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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

1940

REPORT NUMBER 18

WINNIPEG, MANITOBA

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Province of Manitoba.

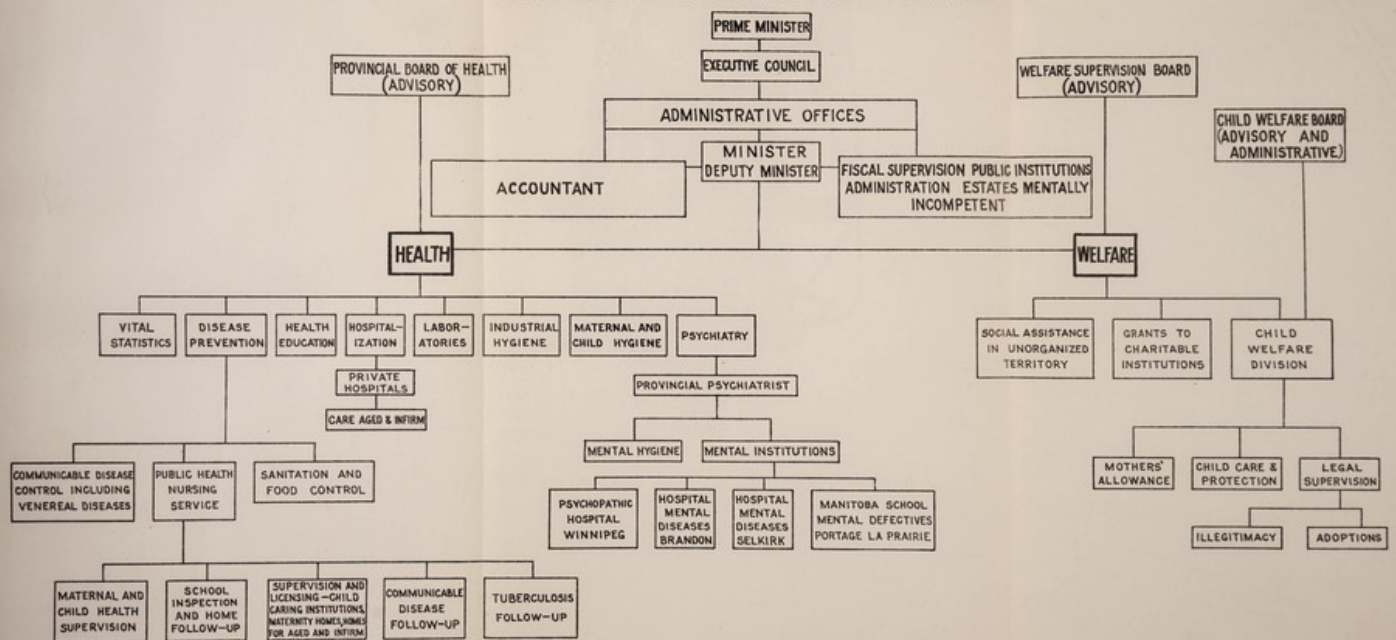
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**MANITOBA.
DEPARTMENT OF HEALTH AND PUBLIC WELFARE.**



PROVINCIAL BOARD OF
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HEALTH

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HEALTH
EDUCATION

DISEASE
PREVENTION

VITAL
STATISTICS

PRIVATE
HOSPITALS

CARE AGED & INFIRM

SANITATION AND
FOOD CONTROL

PUBLIC HEALTH
NURSING
SERVICE

COMMUNICABLE DISEASE
CONTROL INCLUDING
VENEREAL DISEASES

COMMUNICABLE
DISEASE
FOLLOW-UP

SUPERVISION AND
LICENSING - CHILD
CARE INSTITUTIONS,
MENTAL HOSPITALS,
OLD AGED AND INFIRM

SCHOOL
INSPECTION
AND HOME
FOLLOW-UP

MATERNAL AND
CHILD HEALTH
SUPERVISION



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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

Annual Report, 1940

(Calendar Year)

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ADMINISTRATION



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Report of Executive Officer

Honourable Jas. McLenaghan, K.C.,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith the Annual Report for the Department of Health and Public Welfare for the year ending December 31st, 1940. As in previous years, the Executive Officer begs to report in brief on the work of the various Divisions.

ADMINISTRATIVE OFFICES

During 1940, certain minor changes were made in the set-up of this Division. The Farms Manager's activities and those of our Dentist for the mental institutions were included in the set-up of the central administrative office due to the fact that both these activities cover all three of our mental institutions.

The operations at all the farms at our institutions continued to function very effectively. The farms distributed to the institutions foodstuffs to the value, at wholesale prices, of over \$60,000, and had on hand at the end of the year livestock, feed grains, and vegetables in value exceeding \$58,000. Machinery inventory, allowing for depreciation, stood at over \$16,000. During the year all milk and all fresh pork required for our institutions was produced on our farms. A half-section of our farm at Brandon was sold to the Federal Government for use of the Commonwealth Air Training plan. It is hoped that we will be able to replace this during the coming year.

At the end of the year 1940 the Administrator of the Estates of the Mentally Incompetent had 774 estates under administration. Included in this number were 95 farms, 52 mortgages and agreements, \$221,535 worth of bonds, and stocks valued at \$44,055.99. In respect to estates under administration, where the Administrator's duties cease and the estates have been turned over, we collected in administration fees \$2,551.60. In respect to the Fiscal Supervisor of Public Institutions, as in past years, collections were made from the estates for the maintenance of patients in our institutions, and \$55,549 was collected on this account. Much revenue for the care of patients in the mental institutions was, of course, collected from other sources, and the total in this connection was \$253,473.74. This is an increase in collections over 1939 in excess of \$28,000.00.

CHILD WELFARE DIVISION

Mothers' Allowance, being Part III of "The Child Welfare Act".

Families on allowance during the year were 1,016, and the children cared for under this heading were 2,997, making a total of 4,013 individuals who were provided for by Allowances granted by the Child Welfare Board. Of these families taken care of, 371 were urban and 645 rural.

In view of the increasing cost of living with the advent of the War, the Child Welfare Board made a recommendation that the schedule applying to foods in the Mothers' Allowance should be increased, and beginning January 1st, 1940, there was

a ten per cent increase in that portion of all Allowances pertaining to the provision of food.

The Child Welfare Board continued to carry on the administrative work which has now become part of the Board's activities, namely, the granting and discontinuing of Allowances, the reviewing of cases which had been brought before them by the Supervisor of Allowances, Miss Childs, and the discussion of various principles of policy in respect to the granting of Allowances. During the year several suggestions as to amendments to the rules and regulations under Part III of the Act were sent on to the Department for consideration and were brought into effect by Order-in-Council.

Child Care and Protection, being Part IV of "The Child Welfare Act".

The outstanding activity of this Section of the Child Welfare Division during the year under review was the work in connection with our British War guests. This had to do with the reception and distribution of the children sent to Canada from Great Britain. Fortunately, in this connection the Division and all Child Caring Agencies, were well prepared for the work, and as a result the children were received, taken care of at reception homes, and finally placed in free boarding homes without any difficulty or confusion.

It is with a great deal of gratification that we are able to tell you, Sir, that practically all the expense in respect to the reception and distribution of these children was borne by this community. As you know, the Department of Education was good enough to place at our disposal as a reception home, while it was available, the Manitoba School for the Deaf, and during the stay of the children at this home, the business firms throughout Greater Winnipeg provided practically all the food, etcetera, required for their maintenance. All the help at the institution, over and above the paid staff, was voluntary and was secured without any cost.

We believe this was a really worthwhile community effort. We now have placed within our Province 172 British War guests, 98 being boys and 74 girls. These are all in private homes which have been inspected and approved by our Public Health Nursing Service. The children are under the direct supervision of the various Children's Aid Societies throughout the Province. The care being given to these children by the Children's Aid Societies comes under the supervision of the Child Care and Protection branch of the Child Welfare Division.

Legal Supervision.

With the outbreak of War it was predicted that the work coming under the jurisdiction of this particular branch of the Child Welfare Division would greatly increase. As you know, Sir, most of this work has to do with children born out of wedlock. During the year under review, these amounted to 495, and despite our fears this is no increase over the average for the last ten years. There is one serious aspect of the situation, however, and that is the percentage of children born out of wedlock to mothers who are under the age of eighteen years. This is increasing year by year until we find that during 1940 just over twenty-five per cent of the children born out of wedlock have mothers who are only eighteen years of age or under. This, we think, indicates that moral education in our community should come in for a general over-hauling.

There was a definite increase in applications to adopt children, the total during the year being 258, an increase of 56 over 1939. The question now is not where

to find homes that are prepared to adopt children but where to find children suitable for adoption. We have a considerable number of wards yet on our hands but in most instances these are older children or children who are not suitable for adoption.

SOCIAL ASSISTANCE IN UNORGANIZED TERRITORY

There has been some decrease in the number of families taken care of in Unorganized Territory over 1939, a decrease from 645 to 612. This Division still continues to operate the Clothing Depot, buying their clothing on the regular Purchasing Agent's requisitions and then sending it out to the families as it is required. The supplies of this Clothing Depot were greatly augmented by gifts of discarded military uniforms from the Canadian Red Cross. This consisted of great coats, tunics, and trousers, all of which were dyed navy blue and which have been found very useful for distribution as clothing to the destitute people in Unorganized Territory.

DIVISION OF PSYCHIATRY

During the year enlistments from this Division numbered 52 — consisting of four medical men, and 48 of the male attendant and supervisory staff. Despite this depletion in the staff the work has continued as in previous years, the positions of those who have enlisted being filled by other persons on a temporary basis. In respect to the medical staff it has not been possible to engage any physicians to take over medical work in our institutions, and as a result all of the institutions are operating with less medical staff. This has possibly curtailed to some extent the detailed supervision the patients should get, but unfortunately we cannot at the moment rectify this undesirable condition.

We continue to carry out shock treatment for certain types of mental disease and this is proving to be quite satisfactory in reducing the length of stay for certain types of cases in our mental institutions.

The Occupational Therapy Department at Brandon is still functioning smoothly and serves a double-useful purpose—first, in providing occupational therapy for the patients, and second, in the making of clothing, such as overalls, shirts, etcetera, which are required at the Institution. Over and above these, a considerable number of other articles are manufactured and sold in the open market. These consist principally of toys of various descriptions.

There has been a steady increase in the patient population at all our institutions despite the fact that we are already overcrowded. It has been found necessary to increase the number of beds in practically all wards. The greatest need seems to be new accommodation at the Manitoba School for Mentally Defective Persons at Portage la Prairie. The waiting list continues to grow and is alarmingly high.

Despite the depletion of medical staff at Brandon, the Mental Hygiene Clinics are still being carried on in certain local centres in the Western part of the Province, and the benefits we think are certainly well worth the effort and expense entailed.

DIVISION OF HOSPITALIZATION

Each year finds more people seeking the advantage of medical care in hospitals, and 1940 was no exception to this rule, there being an increase of approximately 65,000 hospital days over 1939. We have started a detailed study of all the hospitals

and their facilities throughout the Province through new personnel obtained for the Division of Hospitalization, and we expect in the course of 1941 to have a complete picture of all hospitals within the Province, with the exact details as to equipment, etcetera, and the type of service rendered in each of them. This should be of great value to the Department in working out plans for a uniform scheme of hospitalization which can be given by the hospitals without financial loss to themselves.

PROVINCIAL LABORATORY

As you know, Sir, the laboratory work required in the Department of Health and Public Welfare in the Province is carried on from two places, the main laboratory, known as the Provincial Laboratory and situated in the Medical College, Winnipeg, and the second or branch laboratory, at the Brandon Hospital for Mental Diseases. It has been found necessary during the past year to increase the staff at both laboratories due to the tremendous increase in the amount of work requested by the medical personnel of His Majesty's Forces stationed in this Province. As you know, shortly after the outbreak of War, the Government offered to the Department of National Defence any facilities which this Department might have which would be of value in the prosecution of the War, and our main contribution has been in the provision of laboratory services. These consist of all sorts of tests, the principal ones being blood tests for syphilis, and water and milk examinations.

The total work done at the two laboratories consists of 63,328 tests and examinations. This is an increase of more than 10,000 over the year 1939. We believe that the year 1941 will see a continued increase in the services required and will probably necessitate an increase in the technical staff.

DIVISION OF VITAL STATISTICS

As mentioned in the report for the year 1939, our Division of Vital Statistics was re-organized under the direction of Doctor N. R. Rawson. The Pregnancy Survey and the Morbidity Study in Rural Manitoba, which were being conducted under assistance from the Rockefeller Foundation, were completed as at April 30th, 1940. It is hoped that a complete report of the Morbidity Study in Rural Manitoba in the Municipal Doctor areas will be available in the year 1941. In reference to the Pregnancy Survey, it is expected that only a preliminary report on some particular phase of it will be available. The amount of material is so tremendous in this Survey of over twenty thousand pregnancies which occurred in the Province in the two-year period that it will probably not be before the year 1942 that a complete report will be available.

The work of this Division during the year continued to increase, principally due to the requirements in respect to Canada's War activities. As you know, there has been a great increase in the number of marriages, particularly amongst the military and air force personnel, besides which there has also been a very great increase in the number of requests for birth certificates, etcetera. As a result of this, there has been a definite increase in the revenue from this Division. The amount of work has necessitated an increase in the staff also.

DIVISION OF DISEASE PREVENTION

As you know, Sir, the Division of Disease Prevention includes Communicable Disease Control, the Tuberculosis Control Registry at the Central Tuberculosis Clinic, Venereal Disease Control, Public Health Nursing Services, Sanitation, Food Control, Maternal and Child Hygiene, and Health Education.

Diphtheria.

We are sorry to have to report that during the year under review there was once again an increase in the number of cases of diphtheria reported. This is the third successive year since the low of 1937 that there has been an increase. As you know, this disease is definitely preventable by immunization with diphtheria toxoid, and although we have a record of over nineteen thousand children having received three doses of toxoid during the past year, the disease apparently continues to increase. A glance at the table in reference to diphtheria in the main report on the Communicable disease control program (Table No. 3) indicates that the highest case and death rates are in the lower age groups—in children under school age. Most of the immunization programs are put on through the schools and there seems to be some difficulty in getting a high percentage of pre-school children brought in for immunization. It is intended to intensify the efforts in this connection during the coming year.

Typhoid Fever.

This disease also showed a definite increase in the number of cases reported. This was due to an epidemic involving the City of St. Boniface and the Municipality of Ste. Anne, which accounted for 94 of the 142 cases reported. If it had not been for this particular epidemic, 1940 would have shown the lowest number of cases ever reported in this Province. The epidemic in question was caused by a typhoid carrier infecting a milk product which was eaten fresh by the people in these two communities, and from the original point of infection the disease spread pretty well throughout both communities. Once the source was found and eliminated the disease rapidly subsided. It is hoped that a further extension of the sanitary control of milk and milk products may, as soon as financial conditions permit, obviate the possibility of a similar occurrence in the future. However, with the present staff it is quite impossible for the Department to properly supervise all producers of milk and milk products in the Province in order to definitely eliminate possible sources of typhoid infection.

Venereal Disease.

The control of Venereal Disease continued to function very satisfactorily despite the expected increase due to the establishment of many military and air force camps in the Province. The co-operation of the military and air force medical staffs has been excellent during the year, and if we are able to continue our present control program we should keep the Venereal Disease rate within reasonable bounds despite any added increase in military personnel in the Province. A great deal of the credit for the really excellent showing in this branch of our work is due to the very efficient co-operation of the City of Winnipeg Police, and the Royal Canadian Mounted Police in helping us to locate and bring under treatment alleged sources of infection.

Tuberculosis.

Tuberculosis control, which is really carried on by the Sanatorium Board of Manitoba on information furnished by the Central Registry at the Central Tuberculosis Clinic, was also very satisfactory. There is one difficulty which has arisen and which probably will require an amendment to our regulations in respect to tuberculosis, and that is that a considerable number of individuals who are definitely diagnosed as open cases of tuberculosis refuse to enter sanatoria for treatment, preferring to stay at home. This means, of course, that they are potential sources of infection

to all immediate members of their families together with any other persons who may come in direct contact with them. We are able to get a number of these people into institutions by persuasion and by threat of proceedings. However, if we do get them in under these circumstances they leave at the first opportunity. Present regulations in respect to the hospitalization of infectious cases of communicable disease would hardly seem to be specific enough to allow us to force people into sanatoria and then forcibly keep them there until such time as they are non-infective. We also have no power to compel examination of individuals suspected of being infected, and during the coming year regulations will be prepared and presented to Cabinet-in-Council for approval so that this situation may be taken care of.

Sanitation.

It will be found necessary during the coming year to increase the staff of the section dealing with sanitation due to the large increase in the amount of work in connection with the supervision of the Air Training camps under the Commonwealth Air Training Plan now being established throughout the Province. This sanitary supervision consists of supervision of their water supplies, sewage disposal plants, and refuse disposal. Most of our service in this connection is in an advisory capacity, the actual work being done by the medical staff at the various camps. However, this is work which is very essential, not only in respect to Canada's War effort, but also as a protection to the civilian population of the Province.

Food Control.

The same increase in the amount of work is going to take place in the section dealing with Food Control. The Army as you know, insists on pasteurized milk for all its personnel. This applies also to the Air Force. This will mean that during this coming year the Department will have to inspect and approve a great many new sources of milk production as well as supervise the establishment and operation of pasteurizing plants at several new points in the Province. This will entail a great deal of extra work but we are sure it will be worthwhile.

Public Health Nursing Services.

As in former years a great deal of the work of the Public Health Nursing Services has been given in Unorganized Territory where little, if any, medical service is available. We continued also the course of instruction at the various Normal Schools throughout the Province. This course, we think, is now on a pretty sound footing and includes, besides the instruction given by one of our Public Health Nurses, supervision by our Director of Health Education over every student in all Normal Schools, giving each a complete physical examination, advising them as to defects found and how they should go about having such defects remedied. This has resulted in a general improvement in the physical status of the students attending Normal Schools, and during the year the students of the Winnipeg Normal School alone spent \$1,288.00 in having defects noted at the time of the physical examination remedied.

The nurses also assisted with the medical inspection of pupils at the Youth Training Centres throughout the Province. This is work which we think is also very desirable. A large part of the work in connection with the excellent dental service provided by the Manitoba Division of the Canadian Foundation for Preventive Dentistry is done by the Nursing service. Most of this work is now financed by the local districts, and at every clinic one Public Health Nurse attends to assist the dentist.

During the year another very heavy load was thrown on the Nursing service. This had to do with the influx into Manitoba of 174 child War guests from Great Britain. The Nursing service took the responsibility of inspecting all homes which had intimated they would like to have one or more of these children for the duration of the War. All together 4,975 visits were made to these homes, and we were able to approve 2,344 homes with a total accommodation for approximately three thousand children, so that if this movement of children should continue from the Old Country, we believe we will find plenty of free homes to take care of this number of children.

Health Education.

This section continued to carry on a useful piece of work in the Province, particularly in reference to the educational effort in our Normal Schools, in the Home Making Classes, and the Youth Training Centres throughout the Province. The section continued to provide complete physical examinations, which in themselves we believe contribute as much as any other single thing towards making an individual become health conscious. We still find far too many of our young people with one or more physical defects which should now, or in childhood have been remedied. This indicates once again the necessity of a wider extension of the school medical services and some provision whereby children are not allowed to enter school unless they are as physically and as mentally fit as it is possible to make them. It seems very uneconomical to provide a high grade system of education for all our children and yet make no provision to try to insure that they are in the best possible physical and mental health to take advantage of it. There does seem to be, however, some increase in the number of rural municipalities which are trying to put on some sort of a school medical service. Throughout the Municipal Doctor areas, in all instances, some sort of a health program by way of examination, etcetera, is carried on throughout the schools, together with fairly complete immunization procedures. However, this covers only a small portion of the Province.

If we were able to obtain and put into operation a minimum schedule of Health Officer's services throughout all rural municipalities this question of medical examinations in the schools would be effectively dealt with.

We have made a re-organization this year in the section dealing with Health Education in trying to gather together all material from the several Divisions of the Department to form a first-class library of information on all phases of Health and Welfare. We think this is a very necessary adjunct to any Department and we hope that in the course of the next two or three years this Library will be really worthwhile, and will be of definite advantage to all members of the medical profession, including Health Officers, as well as to those who may be interested in social work of various kinds.

General Remarks.

As I mentioned in many of my previous reports, there is a definite need for a substantial increase in the activities of the Department in respect particularly to the Division of Disease Prevention as a whole. One cannot look at the operations of the Department as a unit and make any study of it without coming to the conclusion that if we are going to limit or decrease the amount of money required for welfare activities, it is absolutely essential that we increase the amount of money available for our preventive services.

During the year Dr. M. Bowman, who was taken on in 1939 as relief Epidemiologist was put on the permanent staff as Epidemiologist and Director of Industrial

Hygiene. With the advent of the War, industry in Manitoba rapidly increased and it would seem imperative that consideration be given to the substantial increase in the activities of this section which, of course, would require the obtaining of special staff for this purpose.

The section dealing with Sanitation also requires the services of a Sanitary Engineer. This is due primarily to the rapid increase in the number of sewage disposal plants and community water supplies, and this particularly applies to the Commonwealth Air Training Centres throughout the Province.

We are finding need also for some organization for the direct supervision of Local Health Services, particularly in respect to the establishment and supervision of Municipal Doctor areas. For the first few years after the Department was formed some medical member of it was able to get out at least once or twice a year and visit the Municipal Doctors, try to ascertain their problems and help them to overcome them, but in the last few years with the increased amount of work in the central office, this has not been possible, and the time has now arrived that some sort of set-up should be considered looking towards the direct supervision of all local Municipal Health Services in order that they may be brought up to the highest point of efficiency commensurate with the amount of money available in the local communities for this purpose.

In conclusion, I wish to express to you, Sir, the deep appreciation of the Executive Officers on the staff of the Department for your assistance and advice. Many problems have been brought to you for consideration, and in all of these the advice received has been of untold value in our efforts to insure to the people of Manitoba that the funds allotted to this Department have been well spent. I would like also to express our appreciation at this time to the many organizations in the Province who have assisted us, and for the wholehearted support of every member of the staff to the Executive Office during the past year.

All of which is respectfully submitted.

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D.

Deputy Minister of Health and Public Welfare.

Farms Manager

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

Sir:

I beg to report on the three farms of the Department of Health and Public Welfare under my management, for the calendar year ending December 31st, 1940.

These farms are situated at the Hospital for Mental Diseases, Brandon, the Hospital for Mental Diseases, Selkirk, and the Manitoba School for Mentally Defective Persons, Portage la Prairie. They are operated to provide occupation for a large number of patients and to supply the Institutions with some articles of food such as milk, pork and vegetables, as well as part of the beef and eggs consumed.

The farm acreages are as follows:—

	Brandon	Selkirk	Portage	Total Acreage	
Total land cultivated in 1940	1,322	780½	656	2,758½	acres
Hospital grounds, farm yards, bush, roads, etc.	313	480½	121	914½	"
	<u>1,635</u>	<u>1,261</u>	<u>777</u>	<u>3,673</u>	"
Land taken over by Military authorities	320	.....	.....	320	"
	<u>.....</u>	<u>.....</u>	<u>.....</u>	<u>.....</u>	
TOTAL LAND HELD					
Dec. 31, 1940	<u>1,315</u>	<u>1,261</u>	<u>777</u>	<u>3,353</u>	"

The total cultivated acreage, exclusive of grounds and gardens, was used to produce cereal, hay, fodder and pasture crops. These crops are raised primarily for feed but some wheat, oats and barley was sold on the market and for seed. The farms have continued to make progress during the twelve month period just passed.

