We have on our books two or three disputed cases which we hope will be cleared up shortly, but on the whole I am pleased to be able to report satisfactory progress with respect to the Manitoba School collections generally.

I have the honour to be, Sir,

Your obedient servant,

R. R. GOODWIN,

Supervisor of Public Institutions.

Administration of the Estates of the Mentally Incompetent

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

January 1st, 1938.

Sir:

I am submitting, herewith, as Administrator of Estates of the Mentally Incompetent for the Province of Manitoba, report for the period May 1st, 1937, to December 31st, 1937.

The total number of estates under administration during this period was 733. 571 of these estates were productive and 162 non-productive.

The total number of parcels of real estate under administration numbered 290, and in connection with the real estate, the following number of leases, mortgages and agreements were under supervision:

Leases	Farms	111	194
	City	83	
Mortgages	Farms	45	58
	City and Suburban	13	
Agreements for Sale	Farms	33	38
	City and Suburban	5	

We received for patients in the Brandon and Selkirk Institutions, and Manitoba School, Portage la Prairie, during the period, the following grain:

Wheat	11,070 bushels	Rye	90 bushels
Oats	9,161 bushels	Flax	1,125 bushels
Barley	8,991 bushels	Hay	154 tons
Oat Sheaves, 5,350.			

Prices realized for the grain were fairly satisfactory and grain was disposed of immediately tickets were received in this office, with one exception, as we have not made a practice of holding grain for the patients. In the one case referred to, a small amount of grain was held for a time upon the special request of the relatives of the patient, who advised that the patient had previously always held his grain, but this practice will not be continued, even at the insistence of relatives, as it is deemed no part of the Administrator's duties to constitute himself a prognosticator of the grain market.

During the eight months' period we sold the following property:

Part of the N.W. 19-13-8 East.
Lots 18 and 19, Myrtle, Manitoba.
S.E. 7-14-6 East.

We were fortunate in liquidating this real estate and received reasonable prices in all cases. Of course, before completing the sales, special inspections were made and values received, and consideration given as to the patient's physical and mental condition and the likelihood of his early discharge from the Institution. Relatives also were consulted where possible. I may say as well that we held several auction sales of household goods and equipment.

RENTALS

Houses owned by patients yielded approximately \$450.00 per month rentals. As in previous years, we have made a practice of inspecting carefully all properties to ensure our getting a maximum amount of rent possible therefrom. Repairs have been done in accordance with the position of the estate to stand the expenditure and in no case have any of our properties been vacant for any period of time. Collection of rentals from several of the city houses is effected by an Inspector personally, while in the larger centres out of Winnipeg where we have rented houses, in some cases it is handled by a local agent of the vicinity. Of course, the matter of handling the houses involves, in addition to the question of repairs, the matter of watching the taxes, mortgages, fire insurance, etc.

LIFE INSURANCE

As at the 31st day of December, 1937, we held in this office in trust for patients in the Institutions, 140 Life Insurance Policies. Of these Policies, 27 contained disability clauses from which the patients either received a monthly, quarterly or yearly instalment and the premiums waived, or, in some cases a waiver of premium benefit only. In several cases where we found that the policy did not contain a waiver of premium clause and where we had no money to protect the policy, we took advantage of extended insurance clauses or paid-up insurance clauses. We endeavour, however, to keep the life insurance in force wherever possible, especially when a doctor's report indicates that the prognosis for the patient is not favorable.

BONDS

At the end of the calendar year, we held for the patients, bonds to the value of \$169,625.00. Consideration should be given during the forthcoming year to the matter of investment of surplus funds. Possibly an Investment Board might be set up to consider this matter.

Due to the complexity of the problems which I have to deal with pertaining to these estates, I feel that it is impossible for any one individual, who has the innumerable problems arising each day in connection with the estates, to give proper consideration to the investment of surplus funds, and it is my aim at some time in the future, that a Board of three or four be set up, with whom the Administrator could confer when he had surplus funds to invest.

At the end of the calendar year we also held in this office stock for the patients nominally valued at \$57,637.94.

INSPECTIONS

We received during the eight months' period 297 Incoming Reports from the Brandon and Selkirk Institutions, and 246 Outgoing Reports. Upon receiving an Incoming Report, if the case is a country case, we immediately dispatch a financial statement form to be completed by the relatives. Upon its return, if there is an

indication of a patient owning an estate requiring supervision, an Inspector immediately visits, without delay, the patient's home and makes satisfactory arrangements with respect thereto. In a case where the patient is from the City of Winnipeg the Inspector attends upon the relatives not later than twenty-four hours after the Incoming Report is received in our office, and ascertains just what estate the patient owns. Of course, when we receive the Outgoing Report an accounting has to be made to the patient or his relatives or heirs, so that both the Outgoing and Incoming Reports involve considerable work in this office.

So far as inspections go, it has been our desire to keep as closely in touch with our estates by personal interviews with relatives, tenants and others, as possible. Even if no immediate problem is settled by the Inspector's interview, we have always felt it worthwhile to pay as frequent calls to tenants on farms, especially during the summer season, as possible.

PENSIONS

We have administered the pensions of 68 soldier patients during this period, the amount derived from same approximating \$1,400.00 monthly. Under a regulation under the "Old Age Pension Act," Old Age Pensions for mentally incompetent pensioners automatically cease when the pensioner is committed to a public hospital for mental diseases. This, in my opinion, is entirely wrong and steps should be taken to have it remedied. It is intended to look further into this matter this coming year with a view to having this rectified.

MAINTENANCE

I am pleased to be able to report that during the period from May 1st, 1937, to December the 31st, 1937, this office paid over to the Government, through the Supervisor of Public Institutions, the sum of \$22,094.73 for the maintenance of inmates in the following Institutions in the following amounts:

Selkirk Hospital for Mental Diseases.....	\$ 7,465.42
Brandon Hospital for Mental Diseases	13,175.91
Manitoba School, Portage la Prairie	320.40
Psychopathic Hospital, Winnipeg	1,133.00
Total	\$21,094.73

As this report is only for an eight months' period a comparison cannot properly be made herein. So far as payment on maintenance is concerned, it may have been possible to have turned over more monies on the maintenance accounts from the estates, but we have been very careful in this regard and in any case where there was even a remote possibility that the paying of monies over on the maintenance account might result in the patient losing property of value, we desisted from making a payment from the estate to the maintenance account.

The question of charging administration fees on these estates has again received consideration, but I am not able as yet to report that a definite schedule has been put into force, although some time ago I submitted one for consideration. This possibly will eventually come, but before putting same into effect, I consider that the whole set-up should be scrutinized carefully before putting any schedule into force for reasons as outlined in my report of last year.

I should like at this time to take the opportunity of thanking the Honourable

Minister and yourself for your kind co-operation and help which have been invaluable. My staff should also properly come in for a word of commendation as I have at all times found all of them more than willing to lend their aid in carrying out the duties of this office, promptly and efficiently.

Appended hereto is a financial statement of this Department for your consideration.

I have the honour to be, Sir,

Your obedient servant,

R. R. GOODWIN,

Administrator of the Estates of the
Mentally Incompetent.

The Administrator of Estates of the Mentally Incompetent.
Statement of Estates under Administration as at December 31st, 1937.

ASSETS		LIABILITIES	
Cash in the Royal Bank of Canada	\$ 63,170.17	Liabilities of estates:	
Dominion of Canada bonds, being the investment of funds derived from the proceeds of estates, in general, at cost (par value, \$134,000.00)	125,494.56	Accounts payable	\$8,308.98
Dominion of Canada and other bonds, being part of the corpus of specific estates, at par value	35,625.00	Accounts payable, interest	5.65
Shares of the capital stock of various companies, at nominal valuations	57,637.94	Notes payable:	
Accounts receivable	15,680.86	Principal	\$4,353.01
Notes receivable: Principal \$20,374.31		Interest	235.75
Interest 1,026.00	21,400.31	The Province of Manitoba:	
Rentals receivable	1,353.05	Advances for the conservation of estates:	
Advance to administrator of David Anticknap estate	320.71	Principal	\$2,923.94
Mortgages and agreements receivable—		Interest	245.97
Principal	\$49,498.83		
Interest	5,360.72	Mortgages and agreements payable:	
Chattels		Principal	\$35,558.12
Real Estate		Borrowers' charges	561.96
Total	\$661,334.12	Interest	3,982.47
			40,102.55
		Total liabilities of estates	\$ 56,175.85
		Estates under administration, net	592,040.89
		Surplus interest account	13,117.38
			<u>\$661,334.12</u>

Division of Venereal Disease Control

Report of the Clinics for Venereal Disease in the Detention Institutions for the
Period from May 1st, 1937 to December 31st, 1937.

Winnipeg, Manitoba,
December 31st, 1937.

F. W. Jackson, Esq., M.D.,
Deputy Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Report from May 1st, 1937 to December 31st, 1937, of the work carried on in connection with the Venereal Disease Clinics in the following Institutions:

The Detention Home for Girls - - - - -	West Kildonan
The Home of the Good Shepherd - - - - -	West Kildonan
The Manitoba School for Girls - - - - -	West Kildonan
The Provincial Gaol - - - - -	Headingley

Patients who were under treatment in the Detention Homes for Girls prior to April 30th, 1937, and who were carried forward for continuation of treatment, numbered 24. Of these, 3 were suffering from Syphilis and 21 from Gonorrhoea.

During the above period, there were 19 new patients admitted, of which 2 were suffering from Syphilis and 17 from Gonorrhoea, classified as follows:

Syphilis:	Primary	2
Gonorrhoea:	Acute	16
	Chronic	1
	—	17

Total number of patients treated, including those carried forward and those admitted during this period numbered 43, of which 5 were suffering from Syphilis and 38 from Gonorrhoea.

Treatments:

A total of 1,825 treatments were administered during the period, classified as follows:

Syphilis	92	
Gonorrhoea	1,711	
Non-Venereal	7	
Prophylactic	15	
	—	1,825
Doses Injected:		
Arsenical	58	
Bismuthic	38	
	—	96

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis	41
Positive	2
Negative	39
	41
Examination of smears for Gonococci	179
Positive	19
Negative	160
	179

PROVINCIAL GAOL, HEADINGLY:

Patients who were under treatment prior to April 30th, 1937, and who were carried forward for continuation of treatment, numbered 20, of which 9 were suffering from Syphilis and 11 from Gonorrhoea.

During the above mentioned period, there were 45 new cases admitted, of which 22 were suffering from Syphilis and 23 from Gonorrhoea, classified as follows:

Syphilis:	Primary	12	
	Secondary	6	
	Tertiary	4	
			22
Gonorrhoea:	Acute	16	
	Chronic	7	
			23

Treatments:

A total of 6,016 treatments were administered during the period, classified as follows:

Syphilis	981	
Gonorrhoea	5,035	
		6,016

Doses Injected:

Arsenical	110	
Bismuthic	123	
		233

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis	771
Positive	22
Negative	749
	771
Examination of smears for the Gonococci	23
Positive	14
Negative	9
	23

I have the honour to be, Sir,

Your obedient servant,

W. R. GORRELL,

Physician in Charge.

Provincial Laboratory

May 28th, 1938.

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Buildings,

Sir:

Herewith I beg to submit a report of the work carried out during the period from May 1st, 1937 to December 31st, 1937, at the Provincial Bacteriological Laboratory.

	Number
Bacteriological examinations of water and ice for drinking purposes.	
Number of samples	1,507
Examinations of milk for fat content, total solids, number of bacteria per c.c., etc. Number of samples	165
Examinations of swabs from patients and contacts for the presence of the diphtheria bacillus	1,535
Positive	13
Negative	1,522
Wassermann tests on blood and spinal fluid for Syphilis	15,883
Positive	1,221
Negative	14,662
Examinations of pus for the Gonococci	421
Positive	63
Negative	358
Examinations of sputum for the Tubercle Bacilli	74
Positive	3
Negative	71
Widal agglutination tests for Typhoid Fever	102
Positive	21
Negative	81
Agglutination tests for Paratyphoid A and B Fever	22
Positive	2
Negative	20
Agglutination tests for Brucella abortus and Brucella melitensis—	
Undulant fever	15
Examinations of swabs for Hemolytic Streptococci	93
Positive	19
Negative	74
Examinations for Vincent's Disease	106
Examinations of spinal fluid for Meningococci, etc.	13
Examinations of pleuritic fluid for the Tubercle Bacilli, Pneumococci, etc.	19
Special examinations, transudates and exudates and gastric contents....	11
Examinations for Ringworm, Anthrax, Glanders, Rabies, Tularemia, Blastomycosis, etc.	115
Examinations of urine for Gonococci, Tubercle Bacilli, etc.	1,633
Examinations of feces for Amebae, etc.	30
Examinations of blood for Bacteria, etc.	57
Examinations of Tumors	56
Examinations of hospital "Dressings" for sterility	8
Virulence and special animal tests	83

During the period one hundred and fifteen donors reported for the preparation of convalescent serum for the treatment of Poliomyelitis. Thirty-six thousand cubic centimeters of blood were withdrawn, from which sixteen thousand cubic centimeters of serum were obtained and distributed to various points in Manitoba.

I have the honour to be, Sir,

Your obedient servant,

FRED CADHAM, M.D.,

Director of Laboratory.



DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

1938

REPORT NUMBER 16

WINNIPEG, MANITOBA

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1939.

Annual Report of the Department of Health and Public Welfare for Calendar Year 1938

Winnipeg, Manitoba,
February 25th, 1939.

Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith the Annual Report for the calendar year 1938 of the Department of Health and Public Welfare, and in presenting this Report I wish to make a brief summary of the work of the various Divisions in order that some idea of the work of the Department can be obtained by any individual without the necessity of having to go into the report of each Division in detail.

As this is the first time that the Department as a whole is submitting a report on the calendar year it is not, with most Divisions, possible to make very accurate comparisons with the work of the preceding years. The work of the Division of Disease Prevention, which as you know, Sir, has presented its report on a calendar year basis for some time past, can be compared with other years.

CHILD WELFARE

In connection with the work of the above mentioned Division we are very pleased to be able to report that the arrangements are now complete for the problem of the unmarried mother to be taken over by The Children's Aid Societies in their districts in Manitoba. As I have mentioned on many occasions and subsequently stated in the summary of last year's Annual Report, in my opinion this section of the Division of Child Welfare has not been rendering to the people of Manitoba the type of service which they should get with respect to the unmarried mother. This is not due to the lack of a desire so to do or to a lack of the necessary qualifications in the workers who have charge of the work, but is due almost entirely to circumstances over which we have little or no control. The load in this particular section is increasing year by year, not as a result of an increasing number of illegitimate births, although there may be some slight increase, but because more unmarried mothers are demanding the service which the Government sees fit to provide.

The Children's Aid Societies of Brandon, Dauphin, and Central Manitoba, started the work as at May 1st, 1938, and the arrangements have just been completed with The Children's Aid Society of Winnipeg for it to take over this work in Greater Winnipeg. One of our inspectresses is acting as consultant in connection with this work to the Children's Aid Societies outside of Greater Winnipeg, and it would appear from her report that the situation is being satisfactorily taken care of in the districts of the above mentioned Societies. Some reorganization has taken place in The Children's Aid Society of St. Adalard, and it is hoped that within the coming year this Society will take over the problem of the unmarried mother in that part of the Province lying east of the Red River.

One cannot leave the Child Welfare Division without making mention of the

splendid and untiring work of the Child Welfare Board under the able chairmanship of Mr. Harley Hughes. This Board has met regularly each month during the past year and has rendered a service, not only to the Government but to the people of the Province, which cannot be valued in dollars and cents. This is a voluntary Board which serves without remuneration, and it is encouraging to think that there are people in the Province who are willing to give of their time and effort in trying to insure that the Provisions of "The Child Welfare Act", particularly as it applies to Mothers' Allowances, are efficiently and economically carried out.

SOCIAL ASSISTANCE IN UNORGANIZED TERRITORY

The work and expenditures in connection with the care of unemployable persons in unorganized territory continues to increase. During the calendar year just finished 589 families with 1,466 dependents received assistance. This necessitated a total expenditure for food, clothing, shelter, medical fees, etc., of over \$76,000.00.

It would not seem as if any appreciable reduction can be made at the present time in the requirements of this work. However, under the provisions of the new legislation under "The Act Respecting the Department of Health and Public Welfare", some attempt is being made to salvage for the Province at some later date some of the money which is now being spent. I refer to the placing of liens on any property of persons who apply for and receive assistance from this Division.

PSYCHIATRY

For the first time in twenty years we are pleased to be able to report that the untiring efforts of this Division over the last decade now appear to be showing very definite results. For the first time in this period the Provincial Psychiatrist has been able to report that there were fewer admissions than discharges from our institutions for mental diseases. This is due to two reasons: first, fewer admissions, and secondly more discharges.

The institution of insulin shock treatment somewhat over a year ago at Selkirk, and this year at Brandon, has resulted in the discharge of more cured patients from both these institutions. It would appear that from 65% to 70% of the cases treated by this method may be classified as "improved". Of course we must remember that this treatment at the present time is only applicable to one type of mental disease. However, we feel sure that as more knowledge is obtained in connection with this new method of treatment that we will have some wider application of it.

The new wing for females at the Manitoba School for Mental Defectives was opened during the year. This filled a real need in the operation of this institution, and we now have a very satisfactory means of segregation of inmates in this institution who may be suffering from Tuberculosis or Venereal Disease in the infectious stages.

The report of the Provincial Psychiatrist, Dr. A. T. Mathers, should be read by everyone who is interested in the problem of mental disease and mental defect.

CARE OF THE AGED AND INFIRM

During the year many applications were received from municipalities with respect to the care of Aged and Infirm persons. 178 of these applications were accepted. This now brings the total to 541 patients in institutions or homes for the care of the Aged and Infirm for the maintenance of whom this Department is making a contribution.

HOSPITALIZATION

During the year ten licenses were issued to private hospitals, and we find that they have treated a total of 1,262 patients.

General hospitals continue to supply to the residents of this Province efficient hospital service. There continues to be an increase each year in the money expended for maintenance of our hospitals. This is due in a large measure to the increasing cost of supplying medical services. Over \$2,500,000.00 were expended last year by the hospitals in the Province in providing service for Manitoba's residents.

DISEASE PREVENTION

A considerable amount of re-organization took place in the Division of Disease Prevention during the past year. The work was consolidated under the immediate direction of Doctor C. R. Donovan and additions were made to the Public Health Nursing Staff, Medical Staff and Sanitary Inspection Staff under the provisions of the last Estimates for the Department of Health and Public Welfare.

A lady doctor was engaged who ultimately, we hope, will take charge of the Division of Maternal and Child Hygiene.

The doctor whom we have in mind for the Division of Maternal and Child Hygiene has been spending the time in the interim in health educational work until the Division is properly established. This has included complete health supervision of the nurses' and teachers' courses at the summer courses put on under the auspices of the University of Manitoba; examination of all normal school students; and health education with examinations of all the girls at the Youth Training Centres throughout the Province. This particular piece of work is not as yet completed. In reference to the Youth Training Centres all the boys at these centres are given a similar course of health education by our Provincial Epidemiologist.

The Manitoba Baby Book, which has been out of print for several years, is at the present time in the course of revision and we hope that it will be ready for distribution within the course of the next two or three months. There has been such a demand for this publication over the last four or five years that we believe it is imperative to have it available at the first possible moment for the Mothers of Manitoba.

Extra Public Health Nurses were obtained so that all unorganized territory could be covered with a complete Public Health Nursing Service. The unorganized territory has been divided into fifteen districts, each in charge of a nurse. Where no medical attention is available in the area the Nurse does a generalized nursing service; i.e., nursing of all types of illness in the home including maternity cases. The Service seems to be working out very satisfactorily, and in order that the greatest advantage might be obtained it should be made province-wide, including both organized and unorganized territory.

There has been a definite increase in the amount of work done by the Nursing Service, particularly in reference to health supervision of schools, immunization programmes in Manitoba outside of Winnipeg, and the work carried on in the community. In this last connection approximately 5,000 more home visits were made for the purpose of Health instruction than were made in the year 1937. As is to be expected a considerable percentage of these visits to the homes was for the purpose of instruction in the care of school children.

We are pleased to be able to include in the Annual Report of the Nursing Division a report on statistical tables in the Central Tuberculosis Registry, and I do not know of any Province in the Dominion which can provide comparable figures. With this Registry we are better equipped to assist the Manitoba Sanatorium Board in pressing its fight against this disease, and we feel sure that the money being spent for this service will be repaid many times in better control and more satisfactory and effectual treatment of persons who may be suffering from Tuberculosis.

In reference to venereal disease control our efforts in this connection have been considerably augmented, partially due to assistance received from the Federal Government in the way of free arsenicals for the treatment of Syphilis.

Arrangements have been completed for the Winnipeg City Police Force to have all women, who have been apprehended by the City Police, examined at the Venereal Disease Clinic immediately on apprehension and those found suffering from venereal disease are committed to gaol so that the Department can be assured that they will undergo proper treatment.

Through arrangements with the Unemployed Relief Commission of the City of Winnipeg, all single girls in receipt of relief who have become infected with venereal disease are placed in St. Roch's Hospital for treatment and are kept there until they are non-infectious. They are then transferred from the Hospital to any position which may be available for them.

Both these new departments, we believe, will go a long way towards picking up hitherto uncontrollable sources of infection. This is evidenced by the fact that in the calendar year 1938 over twice as many cases of Syphilis were placed under treatment than in any other given year during the previous five years. It is also encouraging to be able to report that a large percentage of the increase in cases under treatment are what are known as "Early cases", or that stage of the disease in which it is most infectious.

The opening of the new Out-Door Clinic at the St. Boniface Hospital with its added facilities made available for the treatment of indigent persons suffering from venereal disease, will be of very material assistance in improving the situation in Manitoba.

It is interesting to note in the reports from the Provincial Laboratory that there is a decided increase in the number of samples of blood being examined in respect to Syphilis, and as is to be expected there is a very definite decrease in the percentage of those samples which are classified as positive. In 1930 12.2 of all samples submitted were positive, while in 1938 the percentage was only 5.4 percent.

It would appear from blood samples taken routinely on out-patients in one of our large hospitals that the positive blood reports have decreased at least 50% in the last ten years. We believe that the continuation and extension of our efforts in connection with the control of venereal disease is definitely indicated by this very appreciable improvement.

The steps of the Department for the control of other Communicable Diseases have continued unabated. A definite drive was made in reference to immunization against Diphtheria which resulted in at least 25,000 persons being immunized during the year 1938 as compared with 17,000 persons in the year 1937. The same applies to vaccination, where approximately 27,000 persons were vaccinated during 1938 as compared with 18,000 in 1937.

During the last year, for the first time since 1934, we have had cases of Smallpox reported, there being a total of 36 cases in all. These cases took the form of four widely separated local outbreaks, fortunately the cases were all mild and no deaths occurred. As a result of these cases there has been a tremendous stimulation of our vaccination programmes.

An increase in the number of cases of Diphtheria reported, the number being 100% above 1937, has also been an incentive to the wider application of administration of toxoid for the prevention of the disease.

A total of 42 organized municipalities have put on vaccination programmes against Smallpox, while in 53 organized municipalities programmes were instituted for immunization against Diphtheria. The Department undertook immunization programmes in seven unorganized districts and in five of these the children were protected against both Smallpox and Diphtheria, vaccination only being carried out in the other two.

SURVEYS

An interesting departure in the departmental activities was the establishment last year (May 1st, 1938), for a two-year period, of two health studies in Manitoba; i.e., "A Pregnancy Study" to be conducted throughout the whole of the Province; and "A Morbidity Study" to be conducted in the municipalities in which there are Municipal Physicians.

These Studies have been made possible through the co-operation of the International Health Division of The Rockefeller Foundation, the Dominion Department of Pensions and National Health, and Organized Medicine (The Canadian and the Manitoba Medical Associations), and have been in operation since May 1st, 1938.

The first study is for the purpose of obtaining accurate information as to what takes place during pregnancy, at labour and following confinement, in all cases of pregnancy which occur in the Province of Manitoba. The majority of physicians practising in Manitoba are co-operating exceedingly well, and indications point to the fact that this Study in itself is going to be of the greatest possible benefit to this Province, principally from an educational standpoint of the medical profession and of pregnant women. It would appear that at least partially as a result of this particular study Manitoba is going to have the lowest maternal death rate this year (1938) in its history;—the rate being probably not greater than three maternal deaths per thousand live births. This saving in itself more than justifies the total cost of the Study in question.

Relative to the Morbidity Study, this is being carried on under the same personnel and under the same auspices as the Pregnancy Study. A group of seven rural municipalities and two incorporated towns, all of which have Municipal Physicians employed, is being used for this Study and we feel that in view of the fact that there is no financial barrier between the patient and the doctor a true picture should be obtained in these areas as to the amount and types of illness requiring medical attention, and the amount and types of medical attention required. As the districts chosen give us a fairly accurate sample of our rural population, valuable information should be available to assist in drawing up an actuarially sound scheme of State Medicine or Health Insurance if and when governmental bodies so desire.

GENERAL ADMINISTRATION

At the close of the year all the Divisions of the Department, with the exception

of the Division of Statistics, were moved over to the remodelled building at the corner of Portage Avenue and Sherbrook Street; and it would appear in the short space of time since all the Divisions of the Department have been housed together that this is proving a very satisfactory arrangement insofar as co-ordinating our many activities. There is a great deal of interlocking between the various divisions and having them all under one roof facilitates harmonious co-operation of all who may be concerned in any particular problem.

The re-organization of the Administrative Offices has been, we believe, a satisfactory move. We are now gradually getting all matters pertaining to collections of monies brought under the direct supervision and control of the Supervisor of Public Institutions and the Administrator of the Estates of the Mentally Incompetent. Collections through this Division continue to be satisfactory, taking into consideration the present unsatisfactory financial status of so many of Manitoba's citizens. No stone is left unturned in an attempt to collect monies owed to the Province through services rendered by the Department of Health and Public Welfare, and we believe this is being done without creating undue hardship on any individual. There is a definite advantage in having the personnel in charge of collections closely co-ordinated with the Departmental Accountant and we are able thus to get a much more accurate picture of just the amount of free service which is being rendered to residents of Manitoba.

One cannot close this short summary of the activities of the Department without making reference to that voluntary body,—The Welfare Supervision Board. It has continued during the past year to serve the Department in a most efficient manner. Everything which has been referred to it for investigation has been carefully considered and a conscientious and accurate report made to the Department. It is a very efficient safeguard to the interests of the residents of the Province of Manitoba to curtail to the minimum bureaucracy.

RECOMMENDATIONS

I beg to submit, Sir, for the Government's serious consideration the following recommendations:

1. The provision of more accommodation for male mental defective persons.

It would seem we are not so badly off at the present time for accommodation not only for mental diseases,—although the present overcrowding at the Hospitals for Mental Diseases is not desirable,—and we have some accommodation available for certain classes of female defectives, but our most pressing problem at the moment is immediate accommodation for males. We have a great number on the waiting list and some are very urgent cases, but we have no means of taking care of them.

2. The provision of one more properly qualified social worker for the Child Welfare Division.

A careful perusal of the report of the Child Welfare Division together with consideration of the estimates and expenditures for this present fiscal year will bear out, I believe, our contention that the closest possible type of supervision of the cases coming under the jurisdiction of "The Child Welfare Act" will save the taxpayers' money and render a better service.

3. The provision of extra clerical help.

The work of every Division in the Department is increasing so rapidly each year,

and this particularly refers to the Division of Disease Prevention, that it is next to impossible for the present clerical staff to carry on effectively. It would seem from a survey of the situation made in the course of the last two weeks that at least two more stenographers are required to insure that all work is done rapidly and without any undue hardship or to much overtime on the part of the present staff.

4. The provision for an increase in the technical staff of the various divisions of the Department.

This would prove of great advantage to all our work, and I refer particularly to the Public Health Nursing Service; the Section of Sanitation; and the Section of Industrial Hygiene. The Provincial Epidemiologist, who is carrying on the work in Industrial Hygiene finds himself seriously handicapped through the lack of certain technical staff for investigating industry in reference to industrial hazards.

5. Consideration to be given to ways and means of reducing to the minimum the amount of detail work done in this office in order that more time may be available for closer supervision of the various activities which are under our jurisdiction and that some really worthwhile effort may be made in planning for the future.

It would appear as if this is absolutely essential in view of the growing public demand for an extension of social services. To be in a position to intelligently supply the service demanded, more time must be available for giving consideration and study to extensions in public health and allied fields.

CONCLUSION

And, in conclusion, I would like to express my own appreciation of the loyalty and unstinted services rendered by every member of the Department in carrying out the duties allotted to them. It has been a pleasure to go over the reports in detail and see what has been accomplished during the past year. I feel sure, Sir, that every member of the staff deeply appreciates your zealous interest and enthusiasm for all the activities carried on in the various Divisions, and we hope we may continue to merit your support and sympathetic consideration of the many problems which we present to you.

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D.,

Deputy Minister of Health and Public Welfare.

Welfare Supervision Board

The Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

The members of the Welfare Supervision Board beg to submit herewith the report of the Board for the year 1938. This Board is appointed by the Government of Manitoba under the provisions of "The Welfare Supervision Act" passed in 1919 and proclaimed by Order-in-Council No. 35906 on January 25th, 1921, and amended in 1923. The membership of the Board was composed of the following:

Dr. E. S. Moorhead, Chairman	Dr. G. F. Stephens
Mr. R. D. Guy, K.C., Vice-Chairman	Mr. John Spalding
Mrs. Digby Wheeler	Mr. M. D. Grant
Miss Amy J. Roe	Mr. Wm. English
Mrs. Robert Darrach	

Following the practice of former years the Board makes brief comments on the more important matters considered during the year:

SURVEY OF CHILD CARING INSTITUTIONS.

The Board is continuing the survey of child caring institutions and wishes to emphasize the fact that every effort to co-operate should be made by charitable organizations in order to avoid duplication and to make sure that the available services are being offered in the fields where there is an actual need.

ST. BONIFACE ORPHANAGE.

The Board has under consideration a request of the Sisters of Charity for a grant for their work with orphans. They no longer have an institution in St. Boniface, but they house children at the Convent at St. Norbert. It is expected that this report will be completed very soon.

GRANTS TO CHARITABLE INSTITUTIONS.

The auditor's survey begun last year was presented to the Board and considered. In the light of this report and with further studies made by the members of the Board, recommendations were forwarded to the Minister with regard to grants for charitable institutions. A study was also made of the Church Home for Girls, East St. Paul, Manitoba, being a home for unmarried mothers maintained and managed by the United and Anglican Churches. A grant of \$100.00 was recommended for this institution for one year.

MANITOBA SOCIAL HYGIENE ASSOCIATION.

It will be remembered that in the year 1936-37, the Board made an arrangement with this organization under which the latter undertook to withdraw from the field of assisting unmarried mothers. It was felt that the Association might well continue

its other activities. During this year the Board received information concerning the organization which led to a recommendation being forwarded to the Government that the charter be cancelled.

VISITS TO CHARITABLE INSTITUTIONS.

The Board has continued its policy of visiting as many charitable institutions as possible. Conspicuous progress was observed at the Manitoba School at Portage la Prairie where a new wing has been erected and put into use and where valuable research is being done. The technique of isolating Tuberculosis and Venereal Disease and the wearing of masks is commended. The classes in reading, writing and music were most interesting. They give some point to life for the patients and teach a degree of control.

Again the Board wishes to express its appreciation for the confidence which has been placed in it by the members of the Legislative Council and by their departmental staffs who have co-operated with the Board. We desire especially to mention the encouraging attitude of the Minister of Health and Public Welfare and to thank him for his consideration and courtesy.

I have the honour to be, Sir,

Your obedient servant,

E. S. MOORHEAD, M.D.,

NELLIE E. McNICHOL,

Chairman.

Secretary.

Division of Child Welfare

Winnipeg, Manitoba, February 27th, 1939.

Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Division of Child Welfare for the calendar year 1938.

1. PART III.—“THE CHILD WELFARE ACT”:

Under Part III of “The Child Welfare Act” which has as its responsibility the care of bereaved and dependent children, the year ended with 900 families on the allowance. In these families there were 2,604 children, making a total of just over 3,500 persons in the Province being cared for by what is commonly known as Mothers’ Allowances. One-third of these cases came from various cities in the Province while the other two-thirds were domiciled in towns, villages and rural parts of Manitoba.

During the year 208 applications for Mothers’ Allowance were considered and 177 of these were granted. During the same period of time 209 cases were cancelled. The chief cause of cancellation, of course, is the fact that as soon as all but one child in each family reaches the age of 15 years the allowance automatically is cancelled.

It is interesting to note the causes of death and disability of the fathers which make the mother and her children eligible for allowance. In the year 1929-30 we find that infectious disease, either as a cause of death or total disability of the father, was the reason for 239 families being on allowance. Due to improved conditions in connection with the control of infectious disease we find in 1938 only 151 families are on allowance from this cause yet the total number of families on allowance remain approximately the same. We find also that the diseases of the circulatory system appear to be definitely on the increase as a cause of disability or death. In 1929-30, 128 cases were on allowance as a result of these conditions and by 1938 this had increased to 213.

In the various Tables appended to this report interesting and valuable statistical information is found with reference to the operation of Part III. of the Act. (Tables I - VII).

2. PART IV.—“THE CHILD WELFARE ACT”.

Child Care and Protection: This section of the Division continued to function in those parts of the Province which are not covered by Children’s Aid Societies. We began the year with 244 wards and during the twelve months ending December 31st, 1938, took guardianship through court action of 32 children. During the same period of time guardianship of 37 cases was discontinued, leaving at the end of the year 239 wards of the Director. In 221 of these cases the guardianship is permanent.

Protection work is done in areas which have not yet developed their own protection programmes. A large portion of Manitoba is served by various Children’s Aid

Societies organized and operated by a local Board of responsible and interested citizens.

In the more sparsely populated areas, or in those not yet quickened to the need, the Division renders a service less intensive than that which can be supplied by a local society. There is, however, no duplication of effort.

The Division assigns a given territory to one worker. In this area the worker deals with problems of alleged neglect of children, for the protection of children as well as other phases of the work under "The Child Welfare Act".

Protection work is social case work with special emphasis on the welfare of children and requires the same skill, a compound of knowledge and the ability to use that knowledge in order to act in the best interest of both children and parents.

True, the district covered by each worker is large. For instance, between the lakes we have two districts, one east and the other west of the principal meridian where the worker deals with both Protestant and Roman Catholic families. In one district the population is 20,119 with 104 family cases, or 536 individuals, an incidence of 26 per 1,000 population.

In the three other districts our workers deal with Protestant families only in the organized territories, but both in unorganized territory, since the Children's Aid Society of St. Adelard operate in the interest of Roman Catholic children and cases of alleged neglect are referred to them. It is, therefore, difficult to get the whole picture in these areas, unless the population is listed by religious affiliation. In the five districts this section dealt with 495 cases involving 717 adults and 1,408 children, a total of 2,125.

More and more are we convinced that raising a family in this age is a full time job for both parents. The greatest number of our cases come because of the removal of the mother from the home by death or illness and broken homes where either parent has deserted or where the parents have entered into a separation agreement. A child requires the moral and physical support of both parents.

The next greatest cause is incapability or general inadequacy of parents. This necessitates a supervisory service in order to protect the interests of the children. It is a sustaining type of case work service.

Physical cruelty is not an extensive problem but we do know that maladjustment will cause cruelty.

Either bad housing conditions or lack of houses in the rural areas is a real problem and is proving very costly through ill-health and sometimes death, resulting in broken homes. The dearth of houses in the country has also resulted in families drifting into the larger centres, only to increase the congestion there. In one case because of danger to the children, it was necessary to take six children for temporary care, the cost of which would have built a modest home.

In 17 families the court declared the children to be neglected under "The Child Welfare Act". The analysis of these 17 cases which involve the welfare of 32 children, shows the following primary problems in each case:

1. Broken home. One child involved.
2. Death of mother, neglect by father—Four children involved.

3. Death of both parents—Two children involved.
4. Born out of wedlock and abandoned by mother—One child.
5. Born out of wedlock, desertion by step-father and incapability of mother—One child involved.
6. Broken common-law union—One child involved.
7. Death of both parents—Three children involved.
8. Born out of wedlock, death of mother—One child involved.
9. Broken common-law union and mental derangement of mother—Two children involved.
10. Death of both parents—Two children involved.
11. Born out of wedlock, mother mentally deficient—One child involved.
12. Both parents in prison—Three children involved.
13. Both parents deceased—Six children involved.
14. Born out of wedlock, death of mother—One child involved.
15. Born out of wedlock, mother mentally deficient—One child involved.
16. Born out of wedlock, mother deserted—One child involved.
17. Death of both parents—One child involved.

From the above facts, it is apparent that such action for guardianship was inevitable. 21 of these children were committed permanently, and 11 temporarily, to the Director of Child Welfare. Of the 32 children, 27 had residence in Unorganized Territory or Disorganized Territory, 1 in Rosburn, 2 in Selkirk Town, 1 in St. Clements, 1 in Rockwood and 1 in the Rural Municipality of Stanley.

Child Care: On January 1st, 1938, there were 244 wards of the Director under care. Of these, 33 were temporary wards and 211 permanent wards. With the 32 children committed during the year, this gives a total of 276 wards under care during the year.

During the year 37 wards were discharged from guardianship for the following reasons:

Discharged to parent or parents	16
Majority reached	14
Died	1
Absolutely adopted	6

Concluding the year, we have 239 wards—18 temporary and 221 permanent.

The work with our wards is only made possible through the co-operation of the training centres, child caring institutions, employment service, Catholic Women's Hostel, Hospital clinics, psychiatrists, foster parents and the many interested, tolerant friends of children and youth.

It is interesting to note that there has been very little variation in the number

of children committed each year for the past five years. The figures are as follows:

For the fiscal year 1933-34	26
" " " " 1934-35	34
" " " " 1935-36	31
" " " " 1936-37	33
For the 8 mo. period	
May 1 to Dec. 31, 1937	30
For the Calendar year 1938	33

The disbursements under Part IV from:

Appropriation	\$21,564.08
Collections on Municipalities	4,268.63
Relatives	140.85
Total	<u>\$25,973.56</u>

3. PART V.—"THE CHILD WELFARE ACT".

The records of the Statistics Division of the Department would indicate that the situation in respect to children born out of wedlock is probably static. In the last ten years there has been little if any change in the percentage of the total births which are classified as "children born out of wedlock". However, the problem still remains a major one in child welfare work and we hope that the administrative practice now being put into operation will do something towards not only limiting the number of illegitimate births, but also making some very definite provision that the children of the unmarried mothers, and the mothers themselves, will be given the best possible chance to carry on as normal persons in the community.

During the year arrangements were made either by agreements or filiation orders against the alleged fathers for the care of the children and their mothers in 94 cases. Altogether nearly \$14,000.00 was collected on Filiation Orders and Agreements and approximately the same amount dispensed for the care of the mothers and their children.

During the year, in order to try and improve the situation in respect to this particular type of social work, as we have mentioned above, arrangements were completed with the Children's Aid Societies of Brandon, Dauphin and Central Manitoba, whereby they took over the "unmarried mother problem" in their own districts under the supervision of an Inspectress from the Child Welfare Division. This work has proceeded very satisfactorily and it would appear to be a more logical method of handling it than the one which has been followed in the past. We believe that a very definite improvement may be made in the whole situation, particularly as it applies to placing the mother back in the community as a self-supporting unit. Negotiations have been underway with the Children's Aid Society of Winnipeg, on a similar plan, and we are glad to be able to report that the final arrangements are now in process of being completed by which the whole problem of the unmarried mother, as it affects Greater Winnipeg, will be taken over by this Society.

4. GENERAL.

The Children's Aid Societies in Manitoba have continued to carry on their work as in the past and there has been a considerable amount of improvement in the services being rendered, particularly as it applies to rural Manitoba.

One of the interesting developments in the Child Welfare field was the decision of the Children's Aid Society of Dauphin to reorganize their work. They engaged Mr. C. A. Patrick as their Executive Secretary. Mr. Patrick, a native of the West, has recently completed his training in social work and is well qualified for the task. Proper offices have been established with the necessary clerical staff to carry on efficiently in this district. The Board members have worked diligently on a Constitution and their Organization is looking forward to rallying the forces in that vast north country to work together in the interest of children. They believe it is better to protect children than to punish criminals. The best wishes of the fraternity of Child Welfare Organizations are extended to the Children's Aid of Dauphin in its venture. In view of this development, the number of protection cases will in future years appear less in the Division of Child Welfare's Annual Report.

At Brandon where there has been a considerable increase in the amount of work being done, a new and trained social worker, in the person of Miss Mary Y. Lowe, has been engaged, together with an increase in the personnel of the office staff.

Some re-organization also is taking place in the Children's Aid Society of St. Adelard and it is hoped in the near future arrangements will be made to have this Society take over the "unmarried mother problem" in that portion of Manitoba east of the Red River.

The re-organization of the Child Welfare Division which was started some three or four years ago has been continued. Provision was made in the estimates for the current year for one more worker in this Division, and a new worker in the person of Miss Ruth Doern, was engaged as at May 1st, 1938. Miss Doern has a degree in Social Science and has had a considerable amount of practical experience in the Province of Saskatchewan. As a result of this new appointment we have been able to further consolidate the work of the various Sections of the Child Welfare Division and make the district of each worker considerably smaller. In this way we have been able to render, we believe, a much better service to the citizens of Manitoba at a great deal less cost to the taxpayers. It is my considered opinion that a further improvement not only in the service being rendered, but also in the assurance that the taxpayers' money is being properly expended, could be obtained by the appointment of one more additional worker.

5. CONCLUSION.

In conclusion I wish to express my appreciation for the efficient and intelligent manner in which every member of the staff has carried out the provisions of "The Child Welfare Act"; and special mention must be given to the Child Welfare Board,—that group of conscientious citizens who give so freely of their time and energies in assisting the Department in carrying out effectively the provisions of the Act, especially as they refer to mothers on allowance. They met regularly each month during the year, considered all new applications as well as reviewing those already on allowance. It would be quite impossible for this Department to carry out this particularly arduous task in any way nearly as efficiently as the Board.

All of which is respectfully submitted,

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D.,

Director of Child Welfare.

TABLE I. CHILD WELFARE ACT—PART III.

MOTHERS' ALLOWANCE

For Year Ending December 31, 1938.

Month		Applications Received	Granted	Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families under Allowance
Deferred from previous year		51					
Jan.—	New	14	8	5	25	2,674	919
	Re-applications	3	4	1	—	—	—
Feb.—	New	25	12	5	8	2,684	924
	Re-applications	4	1	—	—	—	—
Mar.—	New	6	18	2	13	2,687	930
	Re-applications	3	1	2	—	—	—
Apr.—	New	10	18	2	20	2,694	932
	Re-applications	4	4	—	—	—	—
May—	New	12	5	4	22	2,647	918
	Re-applications	4	3	1	—	—	—
June—	New	15	13	2	12	2,660	923
	Re-applications	3	4	—	—	—	—
July—	New	16	11	1	17	2,657	922
	Re-applications	3	5	—	—	—	—
Aug.—	New	9	8	4	18	2,647	913
	Re-applications	1	1	—	—	—	—
Sept.—	New	11	11	3	15	2,628	911
	Re-applications	5	2	1	—	—	—
Oct.—	New	17	15	—	19	2,634	910
	Re-applications	5	3	—	—	—	—
Nov.—	New	12	8	4	23	2,614	900
	Re-applications	6	5	—	—	—	—
Dec.—	New	16	14	3	17	2,604	900
	Re-applications	4	3	2	—	—	—
Total		208	177	42	209		
Applications carried over to next year		40					

Families under allowance during year 1,079

Number of children assisted during year 3,197

TABLE II.

DISTRIBUTION OF FAMILIES:

Cities	Families	Children
Brandon	28	74
Portage la Prairie	16	44
St. Boniface	20	57
Winnipeg	247	616
24 Towns	85	252
14 Villages	31	90
113 Rural Municipalities	544	1,703
Unorganized Territory	108	361
	1,079	3,197

TABLE III.

CAUSES OF CANCELLATION:

(a) Resources sufficient	26
(b) Only one child under fifteen	104
(c) No children under fifteen	8
(d) Only one child—Mother regained health	7
(e) Father not totally and permanently incapacitated	9
(f) Father not in an institution	2
(g) Mother re-married	19
(h) Non-compliance with regulations	11
(i) Mother immoral	8
(j) Received allowance from other funds	4
(k) Left the Province	4
(l) Mother died—only one dependent child	2
(m) Unsatisfactory home conditions	5
Total	<u>209</u>

TABLE IV.

CAUSES OF REFUSAL:

(a) Resources sufficient	10
(b) Only one child under fifteen	4
(c) Only one child	—
(d) Father not totally and permanently incapacitated	9
(e) Residence qualifications not fulfilled	2
(f) Non-compliance with regulations	3
(g) Mother immoral	—
(h) Unsatisfactory home conditions	2
(i) Mother not naturalized and children not born in Canada	—
(j) Desertion	—
(k) Father not in an institution	1
(l) No children under fifteen	—
(m) Cause of death or disability arose out of Province	4
Applications withdrawn	<u>35</u>
Total	<u>7</u>
Total	<u>42</u>

TABLE V.

CAUSES OF DEATH:

1. Infectious Diseases:		
(a)	Tuberculosis	89
(b)	Venereal Disease	4
(c)	Influenza	4
(d)	Typhoid Fever	4
(e)	Smallpox	—
(f)	Erysipelas	1
(g)	Other Causes	2
		104
2. Diseases of Nervous System:		
(a)	Cerebral Hemorrhage	22
(b)	Meningitis	10
(c)	Apoplexy	2
(d)	Tumor or Abscess of Brain	17
(e)	Other Causes	13
		64
3. Diseases of Respiratory System:		
(a)	Pneumonia	72
(b)	Bronchitis	3
(c)	Pleurisy	2
(d)	Asthma	3
(e)	Other Causes	17
		97
4. Diseases of Digestive System:		
(a)	Appendicitis	12
(b)	Peritonitis	16
(c)	Ulcers of Stomach and Duodenum	11
(d)	Disease of Liver	5
(e)	Other Causes	15
		59
5.	Diseases of Circulatory System	142
6.	Diseases of Blood	5
7.	Diseases of Kidney, Bladder and Urinary Passages	31
8.	Diseases of Skin	1
9.	Diseases of Bones and Joints	2
10.	Cancer	93
11. External Causes:		
(a)	Accident	62
(b)	Suicide	34
(c)	Murder	3
(d)	Other Sudden Deaths	8
		107
12.	Other Causes	28
13.	Presumed Dead	1
Total		734

TABLE VI.

CAUSES OF DISABILITY:

1. Infectious Diseases:		
(a) Tuberculosis	41	
(b) Venereal Disease	6	
		47
2. Diseases of Nervous System:		
(a) Paralysis	6	
(b) Sleeping Sickness	3	
(c) Multiple Sclerosis	5	
(d) Other Causes	13	
		27
3. Diseases of Respiratory System:		
(a) Chronic Bronchitis	1	
(b) Asthma	6	
(c) Other Causes	1	
		8
4. Diseases of Digestive System		2
5. Diseases of Circulatory System		30
6. Diseases of Blood		1
7. Diseases of Kidney, Bladder and Urinary Passages		3
8. Diseases of Skin		1
9. Diseases of Bones and Joints		14
10. Mental Diseases—in hospital		33
Total		166

TABLE VII.

NATIONALITY:

	Father	Mother
1. Canadian	35	38
2. English and Welsh	156	168
3. Scottish	117	107
4. Irish	87	70
5. American	16	8
6. Ukrainian and Ruthenian	134	140
7. Icelandic	18	19
8. Polish	53	57
9. German	47	58
10. Hebrew	17	15
11. Austrian and Galician	30	34
12. Scandinavian	21	20
13. French	67	68
14. Italian	3	4
15. Russian	10	4
16. Half-breed	19	21
17. Mennonite	40	43
18. Roumanian	5	2
19. Hungarian	7	8
20. Belgian	5	8
21. Dutch	5	6
22. Other Foreign	8	2
Total	900	900

TABLE VIII.

STATISTICS FOR THE CALENDAR YEAR 1938—PART V.

468 Births of children born out of wedlock in Manitoba during the year were reported to this Department. In addition were reported: 21 births where there was insufficient evidence to classify them as children born out of wedlock; and 18 births of children to married women.

45 Maintenance Agreements were entered into during the year.

49 Filiation Orders were obtained during the year.

Receipts on Filiation Orders and Maintenance Agreements during the
calendar year\$13,634.43

Disbursements during the calendar year of monies collected under Filiation Orders and Maintenance Agreements were as follows:

To Mothers	\$ 6,768.69
Maternal Grandmothers	1,136.30
Boarding Homes	2,054.13
Lying-in-Expenses	1,520.93
Costs	109.57
Institutions and Children's Aid Societies	1,216.62
Miscellaneous	803.63
	\$13,609.87

TABLE IX.

PART VIII:

144 Surrender forms were signed during the year by the respective mothers or legal guardians.

180 Applications for children for adoption were received during the year.

117 Adoption Contracts were approved during the year.

119 Decrees of Absolute Adoption were signed by the various County Court Judges during the year, of which 14 were confirmatory decrees.

The sum of \$560.00 was received during the calendar year for adoption fees.

583 Visits and inspections were made to adopting homes during the year, of which 310 were in the country and 273 in the city.

You will note that while, for many years, the number of Surrender forms signed has approximately equalled the number of applications received, during the past years there were 36 more applications received than surrender forms signed. In addition to this, a number of the Surrenders signed were in respect of children of a type that are not readily placed for adoption, while there were very few of the applications which had to be rejected after investigation. The result is that we now have a waiting list of applicants for suitable children, particularly for baby girls.

(Adoption figures do not include any Children's Aid Societies' adoptions.)

Social Assistance in Unorganized Territory

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

I have the honour to submit a report on the activities of the Division of Social Assistance in Unorganized Territory, Department of Health and Public Welfare, for the calendar year ending December 31st, 1938.

The duty of this Division is to extend assistance to bona fide residents of unorganized territory of Manitoba who are unable to care for themselves and their dependents owing to illness of the bread-winner, widows pending application for Mother's Allowance, widows who are not eligible for Mother's Allowance, deserted mothers, aged people under seventy, others who are over 70 but are not eligible for Old Age Pension either because they are not naturalized, have not lived long enough in the country or those who cannot submit proof of age. We also have nine cases which were recommended for institutional care by a medical man but owing to shortage of beds in institutions, they were placed with private families at a lower rate.

Cases come to the notice of this Department in various ways. Some people make application direct to this office and others are referred by neighbors, doctors in the district, etcetera.

On receipt of a request for relief, the cases are investigated by one of our inspectors in the district and relief is placed according to the ability of the family to produce vegetables and milk. Following is a list of the groceries supplied:

Baking Powder	Flour (not first grade)	Rice
Beans	Honey	Rollled Oats or
Bread	Lard	Oatmeal
Buckwheat Gritz	Macaroni	Salt
Butter	Matches	Sewing Thread
Cheese	Meats—Bacon, Beef, Fish,	Soap (laundry)
Chicory	Sausage (not canned)	Soda
Coal Oil	Onions	Sugar
Cocoa	Pepper	Syrup
Coffee (not first grade)	Potatoes	Tea (not first grade)
Cornmeal	Prunes (60-70)	Yeast Cake
Evaporated Apples	Raisins	

This list was prepared by a dietitian of the Manitoba Agricultural College. Our grocery orders are sent direct to the applicant and the merchant's name is omitted. This gives the family the freedom of dealing with any merchant they wish. This was done as various storekeepers had complained that we were favouring one or the other and now these complaints are entirely eliminated. The storekeeper is required to send his account to this office in triplicate each month with the recipient's signature affixed thereto.

We have a few cases who receive cheques each month. These cases were thor-

oughly investigated and assurance was given by the inspector that the money would be spent judiciously.

The tax collectors who come under the Department of Education are acting also as our inspectors without extra remuneration. This Division pays them a tariff rate for a trip made on our business. Following is a list of our inspectors and their addresses:

Geo. C. Sommerville, Hadashville	H. H. Harris, Winnipeg
C. W. Oberlin, Dauphin	(Districts of Riding Mountains, Victoria
F. E. Carson, Fraserwood	Beach, Pine Falls and Lake Winnipeg
J. R. Armit, Alonsa	District.)
Geo. LaFortune, Vassar	Wm. Hryciuk, Chatfield
Jarvis M. Mysyk, Vita	

This Division acts in the same capacity in unorganized territory as the Social Welfare Commission does in the City of Winnipeg. The work grows each year. We are called upon to provide transportation for cases of the Child Welfare Division when medical attention or hospitalization is required. We also provide transportation to V. D. cases to enable them to call on the nearest doctor when they have to report for weekly treatments. Each case is investigated individually and if they are unable to pay for their transportation, the necessary tickets are supplied. The following statistics show the increase of cases and expenditure in the past five years:

Year	Cases	Expenditure
1934	257	\$22,559.89
1935	310	27,618.36
1936	402	42,092.86
1937	485	61,041.35
May, 1937 to Dec., 1937	507	45,902.74

In addition to the usual social work this Division is called upon to pay for nursing care during confinement at the rate of \$1.50 per day in districts where there is no hospital. There are four licensed nursing homes in unorganized territory—one in Erickson which serves the population from Riding Mountains, and others in Gypsumville, Pine River and Birch River. These cases are investigated first and if it is found that the people are unable to pay, this Division assumes responsibility.

As we have no regular schedule for the distribution of food, each report is studied carefully and to a certain extent, we are guided by the budget of the Social Welfare Commission of the City of Winnipeg. In cases where a family can raise their own vegetables and have their own milk supply, the amount for milk and vegetables is deducted from the budget. From time to time we are called upon to build or repair houses. This is done only for permanent cases when the Division would have to pay rent for a number of years to come and it is much cheaper to supply the family with lumber to build their own shelters. Last summer I personally visited a family in the Greater Winnipeg Water District. The bread-winner of the family was sick, dying with cancer, but he absolutely refused to go to hospital although the doctor urged him to go. I found this family living in a shack 7 by 9 feet. They had a bed, a stove and a small box arrangement for the two children to sleep in. There was no room to build a proper bed so the children had to sleep "heads out". The man had built a log house before he took sick but it had no roof, flooring, doors or windows so this Department supplied the lumber for the family. The neighbors did the work voluntarily and the family is now living in two large rooms 18 by 10 feet. Another family I visited in the Fraserwood district occupied two small rooms. One was used as a

kitchen and dining-room and there was no room for an extra bed there. The bedroom was 8 by 7 feet and the family consisted of a woman, her four children, a married daughter, her husband and their two young babies. The married daughter and the husband had a four foot bed. One of the babies used a small cot and the youngest baby had a little cradle hung above the bed. The mother and her four children had a "Toronto" couch and when the couch was pulled out the entire space of the room was taken. The son-in-law organized a "Bee" and the people helped him to bring logs and put them up and this Division supplied the roofing, flooring, windows and doors. We had a few other minor repairs done to houses when we found it absolutely necessary. The Department might be criticized for building houses but under the circumstances if these families were left in these small shacks, the Government would perhaps have to pay large hospital bills.

We maintain our own clothing depot and send clothing to our cases by mail. We exercise great care when purchasing and buy from manufacturers as much as possible. During the year we spent \$8,085.61 on clothing—1,466 persons were clothed at an average of \$5.50 per person. We buy only such clothing as is absolutely necessary—it is of good quality and is warm.

In closing I wish to express thanks and appreciation to the Minister and yourself for your guidance in assisting me to carry out my duties. I also wish to thank the following organizations for their kind co-operation—The Nursing Division, Hospitalization Division, Child Welfare Division, Juvenile Court, Officer Commanding of the R.C.M.P., Unemployment Relief Division (Department of Public Works) Out Patient Departments of the Winnipeg General, Psychopathic and St. Boniface Hospitals and the Social Welfare Commission of the City of Winnipeg.

I also wish to express thanks to the staff of the Division of Social Assistance in Unorganized Territory for their loyalty and co-operation.

You will find appended, statistical data of the work covering the calendar year, showing the total number of persons receiving relief during the year as follows:

1. Number of cases receiving relief.
2. Expenditure classified according to causes and national groups.
3. Miscellaneous expenditure re cases not in receipt of any other relief.
4. Number of adults and children according to ages and national groups.

I have the honour to be, Sir,

Your obedient servant,

B. ZEGLINSKI,

Supervisor, Social Assistance,
Unorganized Territory.

TABLE I.

NUMBER OF CASES RECEIVING RELIEF JANUARY 1st, 1938, TO
DECEMBER 31st, 1938.

	Cases	Dependents
Number of Cases receiving Relief, January 1st, 1938.....	442	580
Number of New Cases, January 1st, 1938 to December 31st, 1938	147	866
Total number of Cases receiving Relief, January 1st, 1938 to December 31st, 1938	589	1,466
Number of Cases discontinued January 1st, 1938 to Decem- ber 31st, 1938	120	210
Number of Cases carried over to 1939	469	1,256

The discontinued cases were as follows:—

- 10 Cases transferred to Public Works Department.
- 20 Cases transferred to Old Age Pension Board.
- 13 Cases transferred to Child Welfare Division.
- 11 Cases died.
- 66 Cases closed.

TABLE II.

DETAILS OF CASES RECEIVING RELIEF FROM JANUARY 1st, 1938 TO DECEMBER 31st, 1938.

Showing the amount spent for food, clothing, etc., for the year in each Classification and each National Group.

Classification	British	Canadian	French	H. Breeds	Ukrainian	Polish	Germans	Other Nats.	Total	No. of Cases by Class.
Old Age	12	6	5	16	84	9	5	11		
Partially Disabled	\$1,319.55 10	\$ 601.80 11	\$ 831.23 11	\$ 875.27 23	\$ 6,793.60 39	\$ 684.81 7	\$ 377.25 5	\$ 975.31 11	\$12,458.82	148
Sickness	1,742.91 13	1,534.12 14	1,603.11 9	2,043.81 28	4,444.47 63	892.92 12	556.54 3	1,524.17 13	14,342.05	117
Imprisonment	1,675.03 1	1,696.69 1	1,145.96 1	2,546.98 1	7,175.55 6	1,069.54 2	290.00	1,783.25	17,383.00	155
Desertion	30.00 1	328.99 4	40.90 2	33.00 9	180.05 4	89.42			702.36	12
Widows	260.84 3	739.50 1	262.36 5	2,010.70 15	570.21 20		212.98	822.33	4,878.92	25
Blind	404.89	76.02	812.92 2	2,360.56 1	2,127.14 5	308.54 2			6,090.07	47
Tuberculosis	295.92		195.50 3	110.50 17	562.14 8	132.45 2		45.50 2	1,046.09	11
Insanity Mentally Incompetent			492.90	2,944.31	933.23 3	114.19		463.58	5,244.13	34
Unmar. Mothers Venereal Disease					178.30 6		2		326.88	4
			290.80 2	257.30 2	904.05 4	114.16	265.21	469.46	3,132.61	18
			90.54 3	312.05 2	982.54 5				1,385.13	8
			247.58	276.87	1,117.27				1,641.72	10
No. of Cases by National Group	\$5,729.14 42	\$5,957.33 41	\$6,013.80 45	\$13,771.35 116	\$25,968.55 247	\$3,406.03 38	\$1,701.98 17	\$6,083.60 43	\$68,631.78 589	

TABLE III.

**MISCELLANEOUS EXPENDITURES RE CASES NOT IN RECEIPT OF
ANY OTHER RELIEF**

January 1st, 1938 to December 31st, 1938.

Transportation to and from Hospital and returning non-residents to their homes:

Northern Manitoba	\$ 657.77
Other Parts of Manitoba	922.89

Medical Aid, Doctors' Fees, Ambulance Service, Medicine, etcetera:

Northern Manitoba:

Medicine and Ambulance	378.11
Doctors' Fees	2,395.95

Other Parts of Manitoba:

Medicine and Nursing	471.77
Doctors' Fees	1,213.55

Unclassified Miscellaneous Expenditures:

Northern Manitoba	101.04
Other Parts of Manitoba	497.72

Burial of Indigent Persons:

Northern Manitoba	296.50
Other Parts of Manitoba	316.70

Total	\$6,329.11
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**CLASSIFIED SUMMARY OF EXPENDITURE JANUARY 1st, 1938 TO
DECEMBER 31st, 1938.**

Food, Fuel, Clothing, Medical Fees, Transportation, Burial, Nursing and Miscellaneous Expenditure	\$76,458.06
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The above is divided into the following:

Food, etc.	\$60,566.17	Medical Fees, Transportation,
Clothing	8,065.61	Burial of Indigent Persons,
Inspectors	1,497.17	Nursing and Misc. Expendi-
(\$600.00 to Dept. of Public Works)		tures
		\$6,329.11

TABLE IV.

AGES OF PERSONS RECEIVING RELIEF FROM JANUARY 1st, 1938 TO DECEMBER 31st, 1938.

	British M. W.	Canadian M. W.	French M. W.	H. Breeds M. W.	Ukrainian M. W.	Polish M. W.	German M. W.	Other Nats. M. W.	Total M. W.	Grand Total
Up to 20	---	---	---	---	---	---	---	---	---	---
20-30	3 4	2 5	3 7	2 18	9 11	2 3	1	1	22 49	71
30-40	1 5	8 8	2 6	22 35	17 25	10 6	3 4	8 5	71 94	165
40-50	3 1	2	6 4	14 11	12 19	3	2 2	1 2	41 41	82
50-60	9 3	5	10 4	9 11	19 17	3 3	1 2	5 4	61 46	107
60-70	13 6	11 7	9 10	25 22	65 73	7 4	2 2	18 7	150 131	281
70-80	4	1 1	1	1 3	23 19	1 2	1	4 1	36 26	62
80 and Over	---	1	1	1	7 5	2 2	---	---	10 9	19
Total Men										
and Women	33 21	27 24	32 31	73 101	152 169	28 20	10 10	36 20	391 396	787
Grand Total	54	51	63	174	321	48	20	56	787	

NUMBER OF CHILDREN ON RELIEF, SHOWING AGES AND SEX

Age	British B. G.	Canadian B. G.	French B. G.	H. Breeds B. G.	Ukrainian B. G.	Polish B. G.	German B. G.	Other Nats. B. G.	Total
1 to 5	5 5	5 6	6 11	33 36	28 16	9 4	---	4 5	173
5 to 10	2 4	10 6	6 6	46 50	30 31	4 5	7 2	7 9	225
10 to 16	6 3	1 2	7 7	40 39	39 33	6 2	1 5	6 2	199
16 and over	2 2	2	1 6	12 13	16 15	3 3	1 2	3 1	82
Total	15 14	18 14	20 30	131 138	113 95	22 14	9 9	20 17	679
Grand Total	29	32	50	269	208	36	18	37	679

Total Number of Boys 348

Total Number of Girls 331

Total Number of Men 391

Total Number of Women 396

Total Number of Adults and Children on Relief—1,466.

787

Division of Psychiatry

INCLUDING

PROVINCIAL PSYCHIATRIST

PSYCHOPATHIC HOSPITAL

BRANDON HOSPITAL FOR MENTAL DISEASES

SELKIRK HOSPITAL FOR MENTAL DISEASES

MANITOBA SCHOOL FOR MENTAL DEFECTIVES
AT PORTAGE LA PRAIRIE

Report for the Calendar Year 1938.

Provincial Psychiatrist

January 30th, 1939.

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Parliament Buildings,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith a report on the work of the Mental Diseases Division for the year ending December 31st, 1938.

GENERAL STATISTICS

	Men	Women	Total
Remaining in hospital December 31st, 1937	1,320	1,022	2,342
On Parole or otherwise absent	58	47	105
Total on register December 31st, 1937	1,378	1,069	2,447
Admissions: January 1st - December 31st, 1938....	379	293	672
Total under treatment	1,757	1,362	3,119
Discharged January 1st - December 31st, 1938.....	224	158	382
(Transfers not included)			
As "recovered"	70	48	118
As "much improved"	29	22	51
As "improved"	90	64	154
As "unimproved"	25	14	39
As "not insane"	10	10	20
Transfers between hospitals	80	77	157
Deaths	84	53	137
Elopements	2	0	2
% discharged of number treated	12.81	11.6	12.21
% discharged of number admitted	59.1	53.92	56.84
% died of number treated	4.78	3.94	4.39
Remaining in hospital December 31st, 1938	1,309	1,025	2,334

Unlike the previous report, this is a report covering a full year's work. It does not include statistics relating to the institution for mental defectives—the type of cases treated there, not being comparable with those in the other institutions.

The year has been a noteworthy one in several respects, one of the chief being that we finished the period with 8 fewer patients in hospital than at the beginning. This has not happened in any one of the past twenty years. The usual story has been one of recurring annual increments. These, it is true, have been diminishing in the past three years, but this is the first in which there might be said to be a "favorable balance".

There has been an increase in the number of patients on parole also.

672 patients were admitted. The previous period of report was eight months. In it there was 490 admissions, and had the same admission rate continued for a full year, the total would have been 735, as compared with 781 for the previous year, and 672 for this. In other words, the admission rate has been dropping now for three years.

This can scarcely be fortuitous. One would like to be able to identify the factors at work. It might be that we have reached a stabilization point, i.e., that considering our population, a more or less fixed incidence rate has been established. This is not likely, however, since this would mean an incidence rate lower than the usual in comparable communities. It might be thought, too, that we have finally succeeded in hospitalizing most of the outstanding cases and will henceforth only have the yearly increment to consider. The reason already given invalidates this belief. Another explanation would be that the result of twenty years' effort in mental hygiene is now becoming apparent. This, one would like to believe is the explanation in fact, but one is mistrustful.

There were 71 fewer under treatment than in the previous year.

Not only were admissions fewer, there was an increase in discharges, viz., 382 this year as against a calculated 344 for the full year previous, and 352 for the year before that. This is also indicated in the increase this year in the percentage discharged of the number treated.

Over half the number admitted were discharged—56.84% this year, as against 46.74% for the previous period. There was a proportionately greater number of men discharged.

323 of those discharged were considered to have benefited by hospital care. This is 84%—not including transfers—as against 75% in the last report, and 81% of the year before that. It seems inescapable that there has been an improvement in results in the past three years. That it is to be ascribed to the newer methods of treatment, there seems little doubt. These methods, spectacular during their progress and beneficial in immediate result, are, as yet, empirical, i.e., we are in the dark as to just what happens in the patient's body. An immense amount of research is going on in attempts to elucidate the mechanism at work, and it is entirely probable that explanations will be forthcoming soon.

Even in the cases where such treatment does not result in sufficient improvement to warrant discharge from hospital, it does frequently change the behaviour of patients so that instead of being troublesome, they are amenable to routine hospital care.

The mortality rate, unusually low in the previous period, rose again this year to the approximate average. At the Psychopathic, however, it was at a record low.

At Selkirk, where the rate was higher than the average, it will be noted that a large number occurred among elderly patients—25% over 70 years of age, and among those ten years or more in hospital—almost 28%.

Respiratory disease continued to occupy first place among causes of death, with cardiovascular disease second.

Five deaths by suicide occurred—only three occurred in the institutions. Two occurred while patients were on visit to relatives. All cases were investigated by a Coroner, and in none was there considered to be any question of negligence on the part of hospital personnel.

A total of sixteen fractures occurred, the greater number due to falls because of unsteady gait. Others were due to falls during assaults by other patients. Other, and uncontrollable causes, accounted for the remainder. Slippery floors and overcrowding appear to be the outstanding predisposing causes.

The transfers between hospitals numbered 157. 150 of these were transfers between the Psychopathic Hospital and Selkirk (106) or Brandon (44). These were patients whose state necessitated further hospital care. The remaining transfers were either for the sake of improved classification, or, because of need for some special treatment not available at the original hospital. The total figure corresponds very closely with the calculated figure for the previous full year. The latter, as pointed out in the previous report was sharply reduced from that of its preceding period. There continues to be serious difficulty in effecting transfer of patients, especially female patients, to Selkirk. With that hospital having approximately 30% more patients than accepted standards would indicate, admissions may only equal separations. Further overcrowding cannot be tolerated. Periods of as long as three weeks without possibility of transfer, means that in that time patients must be kept at the Psychopathic Hospital at unwarranted cost and to the exclusion of other and possibly recoverable patients.

No patients were temporarily housed in gaols.

There were no deportations.

GENERAL HEALTH

The general health of both patients and staff has been good. The efforts to control Tuberculosis continue, and one believes that improved results are beginning to appear. A continuation of segregation of discovered cases and X-Ray examination of all additions among staff or patients, will certainly produce evident change soon.

MEDICAL WORK

The standard of medical work has been high as is evident from the statistical table. The utilization of "shock" therapy has continued and been extended with results that for the time being, at least, are highly satisfactory. Time will tell how satisfying the end result may be. I think no one expects the final judgment to be equally promising with the tentative opinion, but even with allowance made, there is promise of an appreciable improvement.

The carrying out of these types of treatment is moderately expensive since the medications used are costly. There is, too, a heavy demand on staff time. But gains made warrant both increased cost and the necessary redistribution of staff.

There is an element of risk in these treatments, as evidenced by the fact that in the year two deaths occurred during Insulin treatment and seemed to be attributable to it. In no case is treatment containing a degree of hazard undertaken without permission of responsible relatives.

With so much publicity given in the Press to this type of treatment, we have numerous enquiries and requests for its instituting from relatives. To date the chief field of usefulness has been understood to be early Dementia Praecox. There is some evidence, however, that there may be a limited field of usefulness in some other psychoses.

There has been improvement in the maintenance of records of chronic patients.

The Out Patient work at the Psychopathic continued to require the attention of one staff member for half of each day. There is no doubt that this is a highly useful service.

The Child Guidance Clinic operating from Brandon continued its very satisfactory work. The requests for extension of this work cannot now be met without impairing hospital routine and have, therefore, had to be declined. However, a special effort was made in co-operation with, and at the request of the Brandon School Board. 295 Grade I pupils were given psychometric examination.

The Occupational Therapy departments at all three institutions operated throughout the year. Effort is constantly made to have the maximum number of patients take part in work of some kind—either in the occupational departments or in other hospital departments, where tasks suitable for patients are found.

Laboratory, X-Ray and Dental departments have continued to perform valuable services. Detailed reports will be found in the individual hospital reports.

As in former years, the training of nurses has been an important hospital activity. At Selkirk a new type of nurse attendant is being instituted. In this group are young women desiring to nurse and lacking the necessary educational qualification for the regular course. As noted last year, a number of well trained capable nurses were lost because of better financial remuneration elsewhere.

The usual religious services and patients' entertainment were conducted during the year.

It will be noted in the report from Selkirk that the Superintendent recommends the purchase of a portable moving picture machine. In this recommendation I concur.

CONSTRUCTION

The only major item in construction was the provision of a much needed root house at Selkirk.

THE MANITOBA SCHOOL

The Superintendent has submitted a very complete report to which your attention is respectfully drawn.

Some of the outstanding points may be noted here:

- (1) The opening of the new wing for accommodation of Female patients.
- (2) The small number of admissions, especially male admissions. There were but seven males admitted owing to there being no accommodation for more.
- (3) The excellence of the medical work in the institution as evidenced in the small amount of Infectious Diseases in a highly susceptible population housed in quarters that are far from being ideal.
- (4) The strenuous and worthwhile efforts of the staff to promote the health, happiness and improvement of a particularly unfortunate type of patient.
- (5) The many improvements in physical plant, many carried out with patient labor and with a minimum of outlay for new material.

RECOMMENDATIONS

The outstanding one as usual is for increased accommodation—at Portage la

Prairie for male patients, at Selkirk for female patients, and at Brandon to relieve congestion on "chronic" wards.

Increased housing for staffs is also needed, especially at Brandon.

Other needs referable to individual institutions are noted in the several reports already submitted.

In spite of many difficulties, the year has been satisfying in many ways. Clinical results have been better, and for this the faithful honest efforts of the staffs individually and collectively, should be recognized.

I commend to yourself and the Minister, the work and co-operation of all.

Throughout the year there has been abundant evidence of the interest, understanding and helpfulness of the Minister, yourself and other Government officials. I should like to convey our appreciation and gratitude for assistance and co-operation in our attempts to make Manitoba's Hospitals for Mental Diseases, institutions of which the citizens may be proud.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.,

Provincial Psychiatrist.

Psychopathic Hospital

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

January 19th, 1939.

Sir:

I beg to submit herewith a report on the work of the Psychopathic Hospital for the year ending December 31st, 1938.

STATISTICAL SUMMARY

	Men	Women	Total
Remaining in hospital December 31st, 1937	16	19	35
On parole or otherwise absent	0	0	0
Total on register December 31st, 1937	16	19	35
Admissions: January 1st, 1938 to December 31st, 1938.....	189	145	334
First Admissions	143	97	240
Re-admissions	46	48	94
General Admissions	76	77	153
Voluntary	30	8	38
By Commitment	79	58	137
Re-taken from Probation	1	1	2
Returned from Winnipeg General Hospital.....	3	0	3
Transfers from Selkirk Hospital for Mental Diseases	0	1	1
Total patients under care	205	164	369
Average daily population			33.19
Rated capacity			32
% over capacity			3.72
Discharges: January 1st, 1938 to December 31st, 1938.....	190	144	334
As "recovered"	29	19	48
As "much improved"	12	14	26
As "improved"	49	35	84
As "not insane"	8	3	11
As "unimproved"	92	73	165
Deportations	0	0	0
Transfers	79	71	150
To—Selkirk	60	46	106
To—Brandon	19	25	44
To Relatives	66	57	123
To Relatives against advice	4	6	10
To Own control	32	4	36
To Police	1	0	1
To Old Folks' Home	1	1	2
To Winnipeg General Hospital	5	2	7
To Manitoba School	1	0	1
To Department of Pensions	1	0	1
To St. Roch's Hospital	0	1	1
To Private Nursing Home	0	2	2
Elopements	0	0	0

Deaths	2	4	6
% deaths of total admissions			1.8
% deaths of total under treatment			1.62
% discharged of number under treatment			45.8
(as bettered by hospital care)			
% discharged of number admitted			50.6
(as bettered by hospital care)			
% discharged as "recovered"			14.37
Remaining in hospital December 31st, 1938	13	16	29

ADMISSIONS

189 Males and 145 Females were admitted during the year—a total of 334. This is slightly in excess of the figure for last year. The attempt to keep admissions down to hospital capacity has been successful. In former years it was common to have over 400 admitted yearly, but that was only possible by very definite overcrowding, sometimes reaching as high as 37%. In the past year the rated capacity was exceeded by 3.72%, and the average duration of patients' stay in hospital was 32.83 days.

There were times during the year when the waiting list was about as extensive as ever, but taking the period as a whole, there was a slight lessening in demand for admission as nearly as one can establish. This has certainly been true for male admissions. It has been possible to transfer male patients to Selkirk or Brandon at any time since there have been beds available at those institutions. With female patients, the situation is different. Accommodation at Selkirk for females is constantly fully occupied, and opportunity for admission may not occur for two and three weeks at a time. The result is necessary detention here, and inevitable delay in admitting some waiting patient. Such patients retained here, are the chief reason why anywhere from 25-50% of our accommodation here is taken up by "chronic" patients.

The only remedy, of course, is the provision of increased accommodation for female patients at Selkirk, as soon as conditions will permit.

The proportion of "First Admissions" once more correspond closely with the proportion of previous years.

Last year we recorded a drop of 4% in the proportion of admissions by Magistrate's Commitment, and this year the proportion has shown a further decrease of approximately 3%. A figure of 41% for this year, is still too high, but the trend is in the right direction. There has, of course, been a corresponding increase in admission with the patient's consent.

We continue to have difficulty in taking patients of whose coming we have had no intimation. This is particularly true in the case of patients from outside Winnipeg. People and physicians in the country appear to forget that the hospital's accommodation is not limitless.

DISCHARGES

The total discharges, excluding deaths, was 334. Of these, 44.7% were discharged as "Unimproved". Many of these were transferred to the other hospitals, from whence they were later discharged as "Improved" or "Recovered". Length of treatment is an important factor, and that something over 50% could be discharged in approximately one month from time of admission, is worth noting. The corresponding figure for last

year was 41%. Last year for some reason we had an extraordinarily large proportion of patients discharged as "Not Insane", viz., 11%. This year, this group constituted only 3.3%. The possible explanation for last year's high figure, was noted in the last report. This year's experience casts some doubt on the validity of the reason tentatively advanced a year ago.

150 patients were transferred to Selkirk or Brandon—106 to the former, 44 to the latter. The proportion so transferred is somewhat lower than last year.

It will be noted that the proportion discharged as "Recovered" is recorded as considerably less this year than last. But it will be noted too that there has been a corresponding and slightly increasing proportion discharged as "Much improved" or "Improved". The explanation is a further tightening up on our part of the concept "Recovered". We feel that this term should be retained for those in whose cases there is no doubt whatever. Even though many of those discharged as "Much improved" or "Improved" subsequently indicate that recovery is complete, we feel that the test of time is necessary.

There were no deportations and no escapes during the year.

DEATHS

Six deaths occurred during the year—a mortality rate of 1.62% of those under treatment. This is the lowest rate in the history of the hospital. Three of the deaths occurred from conditions not directly related to the psychosis for which treatment was being given. Two were due to Pneumonia, and one to Coronary Thrombosis. The average age at death was 64 years and the average stay in hospital between 15 and 16 days.

No suicides occurred.

CLASSIFICATION

67.66% of the patients admitted were from urban communities and 32.34% from rural communities.

The third decade of life provided the largest proportion of patients, with the fourth and fifth next and equal. These three decades provided 63% of the patients.

The distribution as to occupation, was very diverse. "Unemployed" provided the largest category.

One-third were diagnosed as Schizophrenia, in one or other of its several varieties. No other category was sufficient in incidence to be noteworthy. In the latter part of the year the number of cases of Neurosyphilis dropped very definitely. It remains to be seen whether or not this indicates an actual decrease in incidence.

CLINICAL SERVICE

During the year the interne service arranged with the co-operation of the Winnipeg General Hospital, continued, and, as noted last year, showed its chief value in a growing interest in the psychiatric aspects of medicine among young medical graduates. This, we feel, is a very valuable result, although its practical effect will not be evident for some years.

Both in and out-patient service operated at capacity as heretofore. Mutually

helpful relations with other hospitals continued and the usual assistance was rendered to the Attorney-General's Department, Juvenile Court and Police Court.

Connection with the Demonstration Clinic of the Faculty of Education was maintained.

At present much attention is being directed to the so-called "Shock" treatment of Schizophrenia and to a lesser extent, other psychoses. Conditions at this hospital are not very favorable for Insulin Therapy, but treatment by Metrazol has been carried out in a considerable number of cases, with promising results. It is too soon to express a definite opinion as to its ultimate value.

NURSING SERVICE

A total of 63 student nurses took psychiatric training in this hospital. All were from the Winnipeg General Hospital Training School. This number is somewhat larger than in previous years. The actual time here was slightly decreased so that more students could get the training.

Staff personnel was unchanged.

SOCIAL SERVICE

During the year in addition to the usual services for patients, maintaining contact with relatives, etc., 275 interviews and home visits were made.

OCCUPATIONAL THERAPY

199 patients attended classes in the department during the year. 111 articles were completed in addition to various small items of repair work.

Not all types of occupational therapy can be utilized here because of inadequate accommodation and equipment. Experience has determined the types of work best suited to our conditions and available market.

EDUCATIONAL WORK

Training of nurses and medical students has continued and it was gratifying to learn from responsible officers of the Canadian National Committee for Mental Hygiene, that our graduates, scattered throughout the country, have proved to be the best trained of any.

GENERAL

A short list of requirements has already been submitted.

An extra telephone extension and a system of push buttons between the various offices and examining rooms would be a great convenience. Something should be done to improve the condition of the stairs. Every tread squeaks when stepped upon.

I should like to commend to you the faithful service of each and every member of the staff and to express to you and to the Minister, gratitude for co-operation and helpfulness.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.,

Director, Psychopathic Hospital.

Brandon Hospital for Mental Diseases

Brandon, Man., January 17th, 1939.

A. T. MATHERS, M.D., F.R.C.P.,
Provincial Psychiatrist,
Winnipeg, Man.

Sir:

I have the honour to present the forty-ninth report of the Brandon Hospital for Mental Diseases for the calendar year 1938.

The number of patients in residence January 1st, 1938, was 1,456, consisting of 788 men and 668 women with 65 on parole. At the close of the year 1,472 were in residence, 797 men and 675 women, with 68 on parole.

As this is the first complete annual report based on calendar year statistics, it is somewhat difficult to draw accurate comparisons and in order to give a more complete picture of movement of population and record of events, a table of interesting facts submitted annually to the Federal Bureau of Statistics is herewith included:

	1937	1938
Patients enrolled January 1st, including those on parole.....	1,460	1,521
Patients enrolled December 31st, including those on parole.....	1,521	1,540
Patients in residence January 1st	1,393	1,456
Patients in residence December 31st	1,456	1,472
Normal capacity of institution	1,320	1,320
Total patients treated	1,707	1,734
Total admissions	247	238
Total first admissions	157	130
Total deaths	61	59
Deaths occurring within one year of admission	22	16
Deaths per hundred first admissions	14%	12.2%
Deaths per hundred patients treated	3.5%	3.4%
Total discharged	122	127
Discharged per hundred total admissions	49.3	53.3
Discharged per one hundred first admissions	77.7	96.9
Discharged recovered per hundred first admissions	15.9	25.1
Discharged improved per hundred first admissions	31.8	51.1
Discharged unimproved per hundred first admissions.....	19.1	14.5
Discharged as without psychosis per hundred first admissions	10.9	6.1
Per capita daily expenditure (fiscal year)	\$.81	\$.834

The number of total admissions was somewhat lower than in 1937, but considerably higher than the 1936 figure; the total being 238. First admissions 130, readmissions 61, (24 from probation), transfers 47, or 19.7% of all admissions.

Age Incidence.—70% of those admitted were under fifty years of age. The third and fourth decades accounted for half the admissions. Thirty-nine were over 60 while 18 were 70 and over. These figures are important as an indication that mental disease exacts its greatest toll from patients in the prime of life. Those who are not rehabilitated require prolonged and expensive hospitalization.

Nativity.—The proportion of native born admitted is steadily rising, this year to 64.78%. From Great Britain and Ireland 14.09%, Poland 6.57%, and U.S.A. 4.22%. The remaining countries contributed very few.

Diagnostic Classification.—Schizophrenia headed the list as usual with 39.23%. Senility and arteriosclerotic conditions 20.76%, manic-depressive reactions 8.46%, psychoses with mental deficiency 4.62%, mental deficiency without psychosis 6.1%, general paralysis 3.08%, without psychosis 10.76%.

The average daily number of patients in residence since 1919-20.

1919-20	749		1929-30	1,155	increase	43
1920-21	787	increase	38	1930-31	1,177	" 22
1921-22	837	"	50	1931-32	1,186	" 9
1922-23	865	"	28	1932-33	1,190	" 4
1923-24	908	"	43	1933-34	1,220	" 30
1924-25	934	"	26	1934-35	1,278	" 58
1925-26	982	"	48	1935-36	1,313	" 35
1926-27	1,038	"	56	1936-37	1,384	" 71
1927-28	1,076	"	38	1937 (8 mos.)	1,433	" 49
1928-29	1,112	"	36	1938	1,467	" 34

Separations numbered 194, including 127 discharged, 6 transferred, 2 eloped and 59 died. The table on page 96 of this report shows that of those discharged a higher percentage was judged "recovered" and "improved". Only 6.1% were discharged as "non-psychotic" as compared with 15% reported in the eight months preceding. Of the 127 discharged, 95, or 74.8%, were paroled within a year of admission.

Deaths.—There were 59 deaths from all causes. Sixteen died within a year of admission, 9 of them ranging in age from 70 to 91 years. The death rate for all patients treated was 3.4%. The death rate per 1,000 patients treated was 34 as compared with the average death rate in Canadian Institutions for Mental Diseases of 64.6 during 1936. One death occurred from suicide by hanging, one from assault by a fellow-patient resulting in fracture of the skull, and one from injuries received during acute excitement. All of these have been investigated by the coroner and duly reported.

Accidents.—The total number of accidents was appreciably lower than during the preceding twelve month period. Nevertheless, some serious incidents occurred. There were six fractures of the femur, all amongst women. In all these but one the patients were aged and feeble, and in four of the five it was observed by the nurses that they fell due to unsteadiness of gait and quite without incurring violence from other patients. One old lady was discovered sitting on a bench quite oblivious of the fact that her leg was broken. One only, and she a younger woman, suffered a fracture by being violently pushed by another patient. There were five fractures of the upper limb, two from falls in elderly persons, one during an epileptic seizure, one in a fall while the patient was working on the coal gang, and one from assault on the part of a sister patient. As you are well aware, however, reduction of accidents depends on adequate staff, conscientious supervision by staff, and reduction of overcrowding with provision of facilities for segregation.

The general health of the patient population has been good as evidenced by the death rate. Tuberculosis among the patients is coming under control. Our greatest problem still appears to be the susceptibility of our pupil nurses to this disease and is a constant source of anxiety. Improved methods of nursing technique have been

advised by Miss Houston of Ninette Sanatorium. All applicants for employment are X-Rayed and Mantoux tested and periodically checked, with the result that any disease which appears is detected early and at a time when it is minimal and yields to appropriate measures of therapy, without serious disability. All food handlers in kitchens and those engaged in the harvesting, pasteurization and distribution of milk are checked for carrier disease, with special reference to bacillus coli.

CLINICAL AND MEDICAL WORK

Special emphasis has been given this year to the maintenance of records on the chronic service wards, and the methods adopted to secure this are systematic and followed faithfully by all members of the medical staff.

Gratifying results have been obtained from Insulin Shock therapy. The first 100 cases treated by this method and Metrazol, either separately or by a combination of both methods, resulted in benefit to 70%. The elapsed time since discontinuance of treatment is too short to judge as to permanence of results obtained. Relapses are to be expected in a number of cases.

The Child Guidance clinics continued to function successfully. In Brandon 25 bi-weekly clinics were held; 97 patients were interviewed and 98 guardians. There were 102 home visits made. Seven rural centres were visited at which 135 patients were seen, necessitating an additional 113 interviews with relatives and 141 home visits by our Social Service Nurse, Miss McPhail. Requests for extension of this work have been made, which pressure of hospital routine duties makes it necessary to decline.

A new venture was undertaken in November 1938, in which all children in Grade I (295) in Brandon were given a Binet-Simon intelligence test and subnormal children were later retested with the more thorough Revised L Form. Further work, as a result of the findings, it is expected will be undertaken in co-operation with the Brandon School Board.

We wish to record our appreciation of the splendid help given by Mr. T. A. Neelin, Superintendent of the Brandon City Schools, also for assistance rendered by the Public Health Nursing Division, the Children's Aid Society and the Probation Officer of the Juvenile Court.

Dr. Gerald Creasy, assisted by Dr. Gordon Stephens, are to be commended for their efficient conduct of this important phase of the Mental Hygiene program.

Dr. Stuart Schultz has submitted a detailed report of his work as director of the Occupational Department. Space will not permit of its presentation in full. Progress is noted in quality and volume of service rendered. Some new features marked the year's work, including the shipment to the Hospital for Mental Diseases at Selkirk of 60 camisole jackets and 600 overalls and smocks. Doctor Barnes' co-operation in this matter is highly appreciated. A new piggery was constructed by twenty-three patients from the toy-making department supervised by a contractor, assisted by two of the attendant staff. The contractor's estimate of the value of patient labor contributed, based on value of material used was \$1,500.00. It was noted that the physical health of these patients improved and they thoroughly enjoyed the experience.

Doctor Schultz records a profit of \$5,920.82 for the year but the main value of this department is in the therapeutic value derived by providing interesting outlets

for patients of chronic type who are in consequence prevented from disorganization of their personality. Some are rendered stable at a sufficiently high level of efficiency to warrant their discharge to the care of friends.

Investigation is now being carried on as to the advisability of boot-making. This would entail the employment of a tradesman instructor. The space for this work is available and part of the equipment is already installed.

LABORATORY AND X-RAY DEPARTMENTS

The outstanding event of the year has been the replacement of the former Victor X-Ray bedside unit by a Fischer Shockproof Model "S.P.60" mobile unit. Since its instalment on July 21st this has given continuous satisfactory service.

Tests introduced into the laboratory routine during the year included the Kahn test for Syphilis, the phosphatase test for the pasteurization of milk and the typing of Pneumococci. Recently assistance has been given Dr. Trotter in the histological study of teeth. An invitation has been received from the President of the Manitoba Medical Association to exhibit at the annual meeting.

In general there has been a marked increase in the work undertaken by the laboratory, particularly in blood chemistry and serology, in immunization and in the work done for outside surgeons. The demand for radiograms is also on the increase.

During the year the laboratory was visited by the post graduate nurses' summer school and by Sir Frederic Banting and Dr. C. A. Stewart, Secretary of the Canadian Research Council.

The usual courses of lectures have been given by Doctor Rawson and Miss McCulloch.

The work of the surgery division showed an increase in volume. A good deal of the work is of minor nature. Three thousand, three hundred and forty-five typhoid inoculations and 197 pneumothorax injections were given.

The dentist on a half-time basis examined 1,586 patients, made 609 extractions, gave 390 local and 6 general anaesthetics, scaled and polished 687, fitted 52 dentures and repaired 27 dentures, inserted 175 fillings, in addition to a great deal of minor treatments.

The training of nurses is carried on under the able direction of Miss Vance. We have lost many valuable trained nurses due to inducements from other institutions for mental diseases and by virtue of girls resigning to qualify as registered nurses in general hospitals. We are gratified to note that there is as yet no dearth of applicants for training.

BOARDING OUT PLAN

The first patient was placed under this scheme on November 20, 1934. There are at present eight patients located in five legalized homes with accommodation for ten. The growth of the plan has been very slow for various reasons. First, it has not been pushed as it was understood to be in the nature of an experiment. Second, the timidity of friends to consent to have their relatives leave the institution proper, and the fact that residents were not solicited to offer their homes. Only those parties who made application to board patients were interviewed and only those accepted who qualified in meeting reasonable standards of accommodation and supervision. Third,

it was considered advisable to be conservative in order not to discredit the plan in the minds of the public who might be antagonized and alarmed by publicity. The value of the scheme is, I think, not in dispute. From an economic point of view it is more economical. The present capital investment at this institution, including auxiliary services, is \$2,350 per bed; therefore eight patients so placed represent a capital outlay of \$18,800, which at 4% interest means a saving of \$752.00 per annum. The per diem costs for boarded out patients is 75c, while the per diem cost at the institution has been in the neighborhood of 83c for the past two years. This represents a considerable saving, reduces overcrowding and provides a more nearly normal social existence for the patient.

RECOMMENDATIONS

We are obliged to again renew our request for consideration of the overcrowded state of our wards in the chronic services, also to direct attention once more to the need for additional accommodation for nurses and attendants.

FARM

Mr. Crawford's report is appended. It will be noted that revenues are increasing steadily. The yield of grain was the largest in six years despite the fact that the season's rainfall was under 8 inches as compared with the previous ten year average of 14 inches. The vegetable crop was satisfactory with the exception of potatoes. Total receipts were \$21,504.30, expenditures \$16,796.71, showing a balance of \$4,707.59.

GENERAL EXPENDITURES

The Bursar's report is for the fiscal year ending April 30, 1938, and was submitted in June, 1938. With increasing population and staff and advancing prices of staple necessities, it is inevitable that the report for the current fiscal year will show a definite rise in per capita costs.

I wish to thank you for your continued support, and welcome advice and to request that you extend to the Honourable the Minister of Health and Public Welfare, Mr. Griffiths, and Doctor Jackson my gratitude for their consideration.

May I also express my appreciation of the efficient service of the staff who have again demonstrated their pride in the institution by continuous application to duty. It is encouraging to learn that their patience in regard to salary adjustments is soon to be rewarded.

I have the honour to be, Sir,

Your obedient servant,

T. A. PINCOCK, M.D.,

Medical Superintendent.

THE MOVEMENT OF PATIENTS

From January 1, 1938 to December 31, 1938.

	Male	Female	Total
Remaining under treatment at December 31, 1937.....	788	668	1,456
On Parole or otherwise absent	34	31	65
Total	822	699	1,521

First Admissions:

	Male	Female	Total
General admissions	37	28	65
Voluntary admissions	3	3	6
Other sources	38	21	59

Re-admissions:

General admissions	2	4	6
Voluntary admissions	3	2	5
Other sources	18	7	25
(From probation, 6 males, 18 females)			
(From elopement, 1 male, 0 females)			

Transferred:

From Psychopathic Hosp., Winnipeg....	20	26	46
From Man. School, Portage la Prairie	0	1	1

121	92	213	121	92	213
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Total Number Treated	943	791	1,734
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Discharged:

As recovered	21	12	33
As much improved	13	8	21
As improved	25	21	46
As unimproved	9	10	19
As not psychotic	2	6	8
	70	57	127

70	57	127
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Transferred:

To Manitoba School, Portage la Prairie	1	5	6
Eloped	2	0	2
Died	34	25	59

Total Number Discharged, Transferred, Eloped and Died during the year	107	87	194
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Remaining under treatment December 31, 1938	796	675	1,471
On Parole or otherwise absent	40	29	69

Total	836	704	1,540
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FARM

Dr. T. A. Pincock,
Medical Superintendent,
Hospital for Mental Diseases,
Brandon, Man.
Sir:

I have the honour to submit the annual report of the farm, grounds and gardens at this institution for the year ending December 31, 1938.

The farm as a whole has continued to make reasonable progress and improvement was particularly evident in the dairy herd and vegetable garden. From a management viewpoint the past twelve month period may be considered reasonably satisfactory. The half section known as farm number 2 purchased in November, 1937, gave ample proof that even with limited rainfall and the prevalence of numerous weeds it will return a satisfactory yield of grain. A total of 4,460 bushels was harvested from one hundred and eighty-three acres seeded. The yield of grain on the home farm was the largest in the past six years by 1,219 bushels, the total this season being 9,414 bushels.

FIELD CROPS

The early part of the 1938 crop season was suitable for normal growth of plants. The latter part of July and August was extremely dry and hot, resulting in premature ripening with some loss of plumpness in the berry of all cereals. Rainfall for the season was slightly over eight inches, while the ten year average is just under fourteen inches.

Cereal Yields:

Farm No. 1.

Wheat—69 acres	2,570 bus.
Barley—100 acres	4,251 "
Oats—65 acres	2,593 "
Total	9,414 bus.

Farm No. 2 (Purchased 1937).

Wheat—65 acres	1,106 bus.
Oats—118 acres	3,354 "
Total	4,460 bus.
Total grain No. 1 and No. 2	13,874 bus.

HAY CROPS

The hay crop yield was slightly below the previous year. This was due mainly to there being no second cut of alfalfa because of insufficient moisture. Sweet clover and rye hays returned a fair yield of good quality hay.

GROUNDNS

In addition to the regular routine work necessary for the upkeep of the grounds the area west of the main entrance to the Main Building was seeded to lawn. At the close of the season the grass seedlings appeared to be firmly established and healthy. The normal growth of young trees and shrubs was retarded by lack of seasonal moisture. The small fruit bushes bore fruit for the first time. Four hundred pounds of raspberries and 226 lbs. of currants were picked. A few of the plum seedlings bore their first fruit. The quality of the fruit was quite satisfactory.