At the Hospital for Mental Diseases, Brandon, grain crops were light and the grain harvested was reduced materially when the Royal Canadian Air Force took over 320 acres of the farm for an Air School just previous to harvest. The hay fields returned a fair tonnage taking into consideration the low moisture content of the soil during the spring. Corn, sorghum and garden truck produced record crops for this farm, and the potato yield was splendid and there will be more than sufficient for institutional use.

The growing season at the Hospital for Mental Diseases, Selkirk, was abnormal in several respects. There was no snow on the fields during the winter and practically no rainfall till June 27th when, during a twenty-four hour period, one and one-half inches of rain were recorded. A few days previous to this rain the potatoes, corn and most garden crops were frozen to ground level. The grain crops also showed evidence of frost but recovery was complete. The row and garden crops in most cases

sent up new growth and would have returned a larger yield but for another frost about August 20th. The growing period, due to the two frosts, was reduced by one-third. The hay crop yield was light, due to lack of spring rainfall, but the grain crops were splendid. Even with adverse growing conditions, and the difficulty experienced with the beet web worm, which insect attacked such staple vegetables as onions, beets, turnips, peas, carrots, etc., a fair yield of potatoes, corn and most garden truck was harvested.

The crop season of 1940 at the Manitoba School for Mentally Defective Persons, Portage la Prairie, may be considered average for the district. The June frosts damaged a portion of the vegetable crops, but not permanently and a very good yield of most garden truck was harvested. The grain crops were somewhat lower in yield than in 1939.

Sufficient vegetables are produced on each farm for Institutional requirements, and any surplus crop is sold or fed to stock.

The Grain and Fodder Crops produced were as follows:—

	Brandon	Selkirk	Portage	Total Produced
Wheat	2,070	2,971	3,557	8,598 bus.
Oats		7,563	4,061	11,624 "
Barley	1,485	3,651	1,381	6,517 "
Flax		54		54 "
Corn and Sorghum	304	76	175½	555½ tons
(Silage)				
Hay	203	172	130	505 "
Roots	12,000	46,800	18,000	76,800 lbs.
Returns from				
Sale of Grain		\$716.36	\$1,212.60	<u>\$1,928.96</u>

INVENTORY

Grain and Fodder on hand Dec. 31, 1940:

		Brandon	Selkirk	Portage	Totals	
					Amount	Value
Wheat	bus.	1,428	2,356	2,753	6,537	\$ 3,581.07
Oats	"	2,480	3,806	2,450	8,736	2,620.80
Barley	"	1,002	2,956	1,928	5,886	2,098.66
Flax	"		35	11½	46½	65.10
Hay	ton	9	75	64¼	148¼	971.75
Ensilage	"	194	76	97½	367½	1,286.25
Straw	"		109		109	54.50
Sugar Beets	"			6	6	15.00
Bran	lbs.	28,900			28,900	289.00
TOTAL						\$10,982.13

The Average Crops produced were as follows:—

	Brandon	Selkirk	Portage	Total Produced
Asparagus	98½	75	3	176½ lbs.
Beans	3,397	688	659	4,744 "
Beets	39,566	14,280	5,064	58,910 "

	Brandon	Selkirk	Portage	Total Produced	
Cabbage	102,327	57,272	7,825	167,424	"
Carrots	97,116	9,090	5,812	112,018	"
Cauliflower	5,579	351	519	6,449	"
Celery	4,372	825	1,531	6,728	"
Citron	1,178	-----	770	1,948	"
Corn (ears)	9,416	6,000	3,224	18,640	ears
Cucumbers	8,560	590	2,081	11,231	lbs.
Currants	1,066	348	-----	1,414	"
Egg Plant	129	-----	29	158	"
Lettuce	11,928	2,821	2,485	17,234	"
Marrows	3,432	-----	784	4,216	"
Onions—green	6,070	3,573	1,721	11,364	"
Onions—mature	25,004	6,702	7,224	38,930	"
Parsnips	25,050	2,565	8,365	35,980	"
Peas—green	2,630	3,682	1,194	7,506	"
Peppers	452	75	2	529	"
Potatoes	10,309	3,271	3,388	16,968	bus.
Pumpkins	653	-----	1,080	1,733	lbs.
Radish	410	890	531	1,831	"
Raspberries	482	-----	-----	482	pts.
Rhubarb	17,850	3,371	2,710	23,931	lbs.
Sage	3	-----	-----	3	"
Squash	928	-----	653	1,581	"
Spinach	1,904	2,885	1,993	6,782	"
Strawberries	-----	14	-----	14	qts.
Swiss Chard	8,133	2,613	-----	10,746	lbs.
Tomatoes	16,911	3,763	6,433	27,107	"
Turnips	27,729	10,514	14,215	52,458	"
Pot Plants	145	345	256	746	
Flower Bunches	223	167	31	421	

Vegetables Supplied to the Institutions were as follows:—

				Totals	
		Brandon	Selkirk	Portage	
		Amount	Value		
Beets lbs.	24,293	15,547	4,383	44,223	\$ 426.91
Cabbage "	43,394	17,824	11,014	72,232	691.96
Carrots "	40,110	17,260	15,507	72,877	700.31
Onions "	21,471	13,061	5,074	39,606	724.97
Parsnips "	14,202	9,936	6,952	31,090	312.26
Potatoes "	319,088	214,466	106,500	640,054	4,876.69
Tomatoes "	15,888	3,791	6,433	26,112	624.30
Turnips "	14,716	14,384	7,166	36,266	283.82

All Other Vegetables

Total Value	\$1,090.90	\$374.24	\$277.69	\$1,742.83
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TOTAL VALUE	\$5,346.82	\$3,222.19	\$1,815.04	\$10,384.05
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Returns from

Sale of Vegetables	3.00	70.00	4.60	77.60
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\$10,461.65

INVENTORY

Vegetables on hand, Dec. 31, 1940:

				Totals	
		Brandon	Selkirk	Portage	Value
Beets	lbs.	25,600	6,700	851	\$ 331.51
Beans	"			165	4.95
Cabbage	"	66,136	14,700	1,500	823.36
Carrots	"	70,839	6,025		768.64
Onions	"	19,375	4,214	4,008	413.96
Parsnips	"	17,412	955	5,468	238.35
Potatoes, bus.		8,188 $\frac{3}{4}$	1,712	2,217 $\frac{1}{2}$	5,408.22
Turnips	lbs.	24,244	4,920	10,137	264.76
Inventory					
TOTAL VALUES		\$5,927.27	\$1,154.31	\$1,172.17	<u>\$8,253.75</u>

GROUNDS

The grounds at the Hospital for Mental Diseases, Brandon, appeared to better advantage during August and September than they did earlier in the season. This was due to adequate moisture to promote growth and maintain leaf color. Some planting was done around the Reception Unit. Most of this shrubbery became well established. Several blocks of lawn need renovating and reseeding; this is particularly true of the lawn south of the drive to the Nurses' Home.

At the Hospital for Mental Diseases, Selkirk, the planting of shrubs and lawns was continued. The past two seasons have not been as suitable for growth as is desired, however, practically all the shrubs planted are well established and should grow well next spring.

In addition to the regular routine work on the grounds at the Manitoba School for Mentally Defective Persons, Portage la Prairie, considerable new planting was done. Mr. Alex T. Craig, formerly at the Experimental Station, Morden, was taken on the staff as "Gardener". Mr. Craig's time is divided between the vegetable gardens and grounds. During the early part of the 1940 season, however, proportionately more time was spent on vegetable production than on the grounds. The situation of the buildings, with a public road between the Main Building and the Nurses' Home, prevents a proper landscape plan of the grounds being put into effect.

I wish at this time to express my thanks to Mr. W. R. Leslie and his staff at the Experimental Station, Morden, for the assistance they have given in planning the grounds at the Institutions. This assistance has allowed for greater progress with planting materials of known type and hardiness.

LIVE STOCK

Cattle—Herds of "Holstein-Friesian" dairy cattle are maintained at each Institution. These herds supply milk and cream for Institutional use and some of the beef required. The surplus animals are sold for breeding purposes and on the market.

The dairy herd at the Hospital for Mental Diseases, Brandon, has produced, for institutional use, 1,013,790 pounds of milk; this is an increase of 203,634 pounds over last year. The natural increase in the herd was 21 head.

The herd of Holstein cattle at the Hospital for Mental Diseases, Selkirk, has made marked progress during the year. There has been an increase in the average milk production per cow and the herd is gradually becoming more uniform in type and conformation. The inventory value of the herd has increased \$1,040.00 above the value one year ago.

At the Manitoba School for Mentally Defective Persons, Portage la Prairie, the dairy herd of Holstein cattle was maintained on a slightly higher basis than in previous years. The milk requirements at the Institution appear to be increasing. The practice of purchasing feeder cattle, finishing them on pasture and grain and slaughtering them for use in the Institution was continued. By this procedure the quality of beef produced is higher than the beef purchased and a great deal of cheap feed, that has little or no sale value, is consumed by the cattle.

Produce supplied to the Institutions, as follows—

	Brandon	Selkirk	Portage	Amount	Totals Value
Milk and Cream	1,013,790	537,754.4	320,186	1,871,730.4	\$32 890.54
Beef, Veal, Liver	12,383	384	16,577	29,344	2,586.46
					<u>\$35,477.00</u>
Return from Sale of Cattle and Hides:					
	\$608.72	\$945.68	\$205.36		\$ 1,759.76
					<u>\$37,236.76</u>

INVENTORY

Cattle on hand, Dec. 31, 1940:

Number head	246	116	89	451 head	
Total value	\$14,495.00	\$8,725.00	\$4,975.00		<u>\$28,195.00</u>

Hogs—Herds of Yorkshire Hogs are kept mainly to supply fresh and cured pork to the Institutions. The surplus hogs raised were sold on the market, or to farmers.

The "hog herd" at the Hospital for Mental Diseases, Brandon, has been maintained on an increased basis. The number of hogs raised in 1940 was slightly in excess of Institutional requirements hence some hogs will be sold on the market in the next few months.

At the Hospital for Mental Diseases, Selkirk, the herd of hogs has been carried on the same basis as in the past years. The usual donation of six feeder pigs to the "Knowles School for Boys" was continued.

The number of hogs raised at the Manitoba School for Mentally Defective Persons was increased in 1940 and hogs were transferred from the Hospital for Mental Diseases, Brandon, to the above mentioned School, at Portage la Prairie, for finishing. Most of the hogs produced were used as fresh pork in the Institution.

Pork Supplied to the Institutions as follows:—

	Brandon	Selkirk	Portage	Amount	Totals Value
Pork—lbs.	38,563	20,597	13,839	72,999	\$ 7,398.04
Returns from Sale of Pigs	\$399.79	\$2,009.90	\$240.00		\$ 2,649.69
					<u>\$10,047.73</u>

INVENTORY

Hogs on hand, Dec. 31, 1940:

Number head	253	132	47	432 head	
Total values	\$3,062.00	\$2,045.00	\$470.00		<u>\$ 5,577.00</u>

Horses—A number of horses are maintained at each Institution for farm and institutional use.

	Brandon	Selkirk	Portage	Amount	Totals Value
Returns from Sale of Horses	\$25.00	.....	\$75.00		<u>\$100.00</u>

INVENTORY

Horses on hand, Dec. 31, 1940:

Number head	24	18	16	58	
Total value	\$1,680.00	\$1,600.00	\$1,700.00		<u>\$4,980.00</u>

Poultry—A laying flock is maintained at the Selkirk Hospital for Mental Diseases only, their being no accommodation for poultry at the other Institutions.

The practice of purchasing partially grown pullets in the summer was continued. The egg production was more uniformly maintained during 1940 than in previous years.

Eggs supplied to Institution as follows:

	Brandon	Selkirk	Portage	Amount	Totals Value
Eggs—doz.	3,737	.....	3,737	\$747.48
Returns from Sale of Poultry	200 head	.....	.....	95.38
					<u>\$842.86</u>

INVENTORY

Poultry on hand, Dec. 31, 1940:

Number head and value	352 head	<u>\$264.00</u>
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MACHINERY

The machinery at the Hospital for Mental Diseases, Brandon, with one or two exceptions, is in good repair. The Milking Machine in the Dairy Barn was changed over during the year to a new magnetic type. This is operating in a satisfactory way. Milker equipment was installed in No. 3 Barn. This equipment eliminated the necessity of employing an additional man on the farm.

At the Hospital for Mental Diseases, Selkirk, the standard of machinery is maintained on a uniform level. New purchases were one Twenty-four Run Power Drill and one Eight Foot Binder. The Diesel tractor again demonstrated its low cost of operation. During the two years of operation the saving in fuel, compared with the former tractor used, is in excess of the cost of the exchange made nearly two years ago.

The machinery at the Manitoba School for Mentally Defective Persons, Portage la Prairie, is in good repair, with the exception of the farm tractor. This tractor is costly to operate and should be traded in at the earliest opportunity.

INVENTORY

Machinery on hand, Dec. 31, 1940:

	Brandon	Selkirk	Portage	Total Value
Total value	\$5,924.00	\$5,218.00	\$5,577.10	<u>\$16,719.10</u>

BUILDINGS

At the Hospital for Mental Diseases, Brandon, the buildings are in reasonably good repair. The Granary and Barn No. 2 should be painted next spring. The vegetable storage space was not sufficient last fall and it was necessary to use the temporary root cellar to the north of the main cellars. It is suggested that this cellar be made a permanent one.

The buildings at the Selkirk Hospital for Mental Diseases are also in reasonably good repair. The horse barn, piggery and implement shed require painting. This should be done without delay.

The buildings are adequate to carry on all farm operations, at the Manitoba School for Mentally Defective Persons, with the exception of a slaughter plant. The number of animals slaughtered for Institutional use has increased very materially this past year, and as these have to be taken to the Manitoba Home for Boys farm for slaughter, a considerable amount of time is lost doing this work. It is suggested a small slaughter plant be erected. This should be placed at some distance from the buildings and constructed to meet standard requirements for such buildings.

STATEMENT OF OPERATIONS—January 1st to December 31st, 1940

Revenue—

	Brandon	Selkirk	Portage	Total
Value of produce supplied to Institutions	\$27,834.66	\$15,667.82	\$10,494.28	
Sales of Animals, Produce, etc.	1,036.51	3,681.98	1,737.57	
Total Revenue	<u>\$28,871.17</u>	<u>\$19,349.80</u>	<u>\$12,231.85</u>	\$60,452.82

Expenses—

Salaries	10,789.12	9,945.89	6,245.82	
Operating Expenses	11,738.05	5,772.29	5,229.90	
	<u> </u>	<u> </u>	<u> </u>	
Total Expenses	\$22,527.17	\$15,718.18	\$11,475.72	49,721.07
				<u> </u>
Total Operating Surplus				<u>\$10,731.75</u>

STAFF

The farm staffs at the Institutions have been co-operative and interested in their work. Mr. Alex T. Craig, formerly at the Experimental Station, Morden, was taken on as gardener at the Manitoba School for Mentally Defective Persons, Portage la Prairie, in January, 1940. No other changes in staff personnel were made during the year.

I wish to take this opportunity of thanking you, Sir, for your kind consideration of all problems relating to the farms and the helpful assistance given me in putting beneficial changes into practice.

I have the honour to be, Sir,

Your obedient servant,

J. E. CRAWFORD,

Farms Manager.

Fiscal Supervision of Public Institutions

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

Sir:

I am pleased to submit herewith report for the Calendar Year ending December 31, 1940, for the Division of Fiscal Supervision of Public Institutions.

The total revenue for the year amounted to \$253,473.74, which represents an increase of over \$28,000.00 over the previous Calendar Year. This revenue 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 for Mentally Defective Persons, 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.

A statement as to how the foregoing total is made up is as follows:

MAINTENANCE ACCOUNT

Brandon Hospital for Mental Diseases:

12 months' period ending December 31, 1940:

Provincial and Private patients	\$15,036.36	
Indian patients	3,183.98	
Collection Receipts		\$18,220.34
Estate Receipts		35,473.11
TOTAL		\$53,693.45

Selkirk Hospital for Mental Diseases:

12 months' period ending December 31, 1940:

Provincial and Private patients	\$10,943.51	
Indian patients	4,556.24	
Soldiers	16,818.27	
Insane Convicts	1,279.24	
Collection Receipts		\$33,597.26
Estate Receipts		2,548.17
TOTAL		\$54,145.43

Manitoba School for Mentally Defective Persons, Portage la Prairie:**12 months' period ending December 31, 1940:**

Provincial and Private patients	\$ 2,932.31	
Municipal patients	64,913.24	
Collection Receipts		\$67,845.55
Estate Receipts		765.08
TOTAL		\$68,610.63

Psychopathic Hospital, Winnipeg:**12 months' period ending December 31, 1940:**

Provincial and Private patients	\$ 5,400.10	
Collection Receipts		\$ 5,400.10
Estate Receipts		762.42
TOTAL		\$ 6,162.52

FARM ACCOUNT**12 months' period ending December 31, 1940.****Brandon Hospital for Mental Diseases:**

Produce supplied from Institution\$30,209.95

Selkirk Hospital for Mental Diseases:

Produce supplied from Institution 20,421.15

Manitoba School for Mentally Defective Persons, Portage la Prairie:

Produce supplied from Institution 10,741.16

TOTAL		\$61,372.26
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SUNDRY REVENUE ACCOUNT**12 months' period ending December 31, 1940.**

Brandon Hospital for Mental Diseases	\$ 1.00	
Selkirk Hospital for Mental Diseases	118.89	
Manitoba School for Mentally Defective Persons, Portage la Prairie	30.10	
TOTAL		\$ 149.99
Refunds to appropriation		\$6,313.67

OCCUPATIONAL THERAPY ACCOUNT**12 months' period ending December 31, 1940.**

Brandon Hospital for Mental Diseases	\$2,536.99	
Selkirk Hospital for Mental Diseases	167.85	
Manitoba School for Mentally Defective Persons, Portage la Prairie	320.95	
TOTAL		\$3,025.79

Total Revenue received on Maintenance Account	\$182,612.03
Total Revenue received on Farm Account	61,372.26
Total Revenue received on Sundry Revenue	149.99
Total Revenue received on Therapy Account	3,025.79
Total Revenue received on Refunds to Appropriation.....	6,313.67
 GRAND TOTAL	 \$253,473.74

GENERAL REMARKS RESPECTING COLLECTIONS

It is satisfactory to note that a comparison of the total revenue for the year ending December 31, 1940, with the year ending December 31, 1939, shows an increase of \$28,353.27. This is actually the first year that we have been able to make any proper comparison, in view of the change of dates for filing annual reports. It might be mentioned that it is possible that the estates could have yielded slightly more revenue, had there been normal conditions in marketing the 1940 crop.

It is felt that our policy of endeavoring to clear up, even at reduced figures, old outstanding accounts, is a good one, as, if they are left indefinitely, they will never be collectible. For the other accounts, we endeavor, if those legally liable to pay cannot make payments, to keep the current account up to date and to at least get something from them each month and we believe that this, in the long run, will be profitable from a revenue point of view.

OLD AGE PENSIONS

During the year, this Department has administered pensions of approximately seventy-five Old Age Pensioners confined to the St. Boniface Home for Aged and Infirm and various Salvation Army Homes and some who are boarding out in private homes. The following is a statement of receipts and disbursements of these accounts:

Balance in Bank, December 31, 1939	\$ 6,036.94
Amount Pensions received	7,661.52
	<hr/>
	\$13,698.46
Personal Allowance	\$ 545.00
Refund to Municipalities	1,135.00
Paid on Sundry Accounts	919.11
Placed in Consolidated Revenue	7,651.01
	<hr/>
	\$10,250.12
 Balance in Bank, December 31, 1940	 \$ 3,448.34

MANITOBA SCHOOL FOR MENTALLY DEFECTIVE PERSONS

I am pleased to report that satisfactory progress has been made with respect to the collections of the Manitoba School accounts. We were successful in clearing up once again several cases involving disputes between municipalities as to liability by reason of residence of the patient, as hearings were held before the Municipal Commissioner in this connection. Several of the municipalities still find themselves unable

to keep this account paid up, which, in some cases, is increasing on them. We have continued our practice of billing more often than formerly was the case, with good results.

In conclusion, I wish to thank the Honourable Minister and yourself for the kindly direction and supervision which you have given during the year and I wish to assure you that I have always, at all times, found my staff most loyal and co-operative.

Respectfully submitted,

R. R. GOODWIN,

Supervisor.

Administration of the Estates of the Mentally Incompetent

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

Sir:

I submit herewith report for the Division of the Administration of Estates for the Mentally Incompetent for the Province of Manitoba for the calendar year ending December 31, 1940.

There were under administration at the end of the year seven hundred and seventy-four (774) estates, classified as six hundred and twenty-nine (629) active and the remainder non-active during the year.

As at December 31, 1940, there were ninety-five (95) farms under administration and fifty-two (52) urban properties in the various cities, towns and villages of the Province. We also had under administration fifty-two (52) mortgages and agreements.

The following is a tabulation of the gross amount of grain and field crop produced by the farms under administration:

Wheat	41,766 bushels
Oats	15,218 bushels
Barley	10,351 bushels
Flax	57 bushels
Rye	425 bushels
Alfalfa	6 tons

There was, of course, in addition to the foregoing, considerable hay, sweet clover and other fodder crops grown on our farms. I may say that, generally speaking, the yield of the wheat crop was, on the average, higher than the previous year, whereas coarse grains were down somewhat. We continued the practice of selling, for the most part, our wheat through the Wheat Board and we received Producer's Certificates for the patient's share. Naturally, marketing conditions this past year have increased considerably our problems and in certain sections we still have grain in specially built bins on our farms. It is to be hoped that some solution of this serious situation will be found by our Dominion Government.

We have also continued our policy of renting on a one-third share of crop basis wherever possible; but, in some cases, where a patient prior to his going into the Institution owned a full line of stock and equipment and the reports from the doctors at the Institution indicated that the patient's illness would be of short duration, we rented the farms with stock and equipment on half crop basis.

During the year there was a little more movement in real estate than in previous years. We sold seven properties legally described as follows:

Lots 56 and 57, Block 9, East Kildonan.
Lot 63, Block 1, Brooklands.
Part of River Lot 66, East Kildonan.
Lot 7, Block 29, D.G.S. St. John, Plan 331, Winnipeg.
Lot 11, Town of Emerson, S. W. 20-2-1 E.
Part of 21-26-20 W. 1st.

Included in the foregoing list were three small cottages, one of which was sold for cash and the others with substantial cash payments. Another piece of property sold was a market garden, upon which was received a substantial cash payment and the balance secured by Agreement for Sale. We also sold a very old building in the Town of Emerson for all cash, at a figure which we considered profitable, considering rentals received. The quarter section of land was in the Altona district and a fair and reasonable price was received for same, with a substantial cash payment and the balance secured by agreement.

During the year we instructed licensed auctioneers to hold for us numerous auction sales, involving household furniture, personal effects, etc. In all these cases, of course, prior to making arrangements for the sale, we were assured by the physicians at the Institutions that the likelihood of the patient's discharge was most remote and, as well, wherever possible, relatives were consulted concerning the sale.