Vegetable receipts	\$2,042.23
Potato receipts	2,025.77

The garden and grounds department continues to operate at a loss. The total receipts from vegetables, exclusive of potatoes which are not grown by the gardener,

was \$2,042.23. This amount would cover the salaries of the two gardeners and the cost of vegetable and flower seeds used, but would leave nothing for other costs that enter into vegetable production. One gardener spends the greater part of his time with flower production. This work is essential to the well-being of the patients and staff but does not produce any revenue. In view of this it is felt that a part of the head gardener's salary should be charged to the institutional account.

VEGETABLE CROPS

The yield of vegetables was quite satisfactory and the quality was splendid. There will be sufficient of all the staple vegetables for institutional use with the exception of potatoes. The extreme dry weather in August and September retarded normal growth of the tubers with the result that the yield was greatly reduced.

The dairy herd is gradually improving as to Holstein type and milk production. The health of the herd has been good and it has not been necessary to cull in such large numbers as previous years.

The demand for young purebred bulls has been more than double the supply. Five good young bulls were sold to farmer breeders. The average age at date of sale was seven months and the average price received at the farm was sixty-nine dollars per head.

It is quite apparent that the demand for Purebred Holstein breeding cattle for the domestic and export market is increasing and that breeders are looking to Government farms for breeding stock of recognized merit. In view of this situation, and that there are only ten registered mature Holstein females in the herd, it is suggested that this matter be discussed at an early date and a decision arrived at as to whether more registered cattle should be purchased.

A new cooler was installed in the milkroom at the dairy barn. This is a seventy-five gallon per hour cooler and is much more efficient than the one used previously.

HOGS

This department continued at the same rate of production as former years, supplying all the fresh pork and a large percentage of the hams and bacon consumed in the institution. The erection of a new piggery will greatly assist in the management of the hog herd. Plans have been completed whereby hog production should be increased by one-third in 1939.

Pork used in institution, 1938—40,679 lbs.....	Value \$4,067.90
" " " " 1937—39,441 lbs.....	" 3,568.80

BUILDINGS

The farm buildings are reasonably satisfactory for the care and maintenance of all livestock. The temporary hog pens were removed from barn No. 3 and this barn now houses around sixty head of young cattle. Paint was secured for the large dairy barn but owing to lateness of the season the work was not undertaken. However, the paint is available for use early next spring.

There is an increased demand for flowers and vegetables for institutional use and it is found that the greenhouses are not adequate to take care of this demand. The houses will require considerable repair work and some material before next winter.

MACHINERY

The machinery is in reasonably good repair with the exception of the heavy farm tractor and the milking machine. The former is unreliable and should be replaced before field work begins next spring. This tractor has been in heavy service for ten years but implement companies are willing to allow a reasonably good trade-in allowance on a new tractor. The milking machine has been used more this past year than heretofore. During the past two months it is showing signs of wear and the number of cows milked per hour is reduced. This machine has been in service about twelve years. It will not be necessary to install six complete new units as the pipe line, motor, pails, etc., can be used with the new installation.

IMPROVEMENTS

The major improvement project was undertaken at farm number two where approximately one hundred acres was summerfallowed. In addition several sloughs were broken and fifteen acres of scrub land broken and prepared for crop. Several cross fences were removed to allow for the cultivation of larger fields.

STAFF

The major staff changes were the appointment of F. Clark as piggeryman and W. Bates as teamster. The staff have all worked faithfully and well throughout the year.

Farm:

Total Receipts	\$21,504.30
Expenditures	16,796.71
Balance	<u>\$ 4,707.59</u>

I have the honour to be, Sir,

Your obedient servant,

J. E. CRAWFORD,

Farm Manager.

BURSAR'S REPORT

May 11th, 1938.

Dr. T. A. Pincock,
Medical Superintendent,
Hospital for Mental Diseases,
Brandon, Manitoba.

Sir:

I submit herewith Bursar's Annual Report for the fiscal year 1937-8.

The year has been abnormal in many respects. The institution of one day's rest in seven for staff, resulted in a large increase in expenses and while provision was made for this in salary account, nothing was provided for extra furniture, bedding, supplies, etc. Then unforeseen expenditures for expensive emergency replacements in the laundry and main kitchen have made it difficult to reconcile expenditures with estimates.

The total combined expenditures under the three appropriations, amount to \$443,799.40, which is \$2,717.07 more than the amount voted, and is \$35,084.99 in excess of expenditures a year ago.

The daily average patient population was 1,444, an increase of 60, and the per capita was 83.44 cents, an increase of just about 2½ cents per day. This increase is largely explained by the big increase in staff and all that is involved thereby. Briefly analyzing the expenditures, we find as follows:

ADMINISTRATION AND SUBSISTENCE

The amount originally voted was \$332,091.61, which was later supplemented by the addition of \$5,000.00, making a total of \$337,091.61. Expenditures were \$338,737.76, leaving a deficit of \$1,646.15. Increased costs over one year ago were: Salaries—\$7,998.84; Food—\$9,558.18; Clothing—\$1,880.43; Expenses—\$14,733.85. It is interesting to note that the amount paid in salaries in this department, for the past year, is \$10,885.42 less than was paid eight years ago, while the staff has increased in the same period by sixty-seven.

FARM

Appropriation, \$14,286.24. Expenditures, \$15,955.37, leaving a deficit of \$1,669.13. Shortage of feed and the addition of one man to the staff were chiefly the cause for this. Revenue amounted to \$19,186.62, an increase of \$3,212.55 over the past year.

OPERATION AND MAINTENANCE

Appropriation \$89,704.38. Our records show that we have certified accounts amounting to \$85,093.90; to this, however, must be added \$2,714.37, accounts carried over from last year, and \$1,298.00, for boiler repairs, which we expected would be met from another source, thus making a total expenditure of \$89,106.27. As the books for the past fiscal year are not closed until May 20, some further items may be added, but in all events, there will be sufficient, and probably a small surplus.

Hereto are attached detailed comparative expenditures for the past eight years.

YEARLY EXPENDITURE

8-6A.

ADMINISTRATION AND SUBSISTENCE:

	1930-1	1931-2	1932-3	1933-4	1934-5	1935-6	1936-7	1937-8
Provisions or Subsistence	\$108,701.57	\$ 93,930.17	\$ 79,530.68	\$ 75,899.57	\$ 85,621.56	\$ 94,268.56	\$ 97,361.46	\$106,919.64
Travelling Expenses	631.55	603.75	555.35	750.70	663.54	1,055.07	1,335.17	1,323.52
Ice	265.64	656.27	453.91	360.97	304.50	292.16	325.48	310.95
Laboratory	1,479.34	1,071.36	1,223.58	1,283.35	1,502.23	2,036.16	2,113.66	2,148.01
Drugs	4,122.35	3,758.26	3,205.56	3,519.47	3,015.91	3,074.71	3,774.28	5,436.74
Dentistry	476.50	284.29	143.23	264.67	402.45	486.32	280.82	363.49
X-Ray	328.00	215.00	177.00	468.50	864.50	805.50	359.50	467.50
Laundry (New Washer)	8,499.32	3,839.40	3,844.40	3,532.54	3,916.68	4,950.28	5,333.55	7,809.37
Office	1,469.77	1,422.65	1,410.68	1,820.98	1,394.19	1,551.96	1,585.78	1,549.63
Religious Services	525.00	650.50	500.50	493.00	466.65	492.00	545.00	503.00
Entertainments	1,886.58	2,070.16	2,060.13	2,239.24	2,016.39	2,688.50	2,395.10	1,785.54
Tobacco	1,583.64	1,702.03	1,317.63	1,840.79	1,400.20	1,881.87	1,954.73	1,485.60
Freight	1,255.73	1,166.34	1,035.63	682.85	714.55	844.40	1,030.12	1,311.91
Dry Goods	10,059.16	9,274.75	9,484.97	4,321.88	7,395.76	9,202.73	7,127.78	12,451.15
Crockery	999.66	627.70	695.06	770.77	843.41	1,272.55	1,054.72	1,139.00
Cleaning Supplies	4,653.81	4,636.77	4,154.15	4,456.28	4,976.63	4,367.05	4,628.17	4,694.31
Hardware	1,388.47	1,190.30	1,217.22	897.03	1,309.66	1,854.41	1,394.50	1,961.42
Incidentals	7,211.47	2,451.87	2,177.80	4,548.44	9,406.48	4,080.13	2,732.28	5,593.25
Clothing	21,020.81	15,701.03	14,401.57	11,152.43	16,792.97	17,133.54	16,729.74	18,610.17
Salaries	169,710.94	163,016.33	142,459.38	137,194.11	137,178.13	147,140.25	150,826.68	158,825.52
Bus (New Bus)	1,910.86	462.52	442.98	382.40	459.95	622.74	434.96	556.11
Furniture	-----	-----	847.58	1,461.84	1,506.43	817.11	1,242.98	3,491.93
TOTAL	\$348,640.46	\$308,738.45	\$271,338.99	\$258,342.90	\$282,152.77	\$300,918.00	\$304,566.46	\$338,737.76

Departmental activities are as follows:

STORES

Another normal year in this department. Reception and distribution of supplies is carried out accurately and smoothly. Stocks are well kept but badly placed, being housed in thirteen different locations; this still constitutes the stores' greatest handicap. Records are in order and up-to-date. The steadily increasing population is naturally reflected in the larger volume of goods passing through the department, and nowhere is this more evident than in the Butcher Shop. The work here is more intricate and exacting than appears to the casual observer, and particularly so, now, as we are preparing our own bacon. An incompetent or careless man may easily cause a good deal of friction and prove very costly. The present occupant of this position is approaching the stage when retirement may be considered and prudence suggests the selection and training of a possible successor.

LAUNDRY

The past year has seen a great increase in the amount of work handled by this department; more than 100,000 pieces in excess of a year ago. The Insulin Treatment is responsible for about 5,300 pieces per month. Staff work has increased about 2,000 pieces per month. Twenty new boxes had to be added to the sorting room to take care of the extra staff. Rough dry work has increased about 2,000 pieces per month, and some difficulty is being experienced in getting this dried for removal on scheduled time; frequently drying racks have to be emptied and refilled during the evening after working hours. This increase is resulting in the washing machines being overloaded, and a certain amount of rushed work is inevitable, which in turn has a bad effect on quality. A larger water line, which is contemplated, will remedy this to some extent. The humatic extractor installed in January has relieved the pressure, and solved the difficulties here, and now extracting is accomplished with comparative ease. The presses are inadequate to cope with the amount of work which should have this service, and here again quality suffers. All the machinery and equipment is in good order and well cared for, with the exception of one 36 inch wooden washer; this machine is about 35 years old and does not justify any further expenses for repairs. The shell is disintegrating and the gears are badly worn and noisy. The wood in the revolving cylinder is so badly worn that sharp bolt heads protrude, making an ever present menace of catching and tearing goods as the cylinder revolves. This is a most essential machine, as it is in constant demand for small loads, and cannot be dispensed with. Consideration should, therefore, be given to its replacement, by an all metal machine of the same size, just as soon as a favorable occasion occurs. A water softener is still the outstanding need of this department.

The general expansion of the Institution, together with the special treatments now in operation, are taxing this service to its utmost limit. Congestion and short cuts are inevitable and must excuse, in some measure, that lack of extra choice-finish that one likes to associate with a first class laundry. We are convinced, however, taking these factors into consideration, that our laundry is giving reasonably good service under the handicaps which operate here. The personnel is as a year ago. A summary of the year's work is as follows:

MATTRESS AND FURNITURE SHOP

This department has now completed one year under the new management—Mr. Booth's successor. When the latter retired, it was felt that his successor would have

a most difficult task to maintain the good will, co-operation and respect which had been built up through long years, around the fine personality of Mr. Booth. The evidences of friendship and sympathetic interest were so obvious as to make one feel sorry for his successor, and afraid that the traditions of this service could not be maintained. Such fears, however, have proven groundless, for we have a man worthy in every particular, quiet and unassuming, a personality which at once inspires confidence and respect. He is capable and enterprising, a good workman, and is very successful in his dealings with patients. Thus, this department has had a most successful year.

The installation of the power, circular, and band saws last June, have speeded up the work tremendously, not only in this department, but throughout the Institution where woodwork repairs were being made. The tiresome and laborious work of sawing by hand has practically been eliminated to the benefit of all concerned; work has been made more pleasant, and a more contented attitude is noted in the patients of this department. More new goods are now being made than was possible before, and furniture replacements, particularly benches, tables, cupboards, etc., are of such a class that a gradual improvement is taking place in the appearance of the various wards, dining rooms, etc. This will become more pronounced as time goes by. The same applies to the offices, where new bookcases, filing cabinets, etc., have been provided.

There still remains, however, the handicap of the unsuitable, inadequate workshop . . . the old hen house. With the increasing demands, the accommodation is exceedingly cramped. Hair for mattress making has to be taken down to the pig barn to be worked and picked, as this is the only place available for this work; this is most unsatisfactory and inconvenient, and results in loss of time and duplicated effort. Steps are now being considered, however, to overcome this difficulty and we hope this will be remedied in the near future.

The staff numbers as before, four patients and one paid employee.

KITCHENS

These have functioned reasonably well during the year. The one day's rest per week necessitated the addition of two kitchen maids to the staff. No additions have been added to equipment; the only change being the replacement of one of the large aluminum steam kettles in the main kitchen, this developed a big bulge in the interior that could not be repaired. There is still need of mechanical refrigeration at the Receiving Unit, also a ventilating fan should be supplied at the Women's Pavilion, where working conditions are most oppressive, and particularly bad in the hot weather.

The Colony Building also would benefit by the provision of a fan, as the steam from the cookers is destroying the paint and plaster on the walls and ceiling.

Electrical mixing machines would add greatly to the efficiency of the Nurses' Home and the Receiving Unit, as would also, the provision of a meat slicer in the main kitchen, here both hot and cold meats could be served more appetizingly and economically and would be particularly valuable for service to the staff dining room.

PASTEURIZER

A total of 967,975 pounds of milk was treated during the year; of this amount, 594,007 pounds were supplied by our own farm, and the balance, 373,968 pounds, under contract from Mr. Morgan, of Chater.

The entire supply is tested in detail under the supervision of Dr. Rawson. The daily requirements have increased from 2,650 pounds to 2,800 pounds. A cream separator was installed during the month of February, and now the daily requirements of 35 pounds of cream is supplied in this way, obviating the necessity of skimming a portion of the milk, which creates a much better condition. The skimmed milk is returned to the farm for feeding purposes.

The cooling facilities are operating successfully but require a considerable quantity of ice, ranging daily from 150 to 200 pounds in the hot weather. The plant is well supervised, is clean and in good condition, with the exception of a few cans, which will have to be replaced.

GENERAL

The general outside work is as extensive as ever. The maintenance of roads, footpaths, lawns, buildings of all kinds, etc., etc., and the routine upkeep of an institution of more than 1,700 people is a fruitful and constant source of a vast amount of labor. Each season has its own peculiar type of work to be done, and this is attended to with regularity and dispatch, as the occasion arises.

It is impossible to give in detail all that has been accomplished during the year. Of the larger jobs, may be mentioned: more than 10,000 bushels of potatoes were turned, graded, and picked; weeks were spent repairing farm fences; new cement cooling tank erected in dairy; stalls, floors and roof repaired in farm buildings; extensive repairs to root cellars; toilet building in barn was accomplished; garage roof repaired and extension to accommodate truck; extension to guinea pig house; repairs to greenhouse; new cement floors in dining rooms; built dam on river, and cleaned channel and intake; repaired filter plant; building sewers, manholes, etc.; field and vegetable crops were harvested; thousands of tons of coal were handled: this is some of the work termed general, which has been accomplished during the year.

The provision of the Dump Truck has been of tremendous value and this is reflected in the vast amount of work covered.

The terraced west lawn in front of the Main Building has been removed and a new lawn made and seeded, now making both sides uniform; this will greatly improve the approach to this building. The gorgeous display of flowers and lawns, the neatly trimmed hedges and lawns were a beautiful picture throughout the summer, and drew many favourable comments from visitors and citizens alike.

May I again assure you of my loyal co-operation and express my appreciation of the continued happy relationships.

I have the honour to be, Sir,

Your obedient servant,

G. W. FITTON,

Bursar.

Selkirk Hospital for Mental Diseases

Selkirk, Manitoba, January 1st, 1939.

Dr. A. T. Mathers,
Provincial Psychiatrist,
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Selkirk Hospital for Mental Diseases for the year ending December 31st, 1938.

Attached to the report are the Statistical Tables, of which the following is a summary:

Movement of Population.—At the beginning of the year there were in residence 516 men and 335 women, and on probation 24 men and 16 women, the Register total being 540 men and 351 women. At the year's close the resident population was 500 men and 334 women, with 18 men and 20 women on probation, a Register total of 518 men and 355 women,—a decrease of 18. The total number under treatment during the year was 1,016. The lowest number in residence was 830 (September 18th, 1938) and the highest number 851 (January 1st, 1938). The daily average for the period was 840.06.

Admissions.—Admissions totalled 125,—69 men and 56 women, divided into First Admissions, totalling 97,—55 men and 42 women, and Readmissions, totalling 28, equally divided as to sex.

Nativity of Admissions.—(All Admissions)—

Canada	56.8%
United States	2.4%
Great Britain and Ireland	14.4%
Europe (and Palestine)	26.4%

Psychoses of First Admissions.—Analyzing the psychoses of First Admissions it is found that 49 or 50.54% were classified as Schizophrenia, 17 or 16.49% were placed in the Organic group, and the balance, 31, distributed among the functional groups.

Racial Distribution.—(First Admissions)—

Slavonic	21.6%	Irish	7.2%
English	17.5%	German	6.2%
French	10.4%	Scandinavian	3.1%
Hebrew	10.4%	All others	14.3%
Scotch	9.3%		

Age Distribution.—(First Admissions)—

Under 15 years	None	45 - 49 years	6
15 - 19 years	7	50 - 54 "	13
20 - 24 "	10	55 - 59 "	9
25 - 29 "	11	60 - 64 "	6
30 - 34 "	10	65 - 69 "	1
35 - 39 "	9	Over 70 years	8
40 - 44 "	7		

Educational Status—(First Admissions)—Illiterate 10; Read and Write 10; Common School 59; High School 18; College 6.

Environment—(First Admissions)—Urban 60; Rural 37.

Economic Condition—(First Admissions)—Dependent 35; Marginal 45; Comfortable 16; Unascertained 1.

Marital Condition—(First Admissions)—Single 46; Married 37; Widowed 7; Separated 1; Divorced 3; Unascertained 3.

Readmissions.—Readmissions totalled 28,—men 14 and women 14. Of these 67.86% were classed as Schizophrenia, and 21.43% as Manic Depressive.

Discharges.—Discharges totalled 70,—males 43 and females 27. The condition on discharge was as follows:

Recovered	37
Much Improved	4
Improved	24
Unimproved	5

Transfers, Elopements and Not Insane.—One female patient was transferred to Psychopathic Hospital. One female patient was found "Not Insane". There were no elopements.

DEATHS

72 deaths occurred during the year,—48 men and 24 women. The mortality rate is 7.08% of the total number under treatment. The rate for the prior eight months was 3%, which may be considered very low. For the two periods the average is approximately 5%, which is in keeping with the average of the past two years, viz., 4.6%.

Respiratory diseases accounted for 35 deaths (48.6%) and of these 35, 23 succumbed to Tuberculosis of the Lungs,—32% of the total deaths.

Cardiovascular disease caused 12 deaths, a percentage of $16\frac{2}{3}$ of the total deaths.

Two deaths, one male and one female, resulted from Hypoglycemic Shock in the course of Insulin Therapy.

Suicidal and accidental deaths are referred to later in the report.

25% of the deaths (18) occurred in patients over 70 years of age. A larger number than usual of patients with a Hospital residence in excess of ten years died during the year. These numbered 20.

HEALTH OF THE POPULATION

The general health of both patients and staff showed no appreciable deviation from former years.

X-Ray plates of chests of all patients and staff have been completed. The findings permitted of appropriate measures being taken to isolate all active and suspect cases. Inactive and suspect cases, as well as active cases showing clinical improvement, have been replated from time to time as a guide to further necessary care and observation.

With X-Ray service being available as is required, it is anticipated that the incidence and spread of Pulmonary Tuberculosis may be brought under as satisfactory control as is possible under existing conditions of overcrowding in our chronic divisions.

From now on X-Ray chest examinations of all new patients and new staff shall be routine, with such periodical re-examination as may be indicated. This service should prove of much value in the protection of the health of the Hospital population.

ACCIDENTS, SUICIDES, Etc.

Male Patient No. 5872 managed to partially free himself from restraint, rendered necessary by his acute excitement. He threw himself partially out of bed, permitting the neck of the restraining jacket to so constrict his trachea as to result in strangulation and death.

Male Patient No. 5109 died from hanging. It is the opinion of those competent to judge, including the patient's father, who is a physician, that the hanging was accidental and not suicidal. The patient was a young man of eighteen, who for many years had suffered from Encephalitis, and was continually engaging in acts that he felt would cause anxiety to those entrusted with his care.

Male Patient No. 5483 was frequently allowed to spend week-ends at home,—apparently adding much to his contentment with his necessary permanent Hospital residence. On the last occasion he was granted this privilege he went home on Saturday and presented no unusual mood or conduct. On the Monday, he left home, ostensibly to see some friends. An hour later his body was found on the railroad track some two or three miles from his home, completely severed. There were no eye witnesses to the fatality, but in the opinion of the Coroner, who investigated the circumstances, it was obviously a suicidal death.

Male Patient No. 5652, a case of depression, had shown marked improvement, had been allowed short trials at the home of relatives with good results. He was allowed to spend the Christmas and New Year's Holidays of 1937 and 1938 with these relatives and to return early in the New Year for a further short period of observation before being probated. On the morning of the day he was to return to Hospital, he took a fatal dose of Paris Green.

All the foregoing cases were the subject of a Coroner's investigation, in none of which was an inquest deemed necessary.

In addition to the above, five patients suffered from fractures,—a male patient, fracture of the tibia; two female patients, Colles fractures; a female patient, a fracture of the Humerus; and a female patient, a fracture of the hip. Good results were obtained in all five cases.

MEDICAL WORK

We feel that the standard of the medical work has been maintained at a high level and this in spite of the extra load carried by the physicians in their treatment of all suitable cases by "Pharmacological Shock". This latter special treatment has been carried on without any curtailment of the necessary routine medical care of patients.

Reference was made in the last report to the work being done with Insulin and Metrazol in the treatment of Schizophrenia. A provisional summary of the completed work was given. We are now in a position to present a more complete summary of this work, bringing the results up to December 31st, 1938. It is as follows:—

Insulin Shock Treatment has been carried on during the year with an average of twenty patients under treatment daily. During the past four months a number of patients with psychoses other than Schizophrenia have been placed on treatment in an attempt to determine the value of shock treatment in the various psychoses and also because of lack of suitable Schizophrenia patients for treatment.

From the commencement of Insulin Shock Treatment at this Hospital in November, 1936, one hundred Schizophrenia patients had completed treatment up to September 1st, 1938. Sixty-five of these had benefited sufficiently to be probated from Hospital. Our experience with this group was that patients with duration of illness less than six months showed by far the best response, and with increasing duration of illness, the benefit derived rapidly decreased. Our figures were 92% benefited in the category of illness of less than six months, and only 39% benefited in the category with illness of over two years.

Up to December 31st, 1938, ten of the sixty-five patients that had been probated were returned to the Institution, after an average period of eight months out of Hospital. Eight of these ten patients were given another course of treatment but only three of these have shown any definite response.

A comparison of results obtained with Insulin Shock Treatment of Schizophrenia patients and those obtained prior to the use of this form of therapy has been made. Our first insulin treated Schizophrenia patient was probated from Hospital in January, 1937. For the twenty month period January, 1937, to August, 1938, inclusive, our probations of Schizophrenia patients were 82.2% of the number of admissions for that period. For the five year period 1932 to 1936 inclusive, our probations were 46.5% of the admissions. In other words, there had been an increase of 76.7% in the rates of probations to admissions of Schizophrenic patients during the first twenty months of insulin shock treatment.

A total of 122 patients have completed treatment since insulin shock therapy was introduced. This includes, in addition to the 100 Schizophrenic patients reported above, 14 additional Schizophrenic patients, 4 patients diagnosed as manic depressive psychoses, 2 as mental deficiency with psychoses, one with presenile psychoses and one psychopathic personality with psychoses. No attempt at analysis of the results obtained in these additional 22 patients has as yet been made, but the results obtained in other than the Schizophrenic patients has not been very encouraging.

Of this series of 122 patients, two died,—one male and one female, from Hypoglycemic Shock, giving a mortality rate of 1.64%.

As there is an element of risk associated with Shock Therapy, the written permission of parent or guardian or next of kin is required before treatment is proceeded with.

Metrazol treatment has been used mainly in conjunction with Insulin. It appears to be most useful in those patients who show some mental retardation. Metrazol has also been used in a number of chronic patients. In a few of these it has been found useful in reducing the symptoms when an acute exacerbation occurs.

Our experience with Insulin and Metrazol in Schizophrenic patients leads us to believe that these methods of treatment are valuable adjuncts to the usual procedures of hospitals for mental diseases. We feel that if a patient is going to have a remission, such remission will occur sooner and will be of better quality if shock treatment is used than would be obtained with the ordinary psychotherapeutic measures alone.

None of our patients who failed to respond to Insulin treatment have shown any tendency toward improvement since being taken off treatment.

A paper on "Pharmacological Shock Treatment in Schizophrenia" was read at the Annual Meeting of the Manitoba Medical Association last September and a report of the results we obtained in the first one hundred Schizophrenic patients treated, has been submitted to the Canadian Medical Association Journal for publication.

DENTAL SERVICE

The Hospital Dentist reports the following work done during the year:

Patients examined	1,350	Dentures	15
Extractions	394	Denture Repairs	5
Fillings	201	Local Anaesthetics	368
Scaled and Polished	680	Number of Resistive Patients	38
Treatments	27		

X-RAY WORK

Since November, 1937, an X-Ray technician and the necessary equipment have been available as required. Service has been rendered to the Hospital on four occasions. The following work has been accomplished:

Chest Plates—

Patients	934	
Replates	313	
		1,247
Staff	220	
Replates	177	
		397
Total Chest Plates		1,644

Other Plates—

Dental	31
Extremities	21
Jaw	4
Spine	9
Skull	2
Pelvis	1
Foreign Body	2
Total	70

The Hospital is indebted to Dr. D. L. Scott of the Central Tuberculosis Clinic for the reading of all chest plates; also for valuable advice in the management of the Tuberculosis problem in the Hospital.

From November 1st, 1937, to December 1st, 1938, 904 patients had chest plates made, with replating as necessary.

When read the classification was as follows:—

Negative	795
Active	62
Moderately active	2
Doubtful activity	29
Inactive	14
Suspect	2
 Total	 904

Two hundred members of the staff had chest plates made and such replating as was indicated. In no case was active Tuberculosis found. Six were suspects, but replatings and careful observation and examination failed to confirm the suspicion of infection.

In December, 1938, thirty new patients were plated and 177 old patients replated. 20 new staff were plated and 150 replated. These plates have not yet been processed and read, but this will be done in the very near future.

LABORATORY

The technician reports the following work done during the year:

Blood Analyses	3,065
Blood Chemistry Analyses	688
Cerebro spinal fluid Analyses	23
Urinalyses	563
Bacteriological examinations	94
Pathological specimens prepared and stained	37

The Hospital makes grateful acknowledgement of the assistance rendered by the Provincial Bacteriological Laboratory in doing for us all Wassermanns.

113 Blood Wassermanns were done—107 of which were negative, and 6 were positive.

2 Spinal Fluid Wassermanns were done—of which 1 was negative, and 1 positive.

STAFF

Deaths.—We regret to chronicle the death of Mr. Alexander Mitchell on February 4th, 1938, after a prolonged illness. He had rendered a very loyal and efficient service as Storekeeper for over nine years, and his passing was deeply regretted by all members of the staff with whom his relations had been most harmonious.

SCHOOL OF NURSING

Nurses in training at the date of this report—First year 23; Second year 11; Third year 5.

In addition there are seven nurse attendants who are given a course of lectures on practical nursing and ward management. This group is made up of young women possessing good qualifications for Hospital work but lacking the grade XI scholastic standard necessary to admission to the Training School.

It is the considered opinion of your Superintendent that this grade of ward employee can give a valuable service, under fully trained supervisors, especially in divisions assigned to the long term residential group of patients. It is significant that they remain longer in the employ of the Hospital and become of great value in ministering to the requirements of the chronically ill. Much time is wasted in the training of young women who fail to complete the course, and if they do, they very soon resign for a variety of reasons.

The graduation class of 1938 numbered five, three of whom continue in the service of the Hospital.

The graduation exercises were held on June 8th, 1938, under the chairmanship of the Minister of Health, the Honourable I. B. Griffiths. The guest speaker for the occasion was the Reverend J. W. Clarke of Knox Church, Winnipeg.

OCCUPATION

Since February 1st, 1938, the Occupational Therapy Department has been in charge of a Therapist, after a seven months' period without such direction. Classes are held daily for both male and female patients.

Every avenue of occupation in the hospital economy is taken advantage of in the employment of patients with the result that it may be said that about fifty percent of the patient population is employed to a greater or lesser degree. This figure is subject to seasonal change especially in respect to male patients.

RELIGIOUS SERVICES, ENTERTAINMENTS, ETC.

Religious service is held each Sunday. Entertainments are provided from time to time by outside talent. Weekly dances are held during the winter months.

It is desired to recommend that as soon as possible a portable moving picture machine be provided in order that patients may enjoy the benefit of this form of entertainment. Suitable films for hospital use are now available at not too great a cost. It is hoped that this suggestion may receive the consideration it merits.

CONSTRUCTION, ALTERATIONS AND REPAIRS

The only new construction carried out was that of a root house of which the hospital was badly in need. It is hoped that this will prevent the altogether too great loss sustained during recent years through lack of proper storage.

In connection with this work, the power house staff contributed a good deal of time and labor, as did also a group of patients, numbering about 20.

The mechanical staff has been active in maintaining the buildings and equipment in a good state of repair.

RECOMMENDATIONS

1. That during the coming summer the bathrooms and toilet rooms of Wards 1, 3, and 8, be thoroughly overhauled, floors and walls tiled and modern fixtures installed. These rooms are in that part of the main building first erected and so dilapidated, outmoded, and inadequate to present needs, that the need for reorganization is imperative.

2. That the house on Manitoba Avenue, purchased from the North American

Lumber Company, be moved to the farm site, placed on a full size basement, provided with a heating plant and used to accommodate farm patients. The present cottage accommodates eight. The house referred to will accommodate fourteen or fifteen for dormitory purposes. The entire area of the present cottage would be given over to dining room and kitchen facilities.

3. That the new tennis courts be completed by the application of the necessary shale and provision of back-stops. This area is to be landscaped this year and the completion of the tennis court is essential to the general improvement plan.

Note:—The report of the Farm Manager is attached. That of the Bursar is submitted for the fiscal year ending April 30th, 1938.

I desire to express my appreciation for the counsel and co-operation received from all officers of the department in the management of the problems concerning the welfare of the Hospital during the year.

The medical staff and employees of all ranks, in the large majority of cases, have satisfactorily performed their duties, and to them I express my thanks for their valued assistance.

I have the honour to be, Sir,

Your obedient servant,

E. C. BARNES, M.D.,

Medical Superintendent.

TABLE No. I.

STATISTICAL SUMMARY

1. Movement of Population—

	M.	F.	T.
Remaining in Hospital December 31st, 1937	516	335	851
On Parole or otherwise absent December 31st, 1937	24	16	40
Total patients on Register December 31st, 1937	540	351	891

First Admissions for year ending December 31st, 1938.

	M.	F.	T.
General Admissions	---	---	---
Voluntary Admissions	---	1	1
By Commitment	6	6	12
Transfers from other Institutions for Mental Diseases	49	35	84
	55	42	97

Re-admissions for year ending December 31st, 1938.

General Admissions	---	---	---
Voluntary Admissions	---	---	---
By Commitment	6	4	10
Transfers from other Institutions for Mental Diseases	8	10	18
	14	14	28
Total Admissions for year ending December 31st, 1938	69	56	125
Total under Treatment during the year	609	407	1,016

Discharges for year ending December 31st, 1938.

	M.	F.	T.			
Recovered	20	17	37			
Much Improved	4	---	4			
Improved	16	8	24			
Unimproved	3	2	5	43	27	70
Not Insane	---	1	1	---	1	1
Deportations	---	---	---	---	---	---
Elopements	---	---	---	---	---	---
Transfers to other Institutions for Mental Diseases	---	---	---	---	---	---
Deaths	48	24	72	48	24	72
Total Discharged, Not Insane, Deported, Eloped, Transferred and Died				91	53	144
Remaining in Hospital December 31st, 1938				500	334	834
On Parole or otherwise absent December 31st, 1938				18	20	38
Total on Register December 31st, 1938				518	354	872

2. Additional Data:

1. Average Daily Population (excluding probations)	840.06
2. Rated Capacity	640.00
3. % over Rated Capacity	31.3 %
4. % Deaths of average Daily Population	8.57%
5. % Deaths of number under treatment	7.08%
6. % Discharged of number under treatment	7.00%
7. % Discharged of number admitted	56.8 %
8. % Recoveries of number admitted	29.6 %
9. Returned from probation—Males 9—Females 9	

FARM

Hospital for Mental Diseases,
Selkirk, Manitoba, January 1st, 1939.

Dr. E. C. Barnes,
Medical Superintendent,
Hospital for Mental Diseases,
Selkirk, Manitoba.

Sir:

I have the honour to submit the annual report of the farm, grounds, and garden, at this institution for the calendar year ending December 31st, 1938.

In general, the growing season of 1938 was subnormal in respect to moisture but the weather was reasonably cool. The season may be considered as favorable to cereal crop production but not ideal for root and vegetable crops.

CEREAL CROPS

The spring of 1938 was suitable for spring cultivation and planting. Field work was begun ten days earlier than the four previous seasons. Growth was quite normal throughout the season. The wheat crop, which was of the variety "Thatcher", ripened

prematurely, which caused the berry to shrink somewhat, making for a reduced yield. The oat and barley crops were splendid.

Yields

55	acres wheat	yielded	1,131 bus.
14.5	acres wheat and flax	yielded	234 bus.
4	acres rye (second cut)	yielded	43 bus.
24	acres barley	yielded	1,500 bus.
14	acres oats (Laurel)	yielded	266 bus.
125	acres oats (Laurel)	yielded	7,250 bus.
			10,424 bus.

ROW CROPS

The early growing season was quite dry for row crops with the result that germination was retarded. However, these crops returned a satisfactory yield.

14	acres corn	yielded	93 tons
32	acres potatoes	yielded	5,067 bus.
10	acres roots	yielded	90 tons
3	acres sorghum (soiling crop)	yielded	20 tons
			(fed green)

HAY CROPS

The various varieties of clover and mixed hays returned a yield of 307 tons.

113	acres clover	yielded	140 tons
135	acres mixed hay and alfalfa	yielded	167 tons

FIELDS

In addition to routine field cultivation, approximately 75 acres of scrub and rough land, and 48 acres of land that has been in hay for a number of years, was broken and partially prepared for crop in 1939. The remainder of the field work will be done in the early spring. This will make a valuable addition to the present grain crop acreage. The breaking and preparation of scrub land for crop involves a great deal of heavy work and a cash outlay from the farm appropriation of from \$8.00 to \$10.00 per acre. Annual acreage increases, such as there is this year, make it necessary to appoint a second temporary farm employee in order that all the farm work may be kept up to date. There is a considerable area of scrub land on the farm that can be brought into cultivation, but as it involves considerable cash expenditure to prepare the land, and as the cultivated acreage in 1939 will be sufficient to provide all the grain, hay, row crops, and vegetables, required for home consumption, it is suggested that a decision be arrived at as to the policy of continuing to spend money for land improvement when it is not required for institutional or farm use.

VEGETABLE GARDEN

The lack of early spring moisture was responsible for slow and irregular germination of the small vegetable seeds. Late spring rains improved the outlook somewhat, but in general, the vegetable crop was considerably below the average. Since the building of a satisfactory root cellar, which will assure suitable storage, the area

to be sown to various kinds of vegetables will be increased and the entire garden plan changed to allow for more cultivation and spraying by machines.

GREENHOUSES

The greenhouse was used for the production of blooms for the wards, also for starting and transplanting the numerous bedding plants of both flowers and vegetables required for use in the grounds and garden. The growing of tomatoes was continued, 1,040 lbs being produced.

GROUNDS

In addition to the regular routine work in the caretaking of the grounds, shrubs, and trees, the block south of the G. H. building was prepared for planting next spring. The shrubs planted the past few years are making rapid growth and the loss has been comparatively light.

LIVE STOCK

Dairy Cattle:

The herd has produced exceptionally well during the entire year. The average from cows entered on Record of Performance test will be higher than for any previous year. The herd has improved in general appearance and condition partly because of the culling of some undesirable purebred and grade females. The Tuberculin test was applied three times, and unfortunately, four good purebred cows and one grade cow re-acted to the test. Three of these cows went out in October. At the same time, it was decided to sell four cull cows and replace the seven head with purebred females. The proceeds of the same amounted to \$484.85 and the cost of six purebreds for replacement was \$463.00, including freight charges. Two heifer calves were born from the replacements shortly after arrival at the farm.

Hogs:

The hog department had another successful year. Sufficient fresh pork and most of the hams and bacon consumed in the hospital was supplied.

Pork to the hospital was supplied at 9 cents per lb. This is considerably below the actual sale value of the hogs on the market. Fifty-four feeder pigs were sent to the Manitoba School, Portage la Prairie, for finishing, and six young pigs were donated to the "Knowles Home for Boys". These are fed during the summer by boys at the home and slaughtered in the fall for their own use.

Poultry:

The poultry department was maintained on a similar basis to previous years. White Leghorn pullets were purchased in late August. This group was rather disappointing in early production. However, they produced quite well during the middle and late winter months.

A group of 333 well-grown Barred Rock pullets were purchased in September. These are a good lot, but were later in beginning to produce than was anticipated.

BUILDINGS

The buildings have been kept in repair. The roof on the stone dairy barn was

repaired and this building was painted. A large root cellar was constructed. This was completed in time for use this winter, and so far is proving quite satisfactory.

The cement floor in the main dairy barn is deteriorating quite rapidly. It may be necessary to relay at least part of this floor next summer.

IMPLEMENTS

The farm implements are in fair repair. New implements are purchased from time to time in order to keep the equipment up to the necessary standard. The grain separator has been in use for about nineteen or twenty years and is too small for our purposes. If the 1939 crop warrants the expenses, it is recommended that a new separator be purchased. The tractor purchased in 1937 cost considerably more to operate than was anticipated. Fuel consumption is high in comparison with the work accomplished. It is suggested that the possibility of exchanging this tractor for one of the Diesel type be canvassed with a view to reducing operating costs very materially.

STAFF

The major staff change was the appointment of a new assistant dairyman to replace Mr. Grieve, who is operating a farm of his own. It will probably be necessary to appoint a temporary farm employee for the season of 1939.

The staff have been co-operative and have shown an interest in their departments.

FARM STATEMENT

January 1st, 1938, to December 31st, 1938, inclusive

Receipts—

Cash Sales	\$ 2,225.32	
Institution Sales	14,749.20	
		<u>\$16,974.52</u>

Expenditures—

Salaries	\$ 9,086.99	
Supplies and Expenses	6,387.35	
		<u>15,474.34</u>

Operating Surplus	<u>\$ 1,500.18</u>
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Note:—Operating expense includes payments on land as follows:

Land Settlement Board	\$559.46
Maytag property	275.00

Breaking and cultivating scrub land—

Custom work	\$137.50
Estimated work done by farm tractor	288.00
Purchase of six purebred cows (including freight)	\$463.00

I have the honour to be, Sir,

Your obedient servant,

J. E. CRAWFORD,

Farm Manager.

BURSAR'S REPORT

Dr. E. C. Barnes,
Medical Superintendent,
Hospital for Mental Diseases,
Selkirk, Manitoba.

Hospital for Mental Diseases,
Selkirk, Manitoba, May 1, 1938.

Sir:

I beg to present the financial and general report relating to my office for the year ending April 30th, 1938.

STATEMENT OF EXPENDITURES AND RECEIPTS

Fiscal Year Ending April 30th, 1938.

Expenditures:

Administration and Subsistence:

Salaries	\$ 93,309.50
Subsistence	62,415.55
Clothing	4,823.47
Dry Goods	\$6,949.67
Cleaning Supplies and Toilet Requisites	2,639.20
Crockery-ware	1,118.53
Office Supplies, Stationery, etc.	1,100.81
Laundry Supplies	3,456.98
Telephone and Telegraphs	939.37
Religious Services	446.00
Medical and Dental Supplies	5,495.09
Fuel for Stoves	2,079.26
Car Depreciation	502.28
Gas and Oil	545.75
General Expenses	3,248.58
	<u>28,521.52</u>
Total Administrative Expenses	\$189,070.04

Farm Expenses:

Salaries	\$8,690.76
Supplies and Expenses	6,349.08
	<u>15,039.84</u>
Total Health and Public Welfare Expenditure	\$204,109.88

During the past year, in addition to attending to day by day repairs, the carpenter and his assistants have constructed a glassed-in verandah in front of the gardener's house, re-arranged the bath-room in order to give him an extra room, and repaired and insulated the roof of the kitchen. The house is now a convenient residence, and needs but little upkeep. He has also changed over the Hospital car garage, the doors of which now face east instead of west, and open on slides instead of hinges.

The painting crew have been more numerous than usual, and a good deal of work has been accomplished, in addition to general repairs. The work done by this group includes painting the gardener's residence, the milking cow barn, and a good deal of painting on rather a large scale in the 'G. and H.' and Main buildings.

In this connection, I may say we have been handicapped in the old part of the main building by the condition of the roofs, leaks from which have discolored the paint, and in some places brought down the plaster.

The work of repairing this roof is too extensive for the Hospital employees to undertake, and the attention of the Building Inspector has been drawn to the necessity of repairing or reconstructing it as soon as possible.

The Hospital chauffeur has travelled a total mileage of 14,804 on both the Dodge and Ford cars, compared with 16,695 in 1936-7. His gas consumption was 922 gals. compared with 1,084 in 1936-7, and oil consumed was 44 gals. compared with 57 gals. in 1936-7. Miles per gallon were 16, compared with 15.4 in 1936-7.

Expenditures have been kept within the appropriations allotted by Public Works, but a supplementary of \$4,200.00 was necessary in the case of the Health and Public Welfare appropriations in order to complete the year.

I have the honour to be, Sir,

Your obedient servant,

THOS. ALLEN,

Bursar.

Manitoba School for Mental Defectives

Portage la Prairie, Manitoba,
January 1, 1939.

Dr. A. T. Mathers,
Provincial Psychiatrist,
Psychopathic Hospital,
Winnipeg, Manitoba.

Sir:

I have the honour to present to you the Annual Report of the Manitoba School for the Calendar Year 1938.

The outstanding event of the year was the opening of the New Wing on April 21, 1938. A public function was held, attended by large numbers of the general public as well as officials of various governmental departments. Following inspection of the building, the patients entertained all at a concert in the Assembly Hall. The day closed with a staff dance. It is perhaps suitable that the milestones of progress of an institution, as evidenced by its physical development, should be marked by celebrations. From this viewpoint we feel the day was a success.

The New Wing is an extension northward of the east block of the main building. It is of brick and concrete—absolutely fireproof. Consisting of a basement and four floors, it houses sixty-six patients and thirteen staff, and was designed specially to relieve some of the pressing problems on the female services, notably isolation of Tuberculosis and Venereal Diseases, and segregation of patients with marked behaviour disorders.

The top floor, with special indestructible features of construction and safety devices, accommodates twelve high grade girls with marked behaviour disorders. It is fulfilling its purpose as nearly as one could hope for as far as physical housing is concerned. For this unfortunate class of mental defective, which is at variance with society at every turn, and which presents more of an emotional problem than an intellectual one, much more is necessary than strict and complete segregation. As a matter of fact there is no benefit to the patients themselves from segregation, which is purely a matter of convenience to society and the institution. Much more is necessary in knowledge and understanding of behaviour, no matter the theory of its operation, than we now possess, and also the methods necessary to offset its undesirable aspects. It should also be recognized that certain very definite disadvantages attend segregation, if not actual dangers. A full-dress discussion of this question of segregation is perhaps out of place in this report, but I might venture to suggest that it has been found that segregation without further facilities to neutralize at least its undesirable effects has been largely a failure in other fields of social control. With the high grade defective we are precisely in the same position.

The next floor provides isolation for two infectious and contagious diseases, namely Tuberculosis and Venereal Disease. The practical operation of this ward has been most satisfactory. Since isolation facilities have been available, the incidence of spread of Tuberculosis amongst the resident population has dropped sharply to practically nothing. Our routine, of course, has been powerfully assisted by our X-Ray plant. The isolated patients have done well. The ward provides important facilities for teaching and training staff.

The remaining two floors house thirty quiet and industrious patients and thirteen staff respectively. The basement is entirely occupied by cafeteria dining service for patients.

Altogether the building is modern and very convenient, and we consider it approaches an ideal in the care of mentally defective persons.

On the male services it was possible to add ten beds as a result of re-adjustment of space incident to the opening of the new wing. Renovations were effected which gave facilities for isolation of male Tuberculosis patients. However, the physical properties of the male wards do not compare favorably with the female. Overcrowding is marked, and classification of patients as to ages and mental grade is most unsatisfactory. Further accommodation for male patients is urgently required.

Male attendants' quarters were moved to the main floor of the east wing, and the rooms refurnished, redecorated, and modernized as much as possible. We have only accommodation for seven single attendants who live in. I doubt if this is enough in case of emergency, but to house more is at present impossible. My experience has led me to believe that the best way to insure a sufficient resident staff for all emergencies is to provide housing facilities at the institution for married men at a reasonable rental cost. At the time of writing, we have applications from four out of seven of the resident single men to be allowed living out privileges so that they may get married. The situation presents a dilemma from the viewpoint of administration. Might not a housing scheme be approached from the angle of a self-liquidating project?

There may be much or little in a name, but it has been impressed on me that from the viewpoint of administration, particularly with regard to public relations and finance, our present "The Manitoba School" might be better "The Manitoba Home and School", or possibly "The Manitoba Hospital and School". It is quite possible that much the same difficulties would be met under any name subject to the present Act. It may be noted that many other similar institutions in Canada and the United States have a more comprehensive title than ours.

A resume of the movement of patient population follows:

The year commenced with 397 patients in residence, 175 males and 222 females; and closed with 419 patients, 181 males and 238 females. The total under treatment during the year was 439, 186 males and 253 females. The lowest number in residence was 396 (Jan. 9, 1938), and the highest number was 421 (Nov. 15, 1938). The total average for the period was 407.05.

Admissions:—Admissions totalled 45 patients, 12 males and 33 females. Of these 30 were **first admissions**, 7 being males and 23 females; 9 were **Re-admissions**, 4 being males and 5 females; and 6 were **Admissions by Transfer from Other Institutions**, 1 male and 5 females being transferred from the Brandon Hospital for Mental Diseases. Of the first admissions 25% or 9 patients were classified as Idiots, 41.66% or 15 patients were classified as Imbeciles, and 33.34% or 12 patients were classified as Morons.

The **Racial Origin** showed the following classification in order of frequency:—Slavonic 7, English 6, Irish 6, French 6, Scotch 4, German 4, Hebrew 2, Swedish 1.

Ages as shown by the table are:—9 (5—9 yrs.); 3 (10—14 yrs.); 12 (15—19 yrs.); 5 (20—24 yrs.); 2 (25—29 yrs.); 1 (30—34 yrs.); 2 (35—39 yrs.); 1 (40—44 yrs.); 1 (50—65 yrs.).