RENTALS

The rents from houses which belong to estates which we are administering yielded throughout the year approximately \$482.00 per month. These houses, of course, are situated all over the Province in the various cities, towns and villages. Our properties are kept in a reasonable state of repair, taking into consideration the revenue they produce. Taxes, insurance and repairs are, of course, continuously scrutinized in an effort to make the properties yield the maximum amount on the investment.

LIFE INSURANCE

As at December 31, 1940, we held in this office for patients one hundred and fifty-one (151) life insurance policies, of which thirty (30) contained disability clauses of various kinds. Where the estate of the patient warrants, we endeavor to keep the life insurance paid up, but, in the event of the estate not having the cash to do so and premiums are required, we take advantage of any extended insurance clauses, paid-up insurance clauses, etc., in the policy, so that the patient will be fully protected, so far as he can be under the terms of the policy. It might be mentioned that once again we have found the insurance companies most co-operative and anxious to see that their policy holders receive maximum protection and service from the policies in their companies.

BONDS

As at December 31, 1940, this Division held, as committee of the estates of the patients, bonds of a par value of \$221,535.00, which represents an increase of \$36,000.00 over the previous year. It has been our policy to invest surplus funds belonging to the patient as quickly as possible in only Dominion of Canada Government bonds. We

subscribed substantially to the First and Second War Loans. Each patient's estate is treated individually and no block investments are made. As at the end of the year, we also held stocks of a nominal value of \$64,055.99 for the patients.

INSPECTIONS

During the year we received from the Brandon Hospital for Mental Diseases and the Selkirk Hospital for Mental Diseases reports of four hundred and ninety (490) admissions and three hundred and fifty-nine (359) discharges. Of course, each Outgoing and Incoming Report involves considerable work in this Department, especially the Incoming Reports, which place upon us the duty of immediately ascertaining what estate, if any, the patient has. We endeavor to keep as closely in touch as possible with all our farms and urban properties at a minimum of expense. On occasions, when it is impossible to cover all the ground ourselves, we use solicitors at nearby points or secretaries of municipalities and we have found them most co-operative. We have found that it is much better, especially when dealing with relatives, to establish if at all possible a personal contact rather than endeavor to explain all matters in detail by way of correspondence. At times we have overcome natural reticence on the part of relatives to this Department, but, for the most part, we do not even have this objection to face.

MAINTENANCE

I am pleased to be able to report that, during the year 1940, the Administrator of Estates of the Mentally Incompetent was able to pay over to the Supervisor of Public Institutions the sum of \$57,549.12 for the maintenance of patients as follows:

Selkirk Hospital for Mental Diseases	\$20,548.17
Brandon Hospital for Mental Diseases	35,473.11
Manitoba School for Mentally Defective Persons, Portage la Prairie	765.42
Psychopathic Hospital, Winnipeg	762.42
 Total	 \$57,549.12

This amount, I believe, is a new high for moneys turned over by the Estates on account of Maintenance. We have been careful, of course, as committee of the estates of the patients, to protect the patients' estates first, prior to turning over moneys on account of maintenance. This, we believe, is a reasonable and fair policy. One of the main objectives of a mental institution is to effect a cure of the patient so that he may be discharged from the Institution and take up his normal course of living. It follows, therefore, that, in formulating policies of administration for the patient's estate, this is to be borne in mind and if, during the patient's confinement, his estate can be administered efficiently and economically and upon his recovery handed back to him in good order so that he may be properly re-established, then this Division has contributed somewhat, at least, to the assurance that the patient will henceforth be able to carry on himself and will not be re-committed at a later date.

Commencing January 1, 1940, administration fees were charged in certain cases for the administering of the estates, as contemplated by the legislation.

Our procedure was to draw up a proper set of accounts, similar to those drawn up when passing accounts for the estate of a deceased person. These were presented to a Judge of the Surrogate Court under "The Trustee Act" and the accounts audited

and passed by the Judge, who allowed a fee, commensurate with the amount of time and trouble expended in and about the estate and the length of time which the estate was in our hands. During the year, accounts were drawn up and passed in eighteen (18) different cases and the total administration fees allowed collected amounted to \$2,551.60, which constitutes a new form of revenue to this Division.

Appended hereto is a financial statement of this Division.

In closing, I wish to extend my thanks to the Honourable Minister and to yourself and to my staff for the kindly co-operation, which has, at all times, been forthcoming.

Respectfully submitted,

R. R. GOODWIN,

Administrator.

STATEMENT OF ESTATES UNDER ADMINISTRATION AS AT DECEMBER 31, 1940.

ASSETS		LIABILITIES	
Cash on hand and in The Royal Bank of Canada	\$ 61,593.81	Liabilities of Estates:	
Government, Municipal and other Bonds, being part of the corpus of specific Estates at par value	190,535.00	Accounts Payable	\$ 5,644.94
Shares of the Capital Stock of various Companies, at nominal valuation	64,155.99	Accounts Payable—Suspense	\$ 5,644.94
Disability and Annuity Contracts (Maturity Value)	16,768.45	Notes Payable	
Accounts Receivable	14,161.64	Principal	\$ 4,838.31
Rentals Receivable	727.35	Interest	75.67
Notes Receivable: Principal	\$11,368.84		4,913.98
Interest	585.86	Province of Manitoba:	
	11,954.70	Advances for the Conservation of Estates:	
Mortgages and Agreements Receivable:		Principal	\$ 2,223.34
Principal	\$28,155.03	Interest	221.46
Interest	5,280.19		2,444.80
	33,435.22	Mortgages and Agreements Payable:	
Chattels	24,309.19	Principal	\$54,290.69
Real Estate	273,505.37	Interest	3,227.56
			57,518.25
TOTAL	\$691,146.72	Total Liabilities of Estates	\$ 70,521.97
		Estates under Administration:	
		Assets over Liabilities	\$620,559.65
		Surplus Interest, unallocated	65.10
			620,624.75
		TOTAL	\$691,146.72

HEALTH

HEALTH

Provincial Board of Health

Hon. James McLenaghan,
Minister of Health and Public Welfare,
Winnipeg, Man.

Sir:

We have the honour to submit herewith the annual report of the Provincial Board of Health for the calendar year 1940.

Under "The Public Health Act" it is the duty of the Provincial Board of Health to advise the Minister of Health and Public Welfare in all matters relating to the preservation of health and the prevention of disease.

The same Act provides that the Board shall consist of the Deputy Minister of Health and Public Welfare, the Provincial Bacteriologist, and seven other persons appointed by the Lieutenant-Governor-in-Council on the advice of the Minister of Health and Public Welfare. The Minister shall, ex officio, be a member of the Board, and the Lieutenant-Governor shall designate which one of the members of the Board is to be Chairman.

The Deputy Minister of Health and Public Welfare shall be the Chief Officer of Health in the Province, and the Executive Member of the Board, and in the intervals between meetings of the Board shall perform such duties and have such executive powers as are imposed or conferred upon or by "The Public Health Act" vested in the Board.

The Lieutenant-Governor-in-Council may appoint a Secretary of the Board, who shall attend all meetings of the Board, keep a full record of the transactions and perform such other duties as are prescribed by the Minister or the Regulations.

During the year 1940 two changes took place in the membership of the Board, owing to the resignation of the Honourable I. B. Griffiths as Minister of Health and Public Welfare, and the death of Dr. A. J. Douglas.

The present members of the Board are as follows:

The Honourable James O. McLenaghan, (ex officio member)	Dr. G. W. Rogers,
Dr. E. W. Montgomery, (Chairman)	Mr. E. L. Stoney,
Dr. M. S. Loughheed,	Mr. Frank Simmons,
Dr. F. T. Cadham,	Mr. E. W. J. Hague,
Dr. J. S. Matheson,	Dr. F. W. Jackson, (Executive Member)
	Mr. R. M. Fisher, (Secretary)

During the year 1940 three meetings of the Provincial Board of Health were held on the following dates—

26th of April, 1940,
21st day of August, 1940,
22nd day of November, 1940.

At the meeting held on the 26th of April, 1940, certain amendments to the Regu-

lations under "The Public Health Act" made by the Minister of Health and Public Welfare were approved by the Board.

The Board heard and considered a lengthy report made by Dr. Donovan on the typhoid epidemic in St. Boniface and Ste. Anne.

Certain suggestions were made by the Board as to tightening of the Regulations under "The Public Health Act" respecting disease control, and the advisability of having regulations governing cheese factories was discussed. The Executive Member of the Board was requested to take up the matter of regulating cheese factories with the Department of Agriculture and report back to the Board.

At the meeting held on the 21st of August, 1940, the Honourable Mr. Griffiths, the Minister of Health and Public Welfare, laid before the Board revised copies of Regulations made and issued by him under the provisions of "The Public Health Act". Copies of the Regulations had been furnished to the members of the Board prior to the meeting.

The Board, after consideration of the Regulations, suggested certain amendments, and recommended that printed copies of the said Regulations be given to all members of the Board, and that a further meeting of the Board be held within three months from the time the Regulations were put into force for the purpose of considering whether any further amendments to the Regulations should be made.

The question of sanitation in military camps in Manitoba was also discussed by the Board, and it was agreed that the sanitary inspector of the Department of Health and Public Welfare would make an inspection of the military camps in Manitoba.

At the meeting of the Board held on the 22nd of November, 1940, there was a further discussion as to conditions existing in the various military camps established in Manitoba, and the Board recommended the appointment of one additional sanitary inspector.

The Board also considered the Regulations made by the Minister of Health and Public Welfare under "The Public Health Act", and considered certain amendments made by the Minister at the suggestion of members of the Board or various branches of the Department of Health and Public Welfare, and after careful consideration the proposed amendments were approved by the Board.

The Executive Member of the Board reported that the Lieutenant-Governor-in-Council was not prepared at this time to approve new regulations respecting cheese factories.

The question was raised as to certain cases of ragweed poisoning which had occurred in the Province, and the Board requested the Executive Officer to take up this matter with the Department of Agriculture.

All of which is respectfully submitted,

E. W. MONTGOMERY,
Chairman.

R. M. FISHER,
Secretary.

Division of Vital Statistics

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

Sir:

I have the honour to submit the statistical report of the Division of Vital Statistics for the year 1940.

The number of live births registered as occurring in 1940 was 14,787, of marriages 8,853, of deaths 6,346, and of stillbirths 352. Assuming a population of 730,000, these figures give an annual rate of 20.2 births, 12.1 marriages and 8.7 deaths per thousand population. The birth rate was the highest since 1931, the marriage rate since 1912. Save for 1936, this was the first year the death rate had reached 8.7 since 1922.

TABLE I.

BIRTHS (EXCLUDING STILLBIRTHS), MARRIAGES AND DEATHS WITH RATES PER THOUSAND POPULATION

Manitoba, 1940 and 1939.

		1940		*1939	
		Number	Rate	Number	Rate
Live births—	White	14,176	19.8	13,009	18.3
	Indian	611	42.1	574	39.6
	All	14,787	20.2	13,583	18.7
Marriages—	White	8,715	12.2	7,570	10.6
	Indian	138	9.5	106	7.3
	All	8,853	12.1	7,676	10.5
Deaths—	White	5,918	8.3	5,743	8.1
	Indian	428	29.5	414	28.5
	All	6,346	8.7	6,157	8.5

*Figures as given by the Dominion Bureau of Statistics save for Indian marriages which are not compiled.

There was an excess of 188 deaths over the total for 1939. There were 53 more deaths under 25 years of age and 224 more over 65 years of age. Between 25 and 45 there were 91 less. The 45-64 group showed practically the same number, a difference of 4 only in over 1,500. The proportional distribution of the deaths tends always towards the higher age groups. In 1921, deaths over 65 years of age numbered 24.5% of the total; in 1931, 33.0%; in 1939, 42.6%; in 1940, 44.6%. The ratio of male to female deaths is approximately 4 to 3 or 130 to 100. In all age groups there is an excess of male over female deaths, most marked in the period from 45 to 75 years of age. The estimate of the population is so uncertain that no attempt has been made to divide it into age groups.

TABLE II.

DEATHS IN MANITOBA BY AGE, SEX AND RACE

(The total at each age compared with that of 1939)

	White		Indian		All	
	M.	F.	M.	F.	1940	1939 (D.B.S.)
Under 1	328	296	74	66	764	752
1 - 4	75	75	29	25	204	189
5 - 14	62	57	25	22	166	160
15 - 24	121	93	23	34	271	251
25 - 44	252	246	20	23	541	632
45 - 64	957	585	12	14	1,568	1,564
65 - 79	1,089	765	22	13	1,889	1,769
80 and over	481	436	13	13	943	839
Not stated	-----	-----	----	----	-----	1
	3,365	2,553	218	210	6,346	6,157

CHIEF CAUSES OF DEATH

Table III shows the deaths from certain important causes separately for Whites and Indians, and compares the total provincial rates with those for previous years. This comparison must, however, be made with due caution—up till and including 1939, the 1929 International List of causes of death was used in coding. In 1940, the code used in this office was that of the International List of 1938 with Canadian rulings, that used in the Dominion Bureau of Statistics was that of the 1929 list. In 1941 and until the next revision, the code used in both offices will be according to the modification of the 1938 code adopted by the United States in 1939. The federal figures for 1940 will be more comparable with those for previous years, those compiled in this office with figures for future years. In order to render these figures truly comparable, the 1940 returns have also been coded according to the United States Manual and certain of these changes are listed in Table IV. Altered coding, such as the preference of cerebral haemorrhage or myocarditis to arteriosclerosis or hypertension where the conditions are named together on the certificate, or of tuberculosis to schizophrenia, accounts for several apparent discrepancies.

The total mortality from cerebral haemorrhage, heart disease, arteriosclerosis, high blood pressure and nephritis was 286.4 per 100,000 for 1939 and 306.0 per 100,000 for 1940. This rise accounts for nearly all the difference between the crude rates—other important rises are shown in the deaths attributed to bronchitis and asthma and to ulcer of the stomach and duodenum.

The low pneumonia rate has not been maintained, but there is only a slight rise in the number of deaths from lobar pneumonia. Of these there were 111 deaths of white persons in 1939, 119 in 1940. Winnipeg had 29 lobar pneumonia deaths in 1940, 23 in 1939. There was still a marked reduction on the number in previous years. The United States Manual would add 2 to the provincial lobar pneumonia total and 1 to that of Winnipeg.

Figures for deaths from communicable disease are given in the report of the

Division of Disease Prevention. Owing to additions received and amendments made after these figures were submitted to the Division of Disease Prevention, there is some discrepancy between the figures given there and in the present table, particularly in tuberculosis. Final figures will be given in next year's report.

The tuberculosis rate is a new low. The increase in other infectious diseases is mainly due to a larger number of deaths from measles 18, as against 4, and the transfer to this group of Hodgkin's disease. Cancer has fallen back a little although not to the 1938 level.

To form a true picture of the whole, it is necessary to view the component parts; for this purpose the province outside the Indian Reserves has been divided into eight areas to conform so far as possible with local characteristics of race and habits, and of economic and living conditions, and at the same time to contain a readily calculated population.

Greater Winnipeg, including the cities of Winnipeg and St. Boniface, the urban municipalities in their vicinity, the towns of Transcona and Tuxedo and the village of Brooklands, forms one area with an approximate population of 295,000. The unorganized area of Northern Manitoba, (Census Division XVI) forms another. Its southern boundaries are approximately 52° 20' to the west of Lake Winnipegosis, 51° 15' in the interlake region, 50° 25' in the eastern area. Southern Manitoba, mostly organized, is divided into the eastern area, roughly east of the Red River, or 97° (Census Divisions I and V); the interlake area, north of Winnipeg and between the lakes (IX and XII); the south central, south of Lake Manitoba, approximately west of 97° (II and VI); the south western, south of 49° 47' and west of 98° 15' (III and IV, Part VII and VIII); the west central, west of Lake Manitoba, south of the Riding Mountain, and of 50° 52' (Part VII and VIII and X and XI); the north western area, north of this and west of the lakes up to the southern boundary of the northern area. (XIII, XIV, and XV).

TABLE III.

DEATHS FROM CERTAIN CAUSES

With deaths per 100,000 population, Manitoba, 1940.

Whites and Indians with rates of previous years.

1940 coding: International List, 1938, with Canadian rulings

Previous coding: International List, 1929.

Cause	Whites, inc. H.B. 1940		Indians 1940		Provincial Rates		
	No.	Rate	No.	Rate	1934-38	1939	1940
Influenza	113	15.8	22	150.9	19.9	24.6	18.5
Tuberculosis	217	30.3	148	1,021.0	58.0	50.7	50.0
Syphilis	48	6.7	2	13.8	7.6	7.4	6.8
Other infectious diseases	132	18.5	17	117.4	24.3	17.1	20.4
Cancer	803	112.2	6	41.3	103.8	117.0	110.8
Rheumatism	35	4.9	1	6.9	6.3	5.5	4.9
Diabetes mellitus	95	13.3	---	---	10.6	15.4	13.0
Thyroid disease	31	4.3	---	---	3.6	2.8	4.2
Pernicious anaemia	27	3.8	1	6.9	4.2	6.3	3.8

Cerebral haem. and thrombosis	496	69.3	6	41.3	14.2	8.7	69.0
Psychoses	38	5.3	3	20.6	4.3	4.5	5.6
Heart disease	1,305	182.5	18	124.1	114.2	145.0	181.5
Arteriosclerosis	173	24.2	2	13.8	61.1	83.0	24.0
High blood pressure	31	4.3	—	—	13.9	14.5	4.2
Pneumonia	300	42.0	60	414.0	59.8	43.9	49.3
Bronchitis and Asthma	88	12.3	3	20.6	7.6	8.6	12.5
Gastric and duodenal ulcer	59	8.2	—	—	6.3	6.9	8.1
Diarrhoea and ent. (under two years)	57	8.0	12	82.8	14.9	12.3	9.2
Appendicitis	63	8.8	1	6.9	9.9	9.1	8.8
Hernia and intestinal obstruction	61	8.5	—	—	9.5	7.4	8.4
Nephritis	206	28.8	4	27.6	32.7	35.2	28.8
Prostatic disease	92	12.9	—	—	9.6	12.1	12.6
Maternal causes	42	5.9	9	62.2	7.6	6.1	7.0
Premature birth	164	22.9	9	62.2	30.0	28.4	23.7
Old age	102	14.3	7	48.3	11.2	10.5	14.9
Suicide	61	8.5	—	—	10.5	11.3	8.4
Homicide	8	1.2	1	6.9	1.4	0.4	1.2
Accident	317	44.4	16	110.3	45.2	46.0	45.2
All causes	5,918	827	428	2,948	820	847	868
Diarrhoea and ent. Deaths per 100,000 children under 2					468	416	302
Premature birth Deaths per 1,000 live births					14.7	14.3	11.7
Maternal causes Deaths per 1,000 live births					4.1	3.5	3.4

TABLE IV.

DEATHS FROM CERTAIN CAUSES

Manitoba—1940.

Coded by U. S. A. Manual, 1939.

Influenza	116	Pneumonia	390
Tuberculosis	378	Bronchitis and asthma	71
Syphilis	51	Gastric and duodenal ulcer	62
Rheumatism	31	Diarrhoea and enteritis	70
Diabetes mellitus	120	Appendicitis	69
Pernicious anaemia	22	Hernia and intestinal obstruction	60
Cerebral haemorrhage and thrombosis	486	Nephritis	227
Psychoses	11	Prostatic disease	73
Heart disease	1,427	Premature birth	161
Arteriosclerosis	132	Old age	102
High blood pressure	11	Accidents	335

The population of the northern area is 32,000, while the southern areas average 64,000 each.

It is also convenient to divide the province into cities, towns over 1,000, other towns and villages, rural areas and Indian Reserves; the population in the cities and

towns over a thousand is often termed the urban, that in the remainder is termed rural. Again for several purposes, it is desired to know the rates for the various races from which the people derive their origin; it is of especial importance to separate the Indian from the white population as owing to the conditions of living, the rates are in many cases very different.

INFANT MORTALITY

Of children under one year of age there were 764 deaths which means a toll of nearly 52 infants of every thousand children born alive, in 1939 there were 750 infant deaths giving a rate of 55. In 1940 there were 365 deaths of children under one month of age—a toll of 25 of every 1,000 born alive, in 1939 there were 391 with a toll of 29. There is a decided drop in the deaths attributed to premature birth.

For statistical purposes the term neonatal usually denotes children under 1 month of age but there is a tendency among clinicians to confine it to children under 14 days, this being the date at which they usually pass from the care of the obstetrician to that of the pediatrician. Deaths occurring in the first two weeks of life are mostly due to prenatal causes, beyond this more and more to those of the environment.

The Division is now engaged in co-operation with the Maternal Advisory Committee on a study of the causes of the deaths that occur before, during or after birth between the 28th week of gestation and the 15th day after birth. In 1940 there were 352 stillbirths and 312 deaths of children under 15 days. This means that of every 1,000 children that reached the viable stage of 6½ months or 28 weeks, 44 died within the following 14 weeks. In 1939, 48 of every 1,000 died in that period. The stillbirth percentage of total births was 2.3; which is lower than any previously reported in this Province. It is of interest to note that the rate has been consistently higher than in the other western provinces, consistently lower than in Ontario and Quebec. Is this a measure of the efficiency of registration or is there some other cause?

TABLE V.

DEATHS OF CHILDREN UNDER ONE YEAR OF AGE

By Cause and Age — Manitoba, 1940.

	Under 15 days	15 days to 1 month	1 month to 1 year	Under one year
Whites:				
Bronchitis, pneumonia and influenza.....	4	7	112	123
Diarrhoea and enteritis	4	6	40	50
*Other communicable diseases.....	4	4	55	63
Congenital heart disease	7	4	11	22
Other congenital malformations	27	4	15	46
Congenital debility	12	3	9	24
Premature birth	152	7	5	164
Injury at birth	34	1	4	39
Other diseases	38	8	37	83
Accident	—	2	8	10
	282	46	296	624

*Including otitis media.

Indians:

Bronchitis, pneumonia and influenza	4	3	46	53
Diarrhoea and enteritis	---	---	10	10
Tuberculosis	---	---	10	10
Other communicable diseases	1	---	10	11
Congenital malformations	2	1	1	4
Congenital debility	5	2	2	9
Premature birth	8	---	1	9
Injury at birth	3	---	---	3
Other diseases	6	---	21	27
Accident	1	1	2	4
	30	7	103	140
All	312	53	399	764

TABLE VI.

CAUSES OF STILLBIRTH

Manitoba—1940.

Complications of Labour:

Abnormal presentation	51
Contracted pelvis	14
Cord complication	28
Other	27

Antepartum haemorrhage:

Placenta praevia	15
Other	17
Toxaemia of pregnancy	37
Disease of placenta	16
Foetal malformation	49
Disease of mother	17
Accident and overstrain	8
Prematurity—no other cause given	11
Other and undetermined	62
	352

Of the 352 stillbirths, 120 were due to difficulties encountered in delivery, 48 to haemorrhage and abnormalities of the placenta, 49 to malformations of the foetus incompatible with independent existence, 62 to disease of or accident to the mother, including 37 due to toxaemia; there were 73 stillbirths in which the cause was not determined. Of these 11 were designated premature, and 13 were not under medical care.

MATERNAL MORTALITY

There was a slight rise over 1939 in the number of deaths from maternal or puerperal causes—40 whites, 9 Indians and 2 half-breeds but the rate per 1,000 live births is somewhat lower. The death rate for white mothers was 2.9, for Indians and

half-breeds 14.5, and for the province 3.4 per 1,000 live births. There were 11 deaths due to abortion (including 3 of the Indian women), 7 to haemorrhage (2 Indians), 13 to infection (3 Indians), 14 to toxæmia, and 6 (1 Indian) to other conditions following difficult labour.