Marital State shows all first admissions to be single.

Economic Status is as follows:—Dependent 29, Marginal 7.

The Environment Table shows that 13 were Urban dwellers and 23 Rural.

The Degree of Education attained was 24 illiterate and 12 read and write.

Discharges occurred to a total of 12, 4 males and 8 females. The condition of 2 males and 3 females was improved, and 2 males and 5 females unimproved.

Deaths totalled 7, 1 male and 6 females. The death rate based on the total under treatment during the year was 1.59%.

Nativity of Admissions:—Canada, 95.56%; U. S. A., 2.22%; Iceland, 2.22%.

Probations totalled 8, 4 males and 4 females; 2 males and 1 female being discharged on completion of the probation period.

MEDICAL DEPARTMENT

In reporting on the medical work, only the outstanding features will be brought to your attention. The tremendous volume of day-to-day routine cannot be of general interest, and is difficult to portray. Whatever is hereafter presented I hope will, in some measure, indicate the care and diligence that we have tried to practise. Our general attitude is that excellence of medical work is not determined by the type of patient.

We had an epidemic of Whooping Cough, commencing in July and waning in November. It was confined to the female population. Isolation was effected as promptly and efficiently as we could. Prophylactic and treatment sera were used with, we believe, good results. All patients recovered without complications.

We made a diagnosis of Scarlet Fever in one epileptic female 21 years of age. Otitis media developed as a complication. She made a good recovery, but subsequently developed Status Epilepticus and died. Isolation and infectious technique were rigidly carried out. There have been no further cases. The contact was not established.

There were no major accidents during the year. All accidents were carefully investigated, and complete records are on file.

Tuberculosis, which used to form our major medical problem and accounted for the majority of our deaths, has fallen in incidence remarkably. Isolation facilities and infectious technique, powerfully supplemented by routine X-Ray examination, has reduced the number of cases almost to the vanishing point. It must be pointed out, however, that before we had the X-Ray plant the majority of patients with Tuberculosis had been identified and isolated, and we have practised the routine of isolation, gowns, masks and technique for several years. The X-Ray showed up the old minimal and quiescent patients, and speeded up all the other routines, but we feel that it should be emphasized in institutions that isolation, gowns, masks and infectious technique are indispensable. We believe that the freedom of our staff to date from Tuberculosis has been due to the above measures, and teaching that Tuberculosis is infectious and contagious at all stages and at all times. In this connection I would like to draw your attention to the fine clinical work done by our Dr. Bristow. Any measures of success that we may claim are due to the high order of his clinical

work, and his earnest enthusiasm, even before the advent of our X-Ray plant. None of our nursing staff have developed Tuberculosis up to date as a result of their duty. Unfortunately one member of the technical staff developed an acute pulmonary lesion, but we feel justified in believing the contact was outside the institution.

As you know, we have been required to conduct the Venereal Disease treatment at the Provincial Gaol in this city. The incidence has been as high as 10% of the admissions. To conduct this clinic efficiently we see every admission. A routine Wassermann is taken, and any positives, or those formerly under treatment, are given a complete physical and laboratory examination before treatment is instituted or continued. We do not wish to object to this work. We recognize it as part of general public health, but it should be recognized that while working at this clinic we cannot be working at home. It requires one day and a half a week at times when the work is at its peak.

Our X-Ray Department carries on its work in a very wide field. We give service to Selkirk Hospital for Mental Diseases, and the Silicosis Survey work is done by our plant. All the films are processed here. The report that follows, giving the number of plates taken and processed, is evidence of the important work it does. This is all done by one technician, at present Miss O. McCullagh, R.N. I feel justified in saying that the work is too heavy for one person, and that we should have assistance in some form. If our present load is to continue a little equipment will also be necessary, particularly processing equipment.

We anticipate that the Travelling Clinic from Ninette will use our X-Ray machine and technician, and also our out-patient facilities once a month, commencing January 19th, 1939. We welcome the opportunity to co-operate with them. They have shown us many kindnesses. We also believe the contact with their clinic will be stimulating and helpful to the staff here.

We continue to give out-patient service to any private physician or organization who desires such assistance as we may be able to give. The demand is increasing. We have been able to improve our facilities for reception and examination of patients. We believe that the contacts so formed are an important factor in increasing public confidence in our Institution. This may be only local at first, but will undoubtedly spread. If I may state an axiom I should say that no institution can prosper confined within its four walls.

An additional physician was added to the staff on July 1st, 1938. This addition has been certainly welcome and appreciated, but has no more than taken up the work that two physicians could not do well. Our work and responsibilities are increasing steadily.

The laboratory and dispensary have been efficiently operated. A registered technician is in charge. Besides our own work he does any out-patient examinations, and also those necessary at the Portage Provincial Gaol. We would like to have a student technician in the laboratory, but have not been able to finance such a post this year.

The dental service is quite satisfactory. We now require a little more time of Dr. Trotter's services allotted to us, which I am hopeful will be possible this year.

A detailed report of the work accomplished in the various units of these departments follows:—

X-RAY DEPARTMENT

At Selkirk Hospital for Mental Diseases:

Chest	595	plates
Extremities	9	"
Dental	6	"
Miscellaneous	4	"
Total		614 plates

Silicosis Survey:

Gunnar	124	plates
San Antonio	158	"
Gods Lake	97	"
Laguna	78	"
Sherritt Gordon	324	"
Gurney	80	"
Indian Children	216	"
Total		1,077 plates

The Manitoba School:

Chest	574	plates
Barium Enema	5	"
Spinal	19	"
Extremities	36	"
Head	4	"
Dental	17	"
Miscellaneous	9	"
Total		664 plates
Grand Total		2,355 plates

STAFF

Staff turnover has been comparatively small, and any that has occurred has been ordinary conditions. It has not been necessary to take drastic action because of contravention of regulations or lack of attention to duty. I would like to think that all are coming to believe that we have an equal interest in our Institution. When it prospers we all prosper. At any rate the development of such a consciousness is necessary before an institution can progress, maintain its purpose, or merit approval.

The staff has formed its own Social and Welfare Club. It has been well conducted, and its officials are persons of judgment and foresight. I have been pleased to co-operate with them.

I regret to report the death of an old employee in the person of the late John Rehill, who for over thirteen years gave of his best as an attendant.

Our School of Nursing is now in its third year. Despite the trials and tribulations of conducting such a school, I remain firmly convinced that it is the only answer to a stable and efficient staff. Modern developments in the care and treatment of mental conditions demand a staff scientifically trained as never before. The defects in most social welfare work usually can be traced to insufficiently trained personnel. We anticipate a graduation function next May to present Diplomas in Mental Nursing

to nine young ladies who have shown outstanding abilities, both academically and practically.

PATIENT ACTIVITIES

The program for patients' occupation and recreation has been well maintained in all its phases. The staff has shown commendable initiative in both spheres, and has shown the patients many kindnesses outside its obligations of duty.

An up-to-date talking moving picture machine was purchased to replace our old silent moving picture apparatus, for which suitable film could no longer be obtained. It has been much enjoyed by the patients. It is 16 mm. in size and is operated very economically, as no special installation was required.

The workshop has produced very fine work. Some new equipment was purchased, and as it has expanded the patients have taken more interest. This is undoubtedly a fine occupational feature for male patients, and we hope to broaden its scope as time goes on.

A tailor shop was opened on a larger scale than we have hitherto attempted. A heavy duty sewing machine, and an automatic buttonhole machine were purchased. An instructor has been placed in charge, and the results have been gratifying. Combined with tailoring in the same shop is the shoe repair. Both endeavours are valuable day to day services to the Institution, and we think justify additional equipment as monies are available.

The academic classrooms, after a year's operation, I believe have justified this feature. A period of finding our way and making adjustments has been necessary. In my experience a new endeavour in an old institution has never been well received by the staff. The reasons are peculiar and need not be discussed here. Nevertheless, my opinion is that an institution for the care of the mentally defective without a school is comparable to a ship without a rudder. Perhaps most of our difficulties have been due to the fact that such a program was injected into the routine late in institutional life, instead of at the beginning. Relatively speaking in the development of an institution of this kind, the first building that should be erected is a school. It seems difficult to establish this principle, perhaps because so few of us are intimately connected with the work.

Late this year we obtained the services of a well trained dietitian. We expect increasing benefits from this appointment. We have in mind domestic science classes for high grade female patients as a part of training and re-adjusting, but so far space and equipment are not available to establish the project. We hope that it may soon be possible.

I mentioned early in this report the difficulties and dangers attending segregation of high grade patients with behaviour disorders. On the segregation ward we have tried several occupational schemes, none of which have been very satisfactory as yet. We are still searching for a solution. The Craft room teacher has tried sincerely, but it is quite evident that a different set-up is necessary. One hesitates to outline anything further at present. It is certain to cost money, and the way should be better defined.

REPAIRS, IMPROVEMENTS AND ADDITIONS

A host of minor repairs and improvements are carried on throughout the year. Only the outstanding will be mentioned here.

1. All the fire hose on the wards was replaced.
2. Granolithic walk was laid down around the new wing and at the rear of the main building.
3. The farm house and granary were repaired and repainted. A new furnace was installed in the house.
4. A new milk house was constructed which includes a farm office. It is of brick and concrete, attractively designed, and will have facilities for washing, cooling and storing. It is serviced with water, sewer, electricity and steam. We should be able to handle our milk supply cleanly, and it is hoped that in the future a pasteurizer and bottling machine may be added. We have now a milking machine, so that finally this commodity should be without reproach.
5. The barn was completely rewired for light and power.
6. A terrazzo floor was laid in the S. E. dormitory at the Colony Building.
7. A new direct safety drive was attached to the mangle in the laundry to replace the old maze of pulleys and belts, which we always felt were dangerous to patients working at this machine.
8. Our radio installation is commencing to give trouble, and it is not considered practical nor economical to repair it, nor extend it to new parts of the institution. We therefore purchased four small portable sets at a cost of \$75.00. The purchase was made from our Patients' Endowment account, which consists of monies left to the institution by former patients. The principle of this account is never spent unless by approval of the Minister, and for patients' benefit.

RECOMMENDATIONS

Additional accommodation is required for male mental defectives. In the 1937 Annual Report I fully presented a project that I believed feasible and practical for additional accommodation for the whole service. I still suggest that it may have merit, and would refer you to last year's report.

I suggested last year the closing of Main Street from Dickens Avenue to the city limits, and giving an alternate route to the city. This suggestion was presented to the City Council, but was rejected. I still urge it as a necessary safety move for this institution.

The reports of the Bursar and Farm Department follow.

CONCLUSION

Many kindnesses have been shown to the Institution by individuals and organizations that have contributed not a little to patients' happiness and welfare. To these I am sincerely grateful.

To you, Sir, I am grateful for continued advice and support, and may we ask that you extend The Honourable, The Minister of Health and Public Welfare, and all Departmental Officials, our appreciation of their many kindnesses and patient hearings of our representations on behalf of The Manitoba School.

I have the honour to be, Sir,

Your obedient servant,

H. S. ATKINSON, M.D.,

Medical Superintendent.

TABLE NO. I.

MOVEMENT OF PATIENT POPULATION — MENTAL DEFECTIVES

	Male	Female	Total
Remaining Under Treatment January 1, 1938	175	222	397
First Admissions for year ending December 31, 1938:			
	Male	Female	Total
1. From Municipalities	6	19	25
2. Government Patients	1	4	5
3. Private Patients	---	---	---
	7	23	30
Admissions by Transfer from other Institutions for year ending December 31, 1938:			
	Male	Female	Total
1. From Municipalities	1	4	5
2. Government Patients	---	1	1
3. Private Patients	---	---	---
	1	5	6
Re-admissions for year ending December 31, 1938: (exclusive of Re-admissions from Probation)			
1. From Municipalities	2	3	5
2. Government Patients	1	---	1
3. Private Patients	---	---	---
	3	3	6
Total Admissions for year ending December 31, 1938 ...	11	31	42
Total Under Treatment during the year	186	253	439
Discharges during the year:			
	Male	Female	Total
(a) Recovered	---	---	---
(b) Much Improved	---	---	---
(c) Improved	2	3	5
(d) Unimproved	2	5	7
Transferred Out	---	1	1
Deaths	1	6	7
	4	8	12
Total Discharged, Transferred or Died	5	15	20
Total on Probation and still on Probation as at De- cember 31, 1938:			
	Male	Female	Total
	1	---	1
Total on Institutional Register as at December 31, 1938 (Including Patients still on Probation)	181	238	419

BURSAR'S REPORT, 1938

Portage la Prairie, Manitoba,

January 1, 1939.

H. S. Atkinson, Esq., M.D.,
Medical Superintendent,
The Manitoba School,
Portage la Prairie, Manitoba.

Sir:

I have the honour to submit herewith the Bursar's Annual Report, which deals with the business transactions of the Institution.

EXPENDITURES

This report, covering operations for the Calendar Year, 1938, includes operation for periods of two Fiscal Years, the last four months of Fiscal Year 1937-1938, and the first eight months of the Fiscal Year 1938-1939. A statement is attached giving a comparison of expenditures for the Fiscal Year 1937-1938 with the appropriation and also with expenditures for the previous Fiscal Year. Another statement giving a comparison of expenditures for the first eight months of the current Fiscal Year is also attached.

The total expenditure for the Fiscal Year 1937-1938 was under the amount of the appropriation, but the total amount expended was greater than expended for the previous year. The expenditure for the eight months of the current Fiscal Year is also in excess of expenditure for similar period of the last Fiscal Year. The increase is due to an increased pay-roll on account of the eight-hour day, living-out allowance paid to married male attendants and other employees; purchases of equipment for medical treatment such as Stereoscope, Mercury Quartz Lamp, Instrument Table and a Wheel Stretcher; additional equipment for Laboratory; Beds and Bedding to accommodate additional female staff; School Room supplies; Sound Projector; Button-Hole Machine, and Farm Machinery. Although the amount expended at the end of the Calendar Year is greater than at the same date a year ago, we feel confident that our appropriation for the Fiscal Year will not be exceeded.

PER CAPITA COST

The cost per patient per day is \$1.19, an increase of eleven cents. The main cause of this increase is the increased pay-roll.

FARM

There was an amount of \$1,419.88 received from sales and remitted to the Treasury. This is an increase of \$1,020.33 over the previous year, and is accounted for by the sale of 1,627 bushels of No. 2 Wheat to the Wheat Board.

At the beginning of the season we experienced dry weather and again during the months of July and August, and these conditions resulted in a reduced crop of vegetables, especially potatoes. When the main crop was harvested only 900 bushels were available for winter storage. This being far short of our requirements for kitchens and seed, 3,000 bushels had to be purchased locally to meet our needs for next year's seed and until the new crop would be ready.

The above conditions also caused a reduction of \$625.33 in the value of produce used in the Institution and a reduction of \$4,652.96 in the value of the crop harvested.

An International Harvester Milking Machine was purchased and installed during the year at a cost of \$393.31. On account of the increased acreage it was necessary to trade in our old Separator, which was a small one, for a 28-48 Waterloo Separator at a cost of \$862.23. Other machinery and equipment purchased was a Tractor Binder, Mower, Potato Digger and two Wagon Gears and costing \$785.92. The Report of the Farm Manager follows.

In conclusion, may I again commend the assistance given in the kitchen and laundry by the patients, whose services are valuable in reducing the cost of operating these departments.

To you, Sir, sincere thanks are extended for your assistance and co-operation in carrying out the duties of my office.

I have the honour to be, Sir,

Your obedient servant,

HUGH SIMPSON,

Bursar.

FARM

Portage la Prairie, Manitoba,

January 4th, 1939.

Dr. H. S. Atkinson,
Medical Superintendent,
The Manitoba School for Mental Defectives,
Portage la Prairie, Man.

Sir:

I have the honour to submit the annual report of the farm, grounds and garden at your Institution for the year ending December 31, 1938.

The farm, including the purchase of three hundred and thirty acres in November, 1937, comprises approximately eight hundred acres, six hundred of which are cultivated. The soil, which is of a loam type, is very productive, and comparatively easy to till.

The crop season of 1938 was suitable during the early summer, but rainfall in July and August was subnormal. This, coupled with hot weather, caused all grains to ripen a few days prematurely. The barley crop was effected to a larger extent than the other cereals, with a resulting slight decrease in yield.

CROPS

Cereals—The total acreage sown to cereals was four hundred and three acres, as: wheat seventy-five acres, oats two hundred and thirty-one, barley ninety-seven. The total yield of grain was 14,952 bushels. In addition to this amount, eighteen loads of oats were kept for sheaf feeding. The wheat, with the exception of one hundred and twenty bushels, was sold to the Canada Wheat Board. All other grain was stored on the farm. It is estimated that with the surplus of grain carried over from 1937 crop, there is sufficient grain stored to feed the live stock on hand for almost two years.

In the future, the grain acreage each year should yield above normal feed requirements, hence provision will be made for the production of wheat and malting barley, both of which can be sold to better advantage on the market than common barley or oats.

CORN AND ROOT CROPS

The corn crop was planted on the Wood's farm on what proved to be a very weedy field with the result that the weeds were not properly controlled. The yield of corn was reasonably satisfactory, being six tons per acre. This, however, was considerably lower yield than 1937.

The acreage planted to sugar beets and mangels was reduced to five. There is a great deal of hand work in the production of beets, particularly the thinning, and as the work comes at a very busy time, the acreage used for beets will be reduced to the minimum.

HAY

Fifty acres of cultivated hay was harvested, yielding one and one-half tons per acre. This was sweet clover, alfalfa and mixed cultivated hays. In addition twenty tons of native hay was harvested in the old pasture. The acreage devoted to hay was increased for next year by seeding the eleven acre field around the Nurses' Home to alfalfa and meadow fescue; also, six acres on the farm to alfalfa. Two fields close to the barn seeded to cultivated pasture crops were used to pasture the cows and heifers. The outlying native pasture was not used. It is intended to break the greater part of this native pasture at the first opportunity, and seed down to a water tolerant variety of grass which will produce a satisfactory yield of better quality hay. If this can be accomplished it will release an additional acreage for grain crops.

VEGETABLES

The vegetable crop was most disappointing due to three main causes, dry weather resulting in poor germination of vegetable seeds, inadequate control of weeds, and dry weather again in July and August. Arrangements have been completed to have one employee devote his entire time during the summer to vegetable production and distribution, and another employee to take charge of the grounds and shrubbery.

The potato crop was considerably below average. The stand on two-thirds of the plot was fair but complete fertilization apparently did not take place as there was only one or two potatoes to each hill.

LIVE STOCK

Horses—

The horses have done more field work than in previous years owing to increased acreage, but are all in splendid condition. Two colts were raised.

Cattle—

The Holstein herd has been maintained in good condition with satisfactory production. The group of yearling and two year heifers that are coming into production this winter are a useful lot and should be a credit to the herd. A mechanical milking machine was installed in November and doing satisfactory work. This will undoubtedly improve the quality of the milk produced. The erection of a milk house will also contribute very materially to production of a high quality product.

Hogs—

There was no breeding herd of hogs maintained but fifty-four feeder hogs were sent over from the Selkirk Hospital for Mental Diseases' farm for finishing. In addition, twenty-four small feeder hogs were purchased. These hogs when finished will be used as fresh pork in the Institution. This practice is satisfactory in so far as it goes but does not provide a constant supply of hogs throughout the entire year. As soon as conditions warrant and a suitable building is available some thought might be given to bringing in a breeding herd of hogs.

BUILDINGS

The barns are fairly satisfactory for the carrying of the present number of live-stock. Any increase will necessitate the renovating of the barn on the Wood's farm, and making it suitable to winter a group of heifers.

The floor in the granary will require repairing before next harvest. This building should also be wired for electricity with wall plugs for grain cleaning machinery.

Since the Institution continues to grow and more vegetables are required, some thought must necessarily be given to providing more vegetable storage.

MACHINERY

The farm machinery is in good condition with the exception of the grain cleaner and possibly the horse plows. The former is a small old type machine which does a very inefficient job of cleaning the seed grain. It is recommended that a new cleaner be installed before this season's cleaning commences.

STAFF

The staff have all been required to do more field work, made necessary by additional crop acreage over previous years. They have all been co-operative in carrying on the farm work.

I have the honour to be, Sir,

Your obedient servant,

J. E. CRAWFORD,

Farm Manager.

Administration of the Estates of the Mentally Incompetent

January 2nd, 1939.

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg, Man.

Sir:

It is my privilege to submit, herewith, the report for the Division of the Administration of Estates of the Mentally Incompetent for the Province of Manitoba, for the Calendar Year ending December the 31st, 1938.

During the twelve months' period the total number of estates under administration was 785, which is a considerably larger number than in the previous twelve months' period. Of these estates, 601 were productive and 174 non-productive.

During the Calendar Year 1938, there was a total of 276 parcels of real estate under administration, these being divided as follows:—

Leases	Farms	106	
	City and Suburban	79	
			185
Mortgages	Farms	48	
	City and Suburban	21	
			69
Agreements for Sale	Farms	20	
	City and Suburban	2	
			22
			<u>276</u>

The Division of the Administration of the Estates of the Mentally Incompetent for the Province of Manitoba received for patients in the Brandon and Selkirk Institutions and in the Manitoba School, the following grain and field crops:

Wheat	15,174 bus.	Sheaves	9,338 Sheaves
Oats	8,456 bus.	Clover and Corn	1½ Loads
Barley	6,670 bus.	Hay	67 Tons
Rye	320 bus.		

Despite the comparatively poor yield in 1938, the foregoing represents a considerable increase insofar as wheat is concerned, although the coarse grains are down somewhat. It might be mentioned that in most cases our leases are on one-third share of crop basis and in a few cases on a half crop basis. We also have leases on some land on a cash basis, and in one or two instances have leased the land for the taxes.

During the year we sold the following properties:

Lot 2, Blk. 8, Winnipeg Beach.
Lot 2A, Blk. 3, Miami.
N.W. 23-11-9 and Part N.E. 22-11-9.
S.W. $\frac{1}{4}$ 4-15-1 E.
S.W. 7-14-6 E.
Part Blk. 4, D.G.S. 33, St. Jas. Pl. 597.
N.E. 31-24-8.

Several of these sales were salvage propositions, as prior to going into the Institutions the owners had allowed considerable taxes to accumulate and in order to derive some benefit for the patient, rather than to lose the property in tax sale, we considered it good policy to salvage what we could in the way of cash out of them.

In respect to sales, we have continued the practice of making special investigations, both as to values and as to the patient's physical and mental condition before finally accepting any offer. When possible, relatives also were consulted. It might be mentioned as well, that several auction sales of household furniture, personal effects, stock and farm machinery were also held during the year and at each of these auction sales a representation from the Division attended.

RENTALS

During the year we collected approximately \$500.00 per month in rentals from dwelling houses owned by the patients in the Institutions. In out-lying points rentals in some of the cases are collected by agents, while in the City of Winnipeg rentals are paid direct into this office. We have continued to watch our repair bills very carefully and expenditures in this connection are kept down to an absolute minimum, but at the same time we realize the necessity of keeping our houses in such shape so as to be readily taken by prospective leasees should they become vacant, or on the other hand to keep them rented by satisfactory tenants. It is of course necessary to inspect the houses frequently and to keep a close check on Taxes and Fire Insurance.

LIFE INSURANCE

At the end of the Calendar Year, we held in this office for patients one hundred and seventy-one Life Insurance Policies, forty-three of which contained disability clauses. These disability clauses vary greatly in effect; some entitle the assured to a monthly or yearly income, while others entitle us, on behalf of the assured, to convert the policy into a Bond; others merely waiving premiums during the period of disability. In one instance we discovered a Life Insurance Policy where the wife of the assured, in ignorance of the disability clause, had continued to pay the premiums for several years and when the matter was brought to our attention we were successful in securing not only the disability benefits under the policy, but also return of all premiums paid after the commencement of the disability.

It might be mentioned that we have found Life Insurance Companies most co-operative and we are endeavouring to assure that that co-operation will continue by reciprocating with the fullest of information to which the Insurance Companies may be entitled at any time.

BONDS

On December the 31st, 1938, we held as Committee of the Estates of the Mentally

Incompetent, patients' Bonds to the value of \$190,425.00. We have set up a practice of investing surplus funds of patients in Dominion of Canada Bonds or those guaranteed by the Dominion of Canada. Investments of surplus funds are made within 30 days after receiving the funds in this office.

STOCKS

Stocks to the nominal value of \$50,178.99 were held for patients as at the end of the Calendar Year 1938. In connection with these stocks may we say it is our opinion that a re-valuation should be made as we are doubtful as to our rights to continue to hold same.

From our knowledge of these stocks, we feel sure nowhere near the amount of the nominal value could be realized from them. Many of them are Mining Stocks for which the patient paid high prices and it would mean a considerable sacrifice to sell same at present day prices, but it may be incumbent upon us to do so as a Trustee.

INSPECTIONS

During the year we received three hundred and eighty Incoming Reports from the Brandon and Selkirk Institutions, and three hundred and eighty-three Outgoing Reports. We have continued to carry out the same procedure with respect to these reports as outlined in the report for the year ending 1937, and the same comments made in that report apply at this time.

PENSIONS

We have administered pensions of seventy-two Soldier Pensioners during the year, said pensions yielding approximately \$1,400 per month.

MAINTENANCE

There was paid over to the Supervisor of Public Institutions during the Calendar Year 1938 from the Estates for the maintenance of patients, the sum of \$49,219.28. So far as we can gather from a perusal of past records, this constitutes an all-time record, and we believe shows conclusively the value of this office. It might be mentioned that care was taken that the estates should not be drained of all available monies for the maintenance account so as to endanger the holdings or care of any properties that the Estates might have. The following is a recapitulation showing how the estates of patients in the various Institutions contributed the aforementioned sum.

Brandon Hospital for Mental Diseases	\$27,693.35	
Selkirk Hospital for Mental Diseases	19,790.71	
Manitoba School, Portage la Prairie	753.55	
Psychopathic Hospital, Winnipeg	981.67	
		<u>\$49,219.28</u>

In conclusion, we believe that the Estates generally are in a satisfactory condition. We have had no complaints from relatives or others whatsoever as to our decisions or management of the Estates. Considerable tact, of course, has to be used in the early stages of taking over an Estate, as it is difficult for relatives to understand on some occasions why we should step in. On the matter being carefully and frankly

explained to them we have found the relatives, in practically every instance, most co-operative and pleased that there is such a Department of the Government set up.

The kind co-operation of the Honourable Minister and yourself at all times has been greatly appreciated. My staff has continued to contribute their part splendidly to the smooth running of this office and I am pleased indeed to voice my appreciation of their efforts in this report.

Appended hereto is a financial statement of this Department for your consideration.

I have the honour to be, Sir,

Your obedient servant,

R. R. GOODWIN,

Administrator of the Estates of the
Mentally Incompetent.

STATEMENT OF ESTATES UNDER ADMINISTRATION AS AT DECEMBER 31st, 1938

ASSETS	LIABILITIES
Cash on hand and in The Royal Bank of Canada.....\$ 68,827.71	Liabilities of Estates:
Dominion of Canada Bonds, being the investment of funds derived from the proceeds of estates, in general, at cost (Par value \$47,500.00)	Accounts Payable\$ 6,719.07
39,620.16	Notes payable:
Dominion of Canada and other bonds, being part of the corpus of specific estates, at par value	Principal\$3,640.17
133,425.00	Interest166.02
Shares of the capital stock of various companies, at nominal valuations	3,806.19
50,178.99	The Province of Manitoba:
Total disability and annuity contracts	Advances for the conservation of estates:
Accounts Receivable	Principal\$2,557.11
Notes Receivable: Principal\$15,000.26	Interest190.69
Interest922.67	2,747.80
Rentals receivable	Mortgages and Agreements payable:
15,922.93	Principal\$53,154.74
1,722.87	Borrowers' charges200.55
Mortgages and Agreements receivable:	Interest4,333.44
Principal\$32,747.69	57,688.73
Interest4,689.92	70,961.79
37,437.61	Total liabilities of estates
Chattels	562,376.45
Real Estates	7,285.78
256,700.97	Total
Total	\$640,624.02
\$640,624.02	

Fiscal Supervisor of Public Institutions

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

January 2nd, 1939.

Sir:

As Supervisor of Public Institutions, I am submitting, herewith, report for the Calendar Year ending December 31st, 1938.

We are pleased indeed to report, that the total revenue for the year amounted to \$239,742.22. This being the first report made for a twelve months' period, ending at the end of the Calendar Year, it is not possible to make exact comparisons, as all previous Reports were for the twelve months' period ending April 30th. However, so far as we can gather from a perusal of past records, the aforementioned total revenue exceeds by nearly \$40,000.00, the revenue collected for any previous twelve months' period.

The revenue mentioned herein is derived from the following sources:

- A. Maintenance of patients in the Psychopathic Ward of the Winnipeg General Hospital.
- B. Maintenance of patients in the Manitoba School, Portage la Prairie.
- C. Maintenance of patients in the Hospital for Mental Diseases, Brandon, Manitoba.
- D. Maintenance of patients in the Hospital for Mental Diseases, Selkirk, Manitoba.
- E. Farm and Sundry Revenue from the various Institutions.

MAINTENANCE ACCOUNT

Brandon Hospital for Mental Diseases:

12 months' period ending December 31st, 1938:

Provincial and Private patients	\$18,268.32	
Indian Patients	3,616.90	
Collection Receipts		\$21,885.22
Estate Receipts		27,693.35
Total		\$49,578.57

Selkirk Hospital for Mental Diseases:

12 months' period ending December 31st, 1938:

Provincial and Private patients	\$10,096.78	
Indian Patients	4,852.25	
Soldiers	18,783.83	
Insane Convicts	379.52	
Collection Receipts		\$34,112.38
Estate Receipts		19,790.71
Total		53,903.09

Manitoba School, Portage la Prairie:

12 months' period ending December 31st, 1938:

Provincial and Private Patients	\$ 4,810.38	
Municipal Patients	67,951.07	
Collection Receipts		\$72,761.45
Estate Receipts		753.55
Total		73,515.00

Psychopathic Hospital, Winnipeg:

12 months' period ending December 31st, 1938:

Provincial and Private Patients	\$5,175.29	
Collection Receipts		\$5,175.29
Estate Receipts		981.67
Total		6,156.96
Total Maintenance		\$183,153.62

FARM ACCOUNT

12 months' period ending December 31st, 1938.

Brandon Hospital for Mental Diseases:

Produce supplied from Institution	\$21,031.98
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Selkirk Hospital for Mental Diseases:

Produce supplied from Institution	15,282.31
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Manitoba School, Portage la Prairie:

Produce supplied from Institution	10,489.68	
Total		\$ 46,803.97

SUNDRY REVENUE ACCOUNT

12 months' period ending December 31st, 1938.

Brandon Hospital for Mental Diseases	Nil	
Selkirk Hospital for Mental Diseases	\$ 45.63	
Manitoba School, Portage la Prairie	678.85	
Total	\$ 724.48	
Refunds to appropriations	6,947.46	
Total Revenue		\$239,742.22

OCCUPATIONAL THERAPY ACCOUNT

8 months' period ending December 31st, 1938.

Brandon Hospital for Mental Diseases	\$1,802.11	
Selkirk Hospital for Mental Diseases	57.55	
Manitoba School, Portage la Prairie	253.03	
Total		\$ 2,112.69
Total Revenue received on Maintenance Account	\$183,153.62	
Total Revenue received on Farm Account	46,803.97	
Total Revenue received on Sundry Revenue Account	724.48	
Total Revenue received on Therapy Account	2,112.69	
Total Revenue received on Refunds to Appropriations	6,947.46	
Grand Total		\$239,742.22

GENERAL REMARKS

The increase in revenue is due, to some considerable extent, to the return to better crop conditions in 1937 and the better prices realized in that year for agricultural products. It is also due, we believe, to the strenuous efforts we have made this past year to bring home to those legally responsible for the accounts, that they must be paid.

There are several factors which will have a tendency to reduce revenue in this coming year, namely; comparatively poor crops in the Province in 1938 and the extremely low prices realized therefrom by farmers; also the number of Soldier patients who are being paid for by the Department of Pensions and National Health, at the rate of \$350 per annum, is gradually declining; further, there are relatively few patients now being admitted to the Institutions who have Life Insurance Policies containing disability clauses entitling them to income payments, as this type of Insurance was found unprofitable by the Insurance Companies some years ago and is difficult to buy today. Due to these and other factors, it therefore becomes necessary for us to increase our efforts in making straight collections.

Some assistance was rendered to us in the amendment to the "Health and Public Welfare Act", at the last Session of the Legislature, where certain doubts as to liability were clarified. This will be helpful. Further than this a wider construction on "Sections 21, and 22" of the "Mental Disease Act" has been placed, and we believe that this, too, will tend to increased revenue.

We intend, this coming year, to divide the Province into areas and to spend more time in "field work", dealing with collections alone. We have found, from past experience, that it is not at all satisfactory, and at the same time expensive, to send bills and dunning letters out continuously without establishing some personal contact.

It is our opinion that it is extremely important to obtain as complete a picture as possible of the economic condition of the relatives of a patient at the time the patient first enters the Institution and at that time to stress the importance of paying at least something, if not the whole account regularly from month to month. With this in mind we are endeavouring to get in personal contact with the relatives right at the start in order to have a frank discussion as to ways and means of meeting the account.

In our opinion the collection for the hospitalization of patients in the Hospitals for Mental Diseases is the most difficult of any type of collection. The greater majority of the general public are, however, sincere in their wish to pay for the care of their relatives who are mentally afflicted, and we believe it good policy to show real co-operation with those who are sincerely anxious to do something about the account and on the other hand, to be firm and demanding in no uncertain terms, with those who are legally liable to pay, but who have no intention of doing so if they can escape.

Manitoba School:

Total admissions, Manitoba School	45
Total number of patients remaining in the Institution as at December 31st, 1938	416

During the Calendar Year 1938, there were forty-five new admissions of Mental Defectives to the Manitoba School at Portage la Prairie and twenty-five patients were discharged. As at the end of December, 1938, there remained in the Manitoba School, 416 patients, representing an increase of twenty over the Calendar Year ending 1937.

This Department handles collections for the maintenance of Mental Defectives in the Manitoba School. The "Mental Deficiency Act" places the responsibility for the maintenance of Mental Defectives on the Municipality from which they come and collections on the whole have been quite satisfactory, and in some cases, we are pleased to be able to report, the Municipalities were able to, not only pay the current account, but pay up the old accounts which had accumulated in the depression years.

As stated in our previous report, we have continued the practice this year of sending out accounts to the Municipalities more frequently than was the practice prior to 1937, and have had good results by so doing.

I have the honour to be, Sir,

Your obedient servant,

R. R. GOODWIN,

Supervisor of Public Institutions.

In the report of the Commission of the General Land Office, it is stated that the total number of acres of land in the State of New York is 47,000,000. The report also states that the total number of acres of land in the State of New York is 47,000,000. The report also states that the total number of acres of land in the State of New York is 47,000,000.

Summary of the Report

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Division of Disease Prevention

INCLUDING

Hospitalization—Fiscal Year May 1, 1937 to April 30, 1938.

DIVISION OF PRIVATE HOSPITALS

DIVISION OF CARE FOR AGED AND INFIRM

DIVISION OF COMMUNICABLE DISEASE

DIVISION OF VENEREAL DISEASE CONTROL

DIVISION OF PUBLIC HEALTH NURSING SERVICE, AND

CENTRAL TUBERCULOSIS REGISTRY

DIVISION OF DENTAL CLINICS

DIVISION OF INDUSTRIAL HYGIENE

DIVISION OF FOOD CONTROL

DIVISION OF SANITATION

Report for Calendar Year 1938.

Division of Hospitalization

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Winnipeg, Man.

Sir:

I have the honour to submit herewith the Annual Report of the Division of Hospitalization for the fiscal year ending April 30th, 1938.

During the past fiscal year, the Bethania Hospital, Altona, became a public hospital under "The Hospital Aid Act", making a total of forty-two public hospitals in the Province of Manitoba.

The statistical information supplied by these institutions in their annual return was made out this year, for the first time, on the new forms recommended as standard by the Dominion Bureau of Statistics and the Dominion Hospital Council.

Plans are being made for the adoption of a standard financial return and to this end a survey of the accounting methods in the rural hospitals was to be undertaken during the summer of 1938.

BED CAPACITY AND COMPLEMENT

The capacity of the public hospitals is reported as being 4,435 beds which is an increase of 202 beds over the previous year; however, the bed complement or the number of beds actually set up for use was 4,161.

	Capacity	Complement
Tuberculosis	734 beds	664 beds
Other Infectious Diseases	336 beds	336 beds
General	3,365 beds	3,161 beds
Total	4,435 beds	4,161 beds

NURSES' TRAINING SCHOOLS

Nurses' Training Schools are carried on in sixteen general hospitals and in one infectious disease hospital.

Size of General Hospitals and Their Training Schools

	100 beds and over	50 to 99 beds	Less than 50 beds	Total
Number of Hospitals	10	4	22	36
Number having a training school	10	3	3	16

INTERNES

Ten hospitals give training to internes. These hospitals all have 100 beds or over, and are in Greater Winnipeg.

X-RAY

Eight of the hospitals have no X-Ray equipment. One of these is the Convalescent Hospital; the other seven are small general hospitals of less than thirty bed capacity.

Concerning the decline in Total Hospital Days, this has been accounted for entirely in the Infectious Disease Hospitals and Tuberculosis Sanatoria (See Table II). The patient days in the general hospitals are higher this year than ever before and the same is true of patients treated in General Hospitals. This increase applies to new-born infants as well as other admissions to General Hospitals.

AVERAGE DAYS' STAY (See Form I).

The average days' stay in the General Hospitals ranges from 6.1 to 15.8 days. Brandon General Hospital with 15.8 days has, for the third consecutive year, had the highest average days' stay per patient.

BED OCCUPANCY (See Form I).

In the Institutions for the care of Tuberculosis, this continues at a relatively high level—between 87% and 97%. In the other hospitals it varies from 27% to 90% for those operating the full twelve months' period.

DEATHS (See Form I).

During this fiscal year there were 2,132 deaths in all the public hospitals, representing just over 3% of the patients treated.

RESIDENCE OF PATIENTS

It is noted that 2,373 or 3.4% of the patients treated were from outside the province. In two hospitals, St. Anthony's and Sacred Heart, this percentage rose to 10% and 17.6% respectively.

CURRENT OPERATING COST

The total maintenance expenditure reported by all the hospitals is \$2,588,328.01, which is equivalent to \$2.50 a patient day, an increase of 14c a day over the previous year. The per patient day expenditure in the individual hospitals varies from a low of 88c in the Bethesda Hospital to a high of \$4.18 in the Ethelbert Hospital, both of these being small hospitals in rural Manitoba.

CURRENT MAINTENANCE INCOME

Current maintenance income for all the public hospitals in Manitoba was reported as \$2,663,455.45, of which approximately 50% is reported as being derived from public funds. This percentage varies considerably with the various hospitals.

Considering the total income for each hospital as against the total expenditure, seventeen hospitals report a net profit and twenty-five a net loss. (See Form II).

STATUTORY GRANT (See Form III).

The total amount paid to hospitals under this heading, as provided by Section 3(1) of Part I of "The Hospital Aid Act" was \$401,831.50, an increase of \$12,681.30 over last year.

Under Section 3(2) of Part I of "The Hospital Aid Act", the statutory grant was discontinued for the following periods in these hospitals:

Convalescent Hospital	635 days
Grace Hospital	79 days
Shoal Lake Municipal Hospital	10 days
Souris and Glenwood Memorial Hospital	160 days
St. Boniface General Hospital	26 days
Total	910 days

HOSPITALIZATION IN UNORGANIZED AND DISORGANIZED TERRITORY

Under Section 19 of Part II of "The Hospital Aid Act," agreements were entered into with

St. Anthony's Hospital	for \$10,000 per annum;
Pine Falls Hospital	for \$ 4,800 per annum;
Hunter Hospital	for \$ 3,000 per annum.

The total amount expended on Per Diem Maintenance and Statutory Grant was \$528,768.02 (See Form III), a small increase over the preceding year.

Expenditures for Per Diem Maintenance Under "The Hospital Aid Act"

\$111,671.52 was expended for this purpose during the year and was an increase of roughly 10% over the previous year, the expenditures in all types of hospitals having increased.

I have the honour to be, Sir,

Your obedient servant,

E. W. MONTGOMERY, M.D.,
Division of Hospitalization.

PATIENTS TREATED (See Form I).

There were 69,629 patients admitted during the year, which appears to be a considerable reduction over the previous year. However, this is probably not so great as it seems and the admissions were probably about the same as last year because in the report from the Manitoba Sanatorium and the Central Tuberculosis Clinic, the figures this year are only for actual admissions while last year they included those in for diagnosis but not actually admitted.

Patients in for Diagnosis Only

Central Tuberculosis Clinic	6,991
Manitoba Sanatorium	990
Total	7,981

Adult and Infant Patients Treated, 1934-1938

Year Ending	Adults	Infants	Total
1934	52,260	5,644	57,904
1935	61,124	6,236	67,360
1936	65,232	6,346	71,578
1937	71,001	6,461	77,462
1938	62,243	7,386	69,629

Hospital Beds and Patients Treated, 1932-1938.

Year	Population		Hospital Patients		Hospital Beds		Patients Admitted per 1,000 of the population
	Number	% of 1932 Figure	Number	% of 1932 Figure	Number	% of 1932 Figure	
1931-32	700,139	100.0	59,185	100.	3,890	100.	84
1932-33	702,322	100.3	59,243	100.	3,942	101.	84
1933-34	704,505	100.6	57,904	97.	3,973	102.	82
1934-35	706,688	100.9	67,360	113.	4,087	105.	95
1935-36	708,871	101.2	71,578	120.	4,150	106.	100
1936-37	711,056	101.5	77,462	130.	4,303	110.	108
1937-38	713,241	101.8	69,629	117.	4,435	113.	97

HOSPITAL DAYS (See Form I and Table I.)

The total hospital days accrued this year is considerably less than last year, and the percentage of days accumulated in Public and Private Wards remains about the same as in former years, 88% and 12% respectively.

Total Hospital Days, 1932-1938.

Year	Number	% of 1932 Figures
1931-32	897,204	100.0
1932-33	892,224	99.4
1933-34	874,582	97.4
1934-35	976,812	108.8
1935-36	1,048,454	116.8
1936-37	1,073,834	119.6
1937-38	1,037,162	116.

FORM I. MANITOBA HOSPITALS—STATISTICS FOR FISCAL YEAR ENDING APRIL 30, 1938.

HOSPITAL	Bed Com- ple- ment	Number of Patients Treated		HOSPITAL DAYS		Total	Av. Days of Discharge	Av. No. of Patients in Hospital Daily	% Bed Occupancy	No. of Deaths During Year	Death Rate
		Adult	Infant	Private	Public						
Bethania	26	124	89	213	1,215	801	9.4	5.5	21.	1	.47
Bethel	26	440	131	571	3,499	1,065	8.2	12.7	49.	8	1.4
Bethesda	35	378	176	554	3,210	1,605	8.8	13.2	37.7	14	2.5
Birtle Gen. (St. Mary's)	19	267	36	303	2,319	263	9.7	7.8	51.	4	1.3
Brandon General	156	1,743	237	1,980	23,770	2,528	15.8	87.7	56.2	125	6.3
Carman General	40	1,073	107	1,180	5,992	894	6.1	22.1	55.3	26	2.2
Central T.B. Clinic	45	396		396	14,646		41.4	40.1	89.1	25	6.8
Children	135	2,412		2,412	33,728		12.8	96.	71.1	55	2.3
Concordia	58	889	190	1,079	2,476	831	8.5	24.7	42.6	11	1.
Convalescent	50	229		229	12,564		48.8	34.4	68.8	1	.04
Crerar	24	166	40	206	2,260	431	13.2	7.6	31.7	8	3.9
Dauphin General	105	1,940	204	2,144	17,684	1,396	9.7	56.8	54.1	72	3.4
Deloraine Memorial	22	646	71	717	4,883	757	7.7	15.6	70.9	11	1.5
E. M. Crowe Mem.	13	157	47	204	1,732	518	11.	6.2	41.3	3	1.5
Ethelbert General	18	174	49	223	1,380	447	8.3	5.	27.8	8	3.6
Freemasons'	35	633	70	703	6,390	701	10.8	21.7	62.	26	3.7
Gladstone	13	161	32	193	1,134	331	7.8	4.	30.8	7	3.6
Grace	212	2,727	782	3,509	37,065	5,641	14.	133.1	62.8	86	2.5
Grandview	15	120	44	164	430	122	8.7	4.4	29.3	8	4.7
Hamiota General	14	155	47	202	1,208	369	8.6	4.8	34.3	9	4.5
Hunter	44	482	44	526	6,371	296	13.	18.5	42.	15	2.9
Lady Minto	18	323	81	404	2,632	795	9.2	10.2	56.7	15	3.7
Manitoba Sanatorium	289	618		618	102,659		238.	281.2	97.3	32	5.
Misericordia	285	4,856	887	5,743	32,080	7,269	9.5	149.8	52.6	128	2.2
Municipal	330	1,544		1,544	63,181		40.5	174.4	52.8	44	2.8
Neepawa General	30	655	75	730	4,737	664	9.1	17.8	59.3	26	3.6
Pine Falls	28	508	69	577	6,383	702	12.	19.6	70.	11	1.9
Portage la P. Gen.	77	1,325	237	1,562	12,458	1,772	9.7	43.7	56.8	67	4.3
Sacred Heart	42	628	83	711	6,306	728	10.7	20.7	49.3	19	2.7
Selkirk General	60	1,527	181	1,708	10,050	1,801	7.5	35.	58.3	32	1.9
Shoal Lake Municipal	20	275	50	325	2,886	456	11.4	11.	55.	11	3.4
Souris and Glenwood M.	39	628	55	683	3,819	560	7.2	13.8	35.4	11	1.6
St. Anthony's	81	1,343	112	1,455	11,621	974	7.7	49.8	61.5	58	4.
St. Boniface General	494	11,194	1,145	12,339	117,129	11,228	10.9	393.6	79.7	335	2.7
St. Boniface San.	230	510	4	514	75,672	202	271.	200.2	87.	45	8.8
St. Joseph's	133	2,550	534	3,084	21,292	4,233	10.	80.5	60.5	73	2.4
St. Roch's	106	796	19	815	18,288	415	20.1	51.5	48.6	22	2.7
Swan River	25	342	34	376	3,215	271	9.3	9.8	39.2	17	4.5
Victoria	127	3,104	352	3,456	22,364	3,104	8.5	80.3	63.2	104	3.
Virden	20	535	56	591	3,960	534	8.2	13.3	66.5	14	2.4
Vita General	22	518	85	603	4,005	825	7.9	13.2	60.	12	2.
Winnipeg General	600	13,152	931	14,083	137,884	5,153	13.4	541.6	90.3	533	3.8
	4,161	62,243	7,386	69,629	118,329	846,577	11,574	60,682	1,037,162		

FORM II. MANITOBA HOSPITALS—FINANCIAL STATEMENT FOR FISCAL YEAR ENDING APRIL 30, 1938.

DIVISION OF HOSPITALIZATION

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Hospital	Location	Total Income	Total Expenditures	Net Profit	Net Loss
Bethania	Altona	4,590.23	4,282.73	307.50	
Bethel	Winkler	7,133.03	5,073.14	2,059.89	
Bethesda	Steinbach	4,690.54	7,586.70		2,896.16
Birtle General (St. Mary's)	Birtle	5,228.55	5,077.91	150.64	
Brandon General	Brandon	82,201.68	86,002.14		3,800.46
Carman General	Carman	20,081.88	20,335.23		253.35
Central Tuberculosis Clinic	Winnipeg	31,537.75	41,993.11		10,455.36
Children's	Winnipeg	132,762.65	135,510.99		2,748.34
Concordia	Winnipeg	28,762.74	26,943.61	1,819.13	
Convalescent	Winnipeg	12,106.47	12,661.47		555.00
Crerar	Winnipegosis	3,768.25	2,854.71	913.54	
Dauphin General	Dauphin	42,669.34	42,437.04	232.30	
Deloraine Memorial	Deloraine	16,590.27	16,038.14	552.13	
Elizabeth M. Crowe Memorial	Eriksdale	6,135.01	6,511.26		376.25
Ethelbert General	Ethelbert	7,235.55	7,629.04		393.49
Freemasons'	Morden	21,805.15	21,171.30	633.85	
Gladstone	Gladstone	2,854.84	3,049.75		194.91
Grace	Winnipeg	92,300.32	93,441.79		1,141.47
Grandview	Grandview	2,359.35	2,209.11	150.24	
Hamiota General	Hamiota	3,876.23	4,155.62		279.39
Hunter	Teulon	13,075.34	14,136.27		1,060.93
Lady Minto	Minnedosa	8,105.24	7,982.06	123.18	
Manitoba Sanatorium	Ninette	201,211.53	215,733.86		14,522.33
Misericordia	Winnipeg	161,601.52	196,559.76		34,958.24
Municipal	Winnipeg	65,490.27	356,194.72		290,704.45
Neepawa General	Neepawa	15,723.33	17,412.77		1,689.44
Pine Falls	Pine Falls	16,188.05	24,606.59		8,418.54
Portage la Prairie General	Portage la Prairie	36,475.85	43,781.76		7,305.91
Sacred Heart	Russell	13,772.46	12,017.11	1,755.35	
Selkirk General	Selkirk	24,291.17	22,764.48	1,526.69	
Shoal Lake Municipal	Shoal Lake	9,484.06	8,505.28	978.78	
Souris and Glenwood Memorial	Souris	16,043.31	13,652.66	2,390.65	
St. Anthony's	The Pas	37,390.67	66,992.71		29,602.04
St. Boniface General	St. Boniface	362,492.07	370,315.22		7,823.15
St. Boniface Sanatorium	St. Vital	181,658.61	198,439.33		16,780.72
St. Joseph's	Winnipeg	68,419.69	80,474.77		12,055.08
St. Roch's	St. Boniface	41,682.31	48,001.75		6,319.44
Swan River	Swan River	14,699.12	13,798.36	900.76	
Victoria	Winnipeg	71,175.48	65,720.07	5,455.41	
Virden	Virden	12,817.82	11,254.65	1,563.17	
Vita General	Vita	14,985.24	16,721.01		1,735.77
Winnipeg General	Winnipeg	662,826.36	675,915.11		13,088.75
		2,578,299.33	3,025,945.09	21,513.21	469,158.97

FORM III.

DIVISION OF HOSPITALIZATION

STATUTORY GRANT AND PER DIEM MAINTENANCE EXPENDITURE

For Fiscal Year Ending April 30th, 1938.

Hospital	Hospital Aid Act, Statutory Grants	Special Building Grants	Per Diem Mtce. Payments	Trans. and Burial Payments	Total
Bethania	\$	\$	\$	\$	\$
Bethal	454.80		33.00		487.80
Bethesda	359.00		146.25		505.25
Birtle Gen. (St. Mary's)	740.80				740.80
Brandon General	10,770.00		623.00		11,393.00
Carman General	2,756.00				2,756.00
Central T.B. Clinic	10,667.50		2,617.00	3.00	13,287.50
Children's	13,838.00		2,242.50		16,080.50
Concordia					
Convalescent	4,267.50		289.85		4,557.35
Crerar	183.00		765.75		948.75
Dauphin General	7,382.50		3,527.12	156.03	11,065.65
Deloraine Memorial	1,987.20		12.00		1,999.20
E. M. Crowe Memorial		750.00			750.00
Ethelbert General	751.30		321.00		1,072.30
Freemasons'	3,186.60		21.00		3,207.60
Gladstone	291.40		234.00		525.40
Grace	14,957.40		559.50		15,516.90
Grandview	286.10		9.00		295.10
Hamiota General		300.00	10.50		310.50
Hunter	3,000.00		194.25		3,194.25
Lady Minto	1,105.80				1,105.80
Manitoba Sanatorium	51,110.00		19,084.80		70,194.80
Misericordia	15,147.10		840.25		15,987.35
Municipal	44,627.00		5,106.00		49,733.00
Neepawa General	2,238.80		226.50		2,465.30
Pine Falls	4,800.00				4,800.00
Portage la Prairie Gen.	4,968.50		513.00		5,481.50
Sacred Heart	2,896.10		54.00		2,950.10
Selkirk General	4,061.40		90.55		4,151.95
Shoal Lake Municipal	1,169.40		348.50		1,517.90
Souris and Glenwood Mem.	2,097.80		48.00		2,145.80
St. Anthony's	10,000.00				10,000.00
St. Boniface General	47,161.80	2,892.42	15,989.45	49.50	66,093.17
St. Boniface San.	39,220.60	7,472.00	21,547.80	51.65	68,292.05
St. Joseph's	9,599.80		1,023.25	2.45	10,625.40
St. Roch's	10,438.10		3 584.70	7.40	14,030.20
Swan River	1,249.20		503.25	1.65	1,754.10
Victoria	10,172.00		494.50		10,666.50
Virden	1,696.60				1,696.60
Vita General	1,768.80		1,306.50		3,075.30
Winnipeg General	60,423.60	14,030.00	16,847.25	94.50	91,395.35
Mount Carmel Clinic		500.00			500.00
King Edward, Kamsack			87.50		87.50
Warroad, Minnesota			70.50		70.50
Funerals, etc.				1,254.00	1,254.00
	\$401,831.50	\$25,944.42	\$99,372.02	\$1,620.18	\$528,768.02

TABLE NO. I.

Year	Total Patients Treated	Hospital Days			Public Ward Days % of Total
		Public	Private	Total	
1934	57,904	762,854	111,728	874,582	86
1935	67,360	793,186	183,626	976,812	81
1936	71,578	926,987	121,467	1,048,454	88.4
1937	77,462	946,705	127,129	1,073,834	88.2
1938	69,629	907,259	129,903	1,037,162	87.5

TABLE NO. II.

Hospital	1934		1935		1936		1937		1938	
	Days	%	Days	%	Days	%	Days	%	Days	%
Isolation....	84,696	9.8	85,773	8.8	95,297	9.1	112,059	10.4	82,451	8.
T.B. San....	180,023	20.3	188,808	19.3	199,786	19.	202,860	18.9	193,383	18.6
General	609,863	69.9	702,231	71.9	753,371	71.9	758,915	70.7	761,328	73.4
	874,582		976,812		1,048,454		1,073,834		1,037,162	

TABLE No. III.

OPERATING COST PER PATIENT DAY FOR ALL HOSPITALS

1934	(Salaries 46.8%	Food 17.4%	Supplies and Sundries 35.8%)
	(\$2.34)		
1935	(Salaries 47.6%	Food 17.7%	Supplies and Sundries 34.7%)
	(\$2.29)		
1936	(Salaries 46.7%	Food 18.6%	Supplies and Sundries 34.7%)
	(\$2.24)		
1937	(Salaries 46.6%	Food 18.8%	Supplies and Sundries 34.6%)
	(\$2.36)		
1938	(Salaries 45.4%	Food 19.1%	Supplies and Sundries 35.5%)
	(\$2.50)		

TABLE No. IV.

MAINTENANCE COST PER PATIENT DAY AND ANNUAL COST PER BED

For Fiscal Year Ending April 30th, 1938.

Hospital	Daily Cost Per Patient	Yearly Cost Per Bed
Bethania	\$1.79	\$ 138.46
Bethel	93	165.20
Bethesda	88	121.50
Birtle General (St. Mary's)	1.79	267.00
Brandon General	2.14	430.00
Carman General	2.25	454.75
Central Tuberculosis Clinic	2.86	930.00
Children's	3.73	969.00
Concordia	2.21	344.10
Convalescent	98	245.00
Crerar	1.03	118.50
Dauphin General	1.86	196.50
Deloraine Memorial	2.20	565.50
Elizabeth M. Crowe Memorial	2.36	354.20
Ethelbert General	4.18	425.00
Freemasons'	2.48	562.50
Gladstone	1.74	194.00
Grace	1.72	394.00
Grandview	1.37	147.00
Hamiota General	2.38	296.50
Hunter	2.10	322.00
Lady Minto	2.11	435.25
Manitoba Sanatorium	2.09	725.00
Misericordia	2.09	556.00
Municipal	3.70	713.25
Neepawa General	2.26	492.85
Pine Falls	3.48	880.00
Portage la Prairie General	1.91	482.50
Sacred Heart	1.06	189.50
Selkirk General	1.58	338.90
Shoal Lake Municipal	1.72	346.00
Souris and Glenwood Memorial	2.64	340.00
St. Anthony's	2.20	469.95
St. Boniface General	2.24	654.95
St. Boniface Sanatorium	2.02	670.62
St. Joseph's	2.23	492.79
St. Roch's	1.92	342.00
Swan River	2.14	305.53
Victoria	2.01	465.03
Virden	2.36	562.83
Vita General	3.00	657.00
Winnipeg General	3.31	1,067.19

Private Hospitals

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Buildings,

Winnipeg, Manitoba,
December 31st, 1938.

Sir:

I beg to submit the following report of Hospitals operating under "The Act Respecting Private Hospitals" in the Province of Manitoba for the year ending December 31st, 1938.

A total of ten institutions received a License during the year, and certain details concerning these are set out in the accompanying Table.

The Hospital operated by Dr. P. C. Robertson in Flin Flon was only open a portion of the time, although in previous years it functioned steadily.

Regarding the Hospital of Dr. H. Matas at Morris, in December, 1938, the License was altered from a Maternity, Medical and Surgical Hospital to one for Maternity and Medical cases only.

The Hospital operated for the Duke-Fingard Inhalation Treatment at 165 Maryland Street, Winnipeg, was previously located at 64 Balmoral Place, which was licensed on February 18th, 1938, but on May 28th, 1938, this License was cancelled. A License for the present address was issued on December 7th, 1938.

I have the honour to be, Sir,

Your obedient servant,

C. R. DONOVAN, M.D.,

Division of Hospitalization.

PRIVATE HOSPITALS LICENSED IN MANITOBA

During the Year Ending December 31st, 1938.

Hospital	Address	Bed Accommodation	Patients Treated During Year
Dr. E. H. Duncan, Operated for San Antonio Gold Mines, Limited.	Bissett	6	32
Miss L. G. Halladay	Boissevain	3	25
Dr. M. R. Fargey	Bowsman	5	22
Dr. P. B. Guttormsson, Operated for The Hudson Bay Mining and Smelting Company Ltd.	Flin Flon	14	804
Dr. H. L. Marantz	Flin Flon	8	119
Dr. P. C. Robertson	Flin Flon	6	28
Miss G. M. Graham, R.N.	Holland	3	32
Dr. H. Matas	Morris	5	70
Drs. McIvor and Halldorsson, Operated for Duke-Fingard Inhalation Treatment.	165 Maryland Street, Winnipeg	27	103
Mr. O. Williams	47 Cornish Avenue, Winnipeg.	9	27

Care of Aged and Infirm

Under "An Act Respecting the St. Boniface Home for Aged and Infirm"
and Order in Council Number 1214/35.

For Twelve Months from January 1st, 1938, to December 31st, 1938.

February 11th, 1939.

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit the following report in connection with the care of aged and infirm under the above mentioned authority.

The administration of these patients was transferred from the Office of the Fiscal Supervisor of Public Institutions to the Division of Hospitalization, July 1st, 1938.

There have been received during the Calendar Year 264 applications for admission to various institutions, of which 46 were referred to the Waiting List, 40 still remain incomplete, that is, further information has been requested concerning the patients, or the applications have been referred for inspection of the homes for permit, as required by the Regulations under the Provincial Board of Health. There were 9 applications refused. A total of 178 applications were accepted for admission to the various homes and institutions. These figures indicate that 9 of these admissions were applications that had been received prior to the Calendar Year under review.

The 178 accepted admissions were disposed of as follows:

Admissions, St. Boniface Home for Aged and Infirm, St. Boniface, Man.	94
" Sunset Lodge, West Kildonan, Man.	5
" Eventide Home, Brandon, Man.	8
" Incurable Ward, Middlechurch Old Folks' Home, West St. Paul, Man.	4
" Private Boarding Homes and other Private Institutions....	67

Patients remaining in Institutions and Homes as at December 31st, 1938, and amount of grant paid between January 1st, 1938, and December 31st, 1938:

Institution or Home	From Winnipeg	From Other Municipali- ties	Unorgan- ized	Total Number Patients	Amount of Grant Paid
St. Boniface Home for Aged and Infirm, St. Boniface, Man.	90	140	40	270	\$39,274.12
Sunset Lodge, West Kildonan, Man.	21	7	—	28	3,490.80
Eventide Home, Brandon, Man.	3	15	5	23	3,862.70
Middlechurch Old Folks' Home, West St. Paul, Man.	1	(3 patients self-supporting)		4	654.25
Private Boarding Homes and Other Private Institutions	91	116	9	216	17,766.43
Total	206	278	54	541	\$65,048.30

During the 12 months' period under review, the number of patients remaining under care at the end of the year was 38 more than reported at the end of 1937. This may be accounted for partly by the fact that greater efforts have been made to transfer incurable patients who are in the general hospitals to private homes and private institutions, thereby reducing the cost of maintenance to the various municipalities and to the Provincial Government.

An application for the Government grant to assist in the care of an aged and infirm patient in a private boarding home is held in abeyance until the home is inspected and reported on by the Public Health Nursing Division. Unless the home can be given a permit as required by the Consolidated Regulations under "The Public Health Act", any application for the care of a patient in that home must be refused.

I have the honour to be, Sir,

Your obedient servant,

C. R. DONOVAN, M.D.,

Division of Hospitalization.

Division of Communicable Disease

Winnipeg, Manitoba,
February 24th, 1939.

Dr. C. R. Donovan,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I respectfully submit the following report on the Division of Communicable Diseases, for the year ending December 31st, 1938.

The total number of notifiable diseases reported, exclusive of Cancer and Venereal Disease, was 9,499. The marked decline from the total reported in 1937 is due to the fact that in 1937 a special survey was made of Influenza, with the resultant report of 18,571 cases. Excluding Influenza from both 1937 and 1938 figures, the reportable diseases stand at 9,968 and 9,393 respectively, showing a slight reduction this year. This is the lowest figure since 1933. There has been a definite reduction in the case incidence of Anterior Poliomyelitis, Measles and Whooping Cough, while there is an increase in Diphtheria, Mumps and Smallpox. There does not appear to be any definite trend either upward or downward in most of the infectious diseases during more recent years. See Table No. 1 for a comparison of the cases and deaths in 1937 and 1938.

Anterior Poliomyelitis: A total of 158 cases was reported in 1938, which is sixty percent of the number of cases in 1937, and less than thirty percent of the 1936 total. This number represents a case rate of 20.6 per 100,000 population, and the distribution was as follows:

Winnipeg	46	St. Boniface	3
Suburban Municipalities	14	Rural areas	92
Portage la Prairie—City	3		

A total of 53 municipalities reported cases, including 5 unorganized districts.

The weekly incidence of cases is shown on Chart No. 1; the incidence according to age and sex, on Table No. 2, and in three year age groups, on Chart No. 2.

It would appear that the average age incidence is moving upwards. This is particularly true of cases under five years. In 1928, this group constituted 30.5 per cent of total cases; in 1937 it was 20.6 per cent, and this year, only 11.5 per cent. A summary of the final results of the cases will be found on Table No. 3.

The cases of residual paralysis may be classified as follows:

Residual paralysis—one muscle group	10
Residual paralysis—more than one group	21
Residual paralysis—one or more extremities	19
Residual paralysis—unknown extent	5

The Department has offered three weeks' hospitalization in the Children's Hos-

pital of Winnipeg, for all cases of residual paralysis, or the equivalent in physiotherapy treatments for those who do not require hospitalization; and, in addition has provided all necessary splints, braces, etc., which are prescribed for these patients. The total cost to date to the Department for this service for cases occurring in 1938, was \$663.90. The total cost for cases hospitalized to date, but paralyzed in 1936 and 1937, amounts to \$2,192.45. Where necessary, practically all the municipalities involved have taken on this responsibility at the expiration of the three weeks' period, and these patients are continuing to receive adequate care and treatment. Of the thirty cases of residual paralysis occurring in 1938, which have so far been hospitalized, the following is a summary of the results as at January, 1939:

Complete recovery	4	
Definite Improvement	19	
No change	7	
	—	30

Of the 7 cases showing no change, 5 have had very slight, or no treatment, or have refused treatment.

During the year, special efforts were made to obtain as complete information as possible concerning all the cases. Every rural case was followed up by a complete sanitary inspection of the premises; physicians have co-operated in giving complete information concerning the clinical findings, sources of contact, etc.; questionnaires were sent to all institutions in the province regarding incidence of Poliomyelitis, in an effort to determine any possible bearing of such close contact on the spread of the disease. As the first cases this year occurred in a section of the province in which no outbreak had occurred during the previous epidemics, an intensive survey was made of every family in six townships, in this area, to determine, if possible, any relationship between environment, or other factors, and the outbreak of this disease. A large amount of detailed information has been accumulated, covering housing conditions, economic status, food, sanitation, contact with other cases or with sick animals, weather and crop conditions, and any other factors which might conceivably have any bearing on the incidence of this disease. A comparison of this report, with that of the general survey covering cases in the rest of the province, has unfortunately yielded no information which is considered to be of significance in this regard.

Of the 112 rural cases, contact was established in 36 instances (direct—26, and indirect—10) with other cases. This represents 32 percent and is a greater proportion than could be traced in any previous epidemic. The further fact that in 14 families (or 14.5%) multiple cases occurred in the same household, would tend to justify the measures of isolation, quarantine, etc. as a means of control.

Cerebrospinal Meningitis: A total of nine cases of this disease was reported in 1938, which is not above the average of the past six years. The incidence of this disease seems to remain at a constant level.

Chicken Pox: There were 2,582 cases of this disease reported last year: 1,860 in Winnipeg and 722 in the rest of the province. This is a considerable increase in incidence, particularly in Winnipeg, during the past year, and is the largest reported number of cases in the past six years. There has been some difficulty in the diagnosis of Chicken Pox and Mild Smallpox this past year, which casts some doubt on the diagnosis of Chicken Pox as a cause of the three deaths attributed to that disease.

Diphtheria: 234 cases of Diphtheria were reported in 1938, which represent an increase of over one hundred percent above 1937, and is the largest number of cases

reported since 1935. There were 87 cases in Winnipeg, and the remaining 141 cases were distributed over 40 municipalities.

An outbreak of this disease occurred in Flin Flon during November and December, which accounted for 42 of the cases; the Municipality of Hanover had 23 cases, there were 7 in St. Andrews, 6 in Montcalm, 5 in Tache and 3 each in Brandon, Rosedale, St. Boniface and St. Vital; Unorganized districts accounted for 24 cases.

The incidence of this disease appears to be definitely on the increase in the older age groups, as is shown in Table No. 4: 40 per cent of the cases were ten years or over, and 11 per cent of the cases were thirty or over. It is also worthy of note that in the age group of 5 to 9 the case fatality rate was 15 per cent, and the deaths in this group account for over 46 per cent of the total, as compared with 12 per cent in 1937. The three deaths which occurred over the age of ten were in patients from unorganized territory and did not receive treatment until late in the course of the disease.

A summary of Diphtheria in Manitoba from 1926 to 1938 will be found on Table No. 7. The approximate number of immunizations distributed in the form of Diphtheria toxoid over a ten year period is shown on Table No. 5.

Erysipelas: 87 cases were reported during 1938, which represents a slight drop from 1937, but is an increase over the average for the preceding six years.

Encephalitis Lethargica: Only two cases of this disease were reported in 1938, both of which were fatal. In addition, three deaths were reported of cases which occurred in previous years.

Encephalitis: During August and September, 25 cases of this disease occurred in various parts of the province, 12 of which were in the Rural Municipality of Russell and 7 in the Town of Russell. Isolated cases occurred in the following municipalities:

McCreary	Shoal Lake Village	Victoria
Shellmouth	Souris Town	Winnipeg

As in the majority of cases, the symptoms were similar to the Encephalomyelitis of horses, and as contact with sick horses was definitely established in the majority of cases, a special investigation was made in co-operation with the Rockefeller Institute of Medical Research in New York, and blood samples were taken from several of the convalescent cases, and were examined by the Institute in New York, to see if any connection could be established between the virus of horses and humans. The latest report, however, does not show that this is so, but some of the cases showed a reaction with the Japanese type of encephalitis virus, which is the first instance of this type of infection in Western Canada.

Measles: There was a decided decline in measles during 1938, only 749 cases and 1 death being reported. This is the least number of cases since 1933, and the lowest fatality rate for many years.

Mumps: A total of 2,449 cases was reported for last year, which represent a considerable increase over the previous year.

Ophthalmia Neonatorum: There were five cases of Ophthalmia Neonatorum reported in 1938. In view of the fact that this is the largest number of cases reported for several years, and as all these babies had been born in institutions, a special investigation was made into each case. It was found that four of the mothers had a

history of Venereal Disease, and in three of these cases there was no history to indicate that the baby had received prophylactic drops in the eyes. This suggests that there is a need for more rigid adherence to this prophylactic measure.

Puerperal Fever: There were five cases of Puerperal Fever reported in 1938. There has been a steady decline in the incidence of this condition during the past four years, which may be accounted for by the increased activity in maternal and child hygiene.

Scarlet Fever: 1,373 cases were reported of Scarlet Fever, which is only a slight increase over the number reported in 1937. The case fatality rate remains practically the same. During 1938 active immunization was carried out in the province to a greater extent than at any previous time, and indications are that it is having a definite effect in reducing the incidence of this disease in epidemic areas.

Smallpox: For the first time since 1934 Smallpox was reported in Manitoba, a total of 36 cases being recorded. These all occurred in rural areas, the first incidence being in the Municipality of Minto in March, April and May, where a total of 18 cases occurred. These were all of a mild variety. Following this, in June, 10 cases occurred in unorganized territory *No. 15, east of the Municipality of Ste. Rose, and there is some evidence that these cases were the result of direct contact with cases in the Municipality of Minto. During the early part of December six cases occurred in the Rural Municipality of Swan River, and two cases in the Rural Municipality of St. Francois Xavier.

* Unorganized territory in Manitoba is divided into districts for Departmental convenience.

While most of the cases were of the variola minor type, and no deaths occurred, yet in some instances there were very definite clinical symptoms. There was no history of vaccination in any of these cases.

Septic Sore Throat: A total of 26 cases of Septic Sore Throat was reported in Manitoba from 13 different municipalities, with 6 deaths, giving a case fatality rate of 23 per cent. This is the largest number of deaths reported from this disease during the last ten years.

In ten of the municipalities reporting Septic Sore Throat, Scarlet Fever was prevalent at the same time. In view of the fact that there has been difficulty in diagnosing the atypical types of Scarlet Fever during recent years, there exists the possibility that many of these cases may have been due to the streptococcus of Scarlet Fever.

Trachoma: There were six cases of this disease reported in 1938, which is about the average for the past three or four years.

Tuberculosis: Exclusive of Treaty Indians, there were 543 new cases reported during the past year, which is a decrease of 39 under the previous year. Deaths numbered 241, which would indicate that there has been a steady decline in deaths from this disease during the last thirteen years, as shown on Table No. 8.

Typhoid Fever: The number of Typhoid Fever cases reported in 1938 was 80, which was a considerable increase over 1937, but is less than the average for the past five years. Of these cases, 7 occurred in Winnipeg, and 73 in the rest of the province.

Of those occurring outside of Winnipeg, only five were in sewer and water areas.

The greatest incidence of the disease occurred between September and December. Outside of Winnipeg, twenty-six municipalities had cases, while unorganized territory accounted for 21 cases.

The municipalities of Hanover and Tache were the main centres for this disease, reporting 10 and 9 cases respectively. Four cases were reported from Ste. Anne and three from DeSalaberry, making a total of 26 from these four districts, which represents 50 per cent of all cases from organized municipalities, outside Winnipeg. These four municipalities are all adjacent to one another, and all present a similar problem from a sanitary point of view. The large majority of cases from these four areas occurred along either one of two small streams, from which the people derive their water supply. A detailed sanitary survey was made of this district, and recommendations were made to the individuals and the various municipal councils for improvement of sanitary conditions. (See Tables 9 and 10.)

Undulant Fever: In 1938 there were four cases of this disease reported from the following municipalities:

Winnipeg	1
Pilot Mound	1
Rockwood	2

Investigation of all cases has shown that raw milk was used in all instances, and in one case there was definite contact with cattle suffering from Bangs disease.

Whooping Cough: 983 cases were reported last year, which is a reduction of 56 per cent in the case incidence from 1937, however, there were 21 deaths, as against 33 in 1937, which gives an increase of over 100 per cent in the case fatality rate for 1938. As usual, the greatest number of deaths occurred in the age group under one year—17 in number, being 81 per cent of the total deaths. See Table No. 12.

Cancer: Initial reports of 1,387 cases of Cancer were received in 1938, of these, 728, or 52 per cent, died during the same twelve months' period; the total deaths for the year were 755.

Cancer of the female generative organs, including the breast, accounted for 48 per cent of the total cases reported amongst females, there being 338 cases, whereas Cancer of the male generative organs accounted for less than 10 per cent of the total male cases, there being 67. The stomach was involved more frequently than any other single organ. Excluding the generative organs of both sexes, indications are that Cancer attacks other organs more frequently in the male sex than the female, there being 618 amongst males against 364 amongst females. Amongst the males, the stomach was the most frequently attacked, there being 151 cases, or over 20 per cent of the total; the breast was most frequently attacked amongst females, accounting for 135 cases.

Immunization: Efforts have been continued by many municipalities towards immunization of the susceptible age children against certain preventable diseases. There has been a marked increase in the amount of biologics distributed for this purpose. (See Table No. 14.) A total of 42 organized municipalities have put on vaccination programmes against Smallpox, while in 53 organized municipalities there have been programmes instituted for immunization against Diphtheria. The Department has undertaken immunization programmes in seven unorganized districts, and in five of these the children were protected against both Smallpox and Diphtheria, vaccination only being carried out in the other two.

The fact that the reports this year show an increase in the incidence of both Diphtheria and Smallpox over preceding years, should tend to further intensify our efforts towards immunization. Investigation has shown that only a very minor percentage of the cases this year were among children who had had immunizing treatment. There is reason to believe that, had it not been for the fact that such a large number of susceptible children had been given this protection, that these diseases might have reached much greater proportions.

I have the honour to be, Sir,

Your obedient servant,

M. R. ELLIOTT, M.D., D.P.H.,

Epidemiologist.

TABLE No. 1 CASES AND DEATHS—COMMUNICABLE DISEASES—MANITOBA, 1937 AND 1938

Disease	1937			1938		
	*Cases	Deaths	Treaty Indian Deaths	**Deaths per 100,000	*Cases	††Preliminary Deaths
Anterior Poliomyelitis	261	10	—	1.4	158	11‡
Cerebrospinal Meningitis	7	2	—	.3	9	4
Chicken Pox	1,816	—	—	—	2,582	3
Diphtheria	103	8	2	1.1	234	14
Erysipelas	91	4	—	.6	87	7
Influenza	18,571	191	58	26.8	106	99
Lethargic Encephalitis	1	5†	—	.7	2	5*†
Encephalitis	—	—	—	—	25	2
Measles	2,839	13	—	1.8	749	1
Mumps	352	—	—	—	2,449	—
Ophthalmia Neonatorum	3	—	—	—	5	—
Puerperal Fever	7	5	—	.7	5	3
Scarlet Fever	1,342	9	—	1.3	1,373	7
Septic Sore Throat	4	—	—	—	26	6
Smallpox	—	—	—	—	36	—
Trachoma	8	—	—	—	6	—
Tuberculosis	582	257	176	36.0	543	241
Typhoid Fever	44	9	1	1.2	76	12
Typhoid Para Typhoid§	—	—	—	—	4	—
Undulant Fever	10	1	—	.10	4	—
Whooping Cough	2,012	33	8	4.8	983	21
German Measles	86	—	—	—	34	—
Tetanus	—	—	—	—	—	—
Bacillary Dysentery	—	—	—	—	—	1
Epidemic Jaundice	—	—	—	—	—	1
Totals	28,139	547	245	—	9,499	438
Diphtheria Carriers	14	—	—	—	24	—
Typhoid Carriers	1	—	—	—	—	—
Cancer	1,171	729	2	102.1	1,387	753
						6
						105.3

*Cases do not include Treaty Indians.

**Death Rates do not include Treaty Indians.

††Preliminary report only on deaths for 1938.

§2 cases of Para Typhoid A included.

‡In 1937 Lethargic Encephalitis Deaths include 4 old cases.

*†In 1938 Lethargic Encephalitis Deaths include 3 old cases.

‡In 1938 Poliomyelitis Deaths include 1937 case (1).

Population used for 1938—715,452.

TABLE No. 2
 ANTERIOR POLIOMYELITIS—MANITOBA, 1938
 AGE DISTRIBUTION BY SEX.

Age	0-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	Over 30	Total
Male	6	16	25	14	10	3	2	2	2	2	4	86
Female	5	12	13	19	10	2	4	3	2	1	1	72
Totals	11	28	38	33	20	5	6	5	4	3	5	158

The percentage of cases under 10 years was: Males 53% Total 49%
 Females 42%
 Total percentage below 5 years is 11.5%.

TABLE No. 3.
 ANTERIOR POLIOMYELITIS—MANITOBA, 1938.
 Summary of Final Results of Cases.

	Cases	Percentage of Total
Total Deaths	10	6.3
Recovered without any paralysis	73	46.2
Had paralysis—since recovered	20	12.7
Total residual paralysis	55	34.8
Totals	158	100.0

TABLE No. 4.
 DIPHTHERIA—MANITOBA, 1938

Cases, Deaths, Case Fatality Rate for each Age Group (exclusive of Winnipeg)

Age Group	Cases	Deaths	% of Deaths
0 - 4	36	4	31%
5 - 9	40	6	46%
10 - 14	29	1	8%
15 - 19	13	2	15%
20 - 24	8	0	-----
25 - 29	2	0	-----
30 - over	16	0	-----
Unknown	3	0	-----

TABLE No. 5.
DIPHTHERIA TOXOID—COMPLETE IMMUNIZATIONS DISTRIBUTED
IN MANITOBA—1929-1938

Year	Winnipeg	Rural	Total
1929	1,993	3,918	5,911
1930	3,235	27,814	31,049
1931	3,466	10,511	13,977
1932	5,080	14,462	19,542
1933	2,839	8,973	11,812
1934	4,246	22,087	26,333
1935	3,927	14,896	18,623
1936	3,100	7,030	10,130
1937	2,779	15,074	17,853
1938	2,381	24,789	27,170
10-Year total	-----	-----	-----
Immunizations	33,046	149,354	182,400

TABLE No. 6.
DIPHTHERIA IN MANITOBA, 1928-1938
CASES, DEATHS, FATALITY RATES

Year	Cases		Deaths		Case Fatality	
	Winnipeg	Outside	Winnipeg	Outside	Winnipeg	Outside
1928	605	367	22	34	3.6	9.2
1929	464	285	18	41	3.9	14.4
1930	291	298	7	31	2.4	10.4
1931	251	273	13	32	3.2	12.0
1932	218	183	7	19	3.2	10.5
1933	237	168	3	16	1.3	9.5
1934	310	165	11	16	3.5	9.7
1935	138	138	1	15	.7	10.8
1936	91	83	3	12	3.3	14.4
1937	49	54	3	5	6.1	9.3
1938	87	147	1	13	1.1	8.8

TABLE No. 7.
DIPHTHERIA IN MANITOBA, 1926-1938

Year	Estimated Population	No. of Cases	Cases per 100,000	No. of Deaths	Death Rate 100,000	Case Fatality per 100 Cases
1926	639,056	1,077	169	92	14.8	8.3
1927	647,000	933	144	68	13.6	9.4
1928	656,447	972	148	56	8.2	5.8
1929	667,037	749	112	59	8.8	7.9
1930	677,250	589	87	38	5.9	6.2
1931	700,139	526	75	45	6.4	8.6
1932	702,322	401	57	26	3.7	6.5
1933	704,505	405	56	19	2.7	4.7
1934	706,688	475	67	27	3.7	5.7
1935	708,871	276	39	16	2.3	5.4
1936	711,056	174	24	15	2.1	8.6
1937	713,259	103	14	8	1.1	7.7
1938	715,452	158	22	14	1.9	8.7

TABLE No. 8.
TUBERCULOSIS DEATHS—MANITOBA, 1926-1938
TREATY INDIANS AND OTHERS

Year	Exclusive Treaty Indians		Treaty Indians		Total Population, Including Treaty Indians	
	Number Deaths	Deaths per 100,000	Number Deaths	Deaths per 100,000	Number Deaths	Deaths per 100,000
1926	348	55.7	39	291	387	60.5
1927	318	48.6	51	390	369	57.0
1928	327	50.3	72	556	399	60.8
1929	351	53.0	73	569	424	63.4
1930	370	54.1	86	679	456	66.4
1931	322	47.0	107	881	429	61.3
1932	300	42.8	110	905	410	58.3
1933	239	33.9	175	1,093	414	58.7
1934	282	39.9	113	753	395	55.9
1935	298	42.0	142	946	440	62.8
1936	274	38.5	154	1,026	428	60.1
1937	257	36.0	176	1,426	433	59.8
*1938	241	33.6	127	1,016	368	50.6

Population used for 1938—715,452.

Treaty Indian Population—12,500

*Provisional figures—final figures not available before May, 1939.

TABLE No. 9.

TYPHOID FEVER—MANITOBA, 1928-1938

WINNIPEG—OTHER SEWER AND WATER AREAS—NO SEWER AND WATER

Year	Winnipeg	Other Sewer and Water Areas	No Sewer and Water	Total Cases
1928	18	27	35	80
1929	28	21	60	109
1930	6	16	70	92
1931	25	44	80	149
1932	11	22	96	129
1933	12	35	79	126
1934	6	15	68	89
1935	6	16	59	81
1936	1	8	93	102
1937	3	12	29	44
1938	7	5	68	80

Sewer and Water Areas

Winnipeg	Tuxedo	Neepawa
St. Boniface	Charleswood	Dauphin Town
St. James	Selkirk	Grandview Town
St. Vital	Pine Falls	Flin Flon
Kildonan East	Portage City	Sherridon
Kildonan West	Brandon	Carman
Fort Garry	Souris	Transcona

*Deloraine

*Churchill

*Water only.

TABLE No. 10.

TYPHOID FEVER—MANITOBA, 1930-1938

CASES, DEATHS, CASE FATALITY RATE, DEATHS PER 100,000

Year	Cases	Deaths	Case Fatality Rate	Deaths per 100,000
1930	87	12	13.7	1.7
1931	149	14	9.4	1.9
1932	129	14	10.9	1.9
1933	126	16	12.6	2.2
1934	89	13	14.6	1.8
1935	81	12	14.8	1.7
1936	102	14	13.6	1.9
1937	44	9	20.4	1.2
1938	80	12	15.0	1.6

TABLE No. 11.

WHOOPING COUGH—MANITOBA, 1930-1938

Year	Cases	Deaths
1930	1209	44
1931	507	7
1932	1,083	8
1933	2,229	22
1934	1,070	20
1935	1,505	25
1936	422	10
1937	2,012	33
1938	983	21

TABLE No. 12.

WHOOPING COUGH—MANITOBA, 1934-35-36-37-38

DEATHS BY AGE GROUPS

Age	1934		1935		1936		1937		1938	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%
0 - 1	12	60.0	19	76	6	60	24	73	17	81
1	3	15.0	5	20	3	30	8	24	---	---
2	2	10.0	1	4	1	10	1	3	2	9
3	1	5.0	---	---	---	---	---	---	1	5
4	1	5.0	---	---	---	---	---	---	1	5
5	---	---	---	---	---	---	---	---	---	---
6	---	---	---	---	---	---	---	---	---	---
7	---	---	---	---	---	---	---	---	---	---
8	1	5.0	---	---	---	---	---	---	---	---
Totals	20	100	25	100	10	100	33	100	21	100

CANCER CASES AND DEATHS REPORTED IN MANITOBA, 1938—(Cont.)

Bladder	M	4	-	3	2	5	3	7	5	8	5	2	-	29	15	-	11	3	-	40	18
Prostate	F	-	-	1	-	-	-	2	-	6	3	2	-	-	-	-	-	-	-	50	21
Testicle	M	-	-	-	-	5	2	15	5	28	13	2	1	50	21	-	-	-	-	5	2
Seminal Vesicle	M	2	-	1	1	1	-	1	1	-	-	-	-	5	2	-	-	-	-	2	-
Penis	M	1	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-	-	10	3
Ovary	M	1	-	1	-	2	-	5	3	1	-	-	-	10	3	-	-	-	-	29	18
Vagina and Urethra	F	3	2	7	5	9	6	5	2	3	3	2	-	-	-	-	29	18	-	2	-
Vulva	F	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	2	-	-	6	1
Cervix	F	11	3	25	9	26	10	17	5	7	4	21	3	-	-	-	107	34	-	107	34
Uterus	F	1	1	9	6	18	9	14	8	3	2	14	1	-	-	-	59	27	-	59	27
Breast	M	-	-	2	-	-	-	-	-	1	-	1	-	4	-	-	-	-	-	-	-
	F	19	6	27	3	42	20	26	9	15	10	6	-	-	-	-	135	48	-	139	48
Bone	M	1	1	2	-	6	2	5	3	6	5	-	-	20	11	-	-	-	-	-	-
	F	2	1	7	5	7	4	2	2	-	-	1	1	-	-	-	19	13	-	39	24
Unspecified	M	9	2	1	1	11	6	12	7	12	7	1	-	46	23	-	-	-	-	-	-
	F	6	3	6	2	10	4	9	7	3	3	4	-	-	-	-	38	19	-	84	42
Totals		108	44	164	72	322	161	338	196	347	237	108	18	685	365		702	363		1,387	728

TABLE No. 14.
BIOLOGICS DISTRIBUTED, 1937 AND 1938

Material	1937			1938		
	Winnipeg	Outside	Total	Winnipeg	Outside	Total
Diphtheria Toxoid—Complete Treatments	2,779	15,074	17,853	2,381	24,789	27,170
Diphtheria Antitoxin—Units	3,734,000	4,174,000	7,908,000	4,213,000	8,379,000	12,592,000
Schick Tests—Tests	7,075	2,525	9,600	6,050	10,150	16,200
Smallpox Vaccine—Points	3,015	15,591	18,606	4,006	24,843	28,849
Scarlet Fever Antitoxin (Proph.)	60	315	375	27	364	391
Scarlet Fever Antitoxin (Treatments)	414	243	657	298	316	614
Scarlet Fever Toxin—Complete Treatments	743	5,738	6,481	581	4,356	4,937
Dick Tests—Tests	2,130	2,180	4,310	1,390	2,460	3,850
Typhoid Vaccine—Complete Treatments	275	4,715	4,990	318	8,257	8,575
Tetanus Antitoxin—Units	579,000	566,000	1,145,000	454,500	793,500	1,248,000
Anti-Meningococcus (20 cc)	65	58	123	45	42	87
Silver Nitrate (Treatments)	816	1,255	2,071	756	1,914	2,670
Insulin (Units) Indigents only			5,544,100			7,561,400

Insulin:—Packages.

		Plain	Protamine
100	200	400	400
8,642	1,601	4,327	5,862
			37

CHART No 1 **ANTERIOR POLIOMYELITIS 1938** **WEEKLY INCIDENCE**

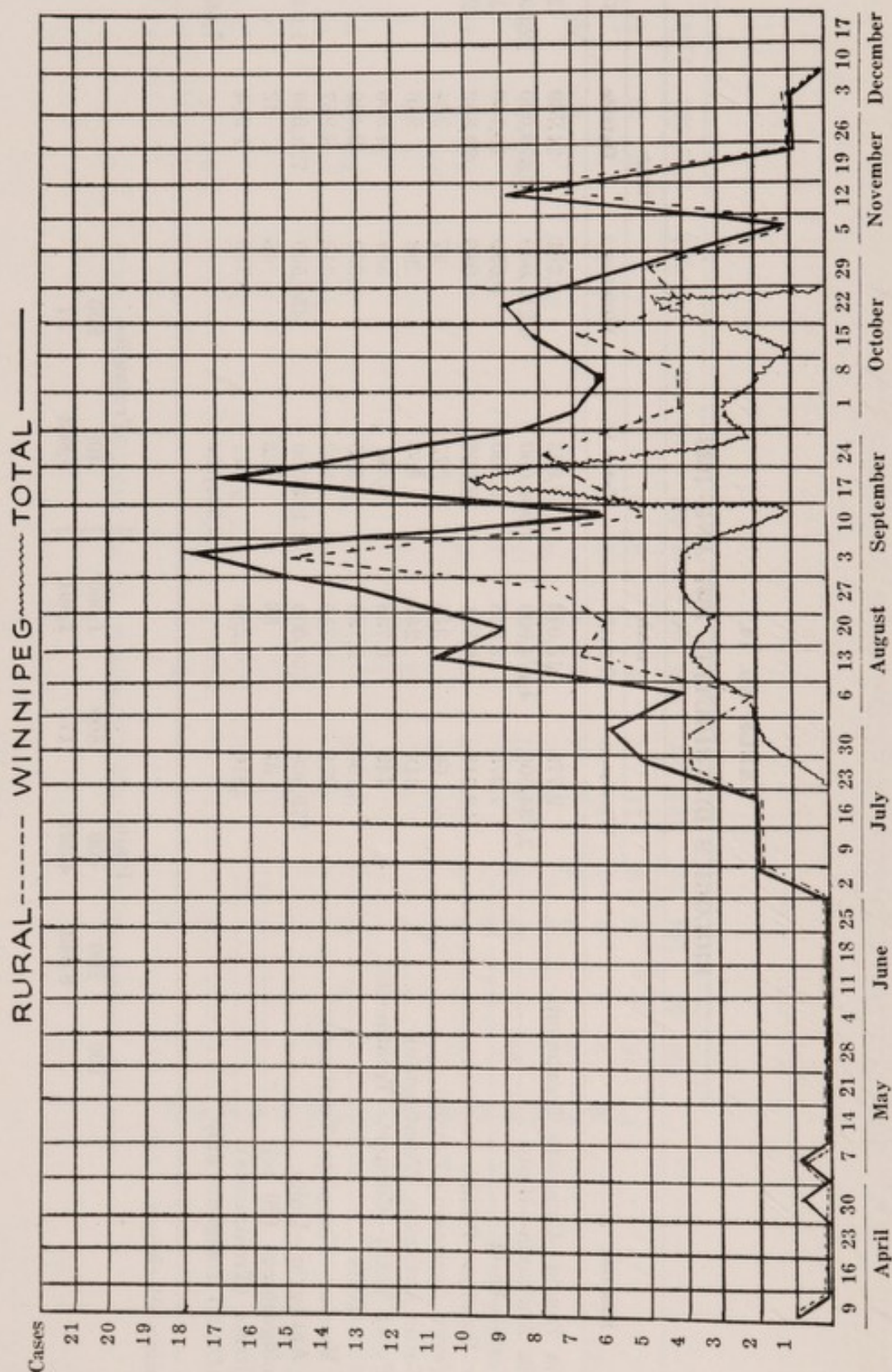
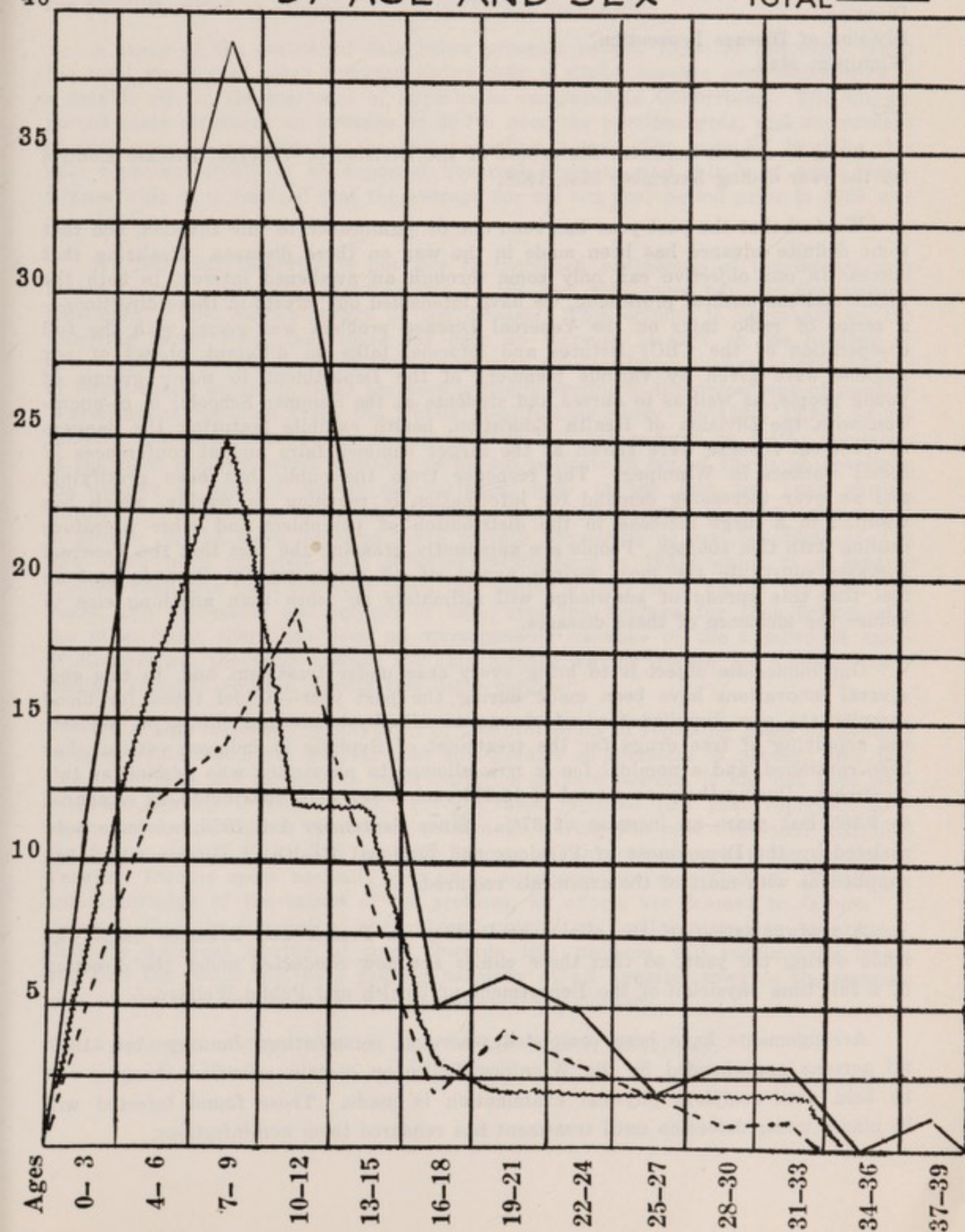


CHART Nº2

ANTERIOR POLIOMYELITIS 1938

(WHOLE PROVINCE)

BY AGE AND SEX

Cases
40MALE -----
FEMALE ~~~~~
TOTAL ———

Venereal Disease Control

Winnipeg, Manitoba,
January 24th, 1939.

Dr. C. R. Donovan,
Director,
Division of Disease Prevention,
Winnipeg, Man.

Sir:

I beg to submit herewith the report of the Division of Venereal Disease Control for the year ending December 31st, 1938.