TABLE VII.

CAUSES OF MATERNAL DEATHS

Manitoba—1938, 1939 and 1940.

	*1938	*1939	1940		All
	All	All	White and H. B.	Indian	
Abortion	11	6	8	3	11
Haemorrhage	9	9	5	2	7
Infection	6	11	10	3	13
Toxaemia	6	14	14	0	14
Other	7	7	5	1	6
	39	47	42	9	51
Number per 1,000 births	2.9	3.5	3.0	14.7	3.4

*D.B.S. figures.

The term infection, introduced with the new code covers puerperal sepsis and tetanus, puerperal thrombophlebitis, pulmonary embolism and sudden death. The increase over 1938 was in infection and toxæmia.

There were 15 deaths of women during pregnancy or the puerperium that were caused by other conditions—4 of these were due to tuberculosis (2 Indian, 2 half-breed), 2 to leukaemia, the others, 1 each to typhoid fever, exophthalmic goitre, subarachnoid haemorrhage, acute endocarditis, chronic myocarditis, asthma, septic sore throat, intestinal obstruction and suicide.

CIRCULATORY DISEASE

There were 1,539 deaths attributed to disease of the circulatory system; to these should be added 414 deaths caused by cerebral haemorrhage or thrombosis, many of the 95 deaths due to diabetes and of the 160 deaths due to chronic nephritis and nephritis unspecified.

TABLE VIII.

DEATHS DUE TO DISEASES OF THE CIRCULATORY SYSTEM

Manitoba—1940.

	Under 45	45-64	65-79	80 and over	M.	F.	All
Whites:							
Heart	82	389	562	272	826	479	1,305
Valvular, endocardial	45	61	57	39	112	90	202
Myocardial disease	6	56	185	127	191	183	374
Coronary disease	24	259	288	76	483	164	647
Other and unspecified	7	13	32	30	40	42	82

Arteries	9	36	122	67	115	119	234
Arteriosclerosis	2	18	94	59	87	86	173
Hypertension	5	5	16	5	13	18	31
Gangrene, aneurysm, phlebitis, etc.	2	13	12	3	15	15	30

Associated conditions:

Cerebral haemorrhage and other cerebral vascular lesions	11	121	258	106	238	258	496
Nephritis, not acute	12	58	73	52	105	90	195
Diabetes	8	33	44	10	43	52	95
Total	122	637	1,059	507	1,327	998	2,325

Indians:

Heart	2	3	6	7	8	10	18
Valvular, endocardial	1	1	1	1	2	2	4
Myocardial disease	---	---	4	4	3	5	8
Coronary disease	1	2	1	1	3	2	5
Other and unspecified	---	---	1	---	---	1	1
Arteries	---	1	---	1	1	1	2
Arteriosclerosis	---	1	---	1	1	1	2

Associated conditions:

Cerebral haemorrhage and other cerebral vascular lesions	2	1	1	2	2	4	6
Nephritis, not acute	1	---	2	1	4	---	4
Total	5	5	9	11	15	15	35

Grand Total	127	642	1,068	518	1,342	1,013	2,355
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Owing to the change in coding, arterial disease has fallen from 634 to 222 as a cause of death and cerebral haemorrhage risen from 78 to 414 and myocardial disease from 232 to 374. Arteriosclerosis is mentioned on the certificate as a contributory cause on 383 occasions, hypertension on 326. Coronary disease shows a rise from 545 to 652. In the code used in 1940, preference was given to coronary disease over myocarditis but in 1941 and future years the Manual issued by the United States Bureau of the Census will be used. According to this, the 1940 figures for myocarditis and coronary disease would be 517 and 563 respectively.

Analysis of the 652 deaths assigned to coronary disease shows that 486 were of males, 166 of females; 24 under 45 years of age, 259 between 45 and 65 and 288 between 65 and 79, and 76 over 80 years.

CANCER

In deaths from cancer there was a drop from 850 to 809, but this is 34 more than in 1938. The deaths for the past ten years have numbered respectively 610, 670, 673, 660, 786, 775, 738, 774, 850 and 809. There is an increase of 19.6% in the number of

cancer deaths during the second five years over the first five years whereas the population over 45 years of age has increased by less than 12%. Age specific rates and standardized rates can be given when the census returns are received. The leading increase has been recorded in cancer of the male genital organs, an increase of 63.1% (138 to 225 for the two quinquennials); cancer of the respiratory system (182 to 267) showed an increase of 46.5%.

The main sites mentioned as the seat of the fatal cancers in 1940 were the stomach and other parts of the intestinal tract, the respiratory system, the genital organs and the breast. There were 70 deaths from cancer under 45 years of age, 336 between 45 and 64, 403 from 65 up. 444 were males, 365 females; and 6 were Indians.

TABLE IX.

DEATHS DUE TO CANCER—SHOWING MAIN SITES

Manitoba—1940.

Site	Under 45	45-64	65 and over	M.	F.	All
Stomach	2	68	104	112	62	174
Rectum	6	17	20	25	18	43
Other parts digestive tract	9	75	76	77	83	160
Respiratory system	5	27	29	48	13	61
Female genital system	7	48	17	-----	72	72
Male genital organs	3	19	48	70	-----	70
Breast	9	32	23	-----	64	64
Other	29	50	86	112	53	165
	70	336	403	444	365	809

TABLE X.

DEATHS FROM CANCER

According to Area of Residence—Manitoba—1940.

	M.	F.	All	Estimated Population 1940	Rate per 100,000 Population
Greater Winnipeg	220	178	398	295,000	1.3
Eastern	31	19	50	58,000	0.9
Interlake	42	27	69	52,000	1.3
South Central	26	31	57	74,000	0.7
South Western	42	40	82	77,000	1.1
West Central	37	28	65	63,000	1.0
North Western	23	24	47	65,000	0.7
Northern	10	7	17	32,000	0.5
Indian Reserves	1	3	4	14,000	0.3
Outside Manitoba	14	8	22	-----	-----
Unknown	1	---	1	-----	-----
	444	365	809	730,000	1.1

TUBERCULOSIS

Tuberculosis claimed 2 more lives in 1940 than in 1939, 196 males and 169 females, but owing to the estimated increase in the population, the death rate fell to 50.0 per

100,000 population—27.5 for whites, 275 for half-breeds, 1,021 for Indians. The death rate in Greater Winnipeg was 27.8; in two areas in the province, South Central with 24.3 and South Western with 20.8, even lower rates were obtained. Outside the Indian Reserves the highest rates were in the North with 59.4 and in the Interlake area with 53.9. 274 deaths were attributed to tuberculosis of the lungs and respiratory system, 106 of these among the Indians.

TABLE XI.

DEATHS FROM TUBERCULOSIS

Among Whites, Half-Breeds and Indians—by Age, Sex and Type.

Manitoba—1940.							
	Under 24		25 - 64		65 and over		All
	M.	F.	M.	F.	M.	F.	
Whites:							
Respiratory	8	21	69	39	9	6	152
Other	16	12	9	3	1	2	43
Half-breeds:							
Respiratory	3	4	5	3	1	---	16
Other	3	2	---	1	---	---	6
Indians:							
Respiratory	31	40	14	14	6	1	106
Other	18	18	3	2	---	1	42
	79	97	100	62	17	10	365
Rates per 100,000 population: Whites							
						27.5	
Half-breeds						275.0	
Indians						1,021.0	

TABLE XII.

DEATHS FROM TUBERCULOSIS

According to Area of Residence—Manitoba, 1940.

Area	M.	F.	All	Estimated Population 1940	Rate per 100,000 Population
Greater Winnipeg	51	31	82	295,000	27.8
Eastern	12	6	18	58,000	31.0
Interlake	19	9	28	52,000	53.9
South Central	11	7	18	74,000	24.3
South Western	7	9	16	77,000	20.8
West Central	9	9	18	63,000	28.6
North Western	8	15	23	65,000	35.4
Northern	9	10	19	32,000	59.4
Indian Reserves	66	70	136	14,000	972.0
Outside Manitoba	4	3	7	---	---
	196	169	365	730,000	50.0

Owing to the demand for returns in the morbidity and pregnancy survey, the births have not been classified at the time of writing.

As complete analyses of the records are published by the Dominion Bureau of

Statistics, it has been agreed that the tables in this report be limited. Detailed analyses are, however, available for reference at the office of the Division.

Respectfully submitted,

NOEL, R. RAWSON, M.B.,

Recorder, Division of Statistics.

REGISTRY
REVENUE FROM CERTIFICATES ISSUED BY DIVISION OF
VITAL STATISTICS—1940.

	No.	Revenue
Birth certificates issued	10,186	\$ 7,639.25
Death certificates issued	690	517.50
Marriage certificates issued....	1,212	908.75
Paid searches made	24,021	6,005.25
Marriage licenses sold	6,990	28,749.00
Late registrations	1,161	1,161.00
Corrections	366	363.00
Legitimations	83	83.00
Adoptions	232	.....
Miscellaneous .....	.....	1,690.48
Total Revenue		\$47,117.23

ADDENDUM

Various rates for the several provinces of Canada and for the Dominion have been calculated from figures kindly furnished by the Dominion Bureau of Statistics. It will be noticed that the Maternal Mortality Rate for Manitoba differs materially from that given in our report. This is mainly due to difference in the weight given influenza and tuberculosis in the train of events leading to the death of a mother, and to the receipt of information from the certifying doctor too late for acceptance by the Dominion Bureau. It has been agreed to accept the Federal figures as authoritative for future reference.

PROVINCIAL RATES—1940.

	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Canada
Live births per 1,000 population	21.3	22.6	25.5	25.7	18.1	20.1	20.0	21.6	17.7	21.3
Deaths per 1,000 population	11.0	11.0	10.8	10.1	10.1	8.6	6.7	7.8	10.6	9.7
Marriages per 1,000 population	7.3	11.4	10.5	10.8	10.9	12.1	8.2	10.4	12.4	10.8
Deaths of children under 1 year per 1,000 L. B....	66	62	79	70	43	51	50	48	38	56
Deaths of children under 1 mon. per 1,000 L. B...	34	30	39	35	26	24	26	25	21	30
Maternal deaths per 1,000 L. B.	2.9	3.6	4.7	4.5	3.7	3.9	3.2	4.0	3.1	4.0
Illegitimate live births per 100 L. B.	4.5	6.9	3.8	3.1	4.6	3.7	3.3	3.9	3.8	3.9
Stillbirths per 100 total births	2.5	2.6	2.3	2.9	2.9	2.4	2.0	2.1	1.9	2.6

Throughout Canada, the marriage rate has been increasing since 1938; that of B.C. has overtaken Manitoba which had the highest marriage rate in 1939 (10.6). The infant death rate for Manitoba has steadily declined but has not fallen so rapidly as those in Ontario and the other western provinces, the neonatal death rate shows a favorable decrease. The low infant death rate for B.C. in the face of its high Indian population is remarkable. The Canadian Maternal Death rate shows a further fall in a steady decline since 1930. This year this is most marked in the eastern provinces. A greater fall has also continued in the stillbirth rate.

Division of Disease Prevention

INCLUDING REPORTS OF:

MEDICAL DIRECTOR

EPIDEMIOLOGIST — COMMUNICABLE DISEASES

CENTRAL TUBERCULOSIS REGISTRY

VENEREAL DISEASE CONTROL

PUBLIC HEALTH NURSING SERVICE, and

DENTAL CLINICS

SANITATION

FOOD CONTROL

For Calendar Year 1940.

Report of Medical Director

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

Sir:

In presenting the annual report for 1940 covering the Division of Disease Prevention I beg to submit a summary of the more interesting portions of the work.

COMMUNICABLE DISEASES

Measles cases were reported in greater numbers than any other reportable disease; over 12,000 cases. This year marked the peak of the most recent epidemic wave, the last being in 1936. Control or prevention of this disease will be possible only when a satisfactory method of active immunization is available.

Diphtheria. 346 reported cases. This is the third successive year that there has been an increase in the cases reported, since the low record of 103 cases in 1937.

This disease is preventable through immunization with Diphtheria Toxoid. We have a record of over 19,000 children having received three doses of Toxoid this year and over 10,000 who received either one or two doses of the Toxoid. The children represented in these figures are largely in the school age group and unfortunately in the organization of many of the local immunization clinics not sufficient stress is laid on the necessity of giving this protection to the pre-school child. This group needs protection more than any other group judging from our figures which show that more Diphtheria occurs during the first five years of life than during any other subsequent five year age group. We are continually endeavouring to bring this to the attention of physicians by correspondence, articles in the Manitoba Medical Review and at gatherings of local medical societies. Literature dealing with the value of Diphtheria Immunization is freely available to the public.

Scarlet Fever. 676 cases. This is the smallest number of cases of this disease reported in Manitoba since 1918. Immunization is not wide-spread and apparently has been carried out this year to about the same extent as in former years.

Typhoid Fever. There were less than the usual number of single or scattered cases reported but a fairly large epidemic involving 94 persons in St. Boniface and the St. Anne District brought the cases to a larger total than for some years. For a time during this outbreak our full staff of Sanitary Inspectors were employed in the wide-spread investigations necessary. Dr. Bowman, Epidemiologist, was on loan to the City of St. Boniface for a short period.

During this investigation one new Typhoid carrier was discovered who is believed to have had a direct bearing on this outbreak. Eight known Typhoid carriers are now registered with this Division.

Tuberculosis. As pointed out in Dr. Bowman's report a modification of the Board of Health regulations is necessary to make possible better control of known or suspected "spreaders" of this disease.

The report from the Central Tuberculosis Registry gives some idea of the great amount of work done in carrying out treatment and control measures and also the extent of the information available to physicians through the Registry. The co-ordination of this work and supervision of these cases is greatly assisted by the Public Health Nursing Service who made 5,833 visits to homes because of this disease.

Venereal Disease. The problem presented by this disease remains essentially the same. We are reasonably satisfied that the control measures adopted through the co-operation of this Department and the military authorities have been responsible for the absence of any definite increase in these diseases. The gathering together of large numbers of troops in an area creates a situation full of possibilities for the spread among both the civil and military population.

The work of examining certain suspects who pass through the hands of the Police Departments of Greater Winnipeg and the larger centres in other parts of Manitoba continues in a most satisfactory manner.

The two Public Health nurses attached to our treatment centres in Greater Winnipeg undertook 3,002 visits and interviews during investigation of sources and supervision of cases.

The work of investigation and administration under the Regulations pertaining to Venereal Disease is gradually increasing and it now becomes necessary to consider the appointment of a physician who can give full time to this work.

Immunization. We continue to stress the necessity of carrying out immunization against Diphtheria and Small-pox. Protection against Scarlet Fever, Typhoid Fever, and some other communicable diseases is also possible.

The biological material used in the prophylaxis of the above mentioned diseases is distributed free to any Registered physician in Manitoba.

The question of adding Whooping Cough Vaccine to the free lists has come up but so far the answer as to its efficacy is not clear. A Public Health nurse is sent to assist the physician at all immunization clinics. The nurse carries equipment to ensure a continuous supply of sterile needles and syringes, looks after the keeping of records and distribution of Toxoid certificates. Table No. 7 shows the amount of biological material distributed by the Department.

PUBLIC HEALTH NURSING SERVICE

At the end of the year there were forty-one nurses in this Division.

The detailed report of the Director of the Nursing Service indicates the scope and diversity of work throughout the Province. All these services, however, are not available to all the people in the Province. Outside the city of Winnipeg full-time nursing service is established in only 21 towns and Rural Municipalities. Unorganized territory is, however, fairly well covered by public health nurses.

Nurses who have had training in Public Health nursing are still difficult to obtain. This year three nurses completed the post graduate course in Toronto. The Public Health nurse is by no means over paid. It is almost impossible for many to finance this post graduate study at distant centres. The organization of nursing courses in connection with the University of Manitoba or establishment of fellowships is needed to produce trained personnel in this field.

This year a Public Health nurse was attached to the Cancer Relief and Research Institute.

SANITATION AND FOOD CONTROL

The report of the Chief Food Inspector indicates that the work in his Division deals largely with the milk industry.

The number of shippers producing good milk in the Greater Winnipeg milk shed is gradually increasing in number. This improvement would probably be more rapid if more frequent inspection were possible. A re-arrangement of the duties of all the Health Inspectors has been made with this in view.

There seems to be evidence that the smaller towns and villages are lacking in supervision of their milk supply.

Restaurants and butcher shops also need to be under inspection.

The Chief Health Inspector's report deals with the usual problems of environmental sanitation. These problems have been increased by the establishment of military camps, air training fields, and several large industrial plants outside the city of Winnipeg.

LOCAL HEALTH SERVICES

The reports under Sanitation and Food Control, commenting on the problems of sanitation in various parts of the Province, indicates the lack of local public health organization more than the reports from other sections of the Division.

There is the absence of supervision over restaurants, food handling, milk and water supplies. It is quite impossible for the Division of Disease Prevention to undertake inspectorial service of all kinds throughout the Province, nor would it be wise to attempt to set up such an organization. This Division aims to collaborate with the part-time Medical Officer of Health, but too frequently find that the Municipality has no appropriation or organization to enable the Medical Officer of Health to carry out properly many of the duties imposed on him by law.

Looking a little more closely at the picture it is learned that the average salary or retaining fee of the part-time Medical Officer of Health of Manitoba is something less than \$125.00 per annum. Twenty-four of these officers are reported to receive a retaining fee of less than \$2.00 per annum.

Less than 20% of these Municipalities have a public health nurse or Health Inspector.

On September 8, 1940, the Minister of Health and Public Welfare called together for the first time the Medical Officers of Health of Manitoba. Such meetings are for the purpose of stimulating public health work, keeping them in contact with the Department, exchanging information and ironing out problems.

It is quickly apparent that no physician can properly fill his post as part-time Medical Officer of Health in services to his community under conditions which generally exist.

Proper scale of remuneration and minimum duties required under this along with necessary inspectoral or nursing personnel are urgently required, before each community can properly benefit from the knowledge of preventive medicine.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Director, Division of Disease Prevention.

Division of Communicable Disease

Dr. C. R. Donovan, M.D., D.P.H.,
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 31, 1940.

The total number of notifiable diseases reported, exclusive of cancer and venereal diseases, was 19,548. This is over double the number reported in 1939 and the largest number since 1937 when over 18,000 cases of influenza were reported. The chief cause of this large increase in 1940 was an epidemic of 12,155 cases of measles. Chickenpox and whooping cough also show an increase. Anterior poliomyelitis is even lower than in 1939 and scarlet fever shows a further decrease of over 420 cases. There were no cases of smallpox in 1940, which is gratifying, but diphtheria shows an increase of 48 cases and typhoid fever of 22 cases. Table No. 1 shows in comparison the cases and deaths in 1939 and 1940. Table No. 2 shows in comparison the cases of 12 communicable diseases for the past six years.

There were no cases of amoebic dysentery reported in 1940.

Anterior Poliomyelitis (Infantile paralysis): We are very happy to report only 18 cases of this disease in 1940. This was a decrease of 7 cases from 1939 in spite of a higher incidence in the United States. Of these 18 cases, four had no residual paralysis, nine had some residual paralysis and five died. Of the nine with residual paralysis, six have been examined at the Children's Hospital, two are improving at home and one is a Treaty Indian and a responsibility of the Department of Indian Affairs.

Under the January, 1938, scheme of assistance to cases of residual paralysis we have continued to follow up cases, supplying some hospitalization (up to three weeks), braces and special boots. This work is becoming much less as in the past two years there have been comparatively few new cases. Of the eighteen cases in 1940, six were in Winnipeg, one was a Treaty Indian and the balance were single cases distributed over the Province.

Meningococcal Meningitis (formerly listed as cerebrospinal meningitis): Sixteen cases of this disease were reported in 1940 which is about double the number usually reported. Only four deaths shows a lower case fatality rate, probably due to better treatment by means of serum and the sulfanilamide group of dyes. During time of war an increase in the number of cases of this disease is to be expected and England is already experiencing this. We must be on guard.

Chickenpox with 2,115 cases shows an increase over 1939 and a slight increase over the five year average.

Diphtheria. There were 346 cases reported in 1940. Of these 35 occurred in Treaty Indians. This constitutes an increase of 23 cases among the whites over the number in 1939, which was the greatest number for several years until 1940. These

figures again emphasize the need for increased immunization and steps are already being taken to do this. There were 202 cases in Winnipeg, 20 in Tuxedo, 14 in Hanover, 8 in northern unorganized territory, 7 each in Rhineland and St. Boniface, 5 each in Portage la Prairie rural and Ellice, 4 in Emerson and the balance distributed over 25 towns and municipalities in ones, twos and threes.. Some of the cases in Winnipeg and all in Tuxedo were soldiers in training, consequently their figures are higher than they would be ordinarily.

Table No. 3 shows that the number of cases is highest under the age of nine years and that most deaths occur under the age of five years.

Table No. 5 shows a comparison between Winnipeg and the balance of the Province as to cases, deaths and case fatality rates. Since 1931 Winnipeg has consistently shown a greater number of cases than the balance of the Province but a lesser number of deaths, consequently a lower case fatality rate. The latter is probably due to earlier treatment and mostly in isolation hospitals.

In Table No. 4 is shown the number of complete toxoid immunizations distributed in Winnipeg and the balance of the Province in the past ten years. We have records showing 19,456 complete immunizations and 10,738 partial carried out in 1940.

Erysipelas. We had 82 cases of this disease in 1940 which is less than in 1939 and lower than any year in the past six.

Epidemic Encephalitis is the name now used to include lethargic encephalitis and encephalitis due to the recognized encephalitis virus. Ten cases were reported in 1940. Of these seven died and five deaths of cases from previous years were also reported.

Measles with 12,155 cases has been epidemic throughout the Province. In 1939 they showed a very low figure but in 1940 the cycle came and most of the non-immunes will be infected before the cycle wanes. Until some specific immunizing agent is discovered this will probably be the usual picture. Most deaths occur in the very young so they should be the object of special precautions to avoid infection.

Mumps. 694 cases were reported in 1940 which is much lower than the six year average.

Ophthalmia Neonatorum. Three cases were reported in 1940. We distribute prophylactic drops free and encourage their use to prevent this disease.

Puerperal Fever. Eleven cases were reported in 1940 which is a slight increase over the preceding two years.

Scarlet Fever shows a marked decrease with only 676 cases. This is the least number reported for many years. Immunization has been continued and in our opinion is definitely of benefit in lowering the morbidity.

Septic Sore Throat. 21 cases were reported in 1940 and only one death.

Smallpox. No cases were reported in 1940.

Trachoma. Only five cases were reported. In 1939 we did considerable work on this disease, and with the advent of new treatment we consider that it can be stamped out completely if every case is reported.

Tuberculosis. 700 cases were reported in 1940, of these 149 were Treaty Indians and 551 were whites and other than Treaty Indians. This shows an increase of cases

reported as Treaty Indians and a decrease for others. The Indians and those of mixed Indian blood are one of the large problems of tuberculosis control as their immunity is very low. Included in this report you will find the report of the Central Tuberculosis Registry presented by Miss Elsie J. Wilson, R.N., P.H.N. It shows the known tuberculosis in the Province and the work done by the various agencies to discover and treat the cases.

One of the chief problems in prevention of the spread of tuberculosis are the infectious cases which remain at home or leave the Sanatorium against advice. They come in contact with other persons and constitute a real danger. Under the present Regulations under "The Public Health Act" the Medical Officer of Health has the power to send these cases to the Sanatorium but it has been considered that the superintendent of the Sanatorium had no power to hold them against their wish. Some of these "spreaders" made very little effort to prevent their infection passing on to others so in 1940, after consulting the doctors especially interested in tuberculosis work, it was decided to placard and quarantine these cases until they entered or returned to Sanatorium. This has worked out very well, but in some cases where there are children or young adults in the home it did not protect them so now we have asked for an amendment to the Regulations whereby cases of communicable disease may be held in hospitals or Sanatoria until no longer infectious, at the discretion of the Medical Officer of Health. We feel that this will be a decided step forward in the prevention of the spread of infection of tuberculosis. There is a great deal of tuberculosis among the Indians on Reserves. As these people move about to a certain extent they do constitute a source of danger even to those not on the Reserves.

Typhoid Fever. There were 142 cases reported in 1940, 16 of these died. The case fatality rate was 11.3. This was an increase in cases even over 1939 which was bad enough. Two of these cases and one death were in Treaty Indians. The balance of 140 cases were distributed as follows: 55 in St. Boniface, 22 in Ste. Anne, 11 in Winnipeg, 9 in Stanley, 8 in Hanover, 5 in Springfield, 3 each in Tache, Rosedale and Portage la Prairie and the balance in ones and twos over seventeen municipalities.

Ninety-four of these cases were due to an epidemic in St. Boniface, Ste. Anne and adjoining municipalities. Eleven deaths occurred in this group. Intensive investigation discovered two typhoid carriers of whom we had no record and they gave no history of having had typhoid fever. All the epidemiological evidence points toward typhoid infection of an article of food which was eaten by the primary cases. We were not able to recover the typhoid bacillus from the article of food in question but similar epidemics in other places (outside of Manitoba) have been caused similarly. Control of this article apparently checked the epidemic. Several thousand persons were immunized at the time of the epidemic by the use of typhoid vaccine. Hanover shows its usual high incidence. Stanley had nine cases—six in one family and three in another; both these starting from one case in each family which was not diagnosed early enough to prevent the others.

If it had not been for this large epidemic our typhoid figure would have been the lowest in many years. It is a disease which can be stamped out but requires never relaxing vigilance as the carelessness of one infected individual can quite easily cause the illness and death of many.

One case of Para-typhoid fever was reported in 1940.

Undulant Fever. Eight cases were reported in 1940. Testing of herds for Bang's disease and one hundred per cent pasteurization of milk would decrease these cases to a minimum.

Whooping Cough. 1,832 cases were reported in 1940. This is the greatest number since 1937 and considerably above the five year average. It caused 47 deaths. To me this stresses the fact that whooping cough is a serious disease, as the number of deaths attributed to it in 1940 exactly equals the total number of deaths from diphtheria, scarlet fever, typhoid fever and measles combined. Most of the deaths from whooping cough occur during the first and second years of life and practically all of them before the age of five. We have given considerable thought and study to this matter during 1940 and have collected considerable information regarding it. There is a prophylactic vaccine for use against whooping cough and the general consensus of opinion at present is that this vaccine is of definite value. Five of the provinces already are supplying this vaccine free, one we did not hear from, one does not supply it and the other (as well as Manitoba) is considering putting it on the free list. If children under five can be protected against whooping cough there will be very few deaths. We intend putting increased effort into this cause during the future.

Cancer. 1,220 cases were reported and of these 671 died. The total number of deaths due to cancer, occurring in 1940, was 807. This disease showed the usual picture again as regards males and females and sites of disease. Table A below shows a comparison of cases reported each year and total cancer deaths each year for the past four years. *The 1940 figures are, of course, only preliminary.

TABLE A. CANCER

Comparison of New Cases reported each year and Total Deaths occurring in that year (not including Treaty Indians)

Period 1937-1940.

Year	Cases	Deaths
1937	1,171	734
1938	1,387	768
1939	1,246	848
*1940	1,213	801
<hr/>		
Total	5,017	3,151
Average	1,254	788

Immunization. In 1940 many municipalities continued their efforts towards immunization of susceptible persons against smallpox, diphtheria, scarlet fever and typhoid fever. Table No. 7 shows the amount of biologics distributed in 1939 and 1940. We have records showing that 9,478 were vaccinated against smallpox in the City of Winnipeg and 14,150 in the balance of the Province in 1940. In Winnipeg 7,153 received complete toxoid treatment and 7,885 partial in 1940. In the balance of the Province 12,303 received complete toxoid treatment and 2,853 partial in 1940. Practically all of these "partials" will be completed in 1941. Almost one hundred per cent. of the cases of diphtheria occurred among those who have never been immunized or whose immunity has not been sufficiently recent to protect.

In 1941 we hope to intensify our efforts especially against diphtheria, typhoid fever and whooping cough.

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Epidemiologist.

TABLE No. 1. CASES AND DEATHS—COMMUNICABLE DISEASES—MANITOBA—1939 and 1940

	1939				†1940			
	Total Cases	Treaty Indian Cases	Total Deaths	Treaty Indian Deaths	Total Deaths per 100,000	Total Cases	Treaty Indian Cases	Total Deaths
Amoebic Dysentery	1	—	0	—	0.0	0	—	0
Anterior Poliomyelitis	25	—	5	—	0.7	18	(1)	5
Meningococcal Meningitis	5	—	5	—	0.7	16	(1)	4
Chickenpox	1,450	(13)	0	—	0.0	2,115	(3)	0
Diphtheria	298	(10)	13	(1)	1.8	346	(35)	8
Erysipelas	101	(2)	4	—	0.6	82	—	5
Influenza	391	(29)	176	(25)	23.1	335	(28)	130
Epidemic Encephalitis	13	(1)	9	—	1.3	10	—	12*
Measles	1,104	(4)	4	(1)	0.6	12,155	(11)	18
German Measles	28	—	0	—	0.0	168	—	0
Mumps	1,096	(1)	0	—	0.0	694	—	0
Ophthalmia Neonatorum	1	—	0	—	0.0	3	—	0
Pneumonia, Lobar	137	(19)	120	(8)	16.7	188	(13)	123
Puerperal Fever	8	(1)	8	(1)	1.2	11	(2)	7
Scarlet Fever	1,099	—	5	—	0.7	676	(2)	5
Septic Sore Throat	13	—	3**	—	0.4	21	—	1**
Smallpox	76	—	0	—	0.0	0	—	0
Trachoma	56	(1)	0	—	0.0	5	—	0
Tuberculosis	645	(72)	367	(102)	50.0	700	(149)	341
Typhoid Fever	134	(2)	15	—	2.1	142	(2)	16
Para-typhoid Fever	1	—	1	—	0.1	1	—	0
Tetanus	8	—	6	—	0.8	2	—	1
Undulant Fever	4	—	0	—	0.0	8	—	0
Whooping Cough	1,319	(25)	41	(14)	5.7	1,832	(10)	47
Totals	8,013	(180)	782	(152)	—	19,548	(257)	723
Diphtheria Carriers	83	(3)	—	—	—	130	—	—
Typhoid Fever Carriers	1	—	—	—	—	3	—	—
Cancer	1,250	(4)	850	(1)	118.4	1,220	(7)	807
								112.1

NOTE:—†These figures are preliminary only and will be subject to change when late reported cases and deaths come in.

*Epidemic Encephalitis deaths include five old cases.

**Septic Sore Throat deaths are reported by the Manitoba Division of Vital Statistics only. The Dominion does not report these deaths.

Population used for 1939—717,645.

Population used for 1940—719,837.

Number of Treaty Indians in Manitoba—14,855.

TABLE No. 2.

REPORTED CASES OF 12 COMMUNICABLE DISEASES

MANITOBA—1935 to 1940 inclusive.

(Not including Treaty Indians)

Disease	1935	1936	1937	1938	1939	1940
Anterior Poliomyelitis..	23	539	261	159	25	16
Chicken Pox	2,218	1,533	1,816	2,582	1,437	2,112
Diphtheria	276	174	103	234	288	311
Erysipelas	94	122	91	87	99	82
Measles	5,178	7,822	2,839	749	1,100	12,144
Influenza	239	290	18,571	107	361	307
Mumps	3,034	1,202	352	2,449	1,096	694
Scarlet Fever	1,195	2,653	1,342	1,373	1,099	674
Smallpox	-----	-----	-----	36	76	-----
*Tuberculosis	525	602	582	538	573	551
Typhoid Fever	81	102	44	76	132	140
Whooping Cough	1,505	422	2,012	983	1,294	1,822

*Tuberculosis figures for 1938, 1939 and 1940 received from the Central Tuberculosis Registry.

TABLE No. 3.

DIPHTHERIA—MANITOBA, 1940 (Not including Treaty Indians)

Cases, Deaths, Case Fatality Rate for Each Age Group (exclusive of Winnipeg)

Age Group	Cases	Deaths	% of Deaths
0 - 4	29	4	66.6
5 - 9	23	1	16.7
10 - 14	8	---	---
15 - 19	6	---	---
20 - 24	16	---	---
25 - 29	11	1	16.7
Unknown	1	---	---

TABLE No. 4.

**DIPHTHERIA TOXOID—COMPLETE IMMUNIZATIONS DISTRIBUTED
IN MANITOBA—1931-1940.**

Year	Winnipeg	Outside	Total
1931	3,466	10,511	13,977
1932	5,080	14,462	19,542
1933	2,922	8,890	11,812
1934	4,246	22,087	26,333
1935	3,927	14,696	18,623
1936	3,100	5,230	8,330
1937	2,779	15,074	17,853
1938	2,381	25,289	27,670
1939	3,243	20,499	23,742
1940	7,834	18,576	26,410
10-Year total			
Immunizations	38,978	155,314	194,292

TABLE No. 5.

DIPHTHERIA IN MANITOBA, 1930-1940

(Not including Treaty Indians)

CASES, DEATHS, FATALITY RATES

(Cases and deaths allocated according to place of occurrence)

Year	Cases		Deaths		Case Fatality	
	Winnipeg	Outside	Winnipeg	Outside	Winnipeg	Outside
1930	291	298	8	29	2.7	9.7
1931	251	275	13	32	3.2	11.6
1932	218	183	7	18	3.2	9.8
1933	237	168	3	16	1.3	9.5
1934	310	165	11	16	3.5	9.7
1935	138	138	1	16	.7	11.6
1936	91	83	3	10	3.3	12.0
1937	49	54	3	5	6.1	9.3
1938	87	147	1	13	1.1	8.8
1939	160	128	4	8	2.5	6.3
1940	202	109	1	6	0.5	6.3

Note: These figures for deaths do not agree with the Dominion Bureau of Statistics as to distribution as they allocate the deaths according to residence.

TABLE No. 6.

TYPHOID AND PARATYPHOID FEVER—MANITOBA, 1930-1940

(Not including Treaty Indians)

CASES, DEATHS, CASE FATALITY RATE, DEATHS PER 100,000

Year	Cases	Deaths	Case Fatality Rate	Deaths per 100,000
1930	92	12	13.0	1.7
1931	149	15	10.1	2.1
1932	132	14	10.6	2.0
1933	128	16	12.5	2.2
1934	92	13	14.1	1.8
1935	81	12	14.8	1.7
1936	105	16	14.8	2.2
1937	44	9	20.4	1.2
1938	80	11	13.7	1.5
1939	133	16	12.0	2.2
1940	141	15	10.6	2.0

Central Tuberculosis Registry

Dr. C. R. Donovan, M.D., D.P.H.,
Director of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrooke Street,
Winnipeg, Manitoba.

Sir:

I beg to submit the Annual Report of the Central Tuberculosis Registry for 1940.

This year we have simply given the total number of deaths from tuberculosis for 1940 as given out now by the Department of Vital Statistics. As the Department of Vital Statistics will report these deaths in detail we are not presenting for publication any details on deaths from tuberculosis in this report.

Later on for our own file when the 1940 returns are completed and corrected we will make up statistics similar to those sent to you for 1939, separating the people as we did before, into Treaty Indians and Non-Treaty people; whereas the Vital Statistics Division divides them differently. Their groups are: first, White; second, Half-breeds and Treaty Indians. We do not feel that this is as correct a division as the one we use of Treaty Indians and Non-Treaty people.

I would like again to express my thanks to Miss Roberta MacKay and Miss Gladys McGarrol for the very efficient work they have done throughout the entire year.

Respectfully submitted,

ELSIE J. WILSON, R.N.,

Supervisor in charge of Tuberculosis,
Public Health Nursing Service.

PERSONS SUFFERING FROM TUBERCULOSIS IN MANITOBA

	Whites			Reported as Treaty Indians		
	In San.	Out of San.	Total	In San.	Out of San.	Total
Tuberculosis Patients still needing Medical Supervision Outside Winnipeg.....	455	2,074	2,529			
Tuberculosis Patients from Winnipeg (known to the Central Tuberculosis Registry)	231	927	1,158			
Tuberculosis Treaty Indians (known to the Central Tuberculosis Registry).....				65	464	529
Tuberculosis Transients (known to the Central Tuberculosis Registry)	17	52	69			
Tuberculosis Patients in Mental Hospitals			146			
Totals	703	3,053	3,902	65	464	529

	Whites	Reported as Treaty Indians
Total known tuberculous in Province	3,902	529
Total tuberculous in Sanatoria	703	65
Number of Deaths from Tuberculosis in 1940 (preliminary report from Division of Vital Statistics)	216	125
Number of Families outside of Winnipeg carried for supervision	3,140	---
Number of Visits to Tuberculous Families by the Public Health Nurses	5,833	---
New Discoveries of Tuberculosis during 1940	559**	167*
Of these:		
Number considered active or doubtful activity	438	147
1940 New Discoveries of Tuberculosis admitted for treatment	372	57

** 8 of these cases come from outside of the Province.
* 18 of these cases come from outside of the Province.

CLINIC ACTIVITIES DURING 1940

Total Examinations at all Clinics	14,584	1,328
New Discoveries of Tuberculosis	390	120
Old Tuberculous Patients reviewed	2,745	84
Contacts routinely examined	7,055	211
Total Number Pneumothorax treatments given at all Clinics	4,659	---
Total Number of cases Re-activated in 1940	158	---
Of these the Number Admitted to Sanatoria	120	---

TRAVELLING CLINIC STATISTICS

Total Number of Travelling Clinics	108	
Number of Different Clinic Centres	54	
Total Number examined at all Clinics	7,334	
Total Number of Chest Clinics	92	16
Total Number Examined	6,006	1,328

As below:

Number previously examined	3,575	936
Number giving history of definite contact	3,924	211
Known tuberculous patients reviewed	916	84
Number of New Diagnoses of tuberculosis	139	103
Of these:		
Active childhood lesions	11	25
Number suspect tuberculosis	22	3
Number advised admission to Sanatorium	162	48
Number admitted January, 1941	117	18

WHITES

STATISTICS FOR YEAR 1940

ADMISSIONS AND DISCHARGES—Manitoba Sanatorium
Central Tuberculosis Clinic
St. Boniface Sanatorium
Municipal Hospitals

First Admissions—Total 427

As below:

	Male	Female	Total
Bacillary Pulmonary Tuberculosis	112	99	211
Non-Bacillary Pulmonary Tuberculosis	62	73	135
Pulmonary Tuberculosis—not stated	5	2	7
			353

	Male	Female	Total
Childhood Type	1	5	6
Minimal	40	69	109
Moderately Advanced	65	57	122
Far Advanced	73	43	116
			353

Active	157	159	316
Inactive	22	15	37
			353

Pleurisy with Effusion	19	17	36
Non-Pulmonary Tuberculosis—Active	11	23	34
Inactive	2	2	4
			38

Re-Admissions—Total 264

As below:

	Male	Female	Total
Bacillary Pulmonary Tuberculosis	75	69	144
Non-Bacillary Pulmonary Tuberculosis	41	50	91
Pulmonary Tuberculosis—not stated	5	2	7
			242

	Male	Female	Total
Minimal	8	25	33
Moderately advanced	37	52	89
Far advanced	76	44	120
			242

Active	99	90	189
Inactive	22	31	53
			242

INDIANS

(Reported as Treaty)

STATISTICS FOR YEAR 1940

ADMISSIONS AND DISCHARGES—Manitoba Sanatorium
 Central Tuberculosis Clinic
 St. Boniface Sanatorium
 Municipal Hospitals
 Dynevor Hospital
 Fort Alexander Hospital
 Fisher River Hospital

First Admissions—Total 73

As below:

	Male	Female	Total	
Bacillary Pulmonary Tuberculosis	16	16	32	
Non-Bacillary Pulmonary Tuberculosis	9	10	19	
			—	51
	Male	Female	Total	
Childhood Type	2	6	8	
Minimal	4	4	8	
Moderately advanced	5	10	15	
Far advanced	14	6	20	
			—	51
Active	25	25	50	
Inactive	—	1	1	
			—	51
Pleurisy with Effusion	1	—	—	1
Non-Pulmonary Tuberculosis—Active	14	7	—	21

Re-Admissions—Total 11

As below:

	Male	Female	Total	
Bacillary Pulmonary Tuberculosis	1	3	4	
Non-Bacillary Pulmonary Tuberculosis	—	2	2	
			—	6
	Male	Female	Total	
Primary	—	2	2	
Far advanced	1	3	4	
			—	6
Active	1	5	6	
			—	6
Non-Pulmonary Tuberculosis Active	3	2	—	5

Venereal Disease Control

Dr. C. R. Donovan, M.D., D.P.H.,
Director,
Division of Disease Prevention,
Winnipeg, Manitoba.

Sir:

I respectfully submit the report of the Division of Venereal Disease Control for the year ending December 31st, 1940.

We feel that we are slowly but surely accomplishing gains in the prevention of these diseases. We have continued our efforts to educate the public regarding this problem, as their co-operation is of great assistance. These efforts must not be allowed to slacken if we are to make any marked progress in venereal disease prevention.

Lectures and informal talks have been given by members of the Department and the response from the public shows a very keen interest in this subject. Much literature and many pamphlets have been distributed. The spread of correct information regarding these diseases will do much to prevent them. In 1941 we propose placing informative placards in lavatories of public buildings throughout the Province.

We are continuing our endeavour to bring every case under treatment in order to effect a cure, or at least to render the patient non-infectious. In this way the number of sources, that is, the reservoir of infection, should be decreased. We supply Keidel tubes free to physicians and clinics for taking blood samples for diagnosis and encourage the making of as many tests as possible in order that we may discover unknown cases.

We have continued to supply free drugs for the treatment of indigent syphilitic patients and to pay a nominal fee to the physicians who administer this treatment. During the year, 23,656 doses were distributed, which is a decrease of 1,500 doses as compared with last year. When we consider that there were 124 less cases of syphilis reported in 1940 in comparison with 1939, the reason for this is quite apparent. We are continuing to receive almost all of the arsenicals required from the Department of Pensions and National Health at Ottawa. This is a great help to us.

Our clinics have continued to function smoothly and efficiently throughout the year so that there has been little difficulty in keeping patients to their regular schedule of treatment. I wish to express my appreciation of the services of the doctors and nurses in charge of these clinics. Their interest is keen and their work excellent.

The Police Forces have continued to co-operate with us to a splendid degree. Of 151 women arrested in Winnipeg, 31 were found to be suffering from Gonorrhoea, 24 from Syphilis, 8 from both diseases, and 88 were negative for both. Of 4 men arrested in Winnipeg, all were found to be negative for both diseases. Of 10 women arrested in Brandon, 6 were found to be suffering from Gonorrhoea, 1 from Syphilis and 3 were negative for both diseases. These figures show results and we are very enthusiastic about the success of this procedure.

For 1941 we have arranged to use the same system at Dauphin and Portage la Prairie where large numbers of His Majesty's Forces will be quartered and camp followers may put in an appearance.

During 1940, we have revised the Regulations regarding Venereal Diseases under "The Public Health Act", and we hope these revisions will aid in the successful prevention of Gonorrhoea and Syphilis.

Clinics for venereal diseases have been held four days per week during 1940 at the Out-patient Department of the St. Boniface Hospital. Two of these days are reserved for males and two days for females, and the hours are so arranged that the patients have no excuse for not reporting. Examinations can be arranged at any time on week days.

The total number of cases reported in 1940 was 1,563. Of these, 1,099 were of Gonorrhoea and 464 of Syphilis. This shows an increase of 227 cases of Gonorrhoea over 1939. This was caused by 280 cases reported from the armed forces. Without these we would have shown a decrease. However, we feel that 280 cases from these forces is a relatively small number to what we might have had if our work was not showing results. The 464 cases of Syphilis shows a decrease of 124 cases from the 1939 total and includes 7 cases reported from the Army. We are very pleased to have only 7 cases from this source and feel that the total decrease shows a very marked gain in the control of Syphilis. Syphilis now represents only 30% of the total venereal disease, while Gonorrhoea is 70%. We are receiving very good co-operation from the Army Medical Services.

We consider that reporting of cases has been better in 1940 than in any preceding year, but we are continually striving to obtain 100% reporting as this is the only way we can eventually stamp out venereal disease. Every case reported is followed up to maintain treatment until cured or at least rendered non-infectious. Sources and contacts are traced and examinations arranged for them so that if they are found to be infected, they are also placed on treatment. Only by thorough treatment of the infectious cases can we prevent new cases.

A summary of the statistical data for the year ending December 31st, 1940, is as follows:

GONORRHOEA:

Number of cases reported:

Sex:	Male	842
	Female	257
	Total	1,099

Marital State:

Married	Male	214
Single	Male	600
Widowed	Male	8
Divorced or Separated	Male	19

Married	Female	75	
Single	Female	143	
Widowed	Female	2	
Divorced or Separated	Female	17	
			237
Children (0-12 years)	Male	1	
	Female	20	
			21
Total			1,099

SYPHILIS:

Number of cases reported:

Sex:	Male	281	
	Female	183	
	Total	464	
Marital State:			
Married	Male	119	
Single	Male	130	
Widowed	Male	11	
Divorced or Separated	Male	14	
			274
Married	Female	84	
Single	Female	66	
Widowed	Female	10	
Divorced or Separated	Female	17	
			177
Children (0-12 years)	Male	7	
	Female	6	
			13
Total			464

REPORTED CASES OF GONORRHOEA BY AGE GROUPS—MANITOBA, 1940.

Male:		Female:	
From 0 to 14 years	2	From 0 to 14 years	21
From 15 to 19 years	60	From 15 to 19 years	98
From 20 to 24 years	278	From 20 to 24 years	76
From 25 to 29 years	209	From 25 to 29 years	23
From 30 to 34 years	110	From 30 to 34 years	13
From 35 to 39 years	80	From 35 to 39 years	7
From 40 to 44 years	52	From 40 to 44 years	12
From 45 to 49 years	23	From 45 to 49 years	3
From 50 to 64 years	26	From 50 to 64 years	4
From 65 years upward	2	From 65 years upward	0
Total	842	Total	257

REPORTED CASES OF SYPHILIS BY AGE GROUPS—MANITOBA, 1940.