We feel that the past year has been one of significance to this Division, and that some definite advance has been made in the war on these diseases. Realizing that success in our objective can only come through an awakened interest in both the public and the medical profession, we have intensified our efforts in these directions—a series of radio talks on the Venereal Disease problem was given, with the full co-operation of the CBC; lectures and informal talks on different phases of sex hygiene were given by various members of the Department to many groups of young people, as well as to nurses and students at the Summer Schools; in co-operation with the Division of Health Education, health exhibits featuring the dangers of Venereal Disease were shown at the larger summer fairs and at conferences of social workers in Winnipeg. The response from the public has been gratifying, and an ever increasing demand for information is reaching us weekly, which has resulted in a large increase in the distribution of pamphlets and other literature dealing with this subject. People are apparently grasping the fact that the Venereal Diseases constitute the most serious aspect of all communicable diseases, and we feel that this spread of knowledge will ultimately do more than anything else to reduce the incidence of these diseases.

Our immediate object is to bring every case under treatment and, to this end, several innovations have been made during the past year—Keidel tubes for blood samples are now supplied free of charge to all physicians and clinics on request; the supplying of free drugs for the treatment of Syphilis in indigent patients has been continued, and a nominal fee is now allowed to physicians who administer this treatment. During the year a total of 12,876 such doses were distributed, as compared to 9,385 last year—an increase of 37%. Since September 1st, 1938, we have been assisted by the Department of Pensions and National Health at Ottawa which has supplied us with most of the arsenicals required.

A reorganization of the clinics at Portage la Prairie and Brandon Gaols was made during the year, so that these clinics are now conducted under the direction of a full time physician of the Department of Health and Public Welfare.

Arrangements have been completed whereby, commencing January 1st, 1939, all persons apprehended by the Winnipeg Police on certain specified charges, will be held until complete physical examination is made. Those found infected will be placed under detention until treatment has rendered them non-infectious.

It has also been possible, owing to increased facilities at the St. Boniface Hospital, to expand the services offered by the Venereal Disease Clinic. Clinics will shortly be held on four days a week instead of three as at present, and treatment for male and female patients will be given on separate days. It is hoped that this change will greatly facilitate the work.

The Division has prepared, in circular form, a suggested outline of treatment for Syphilis, which is available to all physicians on request.

A study of the statistical data below presents several items of interest. While the total number of cases reported shows only a slight increase over 1937, there is a notable rise in the incidence of Syphilis as compared to Gonorrhoea. The 619 reported cases represent an increase of 33.7% over the previous year, and an increase of 64% over the average for the five preceding years. The cases of Syphilis this year represent 40.4% of all reported Venereal Diseases, and this is of some significance when it is realized that the average for the ten year period prior to 1938 was only 29%.

We feel that this rise is not due to increased prevalence of the disease, but rather to more complete reporting and to the fact that more patients are seeking treatment in the earlier stages of the disease. This opinion is borne out by the following facts: first, that there has been an increase of 66% in the number of early cases of Syphilis seen at our clinics, with practically no change in the number of latent cases; secondly, there has been a steady decline in the percentage of positive Wassermanns reported from the Public Health Laboratory—in 1930, 12.2% of all samples submitted were positive while in 1938 this had reduced to 5.4%; similarly, of the blood samples taken routinely on all out patients in one of the large hospitals, the number of positive reports has decreased 50% in the last ten year period; thirdly, the increase in cases of Syphilis is not confined only to public clinics but is present in the cases reported from private physicians as well—a total of 172 new cases were reported from private practitioners in 1938, which is a greater number than has been reported from this source at any time during the past ten years, and represents an increase of 42% over the average for that period. On the other hand, there has been no corresponding increase in the number of cases of Gonorrhoea, the total reports for this disease having shown an almost steady decline, from all sources, during this same period.

While this increased co-operation of the profession in reporting cases of Syphilis is fully appreciated, yet we feel that still greater co-operation is needed. We find that, even with the increase in reporting from private sources, it has not kept pace with the increase in clinic cases. Private cases reported this year represent 27% of the total, and this is the lowest percentage during the past five years (in 1935 the figure was 35.3%). The ultimate success of any campaign for the control of Venereal Disease must basically rest upon more complete case finding. Without a true knowledge of the extent of the problem, all efforts are doomed to failure. It is hoped that the interest of the general practitioner will continue to be aroused, that the apparent apathy of some towards this problem will continue to lessen and that the result will be a greater harmony of all agencies towards the common goal of the elimination of these quite unnecessary diseases.

A summary of the statistical data for the year is as follows:

GONORRHOEA:

Number of cases reported	913
Sex:	
Male	686
Female	227
Total	913
Marital State:	
Married	
Male	145
Single	506
Widowed	11
Divorced or	
Separated	20
Total	682
Married	
Female	63
Single	118
Widowed	3
Divorced or	
Separated	10
Total	194
Children 0-12 years	
Male	4
Female	33
Total	37
Total	913

Ages:

Male		Female	
12 years and under	4	12 years and under	33
From 12 to 20 years	54	From 12 to 20 years	76
From 20 to 30 years	333	From 20 to 30 years	90
From 30 to 40 years	196	From 30 to 40 years	21
From 40 to 50 years	73	From 40 to 50 years	5
From 50 to 60 years	22	From 50 to 60 years	2
From 60 to 70 years	4		
Total	686	Total	227

SYPHILIS:

Number of cases reported	619
Sex:	
Male	396
Female	223
Total	619
Marital State:	
Married	
Male	141
Single	213
Widowed	18
Divorced or	
Separated	21
Total	393

SYPHILIS (Cont.)—

Married	Female	106	
Single	"	81	
Widowed	"	9	
Divorced or Separated	"	8	
			204
Children 0-12 years.....	Male.....	3	
	Female	19	
			22
	Total		619

Ages:

Male		Female	
12 years and under	3	12 years and under	19
From 12 to 20 years	19	From 12 to 20 years	38
From 20 to 30 years	120	From 20 to 30 years	89
From 30 to 40 years	104	From 30 to 40 years	35
From 40 to 50 years	79	From 40 to 50 years	25
From 50 to 60 years	50	From 50 to 60 years	14
From 60 to 70 years	17	From 60 to 70 years	2
From 70 to 80 years	4	From 70 to 80 years	1
	396		223

Patients who changed physicians numbered144

The reason so many patients changed physicians is that a number were sent from the St. Boniface Hospital Clinic to a special Relief Camp where treatment was continued under the supervision of the physician in charge of the Camp.

Patients who discontinued treatment and had to be followed up numbered 50

Patients 17 years of age and under who were reported as suffering from Venereal Disease numbered 88

Of this number, 62 (12 males and 50 females) were reported as suffering from Gonorrhoea, and 26 (10 males and 16 females) suffering from Syphilis. The above number of 88 is an increase of 7 over the number reported last year.

Persons reported as being in contact with those suffering from Venereal Diseases numbered 15

Persons reported as being sources of infection numbered 32

MATERIAL SUPPLIED FOR INDIGENT PATIENTS

Number of Keidel Tubes	4,242
Neosalvarsan 0.6	272 ampoules
Neosalvarsan 0.45	70 ampoules
Mapharsen 0.04	2,384 ampoules
Mapharsen 0.06	2,605 ampoules
Mapharsen 0.6	260 ampoules
Metallic Bismuth	1,065 doses
Bismuth Salicylate	1,683 ampoules
Bismarson	50 ampoules
Cyclobis	301 ampoules
Stovarsol 0.25	4,056 tablets
Stovarsol 0.05	210 tablets
Mercurettes	180
Tryparsamide 3.0 gm.	77
Tryparsamide 50 gm.	7

The above material is supplied for use in the treatment of Syphilitic patients only.

**GENERAL SUMMARY OF CASES OF VENEREAL DISEASES REPORTED
DURING THE YEARS 1929 to 1938, INCLUSIVE**

GONORRHOEA:**Adults:**

	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Male	1,044	1,184	1,015	760	883	916	861	878	772	682
Female	304	438	313	257	242	208	204	198	188	194

Children**0-12 Years:**

Male	2	3	2	5	3	1	0	2	4	4
Female	20	25	88	29	24	22	10	18	25	33
Total	1,370	1,650	1,418	1,051	1,152	1,147	1,075	1,096	989	913

SYPHILIS:**Adults:**

	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Male	387	357	393	367	228	281	198	269	302	393
Female	190	190	199	202	136	179	152	129	139	404

Children**0-12 Years:**

Male	6	4	16	14	15	7	10	4	9	3
Female	11	4	15	12	15	8	11	4	13	19
Total	594	555	623	595	394	475	371	406	463	619

VENEREAL DISEASE CLINICS, 1938

Reports from the following Clinics:

Detention Home	- - - - -	West Kildonan
Home of the Good Shepherd	- - -	West Kildonan
Manitoba Home for Girls	- - - -	West Kildonan
Brandon Gaol	- - - - -	Brandon
Portage la Prairie Gaol	- - - -	Portage la Prairie
Provincial Gaol	- - - - -	Headingly
Manitoba Penitentiary	- - - -	Stony Mountain
St. Boniface Hospital	- - - -	St. Boniface

GONORRHOEA:

Number of cases treated	_____	585
Sex: _____ Male	_____	401
_____ Female	_____	184
Total	_____	585
Marital State:		
Married _____ Male	_____	78
Single _____ "	_____	296
Widowed _____ "	_____	5
Divorced or Separated _____ "	_____	20
	_____	399
Married _____ Female	_____	41
Single _____ "	_____	106
Widowed _____ "	_____	0
Divorced or Separated _____ "	_____	9
	_____	156
Children 0-12 years _____ Male	_____	2
_____ Female	_____	28
	_____	30
	_____	585
Classified as follows:		
Acute _____	_____	569
Chronic _____	_____	16
	_____	585

SYPHILIS:

Number of cases treated 447

Sex: Male 277

Female 170

Total 447

Marital State:

Married Male 88

Single " 151

Widowed " 12

Divorced or

Separated " 24

275

Married Female 73

Single " 74

Widowed " 8

Divorced or

Separated " 6

161

Children 0-12 years Male 2

Female 9

11

447

Classified as follows:

Primary 92

Secondary 208

Tertiary 14

Congenital 20

Latent 113

447

Non-Venereal Cases Treated numbered 276

Male 153

Female 123

276

Treatments Administered:

For Gonorrhoea 22,383

For Syphilis 16,881

Non-venereal 1,104

Prophylactic 12

40,380

Doses injected were as follows:

Arsenical 9,294

Bismuthic 11,921

Mercurial 18

Malarial 9

21,242

Laboratory Examinations:

Wassermann examinations on blood for Syphilis	6,351
Positive	440
Negative	5,911
Wassermann examinations on spinal fluid	257
Positive	40
Negative	217
Examinations of smears for Gonococci	5,241
Positive	713
Negative	4,528
Microscopic examinations for Spirochaetae	95
Positive	45
Negative	50

ST. BONIFACE HOSPITAL CLINIC

Cases of Gonorrhoea treated at the Clinic operating at the St. Boniface Hospital numbered 522, of which 492 were adults (366 males and 126 females) and 30 were children (2 males and 28 females). All were classified as acute cases.

Treatments for Gonorrhoea administered at the St. Boniface Hospital Clinic numbered 17,073.

Cases of Syphilis treated at the St. Boniface Hospital Clinic numbered 366, of which 355 were adults (233 males and 122 females) and 11 were children (2 males and 9 females). These were classified as follows:

Primary	75
Secondary	158
Tertiary	4
Congenital	18
Latent	111
.....	366

Treatments for Syphilis administered at the St. Boniface Hospital Clinic numbered 16,881.

Doses injected were as follows:

Arsenical	8,738
Bismuthic	11,210
Malarial	9
Mercurial	11
.....	19,968

I have the honour to be, Sir,

Your obedient servant,

M. R. ELLIOTT, M.D.,

Provincial Epidemiologist

Division of Public Health Nursing Service

Dr. C. R. Donovan,
Medical Director.

Sir:

I have the honour to submit herewith the Annual Report of the Public Health Nursing Division for the year ending December 31st, 1938.

RELIEF

In October, the nurses stationed in rural areas reported that again it would be necessary to provide clothing for many children if they were to continue their schooling, and again the Winnipeg Women's Club came to our aid and with their usual generosity, donated One Hundred Dollars. Provincial Civil Servants solicited donations for us at their delightful Christmas Party and we received gaily parcelled toys, packages of candy, hand-knitted mitts, quantity of clothing and \$67.27 in cash. The money was used to purchase warm underwear, stockings and footwear.

For many years, we have enjoyed the friendly co-operation of Mr. C. V. Combe, Manager of the Tribune Stocking Fund, and as their emissaries, we sent out 6,000 toys, 10 hampers and some used clothing.

With the assistance of a few friends who for some years have been keenly interested in this special work for children, parcels were packed and sent throughout the Province carrying the spirit of good-will into about 1,000 homes. To all these, we say a sincere thank you for helping to make glad the heart of a little child.

Details of relief work at headquarters of the Public Health Nursing Division are as follows.

Number of children supplied with clothing	255
Number of adults supplied with clothing	21
Number of children provided with toys	7,050
Number of layettes provided	14
Number of blankets provided	14

Work of the Nurses in Rural Districts:

Number of relief cases investigated for local agencies	78
Number of families supplied with hampers	606
Number of individuals supplied with clothing	168
Number of toys distributed	1,417

HEALTH SUPERVISION IN THE SCHOOLS

July 1, 1937, to June 30, 1938.

Total number of children examined	12,874
Total number of children with defects	7,154
Total number of children not vaccinated	3,124

Classification of Defects:

Defective vision	1,538
Defective hearing	239
Unsound teeth	5,348
Suspected diseased or enlarged tonsils	4,003
Nasal obstruction	611
Symptoms of enlarged glands	1,777
Symptoms of eye disease	124
Symptoms of ear disease	34
Symptoms of malnutrition	693
Symptoms of nervous disorders	274
Symptoms of orthopedic defects	73
Symptoms of anaemia	135
Symptoms of defective thyroid	702
Suspected skin disease	188
Other conditions	394
Number of classroom inspections	1,954
Number of children re-inspected for suspect communicable diseases and other conditions	2,136
Number of first aid treatments given	1,459
Number of children weighed	1,937
Number of children found 7% or more underweight	228
Number of children re-weighed	3,270
Number of children found to have gained in weight	2,332
Number of children had eyes tested	541
Number of children excluded from school:	
For suspected communicable diseases	151
For suspected pediculosis	185
For suspected contagious skin condition	245
For suspected contagious eye condition	50
For other causes	83
Total	724
Number of school children referred for treatment	7,930
Total number of defects of children, known to have been corrected	1,853

Toxoid immunization clinics were held in the Municipalities of: Arthur, Edward, Brenda, East St. Paul, Glenwood, DeSalaberry, East Kildonan, North Kildonan, Old Kildonan, West Kildonan, South Norfolk, Macdonald, Kreuzberg, Gimli, Montcalm, Morris, Riverside, Bifrost, and Unorganized, Whitemouth, South Cypress, Westbourne, Hanover, Oakland, Miniota, St. Francois Xavier, Whitehead, Tache, Morton, Turtle Mountain, Cartier, St. Laurent, Whitewater Municipalities, also in Village of Brooklands, Towns of Napinka, Stonewall, Transcona, Plum Coulee, Selkirk, Boissevain, Flin Flon, The Pas and Unorganized, Riding Mountain Unorganized.

Classification of service rendered:

Assisted physicians with immunization of pupils to protect them against Diphtheria	30,501*
Assisted physicians with vaccination of pupils	9,410
Assisted physicians with "Dick Test" for susceptibility to Scarlet Fever	4,882
Throats swabbed to detect and prevent the spread of Diphtheria	185
Total cases suspect communicable diseases reported	2,621

* Total number of doses of Toxoid given.)

POLIOMYELITIS SURVEY IN MELITA DISTRICT

In August, two members of the Nursing Staff made a house to house survey to obtain information for the Division of Disease Prevention in connection with the outbreaks of Poliomyelitis earlier in the year. Specially prepared forms were filled in for each home visited and health teaching was given by the Nurses.

HEALTH TRAINING IN THE SCHOOLS

Number of classroom talks given	1,088
Number of Home Nursing classes held	28
Attendance at Home Nursing classes	1,339
Number of First Aid classes	21
Attendance at First Aid classes	598

The Nursing Staff has made special effort to inaugurate hot lunches in rural schools and have been much encouraged by the ready co-operation of the teachers.

NORMAL SCHOOLS

Number of lectures given in Brandon and Winnipeg	88
Attendance at lectures	3,581

Outline of Programme for Normal School Students in Brooklands School

A new departure was developed in connection with work in the Normal Schools in Winnipeg, in that the Nurse-teacher working in the Normal School also has charge of the generalized health work in the suburban Municipality of Brooklands. By this arrangement, Normal students are able to observe and assist with the health education programme in the school. The student is given an opportunity to make practical application of the instruction given by the Public Health Nurse. The following is a brief outline of the health programme in this school in which each Normal student takes an active part. One classroom inspection and two lessons are given in each classroom in every month.

1. Classroom inspections:

- (a) Observe at least one inspection to learn procedure.
- (b) Develop a method of keeping a record of findings.
- (c) Carry out a classroom inspection under supervision.

2. Classroom talks:

- (a) Observe a health lesson in a junior or senior grade.
- (b) Teach a lesson under supervision. (These lessons will fit into the health programme of the class-teacher.)

3. Individual inspections:

- (a) Observe method of this inspection.
- (b) Inspection of several pupils by the Normal School student recording findings such as:
 - (1) General appearance.
 - (2) Posture.
 - (3) Skin—cleanliness, skin diseases, etc.
 - (4) Condition of teeth.

(5) Condition of tonsils.

(6) Examination of hair for cleanliness and for pediculosis.

(7) Vision.

(8) Hearing.

(9) Weight and height.

(10) Vaccination.

(c) Exclusion of pupils who appear to have a communicable disease.

4. Sanitary inspection of the school grounds, building and classrooms. Recording of methods used to provide a healthful school environment for the pupils.

WORK CARRIED ON IN THE COMMUNITY

January 1 to December 31, 1938.

Total number of home visits made for the purpose of giving Health instruction and demonstration 33,013

Classification of service rendered in home visiting:

Total number of cases in prenatal and postnatal care	727
Total number of cases in infant welfare	2,251
Total number of birth registration cases	197
Total number of cases in the care of children of pre-school age....	4,532
Total number of cases in the care of school children	10,188
Total number of cases in the care and prevention of communicable diseases	2,724
Social service visits	1,590
Mothers' Allowance visits	285
Visits to adults	9,136
Visits of co-operation	7,736
Number of cases dealt with socially	753
Number of patients referred to social agencies	22
Total number of patients, other than school children referred for treatment	488
Total number of patients accompanied to and from clinics and hospitals	155
Total number of defects known to have been corrected, of those in the community, other than school children	100
Number of meetings attended by nurses in connection with Public Health work	75
Number of interviews in connection with Public Health work by Nurses in their respective districts	7,714
Number of Home Nursing and First Aid lectures given	45
Attendance at Home Nursing and First Aid lectures	797
Number of lectures on other health topics	11

CHILD WELFARE STATIONS

Number of Health Conferences held	207
Attendance of infants and pre-school children at conferences	2,225
Attendance of mothers and children for consultations at Child Welfare Stations	1,291
Number of First Aid treatments given at Child Welfare Station.....	225

PUBLIC SERVICE NURSING

Fisher Branch:

Number of patients seen at Nursing Station	1,482
Total time spent in Public Service Nursing (hours)	980
Number of home visits made to patients	403
Total time spent in Public Service Nursing (hours)	498½

Grahamdale:

Number of patients seen at Nursing Station	1,286
Total time spent in Public Service Nursing (hours)	398
Number of home visits made to patients	398
Total time spent in Public Service Nursing (hours)	446
Number of Health Clinics held at Nursing Station	43
Attendance at Health Clinics	1,409

Steep Rock Clinic:

Number of Health Clinics held	5
Attendance at Health Clinics	76

Two new districts have been organized for Public Service Nursing—the Riding Mountain and Walkerburn districts. The Riding Mountain district comprises approximately 288 square miles; the nationality of the people of this district is mainly Ukrainian.

The Nurse has established headquarters at Seech and a cottage, formerly used by the school teacher, has been rented to the Nurse, and with local help the cottage is being entirely re-decorated.

A well baby clinic has already been organized, also classes in Home Nursing, First Aid and Child Care, and as the Nurse has the only radio in the district, the women and older girls gather every Thursday afternoon to listen to the addresses on various phases of health and public welfare given by members of the Department. The Nurse is most enthusiastic and we feel sure the cottage will prove a public health centre for the dissemination of health teaching to all and for the treatment of minor ailments. Plans are being made to hold a well baby clinic twice monthly at the east end of the district.

Arrangements have also been made with the Provincial Extension Service for a course in Home Craft to be given to the women and girls during the winter months, and dental clinics are being planned for. There are a number of cases of Tuberculosis in this district and special efforts have been made by the Nurse to transport patients and contacts to the chest clinics at Brandon for check-up.

In the Walkerburn district, the fact that we were unable to arrange for suitable headquarters for the Nurse, with telephone facilities, meant that service has to be withdrawn during the winter months. However, plans have been made to instal an experienced Nurse in the spring of 1939.

Most of the settlers in this district are half-breed, and living conditions are poor. It will entail a great deal of patience on the part of the Nurse in building a programme for personal and community hygiene and sanitation. However, we feel that the effort made will be well worth while.

Nursing care was given for the purpose of demonstration and emergency by the general Nursing Staff, in addition to other duties, as follows:

Total number of visits made to patients	375
Total time spent in Public Service Nursing (hours)	165½

In January, the Nursing Service in the dried-out area around Melita was changed from Public Service to generalized Public Health Service and one Nurse serves the Municipalities of Edward, Arthur, Brenda, and the towns of Melita and Napinka. A Child Welfare Station has been opened and attendance has been good.

Public Service Nursing was also discontinued in Brandon in August, as most of the patients on City Relief, especially maternity cases, were being sent to hospital. We now learn that arrangements are being made by the Brandon Council to pay the medical profession for service to such patients and a Nurse will be reinstated in January.

Nursing Service has also been re-established in the Town of Transcona, and in the three smaller schools in North Kildonan.

As a result of an outbreak of Poliomyelitis in Lakeview Municipality, and as there was no resident medical service at the time, an experienced Nurse was placed in the district from July to October.

SPECIAL CLINICS

Mental Hygiene Clinics

Number of Mental Hygiene clinics	2
Attendance at Mental Hygiene clinics	36

Eye Clinics

Number of Eye clinics held	2
Attendance at Eye clinics	53

Summer Child Health Conferences

Number of Child Health Conferences	3
Total number of children examined	279
Of this number, those with defects	147
Classification of defects found:	
Orthopedic defects	8
Nutritional defects	22
Hernia	15
Nasal obstruction	16
Unhealthy tonsils	34
Enlarged glands	34
Unsound teeth	11
Other defects	18
Requiring immediate medical or surgical treatment	54

DENTAL CLINICS

Dr. A. E. Proctor, Chairman of the Manitoba Committee of the Canadian Foundation for Preventive Dentistry, reports as follows:

"A careful study of the dental clinic report for 1938 and a comparison of this report with the previous reports reveal many interesting facts, the most important being that these clinics are really producing excellent results and are proving that they are well worth the time and money spent on them.

For the first few years these clinics showed a large percentage of extractions over fillings, but for the last several years, this percentage has been gradually reduced until this year, for the first time, the number of fillings exceeds by a fair margin, the number of extractions. This point alone shows conclusively the value of the work done in these clinics and that we are, at least, started on our way towards our goal—Prevention. For 1938, there was a total of 5,672 fillings and 4,181 extractions as against 5,010 fillings and 5,399 extractions for 1937.

Other factors stand out in this report:—

1. Out of 4,498 children that were examined, no less than 1,029 were passed as O.K., or nearly 25%, which is a high percentage; and is made possible by the number of places where clinics have been held in successive years.

2. Only 1,301 permanent teeth were extracted or about one tooth for every 2½ children operated on. This means that more and more children are getting their teeth attended to early enough to have them filled and saved.

3. A large percentage of clinics are sponsored by school boards, official trustees, etc. This can only mean that these school boards realize that a healthy child is a better student and that a healthy mouth goes a long way towards producing a healthy child. I cannot imagine any western school board spending money year after year for anything that is not for the good of their students.

In closing, I would again like to express our appreciation for the whole-hearted co-operation of the Department of Health and Public Welfare, and the loyal and hard working staff of nurses throughout the Province. Without this wonderful co-operation, these clinics could never have been as successful as they have, and I am sure each and every one of the above Department must feel a great deal of satisfaction in a work well done."

Total number of dental clinics held	55
Attendance at dental clinics	4,498

A statistical report of Dental Clinics held throughout Manitoba in 1938 is appended herewith after page 242.

REPORT OF SOCIAL WORK DONE IN CONNECTION WITH VENEREAL DISEASE CLINICS HELD IN ST. BONIFACE HOSPITAL, MANITOBA HOME FOR GIRLS AND HOME OF THE GOOD SHEPHERD

Number of clinics attended by nurses	512
Number of treatment given at clinics	27,939
Number of visits of co-operation	147
Number of interviews	2,096
Number of cases referred from social agencies	463
Number of cases referred to social agencies	323

REPORT FROM THE CENTRAL TUBERCULOSIS CLINIC OF WORK DONE IN CONNECTION WITH TUBERCULOSIS NURSING

January 1st to December 31st, 1938.

Number of clinics held	87
Attendance at clinics	7,207
Number of families carried for supervision	3,604
Number of new families added during the year	486
Reports of patients on treatment or examined at permanent clinics and sent through this office to nurses	2,370
Reports sent to the Child Welfare Division	127
Number of chest clinics provided with nursing service	63
Visits made by Public Health Nurses to Tuberculous families.....	5,690

SUPERVISION OF BOARDING HOMES FOR CHILDREN, DAY NURSERIES, AND MATERNITY HOMES

Several changes have been made this year in Institutions.

The Children's Aid Shelter has been closed and the work previously carried on there has been taken over by the Children's Home.

The Providence Shelter has also been closed and the children removed to St. Norbert and St. Joseph's Orphanages, St. Agnes Priory and private boarding homes.

The Sisters from Providence Shelter have replaced the Grey Nuns at St. Joseph's Orphanage, which has been called St. Joseph's Vocational School for Boys. They plan to care for and train boys from three years of age, the younger ones being taken care of in the smaller of the two buildings, which is being remodelled into a kindergarten.

St. Norbert Orphanage will in future care for children up to four years only, but they may transfer suitable three year old children to St. Agnes Priory or St. Joseph's Orphanage. This will give scope for further development of slow children.

St. Agnes Priory is enlarging its dormitory space and when this is completed, will be able to accommodate 130 girls of three years and up; the pre-school children being cared for in a kindergarten.

The Oddfellows' Home at Charleswood is trying out a "Cottage Plan" of care for the 7 girls and 2 boys now in residence. As the boys are both under 10 years, it seemed a good time to try out this scheme.

Knowles' School for Boys, Jewish Orphanage, Hugh John MacDonald Hostel, Children's Home and Protestant Orphanage continue to do good work.

The Mothers' Association Day Nursery and the Joan of Arc Day Nursery are also continuing the nursery work for the children and sewing classes for the mothers as before.

The Church Home for Girls, Grace Hospital, Victoria Hospital and Misericordia Hospital and St. Norbert Infants' Home continue to give care to unmarried mothers and their babies under the age of six months.

At Christmas, gifts were provided for the unmarried mothers at St. Norbert—23 in number—and toys for 80 children in private boarding homes.

The work done by the foster mothers in the care and training of the children under their care is deserving of great praise.

BOARDING HOMES FOR CHILDREN

Number of applications for boarding home permits	584
Number of permits granted	455
Number of applications rejected	195
Visits of investigation	418
Routine boarding home visits	2,015
Number of private placements dealt with during year	113
Visits of co-operation	351
Office interviews in connection with boarding homes	1,345
Special cases referred to clinic	4
Clothing provided for mothers or infants	46

PRIVATE INSTITUTIONS AND BOARDING HOMES FOR AGED AND INFIRM

The following is summary of work during 1938 under regulations governing the housing of Aged and Infirm:

Number of cases dealt with	576
Number of interviews	375
Number of visits	816
Private Institutions—Visits of investigation	101
Routine visits	147
Public Institutions—Visits of investigation	7
Routine visits	6
Private Hospitals—Visits of investigation	15
Routine visits	5
Private Boarding Homes—Visits of investigation	412
Routine visits	54
Visits of co-operation	69
Services rendered social agencies	17

No doubt, due to better understanding of regulations, social agencies are showing more co-operation.

The number of suitable private boarding homes is gradually increasing.

Considerable time has been spent making investigations, recommendations, etc., in connection with homes already housing aged and infirm, but found unsuitable.

In Greater Winnipeg there is the following accommodation for aged and infirm:

Public Institutions	5
Private Institutions	15
Private boarding homes	42

HEALTH EDUCATION

Lectures to the public and senior nurses in training	8
--	---

CHAUTAUQUA

Members of the Nursing Staff again gave lectures and demonstrations on First

Aid, Home Nursing and Child Care at the Chatauquas, conducted by the United Farmers of Manitoba at: Wingham, Burnside, Arborg, Birnie, Dunkinville, Zelena, Foxwarren, Brookdale, Deleau, Cypress River.

HEALTH TEACHING IN THE HOMEMAKING SCHOOLS

These schools are conducted by the Department of Education and an experienced Nurse-Teacher was assigned to give Course of Instruction in personal and community hygiene; Infant and Maternal care, Disease prevention and health legislation courses have been given at Oak Lake, Altona, and Gladstone, during the winter months.

Total enrolment	85
Total lectures of demonstration	60 hours
Total attendance	1,597

Instruction in First Aid and Home Nursing was also given in these districts to Women's Groups organized in co-operation with the Extension Service of the Department of Agriculture.

Number of classes held	15
Number of lectures and demonstrations	47
Total attendance at classes	202
Total enrolment	53

These classes are organized under the group leadership system; each two women attending these classes relay the instruction received to other groups in their own districts. Lesson notes and reference material is supplied them by the Health Department.

CENTRAL TUBERCULOSIS REGISTRY

	Whites	Indians
Reported deaths from Tuberculosis for year 1938	237	124
In Sanatoria	114	7
In General and other Hospitals	45	12
In Hospitals for Mental Diseases	31	4

	Whites	Indians
Selkirk Hospital for Mental Diseases ..	24	3
Brandon Hospital for Mental Diseases ..	5	1
Portage la Prairie	2	—
	31	4

Patients not reported as Tuberculous previous to notification of death (outside of Winnipeg)	39	
Number of 1938 Diagnoses who died in 1938	30	7
Known active cases of Tuberculosis December 31, 1938	1,346	184
(Above figures include all patients on treatment in Sanatoria and those at home classified "active" or "doubtful activity")		
Total number of patients in Sanatoria December 31st, 1938	667	46
From Winnipeg	228	
Total number of New Discoveries of Tuberculosis in 1938	545	108
New Discoveries of "active" and "doubtful activity" disease in 1938	425	74
Number of Admissions to Sanatoria	884	66

Of these approximately $\frac{2}{3}$ of first admissions and $\frac{1}{4}$ of re-admissions were bacillary when admitted. Approximately $\frac{1}{3}$ of all admissions were non-Tuberculous.

Number of 1938 New Discoveries of Tuberculosis admitted for treatment	335	31
Number of Discharges from Sanatoria during 1938	872	21
Number of patients discharged against medical advice and at home December 31st, 1938	82	2
Total number of examinations at all clinics, 1938	15,175	1,754
Number of new discoveries of Tuberculosis at clinics	345	86
Number of old patients reviewed	2,040	66
Number of contacts routinely examined	6,070	
Number of Pneumothorax treatments given to Out-patients	3,524	

STATISTICS FOR YEAR 1938

WHITES

Admissions and Discharges—Manitoba Sanatorium
Central Tuberculosis Clinic
King Edward Hospital
St. Boniface Sanatorium

Total Number of Admissions for the Year 1938	884
Total Number of Tuberculous Patients admitted	715
First Admissions—Total	384

As below

	Male	Female	Total
Bacillary Pulmonary Tuberculosis	109	119	228
Non-bacillary Pulmonary Tuberculosis	32	46	78
			306

	Male	Female	Total
Minimal	23	36	59
Moderately Advanced	49	61	110
Far Advanced	69	68	137

306

Pleurisy with Effusion	21	19	40
Non-Pulmonary—Active	18	17	35
Inactive	2	1	3

38

Re-Admissions—Total	266
---------------------------	-----

As below

	Male	Female	Total
Bacillary Pulmonary Tuberculosis	89	69	158
Non-bacillary Pulmonary Tuberculosis	33	57	90
			248

	Male	Female	Total
Minimal	8	15	23
Moderately Advanced	46	52	98
Far Advanced	68	59	127

248

Pleurisy with Effusion	2	2	—	4
Non-Pulmonary—Active	6	7	13	
Inactive	—	1	1	
			—	14
Number of Patients Admitted for Review				65
Number of Non-Tuberculous and Undiagnosed patients admitted, 1938....				169
Total Number of Tuberculous Patients admitted, 1938				715
				—
Total Number Patients admitted to Sanatoria, 1938				884
				—

STATISTICS FOR YEAR 1938

WHITES

DISCHARGES

Total number of Discharges for the year	872
Total number of Tuberculous Patients Discharged	708
	—

As below

	Male	Female	Total	
Patients discharged with arrested Tuberculosis	71	58	129	
Patients discharged with quiescent disease	64	93	157	
Patients discharged with improved disease	80	107	187	
Patients discharged with unimproved disease..	37	22	59	
Patients discharged dead	63	51	114	
			—	646
Reviews discharged	20	42	—	62
Total Non-Tuberculous and Undiagnosed patients discharged.....				164
				—

TRANSFERS

Total number of Patients transferred during the year	190
156 transfers from Central Clinic to—Ninette	79
St. Boniface	65
King Edward	12
13 transfers from Central Clinic to General Hospital and back to Clinic.	
14 transfers from Ninette to—Central Clinic	12
St. Boniface	2
3 transfers from St. Boniface to—Ninette	2
King Edward	1
4 transfers from King Edward to—St. Boniface	1
Central Clinic	2
Ninette	1

STATISTICS FOR YEAR 1938

INDIANS

Admissions and Discharges—Manitoba Sanatorium
Central Tuberculosis Clinic
St. Boniface Sanatorium

Total Number admissions to Sanatoria for the year	65
	—

Total Number Tuberculous patients admitted					63
First Admissions—Total					62
As below					
		Male	Female	Total	
Bacillary Pulmonary Tuberculosis		12	8	20	
Non-bacillary Pulmonary Tuberculosis		15	12	27	
				—	47
	Male	Female	Total		
Minimal	6	8	14		
Moderately Advanced	8	5	13		
Far Advanced	13	7	20		
			—		47
		Male	Female	Total	
Pleurisy with Effusion		2	—	—	2
Non-Pulmonary—Active		11	2	13	
Inactive		—	—	—	
				—	13
Re-admissions—Total					1
		Male	Female	Total	
Non-bacillary Pulmonary Tuberculosis		—	1	—	1
	Male	Female	Total		
Far Advanced	—	1	1		
Number of Non-Tuberculous and Undiagnosed patients admitted					2
Number of Tuberculous patients admitted, 1938					63
				—	
Total Number patients admitted to Sanatoria, 1938					65

DISCHARGES

Total Number of Discharges for the year	21
Total Number of Tuberculous Patients discharged	19

As below

	Male	Female	Total	
Patients discharged with "arrested" disease	2	3	5	
Patients discharged with "quiescent" disease	2	3	5	
Patients discharged with "unimproved" disease	2	—	2	
Patients discharged "dead"	6	1	7	
			—	19
Total Number of non-Tuberculous and Undiagnosed patients discharged				2

TRANSFERS

7 transfers from Central Clinic to—St. Boniface	6
Ninette	1

TRAVELLING CLINIC STATISTICS

Total number of Travelling Clinics	79
Number of different clinic centres	51
Total number examined at all Clinics	7,741

	Whites	Indians
Total number of Chest Clinics	57	22
Number of different clinic centres	35	16
Total number examined	5,987	1,754

As below

Number under 15 years of age	1,608	1,152
Number previously examined	2,892	977
Number giving history of definite contact	2,975	-----
Known Tuberculous patients reviewed	724	66
Number of new diagnoses of Tuberculosis	158	86
Number suspect Tuberculosis	34	-----
Number of first infection Tuberculosis, active	19	15
Number advised Sanatorium treatment	111	36
Number advised further investigation	58	20
Number admitted (January, 1939)	98	-----

Known Tuberculous Patients Classified

Minimal active	10
Minimal quiescent	32
Minimal apparently arrested	128
Minimal doubtful activity	17
Minimal apparently cured	9
Moderately advanced active	19
Moderately advanced quiescent	82
Moderately advanced apparently arrested	87
Moderately advanced doubtful activity	26
Far advanced active	34
Far advanced quiescent	47
Far advanced apparently arrested	36
Far advanced doubtful activity	11
Far advanced apparently cured	1

CLASSIFICATION OF 1938 DISCOVERIES

WHITES

ACTIVE

		Pulmonary Tuberculosis						Non-Pulmonary Known Bac.				
		Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.		Child-hood Type				
		Pos.	Neg.	Pos.	Neg.	Pos.	Neg.		Pos.	Neg. Pleurisy	Total	
Under	Male	---	---	---	---	---	1	5	---	4	---	5
5 yrs.	Female	---	---	---	1	---	---	3	---	3	---	4
5- 9	Male	---	1	---	1	---	1	2	---	2	---	5
years	Female	---	2	---	1	---	---	2	---	4	1	8
10-14	Male	1	---	---	---	---	---	1	---	3	1	5
years	Female	---	2	---	---	3	---	---	---	4	1	10
15-19	Male	1	2	1	---	6	---	---	1	3	2	16
years	Female	3	10	5	3	11	3	---	---	2	3	40
20-24	Male	2	5	8	3	4	2	---	1	4	10	39
years	Female	4	17	13	5	11	1	---	---	8	8	67
25-29	Male	1	2	5	2	8	---	---	---	2	5	25
years	Female	4	6	7	6	13	2	---	---	1	3	42
30-39	Male	---	2	7	9	16	3	---	2	---	5	44
years	Female	---	4	9	3	6	---	---	---	3	6	31
40-49	Male	---	---	3	1	7	2	---	1	2	---	16
years	Female	---	2	1	2	3	4	---	1	4	---	17
50-59	Male	1	2	1	2	7	2	---	2	1	1	19
years	Female	---	1	---	---	4	---	---	---	1	---	6
60-69	Male	---	1	---	---	5	1	---	---	---	---	7
years	Female	---	1	---	1	3	---	---	---	---	---	5
70 &	Male	---	---	1	1	4	1	---	1	1	---	9
over	Female	---	---	---	1	1	---	---	---	---	---	2
Age not	Male	---	---	---	---	---	1	---	1	1	---	3
known	Female	---	---	---	---	---	---	---	---	---	---	---
Total Male		6	15	26	19	67	14	8	9	23	24	193
Total Female		11	45	35	23	55	10	5	1	30	22	232

CLASSIFICATION OF 1938 DISCOVERIES

WHITES

INACTIVE

		Pulmonary Tuberculosis						Non-Pulmonary			Total
		Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.		Childhood Type		Known Bac.	
		Pos.	Neg.	Pos.	Neg.	Pos.	Neg.			Pleurisy	
Under	Male	---	---	---	---	---	---	---	---	---	---
5 yrs.	Female	---	---	---	---	---	---	---	1	1	2
5-9	Male	---	---	---	---	---	---	---	---	---	---
years	Female	---	3	---	---	---	---	---	---	---	3
10-14	Male	---	---	---	---	---	---	---	2	1	3
years	Female	---	2	---	---	---	---	---	---	2	4
15-19	Male	---	1	---	---	---	---	---	---	3	4
years	Female	---	3	---	1	---	---	---	---	---	4
20-24	Male	---	4	---	---	---	---	---	1	1	6
years	Female	---	7	---	1	---	---	---	---	3	11
25-29	Male	---	3	---	---	---	---	---	---	1	4
years	Female	---	8	---	---	---	---	---	---	---	8
30-39	Male	---	15	---	1	---	---	---	---	1	17
years	Female	---	6	---	3	---	---	---	---	2	11
40-49	Male	---	4	---	---	---	---	---	---	1	5
years	Female	---	3	---	1	---	---	---	1	2	7
50-59	Male	---	6	---	3	---	---	---	2	---	11
years	Female	---	4	---	1	---	---	---	2	---	7
60-69	Male	---	1	---	4	---	---	---	---	---	5
years	Female	---	1	---	2	---	---	---	1	---	4
70 & over	Male	---	---	---	---	---	---	---	---	---	---
	Female	---	---	---	---	---	1	---	---	---	1
Age not known	Male	---	1	---	1	---	---	---	---	---	2
	Female	---	---	---	1	---	---	---	---	---	1
Total	Male	---	35	---	9	---	---	---	5	8	57
Total	Female	---	37	---	10	---	1	---	5	10	65

CLASSIFICATION OF 1938 DISCOVERIES

INDIANS

ACTIVE

		Pulmonary Tuberculosis							Non-Pulmonary Known Bac.			
		Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.		Child-hood Type				
		Pos.	Neg.	Pos.	Neg.	Pos.	Neg.		Pos.	Neg.	Pleurisy	Total
Under	Male	----	---	---	---	---	1	2	---	1	---	2
5 yrs.	Female	---	---	---	1	---	---	2	---	2	---	3
5- 9	Male	-----	2	---	---	---	---	3	---	2	---	4
years	Female	---	---	1	1	---	1	5	---	1	1	5
10-14	Male	-----	2	---	2	---	---	---	---	4	1	9
years	Female	---	2	---	1	---	1	---	---	2	---	6
15-19	Male	-----	3	---	---	1	2	---	---	3	1	10
years	Female	---	2	2	4	---	1	---	---	1	---	10
20-24	Male	-----	---	---	---	1	1	---	---	1	---	3
years	Female	---	2	---	1	---	2	---	---	---	---	5
25-29	Male	-----	---	---	---	3	---	---	---	---	---	3
years	Female	---	2	1	---	---	---	---	---	---	1	4
30-39	Male	-----	---	1	1	---	2	---	---	1	---	5
years	Female	---	---	---	1	1	---	---	---	---	---	2
40-49	Male	-----	---	---	---	---	---	---	---	---	---	---
years	Female	---	---	---	---	---	1	---	---	---	---	1
50-59	Male	-----	---	---	---	---	---	---	---	---	---	---
years	Female	---	---	---	---	---	1	---	---	---	---	1
60-69	Male	-----	---	---	---	---	---	---	---	---	---	---
years	Female	---	---	---	---	---	---	---	---	---	---	---
70 &	Male	-----	---	---	---	---	---	---	---	---	---	---
over	Female	---	---	---	---	1	---	---	---	---	---	1
Total	Male	-----	7	1	3	5	6	5	---	12	2	36
Total	Female	---	8	4	9	2	7	7	---	6	2	38

CLASSIFICATION OF 1938 DISCOVERIES

INDIANS

INACTIVE

		Pulmonary Tuberculosis						Non-Pulmonary Known Bac.				
		Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.		Child-hood Type				
		Pos.	Neg.	Pos.	Neg.	Pos.	Neg.		Pos.	Neg.	Pleurisy	Total
Under	Male	---	---	---	---	---	---	---	---	---	---	---
5 yrs.	Female	---	---	---	---	---	---	---	---	1	1	2
5- 9	Male	---	---	---	---	---	---	---	---	2	1	3
years	Female	---	---	---	---	---	---	---	---	---	1	1
10-14	Male	---	2	---	---	---	---	---	---	2	---	4
years	Female	---	1	---	---	---	---	---	---	1	1	3
15-19	Male	---	---	---	---	---	---	---	---	---	---	---
years	Female	---	1	---	---	---	---	---	---	---	---	1
20-24	Male	---	---	---	---	---	---	---	---	1	1	2
years	Female	---	1	---	---	---	---	---	---	2	---	3
25-29	Male	---	1	---	---	---	---	---	---	1	1	3
years	Female	---	1	---	---	---	---	---	---	---	1	2
30-39	Male	---	---	---	---	---	---	---	---	---	1	1
years	Female	---	1	---	---	---	---	---	---	2	---	3
40-49	Male	---	---	---	---	---	---	---	---	---	---	---
years	Female	---	---	---	---	---	---	---	---	---	---	---
50-59	Male	---	---	---	1	---	---	---	---	---	---	1
years	Female	---	1	---	---	---	---	---	---	1	---	2
60-69	Male	---	---	---	---	---	---	---	---	---	---	---
years	Female	---	---	---	---	---	---	---	---	1	---	1
70 &	Male	---	1	---	---	---	---	---	---	---	---	1
over	Female	---	---	---	1	---	---	---	---	---	---	1
Total	Male	---	4	---	1	---	---	---	---	6	4	15
Total	Female	---	6	---	1	---	---	---	---	8	4	19

CONTENTS OF REGISTRY FILE

December 31st, 1938

	Known Cases	In Sanatoria	Active At Home	Suspects
Winnipeg	697	228	128	-----
Outside Winnipeg	2,346	417	457	149
Transients and patients from outside Manitoba	28	12	9	-----
Hospitals for Mental Diseases	156	(95 of these being classed as "active" or "doubtful activity")		
Total Whites	3,227	657	584	149
Indians	358	46	138	10

STAFF EDUCATION

With the purpose of keeping the Nursing Staff abreast of modern teaching in disease prevention and health promotion, a two weeks' Refresher Course was arranged for in July. We were fortunate in securing the services of Miss Marion Lindeburgh, Director of Nurses, McGill University, Montreal, to give a series of lectures in the "Principles of Health Education"; of Dr. J. D. M. Griffin, of the Canadian National Committee on Mental Hygiene, Toronto, who gave a short course in "Mental Hygiene", and Miss Elin Anderson, Director of Family Bureau, Winnipeg, who gave a course on the "Principles of Social Case Work." These outstanding teachers were guest lecturers at the Summer School for Graduate Nurses being held by the Manitoba Association of Registered Nurses, under the auspices of the University of Manitoba. The cost to the individual Public Health Nurse for these special series of lectures was the very nominal fee of \$5.00. Lectures were also given by Dr. F. W. Jackson, Dr. C. R. Donovan, Dr. M. R. Elliott, Dr. F. Cadham, Dr. E. L. Ross, Dr. A. A. Murray, Dr. F. McGuinness, Dr. O. J. Day, Dr. H. Popham, Dr. M. Swan, Dr. A. E. Proctor, Dr. W. A. Shoults, Dr. M. Parks, Miss A. E. Wells, Miss M. B. McMurray, Miss Gertrude Hall, Miss Gertrude Childs, Miss Esther Thompson, Miss E. J. Lawson, Mr. A. MacNamara, also demonstrations and discussions were given by members of the Nursing Staff.

The Minister, the Honourable I. B. Griffiths; the Deputy Minister, Dr. F. W. Jackson; and the Medical Director of the Public Health Nursing Service, Dr. C. R. Donovan; received the Nurses at the opening session. Mr. Griffiths graciously welcomed them and assured them of his sincere interest in and support of their work.

At the conclusion of the lectures, it was generally conceded by the Staff as a whole, that the Course had proved both interesting and instructive; in short, that it was the best that had been held to date. It is interesting to note here that the first such course was held in January, 1918, and that some of those who lectured at that Refresher Course again addressed the Nurses this year.

A highlight of the Course was the very interesting clinic arranged by the Reverend Sisters of St. Boniface and St. Roch's Hospitals and the Provincial Nurse working at the Venereal Disease Clinic. Drs. Backman, Corrigan and Hossack lectured on the patients assembled.

SUPERVISION

Total number of visits of inspection and instruction made by the Supervisors to Staff Nurses	25
--	----

ADMINISTRATION OF NURSING SERVICE

Number of Nurses on the Staff, December 31st, 1937	28
Number of Nurses on the Staff, December 31st, 1938	41
Number of Nurses resigned during 1938	4
Number of Nurses on leave	3

As a Division of a Department concerned with the prevention of disease and the preservation of health, we realize that the success of this programme depends not only on the expansion of services that will ultimately extend to every part of the Province, but also on the improvement of the quality of service. This entails adequate professional training of the Nursing Staff. The present qualifications required of Nurses are those set by the National Organization of Public Health Nurses.

No group is more conscious than the Public Health Nurses of the need of more adequate medical and nursing care for those unable to pay the full cost of private service and our foremost endeavour is to meet the nursing need to the best of our ability; and the importance of effective health instruction and demonstration in the home has been stressed.

At the present time the following services are given to the people of Manitoba through the Public Health Nursing Division:

INFANT AND MATERNAL WELFARE

Maintenance of child welfare stations for well babies.

Home visits for the purpose of giving health instruction and demonstration in maternal and child care.

CHILD WELFARE

Nursing assistance at clinics for immunization against communicable disease, dental clinics, mental hygiene clinics for backward and problem children.

1. Physical examination of children for the detection of disease and defects.
2. Health education and health supervision in the schools.
3. Supervision of school sanitation.

Active co-operation with all local and provincial agencies in the interest of child health and protection.

Health education and demonstrations in the homes in the interest of the health of children from birth to adolescence.

SPECIAL SERVICES TO THE COMMUNITY

Arrangement for and assistance at Tuberculosis clinics and Venereal Disease clinics; these include follow-up visits to the homes of the patients and contacts, for the purpose of health instruction and demonstration.

Health supervision of all boarding homes and institutions for children, day nurseries, private maternity homes, private hospitals and homes and institutions for the aged and infirm (other than those operated by the Provincial Government).

Addresses to the general public on the many phases of Public Health that have to do with the prevention of disease and the promotion of health; this includes courses of instruction to senior pupils in schools, to students enrolled in the special vocational schools held throughout the Province and to groups of women in rural areas.

Health education in the Provincial Normal Schools.

Co-operation with other departments of the government in visiting the homes and reporting on the physical and financial condition of those seeking relief.

Public service or visiting nursing service.

We wish to express our most sincere thanks for the arrangements made by the Department for the Refresher Course.

We appreciate the cordial co-operation of the staffs of many Government Departments and members of the medical, nursing and teaching professions, and in conclusion we wish to record our gratitude for your kindly counsel and direction throughout the year.

I have the honour to be, Sir,

Your obedient servant,

ELIZABETH RUSSELL,

Director of Public Health Nurses.

Division of Industrial Hygiene

Winnipeg, Manitoba,
January 20, 1939.

Dr. C. R. Donovan,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report of the Division of Industrial Hygiene, for the year ending December 31st, 1938.

Under existing agreement with the Workmen's Compensation Board, the examination of all men engaged in "prescribed occupations" in the mining areas of the province, has been continued. It has, as yet, not been possible to extend these examinations to include other industries where Silicosis may be contracted, as set out in the amendments to the regulations under "The Public Health Act" passed in April, 1937, but it is hoped that uniform certification of all men so employed will soon be forthcoming. The examining centre, which was established last year in the Department, has continued to function, and during the year, 73 men have been examined here prior to their entrance into the mining field.

During the months of May and June, all the mining centres in the province were visited, and at all mines except Hudson Bay Mining and Smelting Co., those engaged in "prescribed occupations" were examined both physically and by X-Ray. A total of 983 men have been examined by the Division during 1938, as compared to 782 men in 1937. At Flin Flon, all examinations are conducted by the Flin Flon Medical Service, under Dr. P. B. Guttormson, and those men who had originally been issued certificates in 1937 by the Minister, were re-certified by Dr. Guttormson this year. In addition to these men, there were 35 additional men examined during 1938 at this mine. The records of these examinations, and the X-Ray plates were reviewed by this Division and certificates issued to 34 of these men.

A summary of the examinations for Silicosis, which were made during the year 1938, are shown in Table No. 1.

It is interesting to note that of 983 men examined, 397 or 40.2% were not working in the mines when the survey was made last year. This number is partly due to increased activity at the mines, but on the whole it represents a very large turn over of labor, and emphasizes the importance of having the men examined at least once every year.

Analysis of the 24 men who were refused certificates, shows that only one of these had formerly been certified in Manitoba. This man had developed an acute lung condition during the year, which, with the evidence of old healed Tuberculosis formerly present, made him an undesirable risk for further underground exposure. There is no question of compensation in this case. The remaining 23 rejections which constitute approximately 6% of new applications, may be classified according to the following reasons for rejection:

- | | |
|---|---|
| (a) Those found with active Tuberculosis | 3 |
| (b) Those considered as a poor risk due to X Ray evidence of old Tuberculosis infection, not necessarily active | 5 |

- (c) Those considered as a poor risk due to abnormal chest findings such as adherent diaphragms, increased fibrosis, enlarged hilar shadows, etc. 12
- (d) Those considered as a poor risk because of other abnormalities such as heart lesions, bony chest deformity, etc. 3

Thus it will be seen that 21 out of 24 rejections (87.5%) were due, not to present active disease, or to the presence of disability due to Silicosis, but to the fact that they showed undesirable features, which it was considered unwise to place in a Silicotic environment. It is believed that this proper selection of new applicants is a most important function of our work, not only for the protection of the mining personnel, but as the only logical means of reducing the cost of compensation in future years.

There still remain in the mines, some 60 men, whose chests show definitely increased fibrosis, due to exposure to Silica dust. These men are all being watched carefully, and any increase in disability or X-Ray shadow, from last year, has been noted.

Approximately 50% of these men showed some appreciable increase over last year, while in others, no change could be determined. It is from these men that future compensation cases will arise, and as pointed out last year, the large majority of these men have acquired their abnormal condition outside of Manitoba. It is hoped that our present policy will reduce this to a minimum in the future.

The Division of Industrial Hygiene has also in conjunction with the Department of Labour, given assistance in the investigation of working conditions unfavorable to health, in certain other industries. It has also been possible to give increasingly active service to physicians in industry, in an advisory capacity, where occupational diseases, and the reading of X-Ray plates, etc., have been in question.

Preliminary studies have shown that there exists a definite need for a wider application of public health measures, as applied to the industrial worker. The lack of adequate industrial laboratory personnel and equipment, has restricted largely, our efforts to give this wider service to industry, which is fast becoming an increasingly important part of preventive medicine.

I have the honour to be, Sir,

Your obedient servant,

M. R. ELLIOTT, M.D., D.P.H.,

Director of Industrial Hygiene.

TABLE No. 1. SUMMARY OF EXAMINATIONS FOR SILICOSIS

Mine	No. Men Examined for First Time	No. Men Holding Cert. from Previous Exam.	Total No. of Men Examined	No. of Cert. Granted	No. of Cert. Refused
Gunnar Gold Mines	94	30	124	119	5
San Antonio Mines	118	40	158	155	3
God's Lake Mines	65	31	96	95	1
Laguna Mines	52	25	77	76	1
Sherritt-Gordon Mines	165	159	324	317	7
Gurney Gold Mines	30	50	80	78	2
H. B. M. & S. (Flin Flon)	27	8	35	34	1
Sunbeam Kirkland	1	15	16	15	1
Examined in Winnipeg	34	39	73	70	3
Totals	586	397	983	959	24

Division of Food Control

Winnipeg, Manitoba,
January 20th, 1939.

C. R. Donovan, M.D., D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrooke Street, Winnipeg.

Sir:

I have the honour to submit herewith my report for the year ending December 31st, 1938.

SANITARY MEASURES RELATING TO FRESH MEATS

The inspection of slaughterhouses and abattoirs, with the exception of those coming under the direct control of Federal Authorities, has received such attention as time and circumstances would permit.

SLAUGHTERING PLANTS

Licenses issued during the year:

Butchers' small slaughterhouses	202
Beef Ring slaughterhouses	47
Abattoirs	8
Total	257

INTERIM PERMITS TO SLAUGHTER

Farmers' interim permits to slaughter animals of their own raising and sell the meat by the carcase, side or quarter, during the cold winter months of December, January and February have been issued on application.

Issued during the year—71.

BUTCHER SHOPS

Butcher shops have been inspected as opportunity permitted. During the last two or three years a number of butchers have installed electric units in refrigerators and show cases and as a result there is a marked improvement in the general preservation of fresh meats.

DISPOSAL OF DEAD AND CRIPPLED ANIMALS

As a means of controlling the disposal of dead and crippled animals at the Union Stockyards, St. Boniface, it is necessary to secure a release certificate from the Senior Market Supervisor before they can be removed from the yards.

"Deads" released to Rendering Plants during the year:

Cattle	104
Calves	388
Hogs	215
Sheep	254
Horses	3
Total	964

"Crippled and injured" animals slaughtered in abattoirs under official inspection.

Cattle	187
Calves	60
Hogs	3
Sheep	3
Total	253

Rendering Plants licensed during the year..... 1

PRODUCERS' MARKETS

Licensed during the year: Portage la Prairie.....	1
Winnipeg	5

MILK SUPPLY OF SMALLER URBAN CENTRES

The work of aiding the smaller urban centres in improving their public milk supplies has been continued at the following points.

Stonewall	Treherne	Russell
Carman	Portage la Prairie	Neepawa
Manitou	Souris	McCreary

UNDULANT FEVER

Four cases of Undulant Fever were reported as follows:

Stonewall	1
Gunton	1
Pilot Mound	1
Winnipeg	1
Total	4

No case of other milk-borne disease has been recorded during the year.

MILK PASTEURIZATION

Milk, intended for sale as fluid milk, is now being pasteurized in twenty pasteurization plants located at the following points in the province:

In Greater Winnipeg.....	pasteurizing plants	12
" Brandon	" "	2
" Portage la Prairie	" "	2
" Dauphin	" "	1
" The Pas	" "	1
" Flin Flon	" "	1
" St. Georges	" "	1
Total		20

Municipalities in which pasteurized milk is available are as follows:

Winnipeg and suburban municipalities	12
Portage la Prairie	1
Brandon	1
The Pas	1
Flin Flon	1
Dauphin	1
Pine Falls	1
Gimli Village, Winnipeg Beach, Grand Beach, Victoria Beach (during holiday season)	4
Total	22

Municipalities in which 100% of the supply is pasteurized:

Pine Falls	1
------------------	---

The Province of Ontario has recently enacted legislation requiring the pasteurization of public milk supplies in urban centres of more than 1,000 population.

The Medical Health Officer of Winnipeg has recommended compulsory pasteurization of the City's milk supply.

As a result of the public discussion which has arisen the general interest in pasteurization is developing rapidly and the sale of pasteurized milk is increasing.

Some small plants have been established without the knowledge or consent of the Department, in which the same equipment is used for treating both raw and pasteurized milk. Under these circumstances it would appear to be more important than ever before, that the regulations respecting pasteurization plants be strictly enforced.

With this in mind may I be permitted to again urge that the staff of this Division be increased by the appointment of one whose primary duty would be the regular and systematic inspection of milk pasteurization plants in respect to plant construction, equipment, general conduct of the operations, etc.

SANITARY SUPERVISION OF MILK SUPPLIES TO PASTEURIZATION PLANTS—GREATER WINNIPEG

It is now five years since the sanitary supervision of this milk supply was undertaken by the Department. Inasmuch as no consistent effort to control the method of handling milk at the point of production had ever been attempted in this area, prior to that time, it was necessary to do a great deal of educational spade work

before we could reasonably expect any noticeable and desirable changes to be brought about.

We are pleased to report that the policy pursued has resulted in a gradual and sustained improvement in the sanitary quality of the product.

Every year a number of new and up-to-date stables and dairy buildings have been erected and others have been repaired in a manner to make them more sanitary.

The quantity of milk returned to the producer because of souring, freezing or off flavors has been reduced by approximately eighty-five per cent.

Laboratory Testing.—The laboratory testing of milk as it arrives at the plants, which is now being carried on continuously, shows a marked improvement in cleanness and keeping quality. Speaking generally, the producer has come to appreciate the importance of keeping his cows clean, of cooling milk promptly, and of washing and sterilizing utensils thoroughly and effectively.

Here follows a comparison of the milk received in 1936, 1937 and 1938 as revealed by laboratory tests.

	1936	1937	1938
Shippers producing Good milk	29%	43%	51%
Shippers producing Fair milk	62%	46%	38%
Shippers producing Poor milk	9%	11%	11%

The quantity of milk designated as "poor milk" is becoming less every year and now represents only a very small percentage of the total volume.

There is now a plentiful supply of milk and a number of good producers are unable to dispose of their entire output at reasonably remunerative prices.

In view of these circumstances it would appear that we have now reached the time when there is ample justification for a more rigid enforcement of the regulations, and that every reasonable effort should be made to limit the sale of fluid milk in this area to those who have proper equipment and are at all times prepared to take the trouble necessary to produce a wholesome and satisfactory commodity.

The changes during the year in respect to the licensed producers were as follows:

Milk Producers' Licenses Cancelled for Cause	44
(Insanitary conditions at the farm or unsatisfactory condition of milk when it arrived at the plant.)	
Licenses Renewed on Application	31
(After correcting unsatisfactory conditions or undertaking to exercise greater care in future.)	
Producers Not Applying for Renewal	8
Applications Received and Licenses Refused	5
Producers who Voluntarily Discontinued Shipping and disposed of their Herds	46
Producers who Purchased New Herds and resumed shipping	2
New Producers Licensed during the year	49
New Producers who were previously engaged in the retail sale of milk but were refused a license by the Medical Health Officer of Winnipeg	27
Licenses in force at end of the year	819

Milk Trucking.—The transportation of milk from the farms to the plants is not carried out in as satisfactory a manner as it should be and is the subject of frequent complaints from producers.

In the interest of both consumer and producer, it is highly desirable that milk in transit should be protected from dust, heat and freezing and should not be exposed to contamination of any kind. To this end it is important that trucks should be covered tight, insulated and double-decked. They should be kept in a clean condition at all times and should not be used for transporting anything that might be the means of contaminating the product. It is also important that milk should be delivered to the plants in an orderly manner to permit the unloading of trucks when they arrive, or shortly afterwards.

The milk trucking problem is not peculiar to this province. Judging from the experience in other cities of Canada and the United States it would appear that the greatest hope of a satisfactory solution lies in having the transportation of milk in this area confined to some single organization which could be held responsible for the sanitary transportation of the product. By this means the collection of milk could be arranged in a way that would avoid duplication of mileage and insure orderly delivery at the plants. Less milk would be returned to the producer on account of freezing or souring. The product would be more effectively protected, and the general cost of transportation considerably reduced.

We are indebted to Professor R. W. Brown and the Dairy Husbandry Department of the University for their kind co-operation and assistance, and for the use of the laboratory and equipment.

I have the honour to be, Sir,

Your obedient servant,

W. A. SHOULTS, V.S.,

Director, Division of Food Control.

Division of Sanitation

Winnipeg, Manitoba,
February 7th, 1939.

Dr. C. R. Donovan, D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrooke Street,
Winnipeg, Manitoba.

Sir,

I have the honour to present herewith a report of the work done for the year ending December 31st, 1938.

GENERAL INSPECTION AND ABATEMENT OF NUISANCES

From the monthly reports of the sanitary inspectors, there is presented in the brief outline which follows, an approximate idea of the type of work being carried on, and the wide field of application and usefulness in improving the general sanitary conditions.

There were 44 complaints received during the year; (re nuisances 33, conditions of water supplies 7, and waste disposal 4).

There were 4,049 general routine inspections made, including 101 cafes, 346 dwellings, 96 fur farms, 24 hotels, 24 industrial and construction camps, 21 laundries, 768 privies, 141 plumbing and drainage systems, 101 lanes, 60 Poliomyelitis investigations, 631 storage of waste (garbage, refuse, etc.), 77 summer camps, 94 sewage treatment plants, 427 stables, 100 schools, 757 yards and areas, 27 sewerage systems; and numerous other types of investigations were conducted throughout the past year.

There were 911 nuisances abated; these included 226 dirty yards, 152 improper storage and removal of manure, 34 reports regarding lack of natural light and overcrowding, 112 privies, 224 garbage and refuse disposal, etc.

322 water supplies were investigated and 416 samples taken and reports obtained on same. These included wells, surface waters, ice water, reservoirs and chlorinating appliances.

There were also 693 verbal warnings, 72 statutory and 71 informally written notices served on offenders of various kinds.

ABATEMENT OF NUISANCES

Throughout the year nothing of a very serious nature came to our notice, and through the customary procedure of quiet investigation of the various circumstances and action taken in each case, the conditions complained of were remedied without great difficulty. It may be pointed out that under the general heading of nuisances there are circumstances which are merely objectionable or offensive to the senses and only indirectly related to the public health, while on the other hand certain types of nuisance may create a serious and potential hazard. The latter naturally require and receive immediate and special attention for their abatement.

WATER SUPPLIES

No new water treatment works were undertaken during the year.

Municipal.—The two new water treatment plants at the City of Portage la Prairie and at the Town of Pine Falls were put into operation during the year and are now producing a water of higher standard quality, a state of affairs which we hope will be simulated at other locations as time proceeds.

The City of Brandon and Town of Dauphin authorities have under consideration means to improve the quality of their supplies, either through extensions to the existing works or new plants.

It would appear that several of the smaller towns in the rural areas are desirous of installing municipal water supply systems. While this step is to be commended, it is also highly important to provide a sewerage system to remove liquid waste created through the provision of a water supply under pressure. Otherwise each dwelling and building must be equipped with its own sewer and sewage disposal unit, a state of affairs which is not in keeping with proper sanitary engineering practice.

Apart from little difficulties experienced due to algae creating tastes or odors in several municipal supplies, the bacteriological analyses of all samples obtained showed a satisfactory condition.

Private Water Supplies.—These waters are derived from wells, springs, rivers, lakes, ponds or "dug outs" and melted ice. Each locality has its own particular problem in regard to water supply. There may be an abundance, sufficient for the needs only, or none at all excepting a little rain water or melted ice. Under all of these circumstances effort is made to ensure, insofar as it is possible, that all of these waters are rendered relatively safe after being brought to our notice.

In addition to the five hundred and seventy-four samples of water obtained by the inspectors for analysis, the average annual number of waters were received from residents in the rural districts. These latter samples were received in all types of containers, without previous sterilization or the care necessary in procuring samples for bacteriological analysis. Requests are not only for bacterial analysis and safety for domestic purposes, but for other reasons, such as suitability or safety for stock, tastes or odors, matters in suspension, mineral matters, presence of insects or other small forms of aquatic life.

Each individual water requires special consideration, for not only must we receive the sample in a sterile container but the source and field conditions must be given the necessary consideration in relation to the water, before an opinion can be expressed. For these reasons consideration of private supplies form a major part of the season's work.

"Dug Outs".—These were primarily intended for watering stock, but in many localities they form the only supply for all purposes. Providing the pond is adequately fenced and all animals, etc., excluded the water is relatively safe, being rendered so by nature's purifying agencies. Sterilization may be carried out if necessary in the manner prescribed in the bulletin covering surface water supplies.

Ice.—Sampling and analysis of ice from the reservoirs in Greater Winnipeg and district have been continued. Results of analysis have been highly satisfactory. In the future is it hoped that by the prevention of the pollution of rivers in certain

areas, the sources of ice cutting will be aesthetically improved, although there can be practically little or no improvement in the bacterial quality, which has remained, with rare exception, quite satisfactory. It may be stressed that the greater potential danger in the use of ice is the possible contamination it may receive in storage or handling before or just prior to use in foods or for drinking.

SEWAGE TREATMENT AND DISPOSAL

No new treatment works have been considered during the year. The Greater Winnipeg Sewage Treatment Plant has been in operation for over a year. Complaints were received regarding offensive odors from this plant in the early fall of the year, a particularly difficult time owing to the high temperatures of the river diluting water and a lessened oxygen content. With improvement, and certain changes in the methods of delivery of sewage to the plant, and greater efficiency in the treatment process, offensive conditions should eventually be eliminated.

IMPROVEMENT OF RIVER WATER

It may be timely to state that while sewage treatment works are intended to treat or partially purify sewage before discharge into a stream, it is equally important that the diluting water above the point of plant discharge be as free from pollution as possible in order that its quality, oxygen content, etc., be sufficient to deal adequately with the effluent discharged from the plant without an undue lowering of the quality of the river water downstream, so as to be objectionable or interfere materially with aquatic life. The Red and Assiniboine Rivers may be taken as examples where these diluting waters upstream receive pollution from raw and untreated sewage.

PLUMBING AND DRAINAGE

There were fifty-one permits issued, compared to twenty-five for the previous year. This special branch of the work has been given more attention this year due to the services of an additional certificated inspector, appointed during May. The provision of water under pressure and an adequate sewage disposal system appear to be in greater demand in many of the rural areas. The public health benefits to be derived from installations of this kind cannot be over-estimated. In addition to the routine work of inspection, the plumbing trade and others were assisted and advised on many problems relative to this work.

FUMIGATION BY HYDROCYANIC ACID GAS

Seven licenses were issued to fumigators. Two hundred and thirty-eight fumigations were made, the majority being in Greater Winnipeg. Requests were received from residents in rural areas respecting fumigation for eradication of vermin, and in each case suitable arrangements were made to have the necessary work done by the licensed fumigators. Fumigating chambers in which Hydrocyanic Acid Gas is used for treatment of furniture, bedding, etc., have proved to be quite useful and effective.

One fatality occurred, a fumigator who re-entered premises to release the gas improperly protected, although provided with the necessary gas mask.

SCHOOLS

In co-operation with the Public Health Nursing Division, inspection of rural schools has been continued and copies of reports with recommendations submitted to

the various school boards or trustees. In order to ascertain what effect these reports might have, and whether or not any recommendations were carried out, a check up was made. Only ten schools were visited. Many had carried out remedial measures, and all expressed their satisfaction with the effort put forward by the Department. From reports submitted by our inspectors, there is one very gratifying factor and that is the improvements which the Public Health Nurses have been able to secure, one of which in particular is the improvement of the drinking water supply and elimination of common drinking cups or dippers. This apparently small factor alone deserves special mention.

CHEESE FACTORIES AND CREAMERIES

Several complaints were received regarding decomposing wastes and offensive odors. Without an adequate and continuous flow of water such as may be had in a river, the final disposal of wastes from these premises is a difficult matter. Proper treatment could be satisfactorily arranged, but the cost of a special treatment plant and its operation would be prohibitive for the small creamery or cheese factory. The worst conditions, however, can be prevented by a little judicious care on the part of the owners and employees, by eliminating as far as possible discharge of milk or cream into the drains, and secondly by using specially designed tanks that give a minimum time of retention of wastes, with a maximum elimination of solids. The large and old type septic tank used in the past is not satisfactory for dairy waste treatment.

CAMPS

Regular routine inspection of all camps shows a gradual improvement in the general sanitary conditions and a better understanding between owners and officials of the Department. Complaints were few and those investigated showed that while camp conditions were not perfect, there was the usual unwarranted spite between employer and employed. In co-operation with the Department of Public Works satisfactory arrangements were made for a closer supervision of road and construction camps where resident engineers submitted reports to the Department for our records and any action considered necessary.

Co-operation was also extended to the Accident Branch of the Bureau of Labour in connection with safety measures to be adopted at the various tourist camps and summer resorts where bathing facilities are provided.

NORTHERN MANITOBA

The Northern portion of the province continues to receive a gratifying amount of attention, not only in environmental sanitation but in the control of food and milk. The satisfactory conditions which now prevail here generally might with excellent effect be duplicated in other portions of the province.

During the past two years, there have appeared in the fall, outbreaks of some intestinal disturbance in The Pas, Cranberry Portage, and other local occupied areas. There is no certainty as to the actual cause of this trouble, but during the spring of 1939 special additional effort will be made to try and remove one or two of the probable causes.

COMMUNICABLE DISEASES

On request, sanitary inspections have been made where Typhoid Fever, and also

Poliomyelitis have occurred. This work has been done in an effort to find out what actual environmental conditions existed, and the probable relation of such in the transference of the disease. In each case bulletins entitled "The House Fly", "Sanitation of the Rural Home", and "The Protection of Drinking Water" have been served. It may be stated broadly that satisfactory sanitary and hygienic surroundings will eliminate the possible chance of the conveyance of certain diseases, and in addition may prevent others of which we know less. Coupled with a sanitary environment there is also great need for improved habits of personal hygiene if the general health is to be maintained and protected.

GENERAL

The year has been a busy one and packed with matters of new and great interest. The addition to the staff of another inspector has given new hope for an increased and more intensified programme in the future.

In conclusion I desire to express my appreciation and thanks for the help and co-operation of those with whom I am privileged to work, and to our sanitary inspectors who have contributed their zeal, energy and interest in the work generally.

I have the honour to be, Sir,

Your obedient servant,

J. FOGGIE,

Chief Sanitary Inspector.

Division of Maternal and Child Hygiene

Winnipeg, Manitoba,
January 9th, 1939.

Dr. F. W. Jackson, D.P.H.,
Deputy Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I beg to submit the report of the Division of Maternal and Child Hygiene, which was formed as a separate division of the Department of Health and Public Welfare, in June, 1938.

So far, the work carried on has been mainly along educational lines, and will so continue until the present survey of infant and maternal mortality is completed.

In collaboration with the Department of Education, the Department has worked out a scheme for health education at Summer School, Normal Schools and Youth Training Centres.

1.—SUMMER SCHOOL.

This year, for the first time, the University of Manitoba offered a course in health to the teachers of the Province attending summer school. Fifty-four teachers enrolled in the course which consisted of a series of twenty lectures on various aspects of health and hygiene, given by different members of the Department of Health and Public Welfare.

Forty-eight teachers availed themselves of the opportunity to have a complete physical examination free of charge. Various defects such as carious teeth, diseased tonsils and defective vision were discovered and treatment advised. Certain biological reactions were carried out:

(a) Tuberculin Tests	47
Positive reactions	14
Negative reactions	33

X-Ray plates of the chests of the students showing positive reactions were taken through the co-operation of the Manitoba Sanatorium Board, at the Central Tuberculosis Clinic, Winnipeg. One active case was found.

(b) Shick Tests	49
Immune to Diphtheria	24
Non-immune	19
Non-interpretable reactions	6
(c) Wassermann Tests	48
Negative	48
Positive	0

2.—WINNIPEG AND BRANDON NORMAL SCHOOLS AND FACULTY OF EDUCATION, FORT GARRY.

A similar type of physical examination was carried out on the students registered for courses at the above institutions. A summary of the findings follows:—

Total number of students examined	193
Number requiring dental attention	22
Number with defective vision	49
Number underweight	55

Biological Reactions:

(a) Tuberculin Tests	192
Positive	41
Negative	148
Doubtful	3

No definite cases of Tuberculosis were found in the 41 positive reactors who were X-Rayed.

(b) Schick Tests	189
Immune	75
Non-immune	91
Non-interpretable	23

(c) Wassermann Reactions	193
Negative	193
Positive	0

(d) Smallpox Vaccination:

Number of students found to have never been successfully vaccinated	55
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3.—YOUTH TRAINING CENTRES.

The Department has been responsible for outlining the health course for the Rural Youth Training Centres. Besides supplying a nurse to lecture in the girls' schools, the Department has sent two members of the medical staff to visit each of the centres to lecture and to do Tuberculin tests, and take blood samples for Wassermann reactions.

(a) Tuberculin Tests	434
Positive	(20.5%) 89
Negative	345

Arrangements are under way to have X-Ray plates of the positive reactors.

(b) Wassermann Tests	426
Negative	426
Positive	0

Surveys of school children have been carried out in two different districts in rural Manitoba.

Total number of children examined	209
Number underweight	91
Number with defective teeth	43
Number with markedly enlarged tonsils	59
Number cases of Scabies	7

Biological Reactions:

(a) Tuberculin Reactions	75
Positive	11
Negative	64
(b) Schick Reactions	76
Immune	28
Non-immune	34
Non-interpretable	14
(c) Wassermann Tests	100
Negative	100
Positive	0
(d) Smallpox Vaccination:	
Number of children found to have never been successfully vaccinated	97

In addition to this, articles have been written for various publications, radio talks and lectures on health have been given.

The Manitoba Baby Book is in the process of revision and the eighth edition will be ready early this year.

I have the honour to be, Sir,

Your obedient servant,

A. MARGUERITE SWAN, M.D., D.P.H.,

Director of Maternal and Child Hygiene.

Provincial Laboratory

Dr. F. W. Jackson, D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

January 20th, 1939.

Sir:

Herewith I beg to submit a report of the work carried out during the period from January 1st, 1938, to December 31st, 1938, at the Provincial Bacteriological Laboratory.

	Number
Bacteriological examinations of water and ice for drinking purposes.	
Number of samples	2,304
Examinations of milk for fat content, total solids, number of bacteria per c.c., etc. Number of samples	247
Examinations of swabs from patients and contacts for the presence of the Diphtheria bacillus	3,760
Positive	199
Negative	3,561
Wassermann tests on blood and spinal fluid for Syphilis	27,015
Positive	1,560
Negative	25,455
Examinations of pus for the Gonococci	915
Positive	133
Negative	782
Examinations of sputum for the Tubercle bacilli	139
Positive	8
Negative	131
Widal agglutination tests for Typhoid Fever	198
Positive	53
Negative	145
Agglutination tests for Paratyphoid A and B Fever	24
Positive	1
Negative	23
Agglutination tests for Brucella Abortus and Brucella Melitensis — Uudulant Fever	43
Examinations of swabs for Hemolytic Streptococci	160
Positive	25
Negative	135
Examinations for Vincent's Disease	63
Examinations of spinal fluid for Meningococci, etc.	25
Examinations of pleuritic fluid for the Tubercle bacilli, Pneumococci, etc.	11
Special examinations, transudates and exudates and gastric contents ..	9
Examinations for Ringworm, Anthrax, Glanders, Rabies, Tularemia, Blastomycosis, etc.	113
Examinations of urine for Gonococci, Tubercle Bacilli, etc.	1,750
Examinations of feces for Amebae, etc.	71
Examinations of blood for Bacteria, etc.	53
Examination of Tumors	94
Examinations of hospital "Dressings" for sterility	4
Virulence and special animal tests	62

During the period one hundred and ten donors reported for the preparation of convalescent serum for the treatment of Poliomyelitis. Sixteen thousands cubic centimeters of blood were withdrawn, from which eight thousand cubic centimeters of serum were obtained and distributed to various points in Manitoba.

I have the honour to be, Sir,

Your obedient servant,

FRED CADHAM, M.D.,

Director of Laboratory

Division of Public Health Education

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

I have the honour to submit the following report of the Division of Health Education for the year ending December 31, 1938, in which public health education has been carried on chiefly by means of correspondence, office consultations, publications including a library service, group instruction, a weekly radio programme, exhibits, and the provision of teaching aids to professional and voluntary community workers.

INFORMATION BUREAU

Correspondence

Enquiries for information by mail have been received to the number of 2,902. From the nature and volume of the correspondence it is apparent that this means of providing information and an advisory service is much appreciated by parents, teachers and other community workers.

Correspondence has also been carried on with other individuals and agencies respecting arrangements for health educational work.

Consultations

The inquiries of those who called in person or telephoned for information or aid in carrying on health teaching activities have been dealt with or referred to the proper source for assistance.

In connection with these requests for information, there has been an increase in the number of calls since the transfer of the Division to 320 Sherbrook Street, Winnipeg, as a result of easier means for communication.

PUBLICATIONS:

Distribution

Publications have been sent in response to requests as follows:

Number of printed pamphlets	116,931
Number of mimeographed bulletins	128,011
	244,942

There has been a large increase in the number of publications distributed as a result of their use by study groups. On the other hand, in many instances it has not been possible to send the printed matter desired on account of the lack of supply, including old departmental publications entitled "The Manitoba Baby" and "The Manitoba Child", whose popularity several years ago is still responsible for continued requests from young parents.

The following indicates the various ways in which printed matter has been utilized by individuals and agencies to provide health information:

Adult Study Groups	26,595	
Exhibits	65,477	
Health Inspectors	2,302	
Hospitals	8,903	
Normal Schools	16,099	
Nurses	47,802	
Other Agencies not classified	1,165	
Parents	12,008	
Physicians	2,211	
Social Workers	270	
Teachers	53,131	
Teen Age Groups and Youth Training Classes	8,979	
		244,942

Supply

For the past eight years, during which time funds have not been available to print health literature for free distribution, the Metropolitan Life Insurance Company and National Health Associations have been most generous in providing publications. The provision of these, together with the bulletins mimeographed by this bureau, have made it possible to fill requests for health information in printed form.

New publications prepared and revised	34
Copy prepared for press and publicity	57
Number of bulletins mimeographed for distribution	56,271
Number of departmental pamphlets printed by the Metropolitan Life Insurance Company	107,800

Publications have been supplied for distribution by
the following organizations:

Canadian Tuberculosis Association	3,748
Canadian Welfare Council	25,873
Department of Pensions and National Health	6,100
Metropolitan Life Insurance Company	36,225
Other Agencies	1,239
	237,347

LIBRARY

The lending and reference library, in so far as the limited supply of material permitted, has continued to be a valued source of information to teachers, speakers, and other professional workers in search of new materials, students in need of references for study or for writing theses, school pupils requiring information for projects, and study groups needing reading references.

The following material has been borrowed by individual persons and study groups from the lending library during the year:

Books	262
Magazines	248
Pamphlets	622
	1,132

Lists of books have been supplied on request to other libraries, and new material has been sent periodically as obtained, to members of the staff.

In addition the reference library has been freely used by visitors in search of reading references in health and social work.

New material has been placed in the library as follows:

New books purchased	8	
Subscriptions to magazines	9	
Complimentary subscriptions to magazines	24	
Books donated	5	
Magazines and pamphlets donated	217	
		263

EDUCATION

Radio:

From October, 1937, to May, 1938, two weekly programmes were carried over Radio Stations CKY of the Manitoba Telephone System, and CJRC of the James Richardson and Sons, Limited.

The *Health Review* was the title of the eighth annual programme of talks which were broadcast from Station CKY each Wednesday from 4.45 to 5.00 p.m. This programme was arranged in six series of talks on the following topics:

Your Health and Mine	Understanding Our Children
Child Welfare in Manitoba	Training to Hear
Discovering Tuberculosis	The Health Detective in Science

The series of six talks entitled "Understanding Our Children" given by members of the Winnipeg Parent Education Association, were carried on as a continuation of the discussions by the Association last year. This feature was found most helpful by groups of parents who met together to study outside of Winnipeg, as well as by individual mothers in isolated districts.

"Training to Hear" was also a series of six talks given by members of the Winnipeg League for the Hard of Hearing that were continued from the previous year to aid hard of hearing persons as well as to interest those with normal hearing in the difficulties of those handicapped by deafness.

"The Health Detective in Science" was the title of a series of eight talks which dealt with the contributions of science in the prevention of disease. Included in this series were three talks on Venereal Diseases by special permission of the Canadian Broadcasting Corporation. This permission was granted as a result of the favorable response to a similar series given last year. As an indication of the interest of listeners in this particular health problem, 1,858 copies of the radio talks and bulletins have been mailed on request in response to these talks.

Total number of radio talks	34
Total number of speakers	22

The speakers who took part in this programme were members of the Department, the Medical Officers of the Manitoba Sanatorium and the Central Tuberculosis Clinic; the Extension Service of the Department of Agriculture; Mrs. A. W. Dampsy, Mrs.

R. Hooper, Mrs. L. Sigurdson, Mrs. H. C. Knox and Mrs. D. A. P. MacKay of the Winnipeg Parent Education Association; and Mrs. G. S. Thorvaldson and Mrs. R. Thompson of the Winnipeg League for the Hard of Hearing.

In connection with the radio talks, many inquiries have been received from listeners as well as requests for copies of the talks, not only from residents in Manitoba, but also from organizations outside of the Province who have sought permission to use the scripts in the preparation of their own radio programmes.

The Health Reporter was the title of a new feature presented from Station CJRC each Thursday from 8.05 to 8.15 p.m. by a health reporter who gave a summary of the week's news concerning new health ideas and events as a means of keeping listeners in touch with health matters of current interest. Scripts were prepared each week for the health reporter, who was a member of the Radio Station staff.

Total number of scripts prepared 28

In the use of the radio during the past eight years, its value has been proved beyond doubt as an effective and economical way of providing health information. For this reason we are greatly indebted not only to Stations CKY and CJRC who have donated time for weekly programmes, but also to the speakers who have continued to give freely of their time to make these programmes possible.

EXHIBITS

Ten Exhibits were held during the year at Conventions of the Manitoba Registered Nurses' Association, the Manitoba Medical Association, the Manitoba Educational Association, District Teachers' Association, Summer Fairs, the Winnipeg Needlework Fair and at the Manitoba Conference on Social Work.

The display for the Registered Nurses and Educational Associations consisted of posters and publications to draw attention to the health educational service of the Department.

At the Provincial Exhibition in Brandon, a lighted display was prepared to arouse interest in measures for the prevention and control of Syphilis. Publications were also distributed to provide essential information in a form acceptable to readers in general.

This exhibit was also shown at the Conference on Social Work, and at the Needlework Fair held under the auspices of the Local Council of Women.

As one of the first steps in the endeavour to arouse community interest in measures for stamping out Syphilis, it is of interest to report that visitors were not only impressed by the presentation of the problem in the display, but also took the publications as fast as they could be provided.

At the Carman Exhibition, and the Portage la Prairie Industrial Exhibition, an exhibit was arranged to demonstrate the cause, treatment and prevention of Tuberculosis. This exhibit was also displayed at the Exhibition of the Rotary Club in Flin Flon.

Posters and other demonstration material were also used by health workers and organizations for summer health conferences, classes and window displays as follows:

Number of posters and charts loaned	182
Number of slides and strip films loaned	51
(Items of other exhibit material not included)	
Number of posters, signs, and other demonstration material prepared for exhibits, child health conferences and group teaching	83

HEALTH EDUCATION IN SCHOOLS

Assistance to teachers in the form of an advisory service and health teaching aids has been continued in response to requests for information and for sample materials to suggest ways in carrying on health activities in the school as indicated by the following:

Enquiries by correspondence	356
Office interviews	79
Teaching aids sent on request	53,131

In connection with the teaching aids supplied to teachers for home nursing and first aid instruction, these have been supplied to 46 schools in which this training was given as a part of the health teaching programme. In addition, lesson materials have also been supplied to 27 classes in 20 schools with an enrolment of 904 pupils for the two year course of instruction.

Certificates were awarded to 398 pupils who had completed the two year course satisfactorily.

It is worthy of mention to note that the training of pupils in the care of the body in emergency and in measures for accident prevention, begun by the Department in 1917 as an essential activity in school health education, is now generally recognized in all health teaching programmes that have been planned to meet the needs of pupils.

Another means of providing health information of current interest to teachers was made possible through the medium of the "Western School Journal" to whose Board of Management we have been greatly indebted for the generous space given to health matters. Copy was prepared throughout the school year until June, 1938, thereby completing a period of fifteen years in which the "Health Department" has been conducted as a regular feature of the Journal.

HEALTH EDUCATION IN NORMAL SCHOOLS

For the school year 1937 to 1938, a short course of instruction was arranged as requested by the Normal Schools of Winnipeg, Brandon and the School of Education at the University of Manitoba; and given by a nurse instructor and other officers of the Department as follows:

- At the School of Education in a series of 12 lectures.
- At the Brandon Normal School in a series of 17 lectures.
- At the Winnipeg Normal School in a series of 10 lectures to four classes.

Teaching aids were also supplied to 278 students to provide reference material in the preparation of their manuals for future use in schools.

In August, 1938, at the request of the Department of Education, a suggested revision of the course in health education for student teachers was made as a tenta-

tive guide in developing a course that might be extended over the whole period of teacher training.

The suggested revision was made in the form of six units and principal problems for study with the aim of enabling students to secure a reasonable grasp of health knowledge in general; and in particular to gain an insight into school health problems and such methods and materials as they might be expected to use in actual health teaching practice.

In October, 1938, an arrangement was made at the request of the Principal of the Winnipeg Normal School for a nurse instructor employed by the Department to give part time service entirely under his direction. This plan will permit the nurse instructor to carry on the course in health education throughout the school year, and to arrange field work for the students in a school district under her own supervision. It is hoped that this development will meet the need of students for adequate practice in school health supervision and teaching, which has been a serious handicap in promoting school health educational activities.

HEALTH EDUCATION AT SUMMER SCHOOL

At the request of the Director of the Summer School, University of Manitoba, a course of twenty sessions was arranged for teachers attending the Summer School, in which instruction dealt with the following school health problems:

The maintenance of health.

The health of the school child including mental health.

Public health problems.

Measures for the prevention and control of disease.

Problems of school sanitation.

The essentials of care in case of accident and sudden illness with emphasis upon methods for teaching First Aid and Home Nursing.

Principles of health teaching.

Field trips to the Central Tuberculosis Clinic, Cancer Relief and Research Institute, and Greater Winnipeg Sewage Disposal Plant, and individual conferences and facilities for a health examination of the students who registered for the course, were also arranged as a part of the course in health education.

Fifty-two students completed the course of instruction, and forty-eight students received a thorough physical examination, the remaining four having been examined by their own physicians. This part of the course showed in particular the educational value of a health service, since one of the students was found to have Tuberculosis and was admitted to Ninette Sanatorium for care and treatment.

The officers of instruction for the course were Dr. F. W. Jackson, Dr. M. Swan, Mr. J. Foggie, Miss M. Ring, Dr. D. L. Scott, Dr. A. E. Wilson, Dr. J. D. M. Griffin and Miss M. Lindeburgh.

As a means of helping teachers to gain a wider knowledge in school health matters, the Summer School affords a valuable opportunity. It is recognized, however, that insufficient time for class discussion, individual consultations, and the lack of facilities for demonstration make it exceedingly difficult to provide a course in

health education during the summer months that is adequate in content, method and practise.

HEALTH EDUCATION IN SCHOOLS OF NURSING

During the past year, efforts to assist Schools of Nursing in providing instruction relating to public health have been continued by means of arrangements for speakers and the provision of teaching aids to 245 students in nine schools. In addition, twelve students from the Winnipeg General Hospital have spent thirty-three days in observing the facilities of the Division for Public Health Education.

One of the developments in nursing education which promises to be far reaching in effect is a study which has been instituted by a council of the Manitoba Association of Registered Nurses with assistance by this branch, to determine the nature and extent of instruction and experience necessary for senior students to gain an understanding of family and community health needs.

COMMUNITY ORGANIZATIONS

In response to requests for aid with health programmes of community organizations, the following assistance has been given:

Material prepared for organizations	18
Material prepared for speakers	27
Arranged for speakers at meetings	29
Number of talks given	13

From November, 1937, to April, 1938, an experiment was carried on in adult education through the organization of a Family Health Course for Local Leaders. This course of instruction was given in fourteen centres for the benefit of eighty groups with an enrolment as follows:

Number of Local Leaders	160
Number of Group Members	1,116
	———— 1,276

The courses were held at Reston, Ebor, Tilston, Pierson, Napinka, Medora, Waskada, Goodlands, Deloraine, Boissevain, Ninga, Manitou, and Pilot Mound, where one group was organized for town members and another group for rural members.

At each centre, a Nurse Advisor spent a day once a month for five months where she met and instructed the Local Leaders from community groups, who in turn relayed the information received to the members of their own groups.

This method was suggested to the Convention of the Women's Institutes in June, 1937, who expressed interest in the proposed outline of study, with preference for Home Nursing and First Aid as the first part of a course in Family Health.

The course was then planned so that the health problems of the home-maker might be dealt with as units of study beginning with Home Nursing and First Aid, including the care of the body in health as well as in emergency. The plan was approved by the Manitoba Medical Association and the Extension Service of the Department of Agriculture, whose co-operation enabled this branch to inaugurate for the first time, as far as is known, a course in Family Health for Local Leaders' Groups.

The monthly meetings at each centre were conducted by the Chairman of the Group, and the Secretary kept a record of the important points in discussions, questions and activities which followed each lesson.

Leaders and members were encouraged to carry out group or home projects such as seeking ways of preventing home accidents, of teaching children safety measures, of making a home and school first aid kit, and home appliances for the sick room, etc. Each prepared a health book for handy reference for future needs containing the lesson notes, samples of First Aid and Home Nursing equipment and illustrations of procedures, as well as various notes, clippings and pamphlets that had any bearing upon the course of study.

Lesson notes and publications containing additional information were sent to Local Leaders and Group Members as a means of overcoming the lack of a manual, and the difficulty of covering the course of instruction in a limited time. In addition, many requests for the lesson notes have been received from teachers, youth training leaders, and others who learned about them from the members of the groups.

Incidental to the instruction of Local Leaders, the Advisor also gave instruction to Youth Training Classes as well as to their Leaders at Deloraine and Manitou, and the Leaders of Boy Scouts and Canadian Girls in Training.

At the conclusion of the course, the sixth and final session was held as an Achievement Day in twelve centres during the first two weeks of April. These public meetings which were all well attended, gave an opportunity to all who participated in the course to show its value to the community, and to display the work carried on during the term of study. They also afforded a favorable occasion for the health officer and the Department's representatives to discuss health problems of importance to the community. It is of interest to mention that the programme for each Achievement Day Meeting was arranged by members of various groups who composed theme songs, prepared papers on the value of the course, and wrote sketches which fully exemplified their skill in First Aid and Home Nursing as well as ability in providing entertainment for the community.

In summing up the results of this course, the keen interest of all Leaders and Group Members was shown by the attendance, and the fact that absence occurred only because of illness and bad roads. This interest was also noted in the readiness of groups to consider community health needs as related to the problems of family health, and in some instances they undertook to organize such activities as immunization clinics, etc.

A valuable part of this work has been the contact in person and by frequent correspondence with leaders which has given an understanding of their health needs which could not have been gained by the lecture method of instruction. In fact the opportunity of working with the leaders has provided an experience that has been both stimulating and inspiring to greater effort in the field of health education.

Altogether, the experiment has shown that there are great possibilities for development of the Local Leader method of instruction in health courses, apart from the fact that it has proved a means whereby members of many groups may receive the guidance of a professional advisor in their group activities, thus increasing the area that an advisor can cover and decreasing the cost of instruction.

It has also shown that the home-makers form a very important group in the consideration of health educational matters since they are largely responsible for

family health, the health teaching of the family, and community measures for promoting health and preventing disease.

In July, the Biennial Convention of the Canadian Nurses' Association was attended in Halifax, and while in the East an opportunity was given to observe new developments in health educational activities in Massachusetts, New York State and Toronto.

In concluding this summary, I would like to express my sincere appreciation of the co-operation given by the officers of the Department, the Department of Education, the Department of Agriculture, the Department of Public Works and others previously mentioned; and of the loyal assistance of the staff in carrying on the service rendered by this branch of the Department.

I have the honour to be, Sir,

Your obedient servant,

ANNA E. WELLS,

In charge of Division of Health Education.

Division of Vital Statistics

F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Winnipeg.

Sir:

I have the honour to present the annual statistical report of the Vital Statistics Division for the calendar year 1938.

Respectfully submitted,

A. P. PAGET,

Recorder of Vital Statistics.

PREFACE

The Eleventh Annual Report on Vital Statistics, to be issued under the Department of Health and Public Welfare, is submitted for the year 1938, together with comparative statistics for earlier years.

The Vital Statistics Division is responsible to the Minister of Health and Public Welfare, under whose direction has been entrusted the compilation and tabulation of its own statistics in close co-operation with the Dominion Bureau of Statistics at Ottawa. The Vital Statistics Division directs the collection of all data through the agency of Division Registrars of Births, Marriages and Deaths throughout the Province, and includes Indians on Reserves. Transcripts of all registrations are forwarded monthly to the Federal Bureau and for which the Dominion Government pay a nominal fee for each registration.