Male:		Female:	
From 0 to 14 years	10	From 0 to 14 years	6
From 15 to 19 years	5	From 15 to 19 years	25
From 20 to 24 years	34	From 20 to 24 years	47
From 25 to 29 years	33	From 25 to 29 years	31
From 30 to 34 years	27	From 30 to 34 years	25
From 35 to 39 years	39	From 35 to 39 years	13
From 40 to 44 years	33	From 40 to 44 years	10
From 45 to 49 years	25	From 45 to 49 years	8
From 50 to 64 years	69	From 50 to 64 years	15
From 65 years upward	6	From 65 years upward	3
Total	281	Total	183

Patients who changed physicians 117

The reason so many patients changed physicians is that a number were sent from the St. Boniface clinic to a special Relief Camp where treatment was continued under the supervision of the physician in charge of the Camp. This number is 26 patients less than the number of those who changed physicians in 1939.

Patients who discontinued treatment and had to be followed up, numbered	113
Persons who were reported as sources of infection, numbered	114
Persons who were contacts with those suffering from a venereal disease, numbered	34
Patients 17 years of age and under who were reported as suffering from venereal disease, numbered	89

Of these 89 patients, 64 (8 males and 56 females) were reported as suffering from Gonorrhoea, and 25 (11 males and 14 females) as suffering from Syphilis. This is an increase of 20 patients over the number reported in 1939.

GENERAL SUMMARY OF CASES OF VENEREAL DISEASE REPORTED DURING THE YEARS 1931-1940 INCLUSIVE

GONORRHOEA:

Adults:

	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Male	1,015	760	883	916	861	878	772	682	647	841
Female ^e	313	257	242	208	204	198	188	194	205	237

Children 0-12 years:

Male	2	5	3	1	0	2	4	4	0	1
Female	88	29	24	22	10	18	25	33	20	20
Total	1,418	1,051	1,152	1,147	1,075	1,096	989	913	872	1,099

SYPHILIS:

Adults:

	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Male	393	367	228	281	198	269	302	393	360	274
Female	199	202	136	179	152	129	139	204	212	177

Children 0-12 years:

Male	16	14	15	7	10	4	9	3	8	7
Female	15	12	15	8	11	4	13	19	8	6

Total	623	595	394	475	371	406	463	619	588	464
-------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

MATERIAL SUPPLIED FOR INDIGENT PATIENTS

Number of Keidel Tubes	16,443
Neosalvarsan	0.03 7 ampoules
	0.06 25 ampoules
Mapharsen	0.04 3,339 ampoules
	0.06 2,086 ampoules
	0.6 186 ampoules (10 dose size)
Neoarsphenamine	0.45 312 ampoules
	0.60 256 ampoules
	0.30 100 ampoules
	0.90 100 ampoules
	6.0 82 ampoules (10 dose size)
Bismarsen	0.2 gms. 85 ampoules
Stovarsol	0.25 gms. 7,604 tablets
Tryparsamide	3 gms. 170 ampoules
	50 gms. 26 ampoules
Metallic Bismuth	100 doses
Bismuth Salicylate	4,539 doses
Thio-Bismol	85 doses
Lipo-Bismol	220 doses
Cyclobis	126 doses
Iodobismitol	350 doses
Stabisol	630 doses

The above material is supplied for use in the treatment of syphilitic patients only.

VENEREAL DISEASE CLINICS, 1940

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 - - - - -	Headingley
Manitoba Penitentiary - - - -	Stony Mountain
St. Boniface Hospital - - - - -	St. Boniface

GONORRHOEA:

Number of cases treated:

Sex:	Male	281	
	Female	223	
	Total	504	
Marital State:			
Married	Male	43	
Single	Male	221	
Widowed	Male	2	
Divorced or Separated	Male	14	
			280
Married	Female	57	
Single	Female	139	
Widowed	Female	5	
Divorced or Separated	Female	11	
			212
Children			
(0-12 years)	Male	1	
	Female	11	
			12
	Total	504	

Classified as follows:

Acute	443	
Chronic	61	
		504

In the above 504 patients, 3 male adults and 23 female adults were included who had previously been reported from other sources, leaving the number of new cases treated at these Clinics as 277 male adults and 189 female adults, in addition to 12 children, making a total of 478 new patients.

SYPHILIS:

Number of cases treated:

Sex:	Male	209	
	Female	170	
			379
Marital State:			
Married	Male	77	
Single	Male	106	
Widowed	Male	9	
Divorced or Separated	Male	12	
			204

Married	Female	67	
Single	Female	78	
Widowed	Female	3	
Divorced or Separated	Female	19	
			167
Children (0-12 years)	Male	5	
	Female	3	
			8
Total			379

Classified as follows:

Primary	61	
Secondary	195	
Tertiary	10	
Congenital	13	
Latent	100	
		379

In the above 379 patients, 26 male adults and 54 female adults were included, who had previously been reported from other sources, leaving the number of new cases for these Clinics as, 178 male adults, and 113 female adults, in addition to 8 children under 12 years of age, making a total of 299 new patients.

In addition to the above, there were 295 cases of non-venereal patients treated at the Clinics, of which 151 were males, and 144 females.

TREATMENTS ADMINISTERED:

For Gonorrhoea	19,700	
For Syphilis	16,724	
Non-Venereal	740	
		37,164
Doses Injected:		
Arsenical	10,006	
Bismuthic	11,380	
Mercurial	15	
Malarial	10	
		21,411

LABORATORY EXAMINATIONS

Wassermann examinations on blood for syphilis	7,166
Positive	478
Negative	6,688
Wassermann examinations on spinal fluid	289
Positive	25
Negative	264
Examination of smears for gonococci	6,070
Positive	682
Negative	5,388

Examination of cultures for gonococci	18
Positive	7
Negative	11
Microscopic examinations for spirochaetae	47
Positive	18
Negative	29

ST. BONIFACE HOSPITAL CLINIC

Patients who were under treatment prior to December 31st, 1939, and who were carried forward for continuation of treatment numbered 702. Of these, 491 were suffering from Syphilis and 211 from Gonorrhoea.

During the year ending December 31st, 1940, 654 patients were reported by this Clinic. Of these, 265 were suffering from Syphilis and 389 were suffering from Gonorrhoea, classified as follows:—

Syphilis:	Primary	39	
	Secondary	119	
	Tertiary	1	
	Congenital	12	
	Latent	94	
			265
Gonorrhoea:	Acute	389	
	Chronic	0	
			389

Total number of patients treated, including those carried forward and those admitted during the year, numbered 1,356, of which 756 were suffering from Syphilis, and 600 were suffering from Gonorrhoea.

Treatments for Syphilis administered during the year at this Clinic numbered 15,552.

Treatments for Gonorrhoea administered during the year at this Clinic, numbered 15,553.

Doses injected:	Arsenical	9,210	
	Bismuthic	10,563	
	Mercurial	11	
	Malarial	10	
			19,794

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Epidemiologist.

Clinics for Venereal Disease in the Detention Institutions

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

Sir:

I have the honour to submit herewith the Report for the year ending December 31st, 1940, 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 Home for Girls	West Kildonan
The Provincial Gaol	Headingley

Patients who were under treatment in the Detention Homes for Girls prior to December 31st, 1939, and who were carried forward for continuation of treatment, numbered 11. Of these, 3 were suffering from Syphilis and 8 from Gonorrhoea.

During the year there were 50 new patients admitted, of which 11 were suffering from Syphilis and 39 from Gonorrhoea, classified as follows:

Syphilis:	Primary	6	
	Secondary	3	
	Latent	2	
			11
Gonorrhoea:	Acute	38	
	Chronic	1	
			39

Total number of patients treated, including those carried forward and those admitted during the year, numbered 61, of which 14 were suffering from Syphilis and 47 from Gonorrhoea. This is an increase of 16 over the number treated during the year 1939.

Treatments:

A total of 1,542 treatments were administered during the year, classified as follows:—

Gonorrhoea	1,347	
Syphilis	195	
		1,542

Doses Injected:

Arsenical	86	
Bismuthic	109	
		195

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis:

Positive	5	
Negative	95	
		100

Examination of smears for gonococci:

Positive	63	
Negative	309	
		372

PROVINCIAL GAOL, HEADINGLY

Patients who were under treatment prior to December 31st, 1939, and who were carried forward for continuation of treatment, numbered 8, and these were all suffering from Syphilis.

During the year there were 46 new patients admitted, of whom 31 were suffering from Syphilis and 15 from Gonorrhoea, classified as follows:

Syphilis:	Primary	10	
	Secondary	11	
	Tertiary	8	
	Latent	2	
			31
Gonorrhoea:	Acute	9	
	Chronic	6	
			15

Treatments:

A total of 1,553 treatments were administered during the year, classified as follows:

Gonorrhoea	1,010	
Syphilis	305	
Non-venereal	238	
		1,553

Doses Injected:

Arsenical	161	
Bismuthic	154	
Mercurial	4	
		319

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis:

Positive	33	
Negative	1,220	
		1,253

Examination of smears for gonococci:

Positive	15	
Negative	5	
		20

When a prisoner who resides in Greater Winnipeg is discharged from the Gaol, a notice is sent to the Department of Health and Public Welfare. The Public Health Follow-up Nurse calls upon the man and advises him as to his continued compulsory treatment.

If the prisoner resides outside of Greater Winnipeg, the Department of Health and Public Welfare is notified, and the man is instructed to report to the Medical Health Officer of the district to which he belongs. The Medical Health Officer is also advised and requested to let the Department know if the patient fails to report. If the patient is an indigent, a supply of drugs is sent for the continuation of his treatment, with an outline of his previous treatment.

In this way, we feel that nearly every released prisoner suffering from a venereal disease is being looked after.

It will soon be three years since I began using Sulfanilamide Treatment on all the Gonorrheal cases in the different Penal Institutions at which I attend. In my opinion, this drug has been the greatest step forward in the treatment of Gonorrhoea since time began. I think Sulfanilamide has done a great deal in shortening the period of treatment of Gonorrhoea and has acted as a prophylactic for Gonorrheal Pus Tubes.

I feel it incumbent upon me to emphasize the fact that at all the above mentioned Institutions I found the most willing co-operation in the care and treatment of these patients, which assists materially the splendid efforts of the Department in endeavouring to minimize the spread of these dreaded diseases.

Respectfully submitted,

W. R. GORRELL, M.D.,

Physician in Charge.

Public Health Nursing Service

Dr. C. R. Donovan, M.D., D.P.H.,
Medical Director,
Division of Disease Prevention,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Annual Report of the Public Health Nursing Section for the year ending December 31st, 1940.

The work of the Nursing Section includes the following services:

Children's Christmas Cheer Work.

Health Education and Supervision in Public Schools.

Health Education in Provincial Normal Schools.

Public Addresses on Health Topics.

Instruction in Public Health Nursing to Students of Hospital Schools of Nursing.

Health Education and Instruction in Home Nursing and Child Care to:

 Youth Training Groups

 Training Schools for Domestic

 Family Health Groups

 Community Groups

 Children's Boarding Home Foster Mothers.

Assistance at, and follow up work in connection with Diphtheria, Scarlet Fever, Typhoid Fever, Vaccination, Mental, Dental, Tonsil, Eye, Venereal Disease and Chest Clinics in the schools and community.

 Child Health Clinics.

Health Supervision of Child Caring Institutions, Boarding Homes for Children, Day Nurseries and Private Maternity Homes.

Health Supervision of Public and Private Institutions and Boarding Homes for the Aged and Infirm.

Nursing Assistance to the Cancer Relief and Research Institute.

Public Service Nursing.

Home visits re Health Instruction and Demonstration.

Social Work in Co-operation with other Agencies.

Advisory Bureau on Public Health Nursing.

SOCIAL WORK

In December, the Civil Servants' Provincial Club held a grand Christmas party in the Legislative Building, and a quantity of toys, hand knitted woollen garments for children, new and used clothing were donated. As usual, one-third of the toys was allotted to the Child Welfare Division for distribution to children under their care. New clothing costing \$175.44 was also paid for by the Club.

The Winnipeg Women's Club made their yearly generous donation of toys, new and used clothing and groceries that provided eleven hampers of Christmas cheer for old people.

In addition, a total of \$99.27 was subscribed by members of the Provincial Government Civil Servants and friends; this also being used to purchase clothing for school children.

This year, the Winnipeg Professional and Business Women's Club decided that instead of putting gifts for each other on their Christmas Tree, they would put on a gift for a child and the Club very generously voted to send these to us for rural children.

Our idea in doing this voluntary work is that as ambassadors for all who make contributions, we shall send to families referred by the Public Health Nurses (who otherwise would not receive help), gifts that shall carry the spirit of Christmas into the home and clothing that will enable the children to continue their attendance at school during the winter months.

Details of relief work at headquarters of the Public Health Nursing Section is as follows:

Number of children supplied with clothing	254
Number of adults supplied with clothing	56
Number of children provided with toys	1,221
Number of families provided with hampers	11
Number of layettes provided	10
Number of quilts or blankets provided	15

WORK OF THE NURSES IN RURAL DISTRICTS

Number of relief cases investigated for local agencies	60
Number of families supplied with hampers	179
Number of individuals supplied with clothing	89
Number of toys distributed locally	535

To all who so generously gave to our children's Christmas work, we send our sincere thanks.

HEALTH SUPERVISION IN THE SCHOOLS

July 1, 1939 to June 30, 1940.

Total number of children examined	14,396
Total number of children with defects	6,721
Total number of children not vaccinated	1,943

Classification of defects:

Defective vision	1,497
Defective hearing	207
Unsound teeth	5,350
Suspect disease or enlarged tonsils	4,011
Nasal obstruction	671
Symptoms of enlarged glands	1,117
Symptoms of eye disease	74
Symptoms of ear disease	39
Symptoms of cardiac diseases	20
Symptoms of pulmonary diseases	37
Symptoms of malnutrition	535
Symptoms of nervous disorders	132
Symptoms of orthopedic defects	49
Symptoms of anaemia	127
Symptoms of defective thyroid	586
Suspected skin disease	276
Other conditions	460
Number of classroom inspections	1,797
Number of children re-inspected for suspect communicable diseases and other conditions	2,934
Number of first aid treatments given	3,110
Number of children weighed	5,275
Number of children found 7% or more underweight	1,285
Number of children re-weighed	6,700
Number of children found to have gained in weight	5,622
Number of children had eyes tested	2,701
Number of children with defective eyes	408
Number of children had hearing tested	92
Number of children with defective hearing	74
Number of children excluded from school	1,153
For suspected communicable diseases	229
For suspected pediculosis	395
For suspected contagious skin condition	354
For suspected contagious eye condition	37
For other causes	138
Number of school children referred for treatment	6,469
Total number of defects of children, known to have been corrected	2,517

HEALTH TRAINING IN SCHOOLS

Number of classroom talks given	1,631
Number of Home Nursing classes held	73
Attendance at Home Nursing classes	1,206
Number of First Aid classes	33
Attendance at First Aid classes	433

NORMAL SCHOOLS

Number of lectures given in Brandon and Winnipeg	227
Attendance at lectures	7,898

HEALTH SERVICE IN NORMAL SCHOOLS

Immunization clinics for these students were organized and assistance was given to the physicians.

Frequent interviews with the students regarding the correction of the physical defects proved worthwhile. The following shows results obtained:

January to June, 1940

WINNIPEG:

Number having had vision checked	3
Number having received dental care	50
Number referred to and seen by their physician or at Out-Door Department, Winnipeg General Hospital	45
Number given Schick test in June	69
Number who had negative Schick test in June	68

BRANDON:

Number having had vision checked	9
Number having received dental care	3
Number vaccinated for smallpox	1

September to December, 1940

WINNIPEG:

Number of students examined	166
Number with defective vision	22
Number requiring dental work done	14
Number requiring treatment for anaemia	9
Number requiring tonsillectomy	12
Number who have received two doses of diphtheria toxoid	32
Number with vision defect corrected	1
Number who have had tonsillectomy	2
Number who had been referred to and seen by:	
their private physician	3
the Out-Door Department, Winnipeg General Hospital	4
Number who have received treatment for anaemia	4

BRANDON:

Number of students examined	62
Number with defective vision	12
Number with vision defects corrected	7
Number requiring dental attention	10
Number who received dental attention	3
Number referred to private physicians	2
Number who received surgical treatment	1

FACULTY OF EDUCATION:

Number of students examined	33
Number with defective vision	5
Number requiring dental attention	2
Number requiring treatment for anaemia	1

Menstrual histories have been taken of all girls at the two Normal Schools and Faculty of Education. Help was given in summarizing these histories also those from the Youth Training Groups.

In June, 1940, a questionnaire was filled in by the 143 Winnipeg Normal School students which gave the following information as to amount they had spent from September, 1939 to June, 1940 on the following services:

Dental bills	\$433.50	
Vision correction	322.75	
		\$756.25
Treatments	\$ 25.50	
Medications	64.85	
Hospital bills	99.50	
Clinic bills	20.10	
Doctors' bills	324.50	
		532.45
Total		\$1,288.70

An average cost of \$9.10 per student.

The men's class of Normal School students have undertaken a special project in one of the Brooklands Schools. They planned the entire health programme for Grades V to VIII and each Thursday afternoon, two members of this class give a health lesson and examine the children. All the children in these grades have had individual inspections done by the Normal School students under the Nurse's supervision.

Another class of Normal School students are doing special health instruction and inspection under the supervision of the teacher from one of the practice schools.

Besides the above practice work, the students are doing special health work in the Brooklands School under supervision of the Public Health Nurse.

The Normal School Health Education work has been carried on by the Public Health Nursing Division during 1940 in the same manner as in previous years.

The Course of Instruction includes "Methods of Teaching Health" and "The Growth and Development of the School Child" as well as a quick review of "Anatomy and Physiology".

SUMMARY OF CLASS WORK:

January to June:

	Total Hours of Instruction	No. of Classes	No. Students rec. Instruction	No. Hours per Student
Winnipeg Normal School	88	117	144	22
Brandon Normal School	18	23	62	18
Faculty of Education	5	5	33	5

September to December:

Winnipeg Normal School	52½	60	164	10
Brandon Normal School	8½	10	61	8½

Assisted departmental physicians with physical examinations of all students of Winnipeg and Brandon Normal Schools and Faculty of Education. Results of these examinations are included in the report of the Health Education Division.

INSTRUCTION IN PUBLIC HEALTH NURSING TO STUDENTS IN HOSPITAL TRAINING SCHOOLS

On request of the Manitoba Association of Registered Nurses, a Course of Instruction on the Principles and Practice of Public Health Nursing (according to the programme carried on by the Public Health Nursing Division) was prepared and the lectures outlined were given by one of the Supervisors to senior students of the various Schools of Nursing throughout the Province.

The Course was not designed to prepare the Nurse for work in the Public Health field, but rather to stress the opportunity the trained Nurse has to teach preventive medicine and to give her a knowledge of the various Public Health services of the Province.

Topics of Lectures:

1. Development of Preventive Medicine and Public Health Nursing.
2. Social Development since the Industrial Revolution and Social and Health Legislation.
3. Health Organization: (a) Public and Private
(b) Generalized and specialized.
4. Special branches of Public Health Nursing:
 - (a) Infant and Maternal Welfare
 - (b) School Nursing
 - (c) Tuberculosis Nursing
 - (d) Industrial Nursing
 - (e) Venereal Disease Nursing.
5. The necessity and opportunities of health teaching by hospital nurses to patients on the wards.
6. Demonstrations by Student Nurses, showing how health teaching may be done on the wards of the hospitals.
7. Demonstrations of how bedside nursing is carried on in the homes by visiting organizations, i.e., the Victorian Order of Nurses and the Margaret Scott Nursing Mission.
8. How hospitals can co-operate with health organizations and vice versa.
9. Standards required of Public Health Nurses.

The response from all students in demonstration work was gratifying and it was felt that something worth while has been gained if they would apply this teaching in their practical work on the wards.

Number of lectures to student nurses (Brandon, The Pas, Roblin, Neepawa, Portage la Prairie, Winnipeg)	70
Total attendance at classes	1,747

A showing of health literature and teaching aids was arranged at the Health Department for the students of the Winnipeg General Hospital. Senior students of this Hospital spend one week with a suburban Nurse observing public health work.

The Course will be revised yearly to more adequately meet the students' needs.

WORK CARRIED ON IN THE COMMUNITY

January 1st to December 31st, 1940.

Total number of visits made for the purpose of giving health instruction and demonstration	28,730
Classification of service rendered in home visiting:	
Total number of cases in prenatal and postnatal care	1,014
Total number of cases in infant welfare	2,609
Total number of birth registration cases	339
Total number of cases in the care of children of pre-school age	5,228
Total number of cases in the care of school children	13,036
Total number of cases in the care and prevention of communicable diseases	3,115
Mothers' Allowance visits	116
Visits to adults	7,074
Visits of co-operation	6,607
Number of cases dealt with socially	1,570
Total number of patients, other than school children referred for treatment	1,132
Total number of patients accompanied to and from clinics and hospitals	54
Total number of defects known to have been corrected, of those in the community, other than school children	355
Number of meetings attended by Nurses in connection with Public Health work	175
Number of interviews in connection with Public Health work by Nurses in their respective districts	9,824
Number of Home Nursing and First Aid lectures given	89
Attendance at Home Nursing and First Aid lectures	1,180
Number of lectures on other health topics	24

FAMILY HEALTH COURSE

The Family Health Course consisting of five lessons on Prevention of Accident, Prevention of Disease, Simple Home Remedies, was given again this year under the group leadership method of study in twelve centres, namely—

Giroux	Petersfield	Inwood
Marchand	Woodlands	Riverton
Piney	Oak Point	Arborg
Sprague	Eriksdale	Teulon

Total number of groups enrolled	62
Total enrolment	757

This work is carried on through co-operation with Women's Institutes, United Farm Women of Manitoba, Community Clubs and Church organizations. The lectures started in October and will be completed in March, 1941. One lecture is given each month to the groups in rotation.

YOUTH TRAINING GROUP

Twenty hours of lectures were given to the Langruth Youth Training Group.

The Nurse assisted with the medical inspection of pupils at Youth Training Schools at—

Shoal Lake	Binscarth	Killarney
Melita	Langruth	Rosburn
Belmont		

An address on "Health" was given to the Women's Groups at:

Ostervich	Hockfeld	Rhindfeld
Thames	Hassett	Winkler
Schogenfeld	Weidenfeld	Altona

CHILD HEALTH STATIONS

Child Health Stations have been opened during the year at Flin Flon, Deloraine, Portage la Prairie, Pine Falls and Lyleton.

Number of Health Conferences held	408
Attendance of infants and pre-school children at conferences.....	3,594
Attendance of mothers and children for consultation at Child Health Stations	638
Number of First Aid treatments given at Child Health Stations.....	408

CLINICS

Toxoid immunization clinics were held in:—

Municipalities of: Tache, Blanshard, Dauphin, Strathclair, Ritchot, Springfield, Lac du Bonnet, Macdonald, Portage la Prairie, Franklin, Grey, Ste. Anne, Archie, Minto, Ellice, Stanley, Fort Garry, Armstrong, Arthur, Chatfield, East Kildonan, West Kildonan, Siglunes, St. Clements, Wallace, Glenwood, Birch River Disorganized.

Towns of: Selkirk, Transcona, The Pas, Melita, Morden, Flin Flon.

Village of: Brooklands.

City of: Portage la Prairie.

Unorganized districts of: Springfield, St. Clements.

Winnipeg Normal School.

Classification of services rendered:

Assisted physicians with immunization of pupils to protect them against diphtheria	42,383
Assisted physicians with immunization of pupils to protect them against scarlet fever	9,060
Assisted physicians with immunization of pupils to protect them against typhoid fever	4,772
Assisted physicians with vaccination of pupils	13,546
Assisted physicians with "Dick" test for susceptibility to scarlet fever	59

Assisted physicians with "Schick" test for susceptibility to diphtheria	267
Throats swabbed to detect and prevent spread of diphtheria	185
Assisted physicians with the given of tuberculins	145

Tonsil:

Number of tonsil clinics held	1
Attendance at tonsil clinics	22

Dental:

Number of dental clinics held	60
Attendance at dental clinics	3,611

Dr. Proctor, Provincial Secretary of the Foundation for Preventive Dentistry, reports as follows on the dental clinic work:—

"The excellent results noted in our reports for the last few years continue, and it is a source of great satisfaction to gradually see happening what we have had in mind from the start of these clinics, namely, that as time went on and Clinics were held regularly in these places, the results would definitely show the value of preventive dentistry. The rise in the number of fillings inserted and the drop in the number of teeth extracted, especially the permanent teeth, clearly shows this point.

Nearly two-thirds of the 60 clinics held in 1940 were either sponsored or financed by school boards, official trustees, etc. This is also an increase over previous years and is a very gratifying sign.

A comparison of the results from places where several annual clinics have been held and those where only one clinic has been held shows in a marked degree the difference in what is being accomplished.

The personal inspection of the clinics was continued during the year and I am more firmly convinced than ever, that this is a most important step forward. Both the dentists and the Public Health Nurses are doing their work in an excellent manner, especially under conditions that are far from ideal, and are to be congratulated on what they are accomplishing. It is also very gratifying to have the sponsors of these clinics express their appreciation of this inspection service and also how much they value the clinic work.

The co-operation of the Department of Health and Public Welfare in the organizing and conducting of these clinics has been all that anyone could ask for, and I would like to again express our appreciation for all they have done."

A table showing complete statistics and locations of the dental clinic work is appended at the end of this Annual Report on page 000.

Mental Hygiene Clinics:

Number of Mental Hygiene clinics	2
Attendance at Mental Hygiene clinics	28

Summer Child Health Clinics:—

Number of Child Health clinics held	4
Number of children examined	206

Classification of defects found:

Unsound teeth	7
Orthopedic defects	4
Nutritional defects	25
Hernia	3
Nasal obstruction	3
Unhealthy tonsils	46
Enlarged glands	44
Mental deficiency	3
Other defects	20
Requiring immediate medical or surgical treatment	5

**REPORT OF THE WORK DONE IN CONNECTION WITH VENEREAL DISEASE
CLINICS HELD IN ST. BONIFACE HOSPITAL, MANITOBA HOME
FOR GIRLS AND THE HOME OF THE GOOD SHEPHERD**

The wards at St. Roch's have been kept busy caring for patients requiring hospitalization. Quite a number of children (girls under twelve years of age) suffering from gonorrhoeal vaginitis are admitted for intensive treatment. As these cases are usually in the hospital for three months or more, the Sister Superior is arranging classes for the children, also supervised play in-doors and out-doors when the weather permits.

At this time we wish to express our thanks and appreciation of the kind co-operation and interest taken by all the Welfare Organizations and the Police Department. The Relief Commission has been very helpful and this has enabled the patients to carry out their treatments.

Number of clinics attended by nurses	630
Number of treatments given at clinics	25,271
Number of visits of co-operation	347
Number of interviews	2,655
Number of cases referred from social agencies	100
Number of cases referred to social agencies	73

PUBLIC SERVICE NURSING

The service has continued as usual throughout the year in Grahamdale and Fisher Branch districts and is well used by the people.

Nursing service was supplied to the Boggy Creek area from May 1st to October 31st. In reporting on her work in this district, the Nurse draws attention to the poverty and primitive living conditions of the people, the crowded homes, the lack of community hygiene and sanitation, the poor roads that makes travel hazardous within the district. Her report concludes with the following recommendations:

"That provision of continuous medical and nursing services for the people is necessary.

That a building be erected that could be used as a Nurse's home and community centre for health services."

Fisher Branch:

Number of patients seen at Nursing Station	4,164
Total time spent in Public Service Nursing (hours)	2,503 ½

Number of home visits made to patients	554
Total time spent in Public Service Nursing	663¼

Grahamdale:

Number of patients seen at Nursing Station	3,392
Total time spent in Public Service Nursing (hours)	687½
Number of home visits made to patients	436
Total time spent in Public Service Nursing (hours)	429¾
Number of Health Clinics held at Nursing Station	48
Attendance at Health Clinics	1,745

Nursing care was given for the purpose of demonstration or emergency by the general Nursing Staff, in addition to other duties, as follows:

Total number of visits made to patients	4,942
Total time spent in Public Service Nursing (hours)	687

HEALTH SUPERVISION OF CHILD CARING INSTITUTIONS, BOARDING HOMES FOR CHILDREN, DAY NURSERIES AND MATERNITY HOMES FOR UNMARRIED MOTHERS

The present year has shown considerable progress, especially in the Institutions.

The Children's Home, Academy Road:—A piano has been donated for the Recreation Room, and a platform for concert use. New lockers and bedside tables have been placed in one dormitory and in another, new curtains and bed covers. The Boys' basement has been re-floored with hard cement and toilet facilities improved. The Home has also provided temporary quarters for evacuee children, pending their placement in private homes. Measles and whooping cough were prevalent during the winter and early spring.

The Jewish Orphanage, 123 Matheson Avenue:—This Institution now gives the school aged children instruction on the piano and other instruments, also singing and dancing, the teaching being done by voluntary workers. The children also have an opportunity to indulge in many different hobbies.

St. Joseph's Vocational Training School, 1475 Portage Avenue:—The education of the children has been placed under the supervision of the City School Board by providing teachers in the Institution for the younger boys, and by the older lads attending Isaac Brock School. Grading and intelligence testing have been done by the Supervisors with good results. Re the Kindergarten Department—one of the Sisters spent the summer studying Nursery School methods with Miss Cates at the Children's Home and is now able to give this type of teaching to the younger boys.

The Sir Hugh John MacDonald Hostel, 175 Mayfair Avenue:—New showers and toilets have been installed in the basement playroom. The Institution gave its boys a six weeks' vacation in the summer at Old St. Andrews on the River, where they lived practically out of doors. This change from the City should improve the health of the group.

The St. Norbert Infants' Home, St. Norbert:—This Home, through the efforts of its Ladies' Auxiliary, has made a very creditable beginning of a Nursery School. The children already show a happier attitude in the few weeks this work has been in progress. Two Sisters are planning to take training at the Children's Home early in the New Year. The health of the children has been good with the exception of some cases of measles and chickenpox, which were not of a severe type.

The Protestant Orphanage, Lot 90, St. Charles:—No new developments in this Home. They have offered space for evacuee children if the need arises.

The Oddfellows' Home, Lot 40, Charleswood:—This Home still carries on its care of children on a cottage or family plan. No new children have been admitted and here also accommodation for evacuee boys has been offered.

The Knowles School for Boys, Lot 41, East Kildonan:—This School carries on as usual. The boys have excellent opportunities to learn gardening, etc., and the educational work is under the City School Board. During the year, the last instalment of the mortgage was liquidated and the Institution is now on a sound financial basis.

The St. Agnes Priory, West Kildonan:—An outdoor skating rink has been made and all the children have learned to skate. The other activities of the school have been kept up and the older girls are studying Domestic Science as well as the Grade IX and X subjects. Singing is also taught and the children have performed at Musical Festivals and on radio broadcasts.

The Church Home for Girls
Misericordia Hospital
Grace Hospital

Victoria Hospital
St. Norbert Infants' Home
Departments for Unmarried Mothers.

The above Institutions have continued this very important service in giving care to mothers and their infants up to the age of six months.

Stella Avenue Day Nursery and Jarvis Avenue Day Nursery:—These two Nurseries have had a good attendance. Both conduct sewing classes for mothers during the year and the Jarvis Avenue Day Nursery has also classes for school aged girls.

Eight classes for Foster Mothers were held in April and May, 1940. The speakers were members of the Department of Health and Public Welfare and a large number of mothers attended. In November, 1940, a series of lectures was started—Subject, Child Training and Development. Mrs. Woods, of the Parent Education Association, is in charge and already the attendance has been larger than last year. There have been many new private boarding homes opened during the year and some of the old ones have ceased to function, but this good work still carries on and the standard of care given continues to improve.

Owing to the many changes in the medical personnel of the hospitals, due to War Service, our clinics for babies have been somewhat upset, but we hope this is only temporary, as the foster mothers depend to a large degree on the advice received at the clinics.

Literature on the care of children has been sent to all new foster mothers and to others as required. New literature on this subject as it is received, is sent to Institutions.

Boarding Homes for Children:

	City	Rural
Number of applications (new)	176	102
Homes approved for permit	134	69
Homes refused permit	20	10
Inspections not completed or forms not returned	22	23
Applications and permits cancelled due to change of residence, unemployment, adoption, no further desire to board children	178	87

	City	Rural
Number of permits renewed	183	153
Number of new homes receiving permits	62	69
Investigations and yearly inspections	313	252
Routine visits	1,063	880
Visits of co-operation	353	-----
Homes visited and no one found at home	314	-----
Placements arranged:		
Private placements	98	21
Children's Aid Societies	68	36
Child Welfare Division	43	32
Office interviews re boarding homes	434	-----
Orphanages:		
Annual inspections	8	2
Routine visits	27	4
Maternity Homes:		
Annual inspections	4	30
Routine visits	29	103
Day Nurseries:		
Annual inspections	2	-----
Routine visits	6	-----
Hostels:		
Annual inspections	1	-----
Routine visits	5	-----

SUMMARY OF WORK DONE IN GREATER WINNIPEG GOVERNING PRIVATE BOARDING HOMES AND INSTITUTIONS FOR AGED AND INFIRM PERSONS

Private Institutions:

Through constant supervision, the standard of Private Institutions continues to improve.

The St. Amant Home, Transcona, is licensed to care for ten epileptics. When other arrangements can be made for the women now in residence, this home will be kept for the care of epileptic and mentally deficient children only. Requests for the care of this type of patient is increasing.

Private Hospitals:

The Glendale Sanatorium is the only Private Hospital licensed to care for medical patients, specializing in the care of nervous persons.

The Wood Sanatorium for alcoholic cases and the Duke-Fingard Inhalation Hospital were discontinued during the year.

Public Institutions:

Oddfellows' Old Folks' Home, originally opened to care for old folks and children of the Order, is gradually being filled with aged persons. There are now 17 old people and 5 children in residence.

The Jewish Old Folks' Home moved into their new fully modern building on Magnus Avenue in June. This home accommodates 90 patients and is already filled to capacity.

Sunset Lodge, Middlechurch Old Folks' Home, and St. Boniface Old Folks' Home carry on as usual. Many improvements have been made during the year.

Number of applications for permits to conduct Public and Private Institutions, Boarding Homes and Private Hospitals	257
Number of permits issued	100

Classification—

Public Institutions	5
Private Institutions	24
Boarding Homes	69
Private Hospitals	2
Total accommodation available in Institutions, Boarding Homes and Private Hospitals	954

Classification—

Public Institutions	622
Private Institutions	266
Boarding Homes	51
Private Hospitals	15
Total number Aged and Infirm cared for in Public and Private Institutions, Boarding Homes and Private Hospitals	1,375

Classification—

Public Institutions	809
Private Institutions	380
Boarding Homes	110
Private Hospitals	76
Total number of visits in connection with housing Aged and Infirm....	1,068

Classification—

To Public Institutions	18
Investigation	11
Routine	7
To Private Institutions	317
Investigation	107
Routine	210
To Boarding Homes	530
Investigation	376
Routine	154
To Private Hospitals	23
Investigation	8
Routine	15
Visits of co-operation	180
Assisted with placement arrangements	231
Private	142
Public Welfare, City	74
Government	15
Number of office interviews	252

Rural Manitoba:

Number of permits issued	54
Visits of investigation to Public and Private Institutions and Boarding Homes	76

Considerable time in visits and correspondence has been taken up this year in connection with the Child Caring Institutions, Private Hospitals and Maternity Homes, and Institutions for the Aged and Infirm, to see that all recommendations made by the Winnipeg and Provincial Fire and Sanitary Inspectors were complied with before licenses were re-issued.

TUBERCULOSIS NURSING

Number of families carried for supervision	3,140
Number of visits made to tuberculosis families by Nurses	5,833
Number of reports on patients and contacts sent Nurses	2,077
Number of clinics provided with nursing service	90
Number of patients examined at these clinics	5,991
Number of new families added for supervision during 1940	264
Reports on patients sent to Child Welfare Division	188

CANCER RELIEF AND RESEARCH INSTITUTE

An experienced Public Health Nurse will again be assigned to duties with the Cancer Relief and Research Institute. This Nurse will act as liaison worker between the Institute and the Nursing Division enabling the Nursing Staff to give more effective co-operation in health education and follow-up work to this class of patient.

EVACUEE CHILDREN

On May 27th, a Committee was formed to plan measures for receiving into Manitoba 2,500 children from Britain under the auspices of the Children's Overseas Reception Board. The following plan was outlined for the co-operation of the Nursing Division:

1. Winnipeg Volunteer Service Bureau and Child Welfare Agencies to register homes willing to take evacuee children.
2. All homes to be inspected by Provincial Public Health Nurses and permits to be issued (according to number of children requested and accommodation) to homes found suitable.
3. The Service Bureau to arrange for free transportation for Nurses inspecting homes in Winnipeg.
4. Records of suitable homes to be sent to Child Placing Agencies.
5. All homes to be revisited yearly with respect to renewal of license.

As the movement of children from Britain had already started, it was imperative that we secure a list of suitable homes quickly. The Nurses were glad to have a share in this war service; every member of the staff assisted. Hundreds of homes were visited in the evenings and during the week-ends, and by July, 800 homes were licensed.

We first inspected 995 homes that had been listed with the Women's Volunteer Bureau during 1939, but only 175 of these householders were still willing to take children.

In July, we were notified that all homes receiving children of relatives or friends from other countries and for whom passage was paid, must also be inspected and licensed.

The Nurses report that many of the children who came to Manitoba during the summer months have already improved in health and made a marked gain in height and weight.

Statistics of work done is as follows:

	Visits to Homes	No. Homes Approved	No. Children to be Accommodated in Homes
Greater Winnipeg	3,504	1,580	2,031
Rural Manitoba	1,471	764	958
Total	4,975	2,344	2,989

COMMUNITY EDUCATION

V.A.D. Training to Students of the University of Manitoba.

In September, the University Women's Club made a request for a Course of Instruction on Home Nursing and First Aid for a number of women students who wished to be equipped for service in case of national emergency. Arrangements were made for the Manitoba Association of Registered Nurses to give the tuition, the classes to be held weekly in the Lecture Room here and departmental equipment to be placed at their disposal.

Civil Servants Take a Bow!

In September, 1939, a group of young women in the Civil Service made a request for a course of lectures in Home Nursing which would prepare them to render assistance in the field of Nursing should an occasion arise similar to the Influenza epidemic of 1918. We accordingly proceeded with plans for such a course to be given in the Lecture Room, under the direction of Miss Edith McDowell, Instructor, Winnipeg General Hospital.

Classes have been held once a week, with intervening evenings set aside for practice groups, and instruction has been given in sponging patients, taking temperatures, applying counter-irritation, simple dressings, and many other procedures designed to make the students useful auxiliaries in the home.

Enthusiasm was sustained throughout the course and the students entered into their work with keen enjoyment. Examinations were held and many excellent demonstrations of bedside care were in evidence. The examiners expressed approval of the splendid nursing techniques which this group has developed.

It will be a source of great satisfaction to these young women and reassuring to the Government, to know that they are standing by, ready and prepared to help in the crisis of a community epidemic, should that crisis arise.

The members of this group have also discovered that they possess many potentialities for wider service and are anxious to continue to broaden their knowledge of the community and its many needs.

This was a project well worth the effort!

Total hours of lectures and demonstrations	115
Total hours of supervised practice	42

A Course in First Aid was given to the Girls' Service Club of the Winnipeg Catholic Hostel.

Number of classes held.....	5	Average attendance.....	39
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Lectures in First Aid and Disease Prevention were given to a young adult group in East Kildonan.

Number of classes held.....	19	Average attendance.....	16
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PROGRESS REPORTS

Moose Lake Outpost — On special request, a Public Health Nurse visited in February, this far northern settlement of 300 inhabitants; 57 school children were examined, homes were visited and five patients were referred for hospital treatment; nursing care was given to fifteen.

The Pas—Provided by local service clubs, milk was given during school recess for twelve weeks to 100 children.

The first pre-school toxoid clinic was held in February with an attendance of 85.

With the co-operation of physicians, hospital and Town Council, a clinic was held where 50 children from low salaried homes had tonsils removed without cost to parents.

Half-breed Settlement near Ebb and Flow Reserve — In January, Missionary Priest, Father Comeau, with the co-operation of the settlers, finished building a school. The Nurse found 24 children attending who were bright, eager to learn, but not healthy looking. Arrangements were made for the children to have Cod Liver Oil during the winter months. The Public Health Nurse, with the assistance of the Red Cross Nurse from Alonsa, extracted the badly decayed teeth of 12 school children.

Portage la Prairie—In July, Public Health Nursing Service was reinstated after a lapse of seven years. The credit for securing restoration of the service is due chiefly to one of the Councillors, Mr. Joshua Hargreave. It was most encouraging to hear Mr. Hargreave present to the City Council a very convincing list of reasons as to why the citizens could not afford to be any longer without such a service. The Nurse has received the utmost co-operation in the carrying out of her duties.

Winchester Municipality and Deloraine Town—The local Women's Institute must be given the credit of starting a movement which resulted in the restoration in July of Public Health Nursing services. The district has been without this service for the past seven years.

There is a growing realization among the women of Manitoba, that effective health measures must be continuous to produce results.

STAFF EDUCATION

In September, the Canadian Public Health Association met in Winnipeg for the Annual Convention.

Our biennial Refresher Course was held at the same time and the Nurses had the opportunity of hearing addresses at the Convention that were of educational value to them, both in the general sessions and the Public Health Nursing Section meeting.

The following lectures and demonstrations were given at the Nurses' Refresher Course:

Infantile Eczema	- - - - -	- - - - -	} Dr. George Brock
Congenital Lues	- - - - -	- - - - -	
Present Day Tendencies in Infant Feeding	- - - - -	- - - - -	Dr. Harry Medovy
Goitre	- - - - -	- - - - -	Dr. Gordon Fahrni
Newer Drugs	- - - - -	- - - - -	Dr. J. Allison
Physiotherapy	- - - - -	- - - - -	Mrs. H. H. Ross
New Teaching and Techniques in Pediatric Nursing	- - - - -	- - - - -	Miss F. E. Christian
Prevention and Care of Strabismus	- - - - -	- - - - -	} Dr. I. H. Beckman
Common Eye Infections of Childhood	- - - - -	- - - - -	
Use of Eye Chart	- - - - -	- - - - -	
Symposium on Allergy and the Allergic Patient	- - - - -	- - - - -	Dr. Gordon Chown
Communicable Disease Regulations	- - - - -	- - - - -	Dr. M. Bowman

The sessions were open to all registered nurses of the Province. They were well attended and keen interest was shown in the subjects presented.

It is now mandatory that all Nurses appointed to the Staff hold a diploma for one year's post-graduate study or its equivalent, in Public Health Nursing, and we expect that by 1942, 80% of the Staff will have from six months to two years post-graduate study.

During the year, three Nurses completed one year's post-graduate studies in Public Health Nursing at Toronto University; two Nurses attended the Summer Course at the University of Minnesota, one Nurse was awarded a Kellogg Foundation Scholarship for six months' supervised field experience in health services and health education in the homes. This Course was particularly helpful to the Nurse and we hope to secure more of these scholarships for members of the Nursing Staff.

The size of a rural Nurse's district, poor roads, and the difficulties of travel during the winter, make it impossible to give a detailed service in the homes, but the increasing importance of well planned education in the homes is being realized by the Nurses and the fact that every contact is a potential source of education.

The following lectures were arranged for the Staff by a Committee of the Nurses:

Evacuee Children	- - - - -	Dr. F. W. Jackson
Central Council of Social Agencies	- - - - -	Mr. L. Serene
Family Case Work	- - - - -	Miss M. Moore

Social Workers' Convention	-	-	-	Miss E. J. Lawson
Boarding Homes	-	-	-	Miss J. G. Stothart
Tuberculosis	-	-	-	Miss E. J. Wilson
Normal School	-	-	-	Miss V. Hannon
Venereal Disease	-	-	-	Miss A. Armstrong
				Miss R. B. Dickie
War Savings	-	-	-	Committee members

There is a great need for more Public Health and Public Service Nurses. At present only about one-third of rural Manitoba has permanent Public Health Nursing Service and in only one district in unorganized or disorganized territory is there a resident physician.

FIELD SUPERVISION

Total number of visits of inspection and instruction made by the Supervisor to Staff Nurses	21
Number of Nurses settled in new districts	5

Addresses on the work of the Division have been given to senior students of Misericordia, Grace and Winnipeg General Hospitals.

Public addresses have been given at Rorketon, Amaranth, Gilbert Plains, Minnedosa, Portage la Prairie and Winnipeg.

Recommendations have been submitted re additions to regulations governing the operation of Children's Boarding Homes, Homes for Aged and Infirm, and regulations governing the supervision of Health Unit Nursing Service.

ADMINISTRATION

Number of Nurses on the Staff, December 31, 1939	36
Number of Nurses resigned during 1940	2
Number of Nurses on the Staff, December 31, 1940	40
Number of Nurses on leave	1

Classification of Nursing Service:

	Nurses
Generalized Public Health work	21
Special Public Health work	5
Rural Public Service work	2
Health Education work	2
Venereal Disease work	2
Health Supervision of Public and Private Institutions and Boarding Homes for Aged and Infirm	1
Health Supervision of Child Caring Institutions, Day Nurseries, Children's Boarding Homes in Greater Winnipeg	2
Field Supervisors	2
Tuberculosis Supervisor	1
Educational Supervisor	1
Director of Nursing Service	1
On leave	1

NEW DEVELOPMENTS

As the rapid development of Nursing Services has considerably increased the duties and responsibilities of directing the work, the need for a qualified Educational Supervisor has been apparent for some years. This worker was appointed in September and her duties will include the preparation and supervision of all teaching outlines, the revision of the Public Health Nurses' Manual, and records used in the Division. A teaching outline for education of the diabetic and cardiac patient in the homes will be developed.

PLANS FOR THE FUTURE

A course of simple talks and demonstrations will be arranged for women who hold a license to care for the Aged and Infirm persons.

To prepare and advocate for institutions for unmarried mothers, a daily routine having relation to the health of mother and child.

The development of a Training Centre where experience in Public Health work for Public Health Nurses and medical students would be available.

We have received the utmost co-operation from Provincial and Winnipeg Social and Relief Agencies, the Red Cross Society, the Hospitals, Medical and Teaching professions, Municipal Councils and Service Clubs; to all, we extend thanks.

As a Staff, we desire to record our appreciation of your interest and help in our problems and your encouragement in our efforts to improve the services.

Respectfully submitted,

ELIZABETH RUSSELL, R.N.,

Director of Public Health Nurses.

Division of Sanitation

Dr. C. R. Donovan, D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrook Street, Winnipeg.

Sir:

I have the honour to submit herewith a report of the work done during the year ending December 31, 1940.

GENERAL INSPECTION AND ABATEMENT OF NUISANCES

There is presented under this general heading, an approximate record showing the principal fields of activity engaged in by the sanitary inspectors.