The Federal Bureau prepares exhaustive tabulations and studies from these transcripts, and together with similar transcripts from the other eight Provinces, their Annual Report constitutes an important presentation of statistical data, and is shown in part in this report. The system of re-allocation has been adopted in Manitoba, according to residence. This has been done in England since the beginning of 1911, with the Registrar General's office acting as a clearing house. In many of the American States re-allocation is made by State authority.

The usual procedure is being followed in regard to important changes that are made from time to time in the collection of statistical information. As a result of the combined efforts and co-operation of the Canadian and American Public Health Associations, the Provincial Registrars, the Dominion Bureau of Statistics and medical practitioners, a new form has been evolved for reporting stillbirths. A single form will replace the old system of reporting a stillbirth as a birth and a death, and will be adopted as from July 1st, 1939.

POPULATION

The population of Manitoba increased from 25,228 in 1871 to 579,551 in 1915. The war period was apparently responsible for the decrease shown in the years 1916-1919. Since 1920 there has been a gradual increase. The following Table includes an estimate of 14,148 Indians on Reserves in 1938.

TABLE I.

POPULATION BY YEARS, 1666-1938

1666	3,215	1905	328,440	*1921	*610,118
		1906	365,688	1922	627,000
1834	3,356	1907	388,472	1923	627,500
		1908	394,188	1924	629,000
1844	5,143	1909	424,792	1925	633,000
		1910	437,535	*1926	*639,056
1851	5,600	*1911	*461,394	1927	647,176
		1912	492,762	1928	657,316
1861	8,668	1913	544,932	1929	669,476
		1914	573,813	1930	683,651
*1871	25,228	1915	579,551	*1931	*700,139
		*1916	*570,859	1932	709,000 Est.
*1881	62,260	1917	549,759	1933	710,000 Est.
		1918	557,739	1934	711,000 Est.
*1891	152,506	1919	557,739	1935	711,000 Est.
*1901	255,211	1920	594,225	*1936	711,216
				1937	717,000 Est.
				1938	720,000 Est.

* Census years. Intervening years are estimates.

Birth and Death Rates for Provinces 1926-1938

TABLE II.

	Birth Rates per 1,000 of Population					Death Rates per 1,000 of Population				
	1926- 1930	1931- 1935	1936	1937	1938	1926- 1930	1931- 1935	1936	1937	1938
Prince Edward Island	19.7	22.1	21.5	22.5	21.0	11.0	11.3	11.1	12.3	10.9
Nova Scotia	21.4	22.0	22.0	21.4	22.2	12.4	11.7	11.0	11.2	11.1
New Brunswick	25.8	24.9	24.2	24.0	25.7	12.5	11.2	11.0	12.3	11.0
Quebec	30.5	26.6	24.3	24.1	24.6	13.5	11.1	10.3	11.3	10.3
Ontario	21.0	18.3	16.9	16.6	17.1	11.2	10.1	10.2	10.4	10.0
MANITOBA	21.7	19.3	18.1	18.0	18.8	8.3	7.6	8.7	8.5	8.3
Saskatchewan	24.7	21.9	20.5	19.9	19.3	7.3	6.5	6.8	7.4	6.4
Alberta	24.2	22.1	20.4	20.4	20.3	8.4	7.3	8.0	8.0	7.5
British Columbia	16.2	14.0	14.0	15.0	16.3	9.3	8.9	9.6	10.6	9.8
CANADA	24.1	21.4	20.0	19.8	20.5	11.1	9.7	9.7	10.2	9.5

TABLE III.

Rate of Natural Increase per 1,000 of Population					
	1926-30	1931-35	1936	1937	1938
Prince Edward Island.....	8.7	10.8	10.4	10.2	10.1
Nova Scotia	9.0	10.3	11.0	10.2	11.1
New Brunswick	13.3	13.7	13.2	11.7	14.7
Quebec	17.0	15.5	14.0	12.8	14.3
Ontario	9.8	8.2	6.7	6.2	7.6
MANITOBA	13.4	11.7	9.4	9.5	10.7
Saskatchewan	17.4	15.4	13.7	12.5	12.9
Alberta	15.8	14.8	12.4	12.4	12.8
British Columbia	6.9	5.1	4.5	4.4	6.5
CANADA	13.0	11.7	10.3	9.6	11.0

TABLE IV.

Infant Mortality Rate per 1,000 Live Births					
	1926-30	1931-35	1936	1937	1938
Prince Edward Island	71	67	69	73	57
Nova Scotia	85	73	66	70	61
New Brunswick	101	82	77	101	75
Quebec	127	98	83	100	83
Ontario	74	61	55	55	50
MANITOBA	72	61	61	64	59
Saskatchewan	73	62	54	67	51
Alberta	75	60	60	63	51
British Columbia	55	46	44	56	45
CANADA	93	75	66	76	63

TABLE V.

Maternal Mortality Rate per 1,000 Live Births					
	1926-30	1931-35	1936	1937	1938
Prince Edward Island	4.6	5.1	5.6	5.7	2.5
Nova Scotia	5.5	5.1	4.3	3.0	4.2
New Brunswick	6.2	5.5	6.6	3.7	4.6
Quebec	5.2	5.1	6.0	5.2	5.2
Ontario	5.8	5.3	5.7	5.2	3.8
MANITOBA	5.6	4.4	5.4	4.3	2.7
Saskatchewan	5.9	4.5	4.5	4.6	2.5
Alberta	6.6	4.5	5.8	4.8	4.3
British Columbia	6.1	5.3	4.7	4.5	3.9
CANADA	5.7	5.1	5.6	4.9	4.2

TABLE VI.

Illegitimate Births—Per Cent of All Live Births

	1926-30	1931-35	1936	1937	1938
Prince Edward Island	2.4	3.8	3.4	3.0	4.5
Nova Scotia	5.1	5.7	6.1	6.0	6.4
New Brunswick	2.9	3.6	3.9	3.6	3.8
Quebec	2.8	3.1	3.3	3.2	3.2
Ontario	3.2	4.2	4.5	4.5	4.2
MANITOBA	3.5	3.7	3.8	3.7	---
Saskatchewan	2.3	3.2	3.7	3.5	3.4
Alberta	3.0	3.7	3.8	3.9	4.3
British Columbia	2.3	3.3	3.6	3.9	4.1
CANADA	3.01	3.65	3.92	3.90	4.01

TABLE VII.

Stillbirths—Per Cent of Total Births

	1926-30	1931-35	1936	1937	1938
Prince Edward Island	2.4	3.3	3.4	2.9	3.0
Nova Scotia	3.2	3.4	2.4	2.5	2.8
New Brunswick	2.7	2.8	2.2	2.5	2.7
Quebec	2.6	2.9	3.0	3.0	2.9
Ontario	3.9	3.4	3.2	3.1	3.1
MANITOBA	3.2	2.7	2.5	2.6	2.5
Saskatchewan	2.5	2.3	2.2	2.1	2.0
Alberta	2.8	2.5	2.3	2.2	2.2
British Columbia	2.8	2.4	2.1	2.1	2.0
CANADA	3.1	2.9	2.8	2.8	2.7

Note:—Figures for 1938 in Tables II to VII are preliminary, except for Manitoba, which are final.

TABLE IX.

MANITOBA—GENERAL SUMMARY OF BIRTHS, DEATHS, STILLBIRTHS AND MARRIAGES IN CITIES AND TOWNS OF 1,000 POPULATION AND OVER, INCLUDING URBAN MUNICIPALITIES, 1938, ACCORDING TO PLACE OF RESIDENCE

CITIES AND TOWNS	Births Exclusive of Stillbirths		Deaths All Ages	Under 1 Year		1-4 Years		5 Years and Over		Still-births	Marriages			
	Total	M.		F.	Total	M.	F.	M.	F.					
Manitoba	*13,534	6,944	6,589	*5,951	3,362	2,588	442	364	106	78	2,814	2,146	345	6,259
Brandon	180	94	86	138	74	64	7	7	1	—	66	57	7	232
Portage la Prairie	92	48	44	89	45	44	12	5	2	—	31	39	6	79
St. Boniface	291	150	141	114	62	52	7	1	2	3	53	48	8	198
Winnipeg	2,758	1,392	1,366	1,752	1,004	748	66	46	9	11	929	691	86	2,940
Beausejour	17	7	10	13	9	4	—	—	—	—	9	4	1	17
Carman	41	24	17	12	6	6	—	1	1	—	5	5	5	17
Dauphin	89	42	47	37	25	12	3	1	1	—	21	11	2	107
Minnedosa	24	14	10	21	9	12	1	2	—	—	8	10	1	27
Morden	30	18	12	18	10	8	2	—	—	—	8	8	1	22
Neepawa	41	21	20	26	12	14	—	2	—	—	12	12	2	40
Selkirk	77	49	28	44	22	22	4	1	1	—	17	21	1	37
Souris	11	9	2	16	8	8	1	1	—	—	7	7	1	23
Stonewall	25	12	13	14	8	6	—	—	—	—	8	6	—	12
Swan River	17	7	10	15	10	5	1	1	—	—	9	4	—	37
The Pas	55	24	31	29	17	12	2	2	1	—	14	10	2	38
Transcona	81	45	36	33	15	18	2	3	—	1	13	14	1	35
Tuxedo	10	4	6	4	3	1	1	—	—	—	3	1	—	2
Virden	14	4	10	17	11	6	1	2	—	—	10	4	—	25
URBAN MUNICIPALITIES														
Fort Garry	87	40	47	30	15	15	3	2	—	—	12	13	5	35
Kildonan North	21	10	11	11	7	4	1	—	1	—	5	3	1	9
Kildonan East	110	51	59	52	25	27	4	4	—	—	21	23	3	59
Kildonan West	59	27	32	34	21	13	2	1	—	—	19	12	2	50
St. James	168	91	77	95	45	50	3	2	—	2	42	46	8	105
St. Vital	156	91	65	74	41	33	2	4	3	—	36	29	5	47
*Hermaphrodite 1														

LIVE BIRTHS AND STILLBIRTHS

The total number of Births reported for the year 1938 was 13,534. This gives a rate of 18.8 per 1,000 population. These figures indicate an increase compared with the previous year 1937 of 0.8 per 1,000.

The annual birth rate in 1921 was 30.3 per 1,000 population. There was a steady decrease each year, with the exception of a very slight increase in 1928, until the lowest rate in 1937 was shown as 18.03. A difference of 12.27 was indicated, or over 40 per cent. decrease in fifteen years. The increase for 1938 is noted above.

Of the total number of confinements during 1938, i.e., 13,699, there were 13,517 single confinements, 178 twin confinements, including 9 Indians, and 1 triple confinements. There resulted from these confinements 13,534 Living Births and 345 Stillbirths. There was an excess of living male births over female living births of 355, or 1,051 male to every 1,000 female births.

TABLE X.

PLURAL AND SINGLE BIRTHS CLASSIFIED TO SHOW NUMBER OF CHILDREN BORN ALIVE AND STILLBORN, BY SEX, 1935 to 1938.

Classification of Births		Total	1935	1936	1937	1938
Cases of Twins:			184	179	158	181
Two males (both living)			57	54	47	60
One male and one female (both living)			62	57	51	58
Two females (both living)			48	53	42	43
One male living and one male stillborn			6	4	5	6
One male living and one female stillborn			2	2	---	4
One male stillborn and one female living			3	2	7	---
One female living and one female stillborn			4	7	5	3
Two males (both stillborn)			---	---	1	3
Two females (both stillborn)			1	---	---	---
One male stillborn and one female stillborn			1	---	---	---
One male living and one stillborn (sex not de- fined)			---	---	---	1
One male living and one stillborn (less than 28 weeks gestation)			---	---	---	1
One female living and one stillborn (less than 28 weeks gestation)			---	---	---	2
Cases of Triplets:			3	1	---	1
Three females (all living)			---	---	---	1
One male and two females (all living)			1	1	---	---
One male and one female and one stillborn female			---	---	---	---
Two, male and one female (all living)			2	---	---	---
Total multiple living births.....No.			358	346	297	342
M.			189	172	150	190
F.			169	174	147	152
Total multiple stillbirths		No.	19	15	19	23
M.			10	6	14	12
F.			9	9	5	7
Undefined			---	---	---	54
Total single stillbirths		No.	336	323	323	326
M.			202	176	169	196
F.			134	144	154	128
Undefined			---	3	---	2
Total single living births		No.	13,005	12,551	12,631	13,191
M.			6,595	6,522	6,456	6,754
F.			6,410	6,029	6,175	6,437
Total Confinements			13,509	13,054	13,112	13,699

Births to Non-Resident Mothers and in Public Institutions: Of the total of 13,534 living births in Manitoba during the year 1938, 196 were born to non-resident mothers, 183 of these mothers being confined in public institutions. The total number of living births in public institutions was 8,301, an increase of 699 over the year 1937.

Births Classified as Born in Wedlock and to Parents who have not been Legally Married to each other: The number of children born in wedlock was 13,025 (males 6,944, females 6,589), while 509 were born out of wedlock (males 269, females 240) or 3.8 per cent of the total living births.

In connection with the 509 children born out of wedlock, 426 mothers were Manitoba residents, 34 from other Provinces, and 49 were Indians.

TABLE XII.

MANITOBA—CHILDREN BORN OUT OF WEDLOCK—1921-1938

Year	Total	M.	F.	Per Cent Live Births	Year	Total	M.	F.	Per Cent Live Births'
1921	420	222	198	2.3	1930	556	283	273	3.8
1922	410	210	200	2.3	1931	529	263	266	3.7
1923	381	198	183	2.3	1932	519	287	232	3.7
1924	423	215	208	2.7	1933	503	262	241	3.8
1925	400	211	189	2.7	1934	512	243	269	3.8
1926	466	241	225	3.2	1935	506	257	249	3.8
1927	473	253	220	3.3	1936	514	255	259	4.0
1928	509	261	248	3.5	1937	491	243	248	3.8
1929	518	272	246	3.6	1938	509	269	240	3.8

The increased rate during the last 12 years should probably be accepted with reserve as the increase may in part be due to improved registration.

MARRIAGES

The total number of marriages reported in 1938 was 6,259, giving a rate of 8.5 per 1,000 population. These figures show an increase of 146 marriages compared with the previous year, 1937.

While the June rate is high, the most favorable months for Manitoba usually appear to be in the autumn months. October had the highest equivalent annual rate of 16.3, September, 13.1, and June, 12.2 marriages per 1,000 population. The same preference appears only in the other Prairie Provinces. The remaining Provinces, and the Dominion as a whole, give the highest number in June, with September in second place. In the Prairie Provinces, it would appear probable that seeding and harvesting operations in the summer months would militate against the marriage rate for these periods.

TABLE XIII.

MARRIAGE RATES PER 1,000 POPULATION FOR MANITOBA AND OTHER PROVINCES

	1926-30	1931-35	1936	1937	1938
Prince Edward Island	5.4	5.6	6.5	6.3	6.3
Nova Scotia	6.3	6.8	7.6	8.0	7.5
New Brunswick	7.4	6.5	7.8	8.3	7.6
Quebec	6.9	5.8	7.0	7.9	7.9
Ontario	7.8	6.8	7.5	8.1	8.1

	1926-30	1931-35	1936	1937	1938
MANITOBA	7.5	7.1	8.1	8.5	8.7
Saskatchewan	7.0	6.1	6.6	6.2	6.2
Alberta	8.0	7.4	7.8	8.2	8.9
British Columbia	7.5	6.0	7.3	8.2	8.1
CANADA	7.3	6.4	7.3	7.9	7.9

DEATHS

The annual rates and Tables are given under four important groups: Infant Mortality, Maternal Mortality, Mortality according to certain specific causes and General Mortality, which include all causes and all ages.

In 1938 there were 5,951 deaths as compared with 6,112 in 1937, a decrease of 161 deaths. One hundred and twenty-two non-residents died in public institutions and elsewhere in the Province. Of this number, 93 persons, who were non-residents, died in our public institutions. The number of deaths which occurred in public institutions in 1938 was 2,605, compared with 2,553 in 1937, an increase of 52 or 2 per cent.

TABLE XVI.

INFANT MORTALITY—1935-1938

(Exclusive of Stillbirths)

Equivalent Annual rate per 1,000 Live Births

	1935		1936		1937		1938	
	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate
January	111	97.8	71	64.9	98	89.3	58	50.4
February	87	84.9	66	64.4	100	97.4	65	62.6
March	83	73.1	79	72.0	91	83.0	74	64.4
April	82	74.8	78	73.6	67	63.0	69	62.1
May	77	67.8	63	57.6	71	64.6	79	68.7
June	65	59.1	57	53.8	56	52.7	52	46.7
July	75	66.1	74	67.6	56	51.0	60	52.2
August	48	42.3	66	60.3	69	64.9	56	48.7
September	56	50.9	79	74.5	73	68.6	89	80.0
October	59	51.9	78	71.2	83	75.5	70	61.0
November	67	61.0	52	49.1	49	46.2	63	56.6
December	60	52.8	65	59.4	53	48.5	72	62.7
Rate per year	870	65.0	828	64.2	866	67.0	807	59.2

TABLE XVIII.

INFANT MORTALITY (Under One Year of Age)

DEATHS FROM CERTAIN CAUSES IN MANITOBA—YEARS 1935-1938

Rates per 100,000 Living Births.

Cause of Death	1935		1936		1937		1938	
	Total	Rate	Total	Rate	Total	Rate	Total	Rate
Epidemic, Endemic and								
Infectious Diseases	108	8.1	99	7.7	124	9.6	80	5.9
Bronchitis and Pneumonia	148	11.1	118	9.2	146	11.3	115	8.5
Gastro-Intestinal Diseases	96	7.2	116	9.0	88	6.8	116	8.6
Congenital Malformations	69	5.2	52	4.0	46	3.6	70	5.2
Congenital Debility	67	5.0	69	5.4	63	4.9	47	3.5
Premature Birth	227	17.0	216	16.7	229	17.7	241	17.8
Injury at Birth	40	3.0	51	3.9	46	3.6	42	3.1
Other Diseases peculiar to								
Early Infancy, etc.	45	3.4	41	3.2	31	2.4	25	1.8

INFANT MORTALITY

In 1938 there were 807 infant deaths, a decrease of 59 deaths of children under one year as compared with 1937. The proportion of infant deaths in 1938 at each age under one year, shows that 52.6 per cent. of the infants who died during the year failed to live one month and 40.8 per cent. lived for less than one week.

Infant Mortality by Sex. The figures by sex show, for the year 1938, 442 males and 364 females and one hermaphrodite, or a rate for males of 64 per 1,000 live male births, and the rate for females was 55 per 1,000 live female births. The total male births for the year numbered 6,944, while the female births amounted to 6,589, the excess of males being thus 355; but if the infant deaths of the same year are deducted from the births of each sex to represent with reasonable accuracy the position at the end of the first year of life, the net advantage of males is reduced to 277.

Table 18 gives the deaths of children (exclusive of stillbirths) from certain specified causes in the first year of life. The eight causes with the largest number of deaths for 1938 are: Premature Birth 241, Bronchitis and Pneumonia 115, Epidemic, Endemic and Infectious Diseases 80, Gastro-Intestinal Diseases 116, Malformation 70, Injury at Birth 42, and Congenital Debility 47. Such causes account for over 88 per cent. of the total of 807 infant deaths for 1938.

Of the 991 children who died in Manitoba under 5 years of age, 807 were infants under one year of age. Of these infants, 28.9 per cent. of their mothers resided in Cities, Towns and Urban Municipalities with a population of 1,000 or over. Between one and four years of age, 5.1 per cent. of their mothers resided in Cities and Towns, and 78.5 per cent. in other parts of the Province, where medical attention and hospitalization were less available. Forty-eight or 6 per cent. were born out of wedlock.

MATERNAL MORTALITY

The figures for 1938, compiled from the "Official Notices of Death", and a questionnaire sent to all physicians recording maternal deaths, are of interest.

The deaths of women from puerperal causes during the year 1938, numbered 37, giving a rate of 2.7 per 1,000 living births. Compared with the previous year, 1937, when the number of deaths was 55, a decrease of 18 deaths.

In view of the rate for maternal mortality having been calculated on living births, it is clear that many deaths from puerperal causes are associated with stillbirths and miscarriages. The total number of living births in 1938 was 13,534. The maternal deaths associated with these totalled 16, giving a rate of 1.18 per 1,000 live births. The total number of stillbirths was 339; the maternal deaths associated with these numbered 9, giving a rate of 26.6 per 1,000 stillbirths.

Living Births	13,534	Maternal Deaths	 16	Rate 1.18 per 1,000 live births
Stillbirths, etc.	 339	Maternal Deaths	 9	Rate 26.6 per 1,000 stillbirths

There were 13 Associate cases, not classified to puerperal or childbearing but returned as associated therewith.

TABLE XIX.

NOT CLASSIFIED TO PUERPERAL OR CHILDBEARING BUT RETURNED
AS ASSOCIATED THEREWITH, 1938.

Int. List	Cause	No. of Cases	15-19	20-24	25-29	30-39
85	Epilepsy	1	---	1	---	---
107A	Broncho-Pneumonia	1	---	---	---	1
23	Pulmonary T.B.	2	---	1	---	1
32A	Miliary T.B.	1	---	1	---	---
108	Lobar Pneumonia	2	---	---	2	---
121	Appendicitis	2	---	2	---	---
99	Other Diseases of Arteries	1	---	1	---	---
11C	Influenza with Pneumonia	1	---	---	---	1
92A	Endocarditis (Rhuematic)	1	---	---	1	---
95B	Disease of Heart	1	---	---	1	---
Totals		13	---	6	4	3

TABLE XX.

MATERNAL MORTALITY—YEAR 1938.

Int. List No.		No. of Cases	15-19	— Age Groups —			40 and Over
				20-24	25-29	30-39	
140 A	Abortion—septic	6	--	2	2	2	--
B	Abortion—self induced	--	--	--	--	--	--
141 A	Abortion—non-septic	3	--	1	--	1	1
141 B	Self-induced Abortion	2	--	1	--	1	--
142 B	Ectopic gestation	3	--	--	3	--	--
143	Other accidents of pregnancy	1	--	1	--	--	--
144 A	Puerperal haemorrhage (Placenta Praevia)	2	--	--	--	1	1
B	Other	7	--	1	1	2	3
145 A	Puerperal septicaemia or pyaemia	4	--	--	--	3	1
146	Puerperal albuminuria and eclampsia...	3	--	--	2	1	--
147	Other toxaeimias of pregnancy	3	--	--	2	1	--
148 A	Puerperal Phlegmasia albo dolens and Thrombosis	--	--	--	--	--	--
B	Puerperal embolism	1	--	--	1	--	--
C	Sudden death	--	--	--	--	1	--
149 A	Other accidents of childbirth— Caesarean section	1	--	--	--	--	--
B	Dystocia	--	--	--	--	--	--
150 B	Other unspecified conditions	1	1	--	--	--	--
		37	1	6	11	13	6

TABLE XXIII.

MANITOBA—MATERNAL MORTALITY BY AGE GROUPS, 1927-1938

Age Groups	1927		1928		1929		1930		1931		1932		1933		1934		1935		1936		1937		1938	
	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.
15-19	1	—	5	1	9	1	4	2	6	1	4	1	2	—	2	1	1	—	8	3	5	1	1	—
20-24	5	4	13	2	19	2	16	6	9	3	9	2	7	1	7	2	13	2	12	4	8	2	6	6
25-29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-39	24	3	12	2	14	5	10	3	16	2	20	3	18	1	14	—	18	1	18	1	14	2	11	4
40 and over	34	7	27	4	38	10	29	6	28	3	27	1	19	3	20	2	20	6	28	6	23	1	13	3
	8	4	13	1	10	2	13	3	6	—	6	—	9	—	11	—	5	3	7	2	6	—	6	—
Total	72	18	70	10	90	20	72	20	67	9	66	7	55	5	54	5	57	12	73	16	56	6	37	13

Note: M. Maternal Deaths. A. Not classed to pregnancy or child-bearing, but returned as associated therewith.

TABLE XXV.

CANCER MORTALITY, 1934-1938

Rate per 100,000 Population, by Site .

	1934	1935	1936	1937		1938	
				No. of Deaths	Rate	No. of Deaths	Rate
Buccal Cavity	2.1	3.9	3.5	35	4.9	25	3.5
Digestive Tract, peritoneum, etc.....	52.2	56.6	56.5	359	50.1	405	55.6
Uterus and Female Gen. Organs.....	9.6	10.4	9.4	68	9.5	89	12.4
Breast	7.8	9.0	7.7	61	8.5	64	8.9
Skin	1.0	2.4	1.3	13	1.8	12	1.7
Respiratory System	5.0	6.2	8.2	39	5.4	38	5.3
Genito-Urinary Male Organs	7.0	9.3	7.6	72	10.0	56	7.8
Bones and Joints	0.7	2.4	1.0	7	1.0	13	1.8
Other Organs, etc.	7.3	9.4	12.0	79	11.0	69	9.6
Death Rate for all Forms per 100,000 population	92.7	109.6	107.2	733	102.2	771	107.0

TABLE XXVI.

INFLUENZA MORTALITY—1935-38

Rate per 100,000 population

	No. of Deaths			
	1935	1936	1937	1938
January	15	68	41	15
February	4	53	100	19
March	7	31	49	21
April	10	17	22	10
May	8	12	5	8
June	—	7	2	3
July	2	3	1	3
August	1	2	4	1
September	4	6	5	6
October	8	8	11	6
November	5	6	2	8
December	12	10	8	13
	76	223	250	113
Rate	10.7	31.4	34.9	15.7

TABLE XXVII.

PNEUMONIA DEATHS BY MONTHS—
1935-38.

Rate per 100,000 population (I. L. 107-9)

	No. of Deaths			
	1935	1936	1937	1938
January	63	44	81	47
February	43	60	69	40
March	36	54	57	46
April	33	34	36	41
May	30	48	42	30
June	36	25	36	23
July	28	31	11	24
August	10	21	22	21
September	29	31	23	25
October	28	43	38	33
November	44	39	28	39
December	35	43	41	37
	415	473	484	406
Annual Rate....	56.4	66.5	67.5	56.4

TABLE XXIX. CERTAIN DEATH RATES PER 100,000 POPULATION, MANITOBA, 1925-38

Certain Causes of Death	Int. List	1925 Rate	1926 Rate	1927 Rate	1928 Rate	1929 Rate	1930 Rate	1931 Rate	1932 Rate	1933 Rate	1934 Rate	1935 Rate	1936 Rate	1937 Rate	1938 Rate
Typhoid	1	3.6	4.2	3.9	3.2	4.0	1.8	2.1	1.8	2.3	2.2	1.7	2.1	1.4	1.5
Measles	7	4.4	8.7	3.1	1.4	4.9	1.6	1.0	.6	.4	2.8	5.9	8.7	1.8	.4
Scarlet Fever	8	3.3	5.2	2.5	2.0	3.3	1.5	1.1	1.4	.6	.8	.7	1.7	1.3	.8
Whooping Cough	9	8.7	7.8	3.9	4.1	6.6	8.4	1.0	1.8	4.6	9.6	6.3	1.7	5.7	4.4
Diphtheria	10	15.8	14.4	13.6	8.5	8.8	5.6	6.5	3.7	3.0	3.9	2.4	2.1	1.4	2.2
Influenza	11	36.8	26.3	41.0	22.6	33.3	12.7	16.9	10.0	37.3	6.9	10.7	31.4	34.9	15.7
Poliomyelitis	16	.8	.3	.8	6.5	1.9	.9	.3	.3	.7	.4	1.0	4.9	1.4	1.8
Encephalitis	17	1.1	2.0	2.9	2.3	1.6	1.5	1.9	1.6	1.5	.7	1.3	2.0	.7	.7
Cerebrospinal Meningitis	18	2.7	2.7	2.0	2.4	2.1	1.6	1.6	2.0	1.1	.8	.4	---	.3	.6
Tuberculosis (Respiratory)	23	50.6	48.5	46.8	46.2	51.4	52.4	50.1	47.1	48.2	45.5	51.5	46.1	45.1	41.7
Tuberculosis (other)	24-32	10.0	12.0	10.2	14.6	12.1	13.0	10.6	10.7	10.2	10.1	11.1	14.1	15.3	9.4
Cancer	45-53	70.6	72.7	76.7	78.7	88.0	85.8	83.4	92.8	94.8	92.7	109.6	107.2	102.6	107.0
Alcoholism	75	1.4	2.3	3.7	2.9	2.1	.6	1.4	.9	.6	1.1	1.3	2.3	2.0	1.2
Meningitis	79	3.2	5.2	3.9	4.8	3.4	4.0	2.9	3.7	2.1	2.5	2.7	3.9	2.8	1.7
Cerebral Haemorrhage	82	23.9	26.5	23.4	25.0	44.7	41.7	34.5	23.8	19.7	14.4	17.6	16.5	13.8	8.8
Diseases of Circulatory System		107.8	112.4	128.3	140.6	129.6	142.6	138.2							
Heart Diseases	90-95								113.8	109.5	111.5	115.5	111.0	110.3	122.7
Arteriosclerosis	97								39.2	40.0	45.0	57.4	70.4	76.7	66.2
Pneumonia	107-9	79.5	80.3	74.0	64.8	88.4	68.6	57.0	50.0	52.1	50.3	58.4	66.5	67.5	56.4
Diarrhoea and Enteritis—															
Under 2 years	119	35.7	21.8	19.8	18.4	15.6	26.8	20.3	14.7	15.2	12.2	12.9	16.6	14.9	17.7
Over 2 years	120	6.0	5.8	4.2	4.6	3.9	5.7	2.4	3.5	2.7	3.5	2.5	2.8	3.8	2.6
Appendicitis	121	14.7	12.7	13.9	12.2	11.4	11.2	11.1	9.2	12.1	10.0	10.0	10.5	9.8	9.4
Hernia and Intestinal Obstruction	122	11.1	8.5	9.1	10.0	11.7	13.1	10.1	7.1	9.7	11.2	9.8	8.2	9.6	8.8
Cirrhosis of Liver (alcoholic)	124A	.0	.0	.0	.15	.0	.0	.0	.3	.1	.3	.0	.3	.1	.1
Cirrhosis of Liver (not alcoholic)	124B	1.9	2.0	2.2	2.4	1.9	1.9	1.9	1.7	2.4	2.5	3.2	2.3	1.3	1.8
Nephritis	130-2	29.8	28.8	25.0	30.9	28.3	24.1	23.9	24.7	31.1	32.2	30.9	38.2	31.5	30.7
Puerperal Deaths	140-50	15.0	13.6	11.1	10.6	13.5	10.8	9.6	9.3	7.6	7.2	7.7	10.3	7.7	5.1
Congenital malformations and Debility, etc.	157-8, 161	34.2	36.3	32.3	31.3	29.6	30.3	32.1	26.4	22.3	24.0	27.9	24.5	20.9	21.2
Violent Deaths	163-98	57.0	52.3	52.0	60.5	69.8	65.8	53.1	54.7	51.8	52.6	54.0	56.1	50.4	58.7

TABLE XXX.
CERTAIN CAUSES OF DEATHS OF INDIANS, 1935-1938

	1935	1936	1937	1938		1935	1936	1937	1938
Typhoid	0	1	1	—	Lobar Pneumonia	11	8	21	7
Measles	17	17	—	2	Pneumonia (not specified)	10	10	19	21
Scarlet Fever	—	—	—	1	Other Diseases of Respiratory System	—	5	2	—
Whooping Cough	20	2	8	11	Diseases of Digestive System	16	21	37	25
Diphtheria	1	—	2	2	Nephritis	5	5	7	5
Influenza	3	24	58	8	Puerperal	3	10	7	2
Cerebrospinal Meningitis	1	—	—	—	Congenital Malformations	1	2	2	3
T.B. of Respiratory System	126	127	134	101	Congenital Debility	17	20	30	14
T.B. of Meninges	5	11	18	9	Premature Birth	6	8	9	8
T.B. of Intestines	6	5	8	7	Injury at Birth	5	5	4	4
T.B. of Other organs, etc.	5	6	5	8	Other diseases of early infancy	4	3	1	3
Disseminated Tuberculosis	4	5	5	6	Senility	10	14	11	8
Syphilis	2	2	2	2	Accidental poisoning	1	1	—	2
Cancer	5	1	4	6	Accidental drowning	2	3	3	2
Bronchitis	6	8	4	9	Other accidents	5	6	8	9
Diseases of Nervous System	18	29	11	7	Cause of death not specified or ill-defined	4	3	7	12
Diseases of Circulatory System	12	10	11	8					
Broncho-Pneumonia	27	30	33	20					

While the general tables and text include Indians, the following may be submitted, in that the conditions of life among this part of our population are different, and our findings may call for different methods of approach to their problems. All registrations, Indian or otherwise, come direct through the Provincial Vital Statistics Division, and transcripts forwarded to the Dominion Bureau of Statistics. Indian registrations, however, are only available for Manitoba since 1929.

The Treaty Indian population for the year 1938 is estimated at 14,148 for Manitoba. While this figure is small, compared with the total population, the rates for certain diseases are adversely affected—in some Provinces more than others. Indians comprise little more than one per cent. of the total population of the nine provinces. However, in the four western Provinces, including Manitoba, the removal of figures for Indians lessens the rate for Tuberculosis, and in a lesser degree, Pneumonia and Influenza. It is submitted that statistics of Births, Marriages and Deaths for Indians are not considered as complete as for the other races. However, our Division Registrars are being urged to co-operate as far as possible under a heavy handicap, i.e., Indian customs, educational and economic difficulties, are dominant factors in the situation. Health conditions are particularly dependent upon economic factors.

The total number of births reports in 1938 was 624, (308 male and 314 female), a decrease of 5 over the year 1937. Figures for the year 1937 show 495 deaths and 346 for the year 1938, a decrease of 65. A natural increase in excess of births over deaths, for 1935 to 1938 of 184, 116, 134 and 278 respectively. There were 10 stillbirths or 1.6 per cent. of total Indian births, whereas there were 335 other stillbirths or 2.5 per cent. of total live births.

While the percentage of total living births for all children born out of wedlock is 3.8, the Indian rate would appear much higher; viz., 7.8 per cent. (49 births, 28 male and 21 female).

There were 9 cases of twins born to Indian mothers, in two of which cases the parents were not living on a Reserve.

Two males (both living)	3	
Two males (both stillborn)	1	(not on Reserve)
One male and one female (both living)	3	(one not on Reserve)
Two females (both living)	2	

One hundred and twenty-five marriages occurred between Indians during the year 1938, an increase of 17 compared with the year 1937.

Infant Mortality is reflected by a comparison between 110 deaths in 1935, 116 in 1936, 159 in 1937, and 103 in 1938. These figures give a rate of 212, 220, 159 and 187 respectively, per 1,000 living births. Above is a Table of causes of death in accordance with the 1929 International List of Causes of Death.

Respectfully submitted,

A. P. PAGET,

Recorder of Vital Statistics.



CLINICS

Number of Operating Days	241½
Number of Clinicians	20
Number of Schools Represented	88
Number of Clinics Held	55
Sponsored by School Boards, Teachers, or School Trustees	31
Sponsored by Women's Institutes, United Farm Women of Manitoba, and other Ladies' Aids	24
Total number of Patients	4,498
Operated on	3,469
Passed "O.K."	1,029
Total number of Operations	9,986
Extractions—Temporary	2,880
Extractions—Permanent	1,501
Fillings	5,022
Treatments	105
Prophylaxis	78
Special cases referred	18

Canadian Foundation for Preventive Dentistry Manitoba Division

Clinic Report for 1938

SURVEY

Number Places Surveyed	1
Number Schools Represented	4
Number Children Examined	978
Number Requiring Operations	914

TOWN OR DISTRICT WHERE CLINIC HELD	No. of Schools	No. Operating Days	No. Children Examined	No. Children Operated on	EXTRACTIONS		FILLINGS										CLINIC QUARTERS	CLINICIANS	SPONSORS	REMARKS
					Temporary Teeth	Permanent Teeth	Amalgam	Copper Amalgam	Copper Cement	Cement	Cement Base	Synthetic Resin	Silver Nitrate Treatments	Prophylaxis	Referred for Special Treatments					
DOCTOR																				
Arborg	1	3	49	49	30	74	71	—	—	2	1	—	—	Hotel Room	H. R. Tweed	U.F.W. of M.—Dept. of Health	34 completed cases			
Arrow River	2	2	50	40	11	13	32	—	—	—	—	—	—	School Room	J. M. Williams	Women's Inst.—Dept. of Health	High School, ½ day			
Balmoral	1	6	67	64	71	35	131	—	—	—	14	—	—	School Room	H. A. Towe	Women's Inst.—Dept. of Health	—			
Basswood	1	3	113	59	36	4	20	46	1	—	10	—	—	School Room	W. R. Morrison	Women's Inst.—Dept. of Health	—			
Beulah	1	3½	82	49	44	—	58	—	—	9	10	—	—	School Room	R. L. Miles	Women's Inst.—Dept. of Health	All completed cases			
Birch River S.D.	8	7	256	118	86	23	13	103	—	1	—	4	—	School Rooms	W. R. Morrison	Official Trustee—Dept. of Health	—			
Bowman	1	4	92	72	11	36	73	—	—	2	4	22	—	School Room	J. W. Pickard	W.I., School Bd.—Dept. of Health	Also B.E.S.L. and Board of Trade			
Cranberry Portage	1	3	45	38	23	6	76	—	—	5	9	14	6	Rest Room	B. A. Biggs	Ladies' Club—Dept. of Health	—			
Crandall	1	6	92	68	66	20	28	78	4	—	2	4	1	School Room	W. R. Morrison	W.I., School Bd.—Dept. of Health	High School, one day			
Decker	1	2	61	38	23	5	31	—	—	—	—	—	—	School Room	J. M. Williams	W.I., School Bd.—Dept. of Health	—			
Deloraine	1	5	89	77	57	33	—	96	31	2	—	—	24	School Room	W. R. Morrison	W.I., School Bd.—Dept. of Health	—			
East Braintree	2	3	43	33	44	9	10	38	1	—	—	1	—	W. Inst. Rooms	W. R. Morrison	W.I., Red Cross—Dept. of Health	All completed cases			
Edrass S.D.	3	3	82	65	34	9	88	—	—	—	—	12	12	School Rooms	C. T. Boyd	Women's Inst.—Dept. of Health	—			
Emerson	1	13	194	147	59	67	206	74	14	—	17	—	—	Dental Office	C. S. Robertson	School Board—Dept. of Health	All completed cases			
Foxwarren	1	9	124	101	161	17	165	7	—	4	5	—	—	School Room	H. H. Smith and R. L. Miles	School Board—Dept. of Health	—			
Frances S.D.	1	2	33	23	11	6	36	6	—	5	14	2	6	School Room	A. B. Ingimundson	School Board—Dept. of Health	—			
Gilbert Plains (Town)	1	5	152	142	237	109	264	—	—	—	—	—	—	School Room	F. R. King	School Board—Dept. of Health	—			
Gilbert Plains (Rural)	1	1½	25	19	22	4	28	—	—	—	—	—	—	School Room	F. R. King	School Board—Dept. of Health	—			
Gimli	2	8	195	102	40	5	124	37	—	49	24	—	4	School Room	A. B. Ingimundson	Women's Inst.—Dept. of Health	High School one day, all completed cases			
Gladstone	1	2	49	37	28	10	86	—	—	—	—	—	—	Dental Office	C. T. Boyd	W.I., School Bd.—Dept. of Health	Grades 4, 5, and 6 only			
Green Ridge S.D.	1	3	50	43	39	25	58	—	—	3	—	—	—	School Room	C. S. Robertson	Women's Inst.—Dept. of Health	—			
Harlington	1	1	36	23	14	3	13	—	—	2	3	—	—	School Room	J. W. Pickard	Women's Inst.—Dept. of Health	—			
Inwood	10	6	100	96	143	65	87	—	3	—	12	—	4	Private Home	H. A. Towe	Women's Inst.—Dept. of Health	—			
Keyes, S.D.	1	1	22	19	9	6	38	—	—	—	—	—	—	School Room	C. T. Boyd	School Board—Dept. of Health	—			
Kirkella	1	2	33	28	39	9	29	—	—	—	—	2	—	L. O. L. Hall	H. R. Day	School Board—Dept. of Health	—			
Lenore	1	6	73	61	58	28	141	—	3	2	—	—	—	School Room	C. S. Strachan and J. W. Bradley	W.I., School Bd.—Dept. of Health	—			
Manson	1	3	84	67	40	22	67	—	4	—	—	3	—	School Room	H. R. Day	U.F.W.M., School Bd.—Dept. of Health	—			
Markham	1	1½	35	28	47	7	35	—	—	—	—	—	1	School Room	F. R. King	School Board—Dept. of Health	—			
Meadows	1	2	38	27	48	21	1	41	4	—	—	—	—	School Room	W. R. Morrison	Community Club—Dept. of Health	—			
Miniota	1	3	70	56	49	1	77	—	—	—	—	—	7	School Room	R. L. Miles	Women's Inst.—Dept. of Health	53 completed cases			
Minotnas District	4	7	194	149	93	62	98	—	2	11	8	—	1	School Room	J. W. Pickard	Women's Inst.—Dept. of Health	—			
Molson	1	2	40	37	56	20	26	—	—	—	—	—	—	School Room	B. B. Claman	School Board—Dept. of Health	—			
Morraville S.D.	1	1	24	16	18	2	21	—	—	—	—	—	—	School Room	F. M. Betts	School Board—Dept. of Health	—			
Mossiel S.D.	1	2	29	25	48	12	35	—	2	—	—	—	3	School Room	H. R. Day	School Board—Dept. of Health	—			
McAuley	4	4	137	76	83	10	82	—	—	—	2	—	—	W. I. Rest Room	H. R. Day and J. W. Bradley	Women's Inst.—Dept. of Health	—			
McKinley	1	1	28	22	25	4	9	—	—	—	—	—	1	School Room	J. W. Pickard	School Board—Dept. of Health	—			
Narcisse	1	1	23	21	30	5	16	—	—	2	—	—	—	School Room	H. A. Towe	Women's Inst.—Dept. of Health	—			
Ochre River	1	2	80	54	44	8	60	—	—	6	—	—	17	W. I. Hall	F. R. King	Women's Inst.—Dept. of Health	—			
Onanole	1	2	48	32	18	4	13	42	18	—	—	—	—	Private Home	W. R. Morrison	U.F.W. of M.—Dept. of Health	—			
Preston S.D.	3	1	32	19	6	3	38	—	5	3	—	—	—	School Room	C. T. Boyd	School Board	—			
Ridgeville	1	2	54	33	18	—	42	4	—	—	—	—	—	School Room	C. S. Robertson	Women's Inst.—Dept. of Health	—			
Riverland	1	1	27	24	31	3	26	—	5	—	3	—	—	School Room	B. B. Claman	School Board—Dept. of Health	All completed cases			
Riverton	1	12	164	124	109	23	170	—	23	65	57	—	3	School Room	A. B. Ingimundson	Ladies' Aid—Dept. of Health	All completed cases			
Roselea	1	1	20	17	19	15	18	—	—	—	—	—	1	School Room	H. R. Day	W.I., School Bd.—Dept. of Health	—			
Sifton	2	4	124	95	114	60	179	—	—	17	—	—	11	School Room	F. R. King	Women's Inst.—Dept. of Health	—			
Solsgrith	1	3	49	35	31	—	78	—	—	—	—	—	—	Rest Room	R. L. Miles	W.I., School Board—Dept. of Health	1½ days High School			
Springbank	1	1½	38	21	12	—	21	3	—	1	—	—	—	School Room	C. S. Robertson	School Board—Dept. of Health	All completed cases			
Square Plains	1	1	18	14	6	4	10	—	—	2	1	—	1	School Room	J. W. Pickard	W.I., School Board—Dept. of Health	—			
Tremhowia	1	1	49	28	22	9	41	—	—	—	—	—	—	School Room	F. R. King	School Board—Dept. of Health	—			
Vestri S.D.	1	2	19	19	33	17	29	10	—	7	1	5	—	School Room	A. B. Ingimundson	School Board—Dept. of Health	—			
Vidri S.D.	1	1	22	16	9	7	31	1	—	8	—	7	—	School Room	A. B. Ingimundson	School Board—Dept. of Health	—			
Warren	1	5	75	54	30	20	55	42	8	1	—	19	—	School Room	W. R. Morrison	Women's Inst.—Dept. of Health	All completed cases			
West Kildonan	4	60½	674	674	376	394	558	30	—	91	434	—	—	School Clinic Room	F. I. Livingston	West Kildonan Dental Clinic	—			
Woodmore	1	2	32	22	24	5	31	7	—	—	2	—	3	School Room	M. Deagle	Board—Dept. of Health	—			
Woodridge	1	2	64	53	45	42	6	32	—	—	3	8	—	School Room	C. S. Robertson	School Board—Dept. of Health	—			
TOTALS	88	241½	4,498	3,469	2,880	1,501	3,777	697	110	270	658	110	105	78	18	—	—	—		
Teachers—Dept. of Health																				

SURVEY

WHERE SURVEY HELD	No. of Schools	No. of Operative Days	NUMBER OF CHILDREN EXAMINED		EXTRACTIONS REQUIRED		FILLINGS REQUIRED		DOUBTFUL		REMARKS
			Passed O.K.	No. Requiring Dentistry	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	
West Kildonan	4	8	64	914	1,196	374	181	1,558	47	487	Clinic now being held

NOTE:—* "Temporary" and "Permanent" Teeth under "EXTRACTIONS" not designated.

A. E. PROCTOR, O.D.S.

Chairman, Clinic Committee.

CLINICS

Number of Operating Days	241½
Number of Clinicians	29
Number of Schools Represented	88
Number of Clinics Held	55
Sponsored by School Boards, Teachers, or School Trustees	31
Sponsored by Women's Institutes, United Farm Women of Manitoba, and other Ladies' Aids	24
Total number of Patients	4,492
Operated on	3,459
Passed "O.K."	1,033
Total number of Operations	9,986
Extractions—Temporary	2,889
Extractions—Permanent	1,301
Fillings	2,822
Treatments	105
Prophylaxis	78
Special cases referred	18

TOWN OR DISTRICT WHERE CLINIC HELD	Days of Operation	Patients Operated on	Extractions—Temporary	Extractions—Permanent	Fillings	Treatments	Prophylaxis	Special cases referred
Arborg	1	2	49	40	71	13	71	2
Arrow River	2	2	49	40	71	13	71	2
Balmoral	1	1	47	41	71	13	71	2
Barrow	1	1	47	41	71	13	71	2
Beulah	1	1	47	41	71	13	71	2
Birdy River S.D.	8	7	47	41	71	13	71	2
Bowman	1	4	47	41	71	13	71	2
Brandon	1	1	47	41	71	13	71	2
Granberry Portage	1	1	47	41	71	13	71	2
Grandall	1	1	47	41	71	13	71	2
Docket	1	1	47	41	71	13	71	2
Deerfield	1	1	47	41	71	13	71	2
East Prairie	2	2	47	41	71	13	71	2
Edwards S.D.	3	3	47	41	71	13	71	2
Emerson	1	13	47	41	71	13	71	2
Exton	1	1	47	41	71	13	71	2
Forewater	1	1	47	41	71	13	71	2
Frederic S.D.	1	1	47	41	71	13	71	2
Gilbert Plains (Town)	1	1	47	41	71	13	71	2
Gilbert Plains (Rural)	1	1	47	41	71	13	71	2
Gimli	2	8	47	41	71	13	71	2
Gladstone	1	1	47	41	71	13	71	2
Green Ridge S.D.	1	1	47	41	71	13	71	2
Harlington	1	1	47	41	71	13	71	2
Idwood	10	6	47	41	71	13	71	2
Kelly S.D.	1	1	47	41	71	13	71	2
Kirkella	1	1	47	41	71	13	71	2
Lenore	1	1	47	41	71	13	71	2
Manson	1	1	47	41	71	13	71	2