General Routine Inspections:

Auto Trailers	4
Apartments	33
Bakeries	35
Bottling Plants	12
Cafes	117
Cemeteries	3
Creameries (Cheese Factories)	38
Dairies	245
Disposal of Dead Animals	3
Dwellings	538
Flour Mills	3
Food Stores	188
Hotels	22
Hospitals	13
Institutions	19
Industrial and Construction Camps	122
Laundries	24
Lanes	244
Lodging Houses	25
Poolrooms	34
Piggeries	5
Privies	1,212
Plumbing and Drainage Systems	235
Storage of Waste	921
Summer camps	50
Sewage Treatment Plants	119
Stables	647
Stores	18
Schools	30
Swimming Pools	1
Slaughterhouses	70
Second-hand Stores	2
Theatres	1

Typhoid Fever Investigations	50	
Vacant lots	37	
Waste Disposal Grounds	84	
Yards and Areas	1,315	
		6,519

Water Supplies:

Wells	734	
Surface Waters (rivers, etc.)	161	
Ice	21	
Reservoirs	44	
Chlorinating Appliances	25	
Re-inspections	180	
		1,165

Nuisances Abated:

Dirty yards	304	
Defective cellars	3	
Dirty and Insanitary Buildings	2	
Disposal of Dead Animals	2	
Occupation of Cellars (Illegal)	1	
Improper storage of Food	29	
Improper storage of Milk	5	
Improper handling of Milk	8	
Lanes (nuisances)	141	
Improper Storage and Removal of Manure	116	
Lack of Scavenging Service	2	
Lack of Natural Light	6	
Lack of Ventilation	6	
Overcrowding	2	
Plumbing Defects	11	
Privies	228	
Stables, Dilapidated and Insanitary	2	
Use of Surface Water	1	
Unsound Food	24	
Vermin	2	
Waste Disposal	342	
Waste Disposal Grounds	13	
		1,250

Water Supplies:

Wells—Defective Construction	44	
Wells—Disinfected, etc.	22	
Surface Supplies (warning re Pollution)	14	
Chlorinating Appliances—Defective	7	
		87

Complaints Received:

Re Nuisances	41	
Re Condition of Water Supplies	13	
Re Condition of Waste Disposal	20	
		74

Notices Served:

Statutory	91	
Informal (written)	137	
Verbal Warnings	1,171	
Prosecutions	2	
		1,401

Samples Taken:

Wells	544	
Surface Supplies (Rivers, etc.)	176	
Other Sources	60	
Ice	14	
Milk	136	
Chemical	3	
		933

Communicable Diseases:

Premises quarantined	18	
Premises fumigated	2	
		20

ABATEMENT OF NUISANCE

The number of requests for inspection and investigations regarding insanitary conditions was considerably greater, a total of 119, compared to 71 during 1939. An increase in the number of complaints usually follows the occurrence of an epidemic, due to publicity and a sudden awakening of apprehension on the part of the general public.

WATER SUPPLIES**Municipal:**

No new water works construction was undertaken. One municipal supply was finally equipped with chlorine apparatus for final sterilization. The results have been highly satisfactory.

Faulty technique in obtaining water samples from one water works system resulted in continued unsatisfactory bacterial analyses. This matter, which was brought to the attention of the local authorities has been corrected.

Investigations were made in several industrial establishments where private and municipal water systems were cross connected, creating dangers due to possible pollution of the municipal supply. Remedial measures were ordered to be undertaken.

Private Supplies:

The usual routine procedures of inspection, sampling and analyses of private waters was continued. While pamphlets or bulletins relative to the safety of these supplies are served in all cases, it is impossible to carry out any follow-up work where new construction and protection has been recommended. In order to make what improvement is possible, additional data relative to wells is to be required during the coming year. With this information it will be possible to provide a more accurate opinion on the quality of waters and their availability in the various parts of the Province. A total of 702 samples of water were obtained for bacteriological analyses, and three for chemical analyses.

Ice:

Twenty-one samples of ice from Greater Winnipeg, and several rural points, were submitted to the laboratory. Results of analyses were satisfactory in all cases.

SEWAGE TREATMENT AND DISPOSAL

No new municipal construction was undertaken. Complaints were again received regarding offensive odors from the Greater Winnipeg Sewage Treatment Plants and remedial measures were recommended. The highly septic condition of the sewage reaching the treatment plant is no doubt the major cause of the nuisance. With low sewer gradients and partial deposition of solids, plus the time taken in delivering sewage for treatment, it is practically an impossibility to eliminate odors. Appropriate treatment of the sewage at points remote from the plant is the only practical solution. The additional heavy load from packing houses has increased the difficulties considerably.

Industrial Wastes:

With the construction of the Manitoba Sugar Company's plant in Fort Garry, there was considerable doubt as to the effect of the waste entering the Red River. Despite assurances to the contrary, this waste is of a highly pollutional nature, as noted in other locations, and the material discharged locally was highly offensive. The period of operation passed without complaint or offense, but it may be borne in mind that adequate treatment should be adopted. The time will come when much higher standards of sewage and industrial waste treatment will be forced upon us. Development of additional industries in the future will demand this.

Several complaints were received regarding offensive odors from textile wastes discharged into a village ditch. Owing to the impossibility of satisfactory disposal, the plant is to be re-located where sewer and water services are available.

POLLUTION OF WATER COURSES

The survey of the Red River undertaken in co-operation with the State Health Department of North Dakota, was completed during February. To the uninitiated it may be stated that the data obtained from this survey forms the basis for river improvement, the benefits of which cannot be over-estimated. Owing to the outbreak of war it is likely that further deliberations will be held over until cessation of hostilities. Participation in this joint pollutional survey has been a most profitable and pleasant task.

PLUMBING AND DRAINAGE

Eighty permits were granted for plumbing and drainage installations. In addition to testing and inspection, preliminary surveys were made and advice given regarding all proposed work. From our records we note that these installations will provide adequate water supplies under pressure, and safe methods of waste disposal for 600 persons. In the general field of disease prevention these improvements are of great value.

FUMIGATION BY HYDROCYANIC ACID GAS

Six permits were issued during the year. 491 Fumigations were made, an increase of 211 over the year 1939. There is an apparent increase in the amount of disinfecta-

tion being carried out. The greater part of this work is done in the urban centres, and it is our endeavour to provide better facilities as time proceeds for the rural areas. The difficulty so far, is due to lack of trained fumigators in the country districts.

Only one contravention of the regulations came to our notice where fumigation by HCN was done without permit. Appropriate action was taken.

RAT EXTERMINATION

Following enquiries from various interested sources, and by request, a bulletin concerning rat extermination was prepared. Copies were distributed to Post Offices, Drug Stores, Secretary-Treasurers of Municipalities, and Medical Officers of Health. Use of the more common and dangerous rat poisons was not recommended, owing to the dangers to children and stock. However, an effective substitute was found in Red Squill, a vegetable powder fatal to rodents if fed in sufficient quantities. Owing to the onset of colder weather late in the fall, sufficient opportunity may not have been afforded to carry out such extermination procedures as might be warranted. In addition to the large number of bulletins distributed, there were many requests by letter for advice on this matter. The need for storing additional grain on farms brought the question of extermination more forcibly to the attention of the farmer. Provided this work is carried out with the necessary care and technique, farms should be rendered absolutely free from rats. Municipal refuse and garbage dumps on the other hand cannot be effectively treated by poison methods unless on a very large scale, using more dangerous poisons.

The only other alternatives to the common dump or disposal ground are incineration or burial of all edible waste. It may be suggested here that during the annual "spring clean up" rat extermination by poisoning, etc. should include the removal of rat harborage, and rat proofing of all types of buildings liable to become infested.

SCHOOLS

Co-operation with school trustees, teachers and the Department of Education, and the Public Health Nursing Division, in the improvement of school sanitation continues. We have not, however been able to meet all demands for the number of complete school surveys requested. It has been very gratifying to note that many schools surveyed during 1937 have carried out our recommendations for necessary improvements.

SUMMER RESORTS AND TOURIST CAMPS

The procedure of annual inspection of summer camps prior to occupation was continued. Five camp water supplies from deep wells previously of good quality, showed unsatisfactory bacteriological analyses. Immediate investigation was made and the necessary measures taken for correction before the camps were occupied. Our principal sanitary objectives have been to provide clean waters and satisfactory waste disposal methods.

INDUSTRIAL AND CONSTRUCTION CAMPS

The additional construction incidental to the Commonwealth Air Training Scheme, increased construction camp work considerably. Between three and four thousand workmen were engaged in these projects. Camps were found to be fairly satisfactory, all employed necessary medical services as called for by regulation.

COMMUNICABLE DISEASE

In the early spring a typhoid outbreak created a sudden demand for special investigation in co-operation with the Epidemiological Division. An additional sanitary inspector was engaged temporarily to give necessary assistance. One hundred and seventy premises were visited; 85% of these showed lack of the minimum sanitary requirements. Happily water was not the offending agent, the entire area having an excellent supply from deep drilled wells. Owing to pressure of other work no re-inspections were possible. This is unfortunate, for we feel that once insanitary conditions come to our notice, necessary remedial work should be undertaken and completed in a satisfactory manner. The total number of persons involved in these investigations was 1,033, seventeen having known previous typhoid histories.

NORTHERN MANITOBA

General sanitary conditions in the northern part of the Province would appear from our records to be satisfactory, and there is continued improvement.

In the Municipal District of Flin Flon, our energies and ingenuity are now taxed with developing new schemes for satisfactory installations of plumbing and drainage, due to the peculiarities of the townsite, sewerage and water systems. It is possible that there may have to be slight departures from established methods. At Atikameg, or Clear Water Lake, one of the summer resorts, the Department of Mines and Natural Resources completed necessary sanitary and other improvements to the public camping ground, the lack of which had definite sanitary and other camping disadvantages.

GENERAL

In conclusion there is little comment to make. The year which has passed has brought to light again the need for greater efforts directed towards improvement of general sanitary conditions and in conjunction an intensified campaign of educational effort relative to improved personal hygiene and the prevention of disease in general. Despite latent distractions due to war conditions, time is opportune to prepare for possible epidemics which, as history has shown, are an aftermath of war.

In the prosecution of our work we are again indebted to all those who have so intelligently rendered assistance and co-operation. The sanitary inspectors of the Division have again merited special mention for their untiring devotion to the work in hand.

Respectfully submitted,

J. FOGGIE,

Chief Sanitary Inspector.

Division of Food Control

C. R. Donovan, M.D., D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrook Street, Winnipeg.

Sir:

I have the honour to submit herewith the report of the Division of Food Control for the year ending December 31st, 1940.

SANITARY MEASURES RELATING TO MEATS

Slaughtering Plants:

Licenses issued during year—		
Butchers' small slaughterhouses	167	
Beef Ring slaughterhouses	39	
Abattoirs	8	
		214

Routine inspections of slaughterhouses have been made throughout the year. Sanitary conditions for the most part were found to be reasonably satisfactory. The operators of insanitary slaughterhouses were advised of remedial work necessary and warned that their licenses were subject to cancellation if the regulations were not complied with. Such advice and warning were sufficient so that more drastic action was not necessary. Apparently fewer animals are being slaughtered in small slaughterhouses than in previous years. The tendency now is for many butchers to buy their supply of meat from abattoirs, probably for the following reasons:

- (1) Improved trucking facilities throughout the Province, so that butchers can secure a fresh supply of meat when needed.
- (2) Improved refrigeration in butcher shops.
- (3) The demand by some customers for inspected meat.
- (4) Butchers enabled to purchase and handle only those cuts of meat for which they have a demand.

Interim Permits to Slaughter:

Number of permits issued during year 39

A considerable decrease in the number of these permits is noted. This is partly due to the unusually mild weather in the winter of 1939-40, and a decrease in the number of farmers wishing to slaughter for sale.

Butcher Shops:

For the most part inspections of butcher shops were confined to those butchers operating a slaughterhouse. It is gratifying to note that many shops have installed proper refrigeration and that there are many good shops throughout the Province. Unfortunately there still are too many shops ill equipped, or not kept in a sanitary

condition for the proper handling of meats. The licensing of all butcher shops with adequate inspection would do much to remedy this condition.

DISPOSAL OF DEAD AND CRIPPLED ANIMALS

(From the Union Stockyards, St. Boniface)

The animals herein referred to may only be removed from the stockyards by permission of the Senior Supervisor of the Union Stockyards, who has furnished us with the following figures:

Dead animals released to rendering plants during the year:

Cattle	120	
Calves	272	
Hogs	569	
Sheep	239	
Horses	8	
		1,208

Crippled and injured animals released for slaughter in abattoirs under official inspection:

Cattle	217	
Calves	37	
Hogs	17	
Sheep	17	
		288
Rendering Plants licensed during year	1	

PRODUCERS' MARKETS

Licenses issued during year—

Winnipeg	3	
Portage la Prairie	1	
		4

RESTAURANTS

Inspection of restaurants for the most part has been confined to those in summer resorts, where they were found to be reasonably satisfactory. As pointed out in previous reports, licensing and adequate inspection of restaurants throughout the Province are urgently needed.

BAKERIES

During the year, regulations were passed concerning the preparation and handling of cream-filled pastries. Bakeries generally require greater supervision than we are able to give now due to our limited staff and the lack of any licensing system.

SUPERVISION OF MILK SUPPLIES

Approximately 75% of the work of this Division has to do with the supervision of milk supplies. The reason for this is two-fold:

- (1) Milk is our most important food and the one most apt to be implicated in the spread of disease.

(2) The supervision of the milk supplies to the pasteurization plants in Greater Winnipeg requires the full attention of two employees. Approximately 800 dairymen are shipping milk to the plants. Their premises must be inspected, and tests run to determine the quality of milk shipped.

MILK-BORNE DISEASES

Undulant Fever:

Eight cases of undulant fever were reported during the year. While in some cases there is no definite proof that milk was the source of the infection, in at least two cases there is fairly definite evidence that such was the case, and in other cases, raw milk may have been responsible.

It is significant that all patients were consumers of raw milk.

Permit me to relate the history of cases where accurate information was obtainable:

Patient No. 1: Dairyman, middle aged, definite diagnosis of undulant fever, aborting cows in herd, agglutination test for Bang's disease revealed eleven positive reactors out of seventeen animals tested. The patient may have been infected from handling diseased animals or consuming raw milk from such animals as the patient had habitually consumed this milk. The sale of milk from this herd was prohibited by the local medical officer of health.

Patient No. 2: Farmer, definite diagnosis, undulant fever. Handled animals and consumed milk from a herd containing several aborting cows. No blood test was made of the herd. No milk was offered for sale from this herd.

Patients 3 and 4: Both these patients, young men employed in railway shops, consumed raw milk obtained from the same vendor. Neither patient had handled cattle or meats from which they could have been infected. The owner of the herd admitted that several cows had aborted during the past few years, but claimed that such animals were disposed of without delay. In spite of this the agglutination test for Bang's disease revealed seven positive reactors in a herd of twenty-eight cattle. The reactors were all slaughtered under supervision. There is little doubt that milk was the course of the infection in these two cases.

While the number of cases of undulant fever reported yearly is not large, there is reason to believe that many cases occur that are not reported because of lack of definite diagnosis or other reasons. The safeguards against this disease are either pasteurization of the milk supply, or the blood testing of the cattle producing the milk.

Bovine Tuberculosis:

Rather conclusive evidence that raw milk was the means of conveying the organism of bovine tuberculosis to a 14 year-old boy, was presented during the year. The facts of the case are briefly as follows:

Boy, 14 years old, operated upon for tuberculosis adenitis in the neck, the causative organism believed to be of the bovine strain. There was no history of tuberculosis in the family or immediate contacts. Milk supplied had been obtained for years from a raw milk vendor. Investigation revealed that the cattle were not

only untested but likely diseased, as the owner admitted having four cows tested with two reacting a couple of years ago. The health officer issued orders that the sale of milk must cease until the herd was tested and reactors removed, or the milk pasteurized. The dairyman ceased peddling milk and sold his herd untested, so that no evidence regarding the extent of infection in the herd was obtained.

Health authorities unanimously agree that if milk is not pasteurized it should at least come from tuberculin tested cattle. In last year's report I pointed out that such raw milk from untested cattle is being consumed in the Province. The same condition still exists, due in part to war conditions, which have resulted in a curtailment in testing under the restricted area plan by the Health of Animals Branch. Tests under the supervised herd plan have not been interfered with, so that there is no legitimate excuse for local authorities not insisting upon the tuberculin testing of all cattle whose milk is consumed raw. The Municipality of East Kildonan has seen fit to pass a by-law which comes into effect January, 1941, making such a requirement necessary. The enacting and enforcing of such a by-law by other towns and municipalities in the Province would do much to improve the situation.

MILK SUPPLY TO SMALLER URBAN CENTRES

The work of assisting the local authorities of towns and municipalities in the supervision of their milk supplies has been continued. Particular attention has been given the following towns, villages and municipalities:

Brooklands	Portage la Prairie	Stonewall
Carman	Minnedosa	Virden
East Kildonan	Neepawa	Russell
West Kildonan	Souris	McCreary

While the milk supply in many centres may be termed reasonably satisfactory, it is regrettable to report that there are still towns and villages in the Province where no attempt at supervision is made. The result is that milk dangerous to public health is being sold. Some of the unsatisfactory conditions found are:

- (1) Raw milk from untested cattle being sold. Undoubtedly some of the cattle were tuberculous.
- (2) Utensils and bottles not being properly washed and sterilized.
- (3) Inadequate cooling of the milk.
- (4) Total lack of a suitable milk house and facilities for the proper handling of the product.
- (5) Insanitary toilet accommodation on the milk vendors' premises.
- (6) Water supply of questionable safety.
- (7) Flies numerous where the milk is handled.

Although the supervision of milk supplies is primarily the duty of the local authorities, it must also be realized that with the ever increasing tourist traffic throughout the Province, the safety of all milk supplies assumes added importance. It is the intention of this Division to further develop the work of rendering assistance to local authorities in the supervision of milk supplies so that the highest possible standard may be reached.

SUPERVISION OF MILK SUPPLIES TO SUMMER RESORTS

Adequate supervision of milk supplies to summer resorts is particularly desirable for the following reasons:

(1) Many milk vendors to summer resorts sell only for a period of six weeks or two months. Due to the shortness of the season they often are unwilling to equip themselves properly to handle milk. Selling milk to them is often only a side-line to their other farming operations and they do not appreciate the care necessary in the production and handling of milk for human consumption.

(2) Many people, particularly children, go to summer resorts for reasons of health.

While supervision was extended to other summer resorts, particular mention should be made of the work done at Riding Mountain National Park and Grand Beach.

The supervision of the milk supply to the Riding Mountain National Park was undertaken two years ago at the invitation of the superintendent of the Park. The milk supply to the Park is obtained from two pasteurization plants and about six raw milk vendors. The pasteurization plants supply most of the milk sold, but none during the balance of the year. The raw milk vendors are all licensed and are reasonably well equipped to handle milk. Their cattle are tuberculin tested and monthly inspections of their premises, as well as tests of their milk have been made during the summer season. Results obtained have been gratifying largely due to the courtesy and co-operation shown by the superintendent and his staff, and the readiness of the vendors to abide by advice rendered.

Grand Beach: The work of supervising the milk supply to Grand Beach and Grand Marais was undertaken during the year, in co-operation with the medical officer of health. Tuberculin testing of the vendors' cattle was required for the first time and improvements in premises and methods of handling milk were insisted upon. Considerable raw milk is sold in this area, so that close supervision of the supply is a necessity and must be continued.

MILK PASTEURIZATION

There is a definite trend towards an increase in the use of pasteurized milk in the Province. This is particularly true in the larger centres of population, and military establishments. It is a rule of the military authorities to serve only pasteurized or tinned milk to men in the armed forces. This naturally has resulted in greater quantities of pasteurized milk being consumed.

The following is a list of cities and towns with the number of pasteurization plants located in each.

Greater Winnipeg	13
Brandon	2
Portage la Prairie	2
Dauphin	1
The Pas	1
Flin Flon	1
St. Georges	1
Transcona	1
Minnedosa	1

The plant in Minnedosa is new, and began operations in June, 1940.

SUPERVISION OF PASTEURIZATION PLANTS

Primarily the responsibility of supervising pasteurization plants is that of the local health officer, with the Provincial authorities acting in an advisory capacity. However, due to the lack of trained personnel in many towns where plants are situated, it has become necessary for the department to assume the duties of inspecting several plants. This important work is increasing year by year and in order to give adequate supervision, which the importance of pasteurized milk demands, full time of a qualified inspector together with laboratory facilities for testing the product is required.

SANITARY SUPERVISION OF MILK SUPPLIES TO PASTEURIZATION PLANTS IN GREATER WINNIPEG

Routine inspections of the premises of persons shipping milk to pasteurization plants in Greater Winnipeg were carried out during the year. One inspector was assigned to do this work, and he was able to make close to 1,100 inspections during the year. For a period of six weeks it was necessary for him to assist in a sanitary survey in the Ste. Anne district due to an epidemic of typhoid fever in that area, which curtailed the number of milk inspections to some extent. Inspections of all shippers' premises were made and re-inspections of premises of unsatisfactory shippers were carried out.

A gradual improvement in the sanitary conditions of the premises is noted from year to year. A number of shippers were advised that their premises must be improved if they wished to continue shipping. Some heeded the advice, while others sold their herds before their licenses were cancelled, as the possession of a milk quota makes easier the sale of a herd of milk cows, even though the quota in itself has no monetary value. In a few instances it was found necessary to cancel licenses.

Shippers licensed during year	817
Shippers stopped shipping due to either cancellation of license or sale of herd	46
Licenses in force at end of year	771

LABORATORY TESTING OF SHIPPERS' MILK

At intervals of one month or six weeks, samples of each shipper's milk were taken as the milk arrived at the plants. Sediment and methylene blue tests were carried out on the samples collected. The results were used as a basis for grading the shippers as shown in the following table together with gradings of previous years.

	1936	1937	1938	1939	1940
Shippers producing good milk	29%	43%	51%	57%	61%
Shippers producing fair milk	62%	46%	38%	26%	25%
Shippers producing poor milk	9%	11%	11%	17%	14%

The foregoing results have no relationship to the quantity of milk shipped in each class, but only represent the percentage of the total shippers more or less consistently shipping milk of the various grades.

The licenses of a number of shippers included in the poor class were cancelled late in the year. Their elimination should make for an improvement in the average

quality of milk received. The laboratory testing of the milk undoubtedly has been of real value in improving the quality of milk received at the plants and provision for extending this work should be made at the earliest opportunity. At present the laboratory of the Dairy Husbandry Division of the University is being used. Since it is situated some distance from the city, considerable time is expended in travelling between the laboratory and the various pasteurization plants. A more convenient location of a laboratory would permit more tests being conducted.

Thanks are due Prof. R. W. Brown and the staff of the Dairy Husbandry Department, University of Manitoba, for the use of the laboratory and the assistance they have rendered in conducting tests and giving valuable advice.

CERTIFIED MILK

Parrish Farms, Parkdale, are the sole producers in the Province of this grade of milk. The amount sold has decreased, until now it is less than 30 quarts daily.

Respectfully submitted,

E. J. RIGBY, B.V.Sc.,

Chief Food Inspector

Division of Health Education

C. R. Donovan, M.D., D.P.H.,
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 Health Education for the year 1940.

Much of the work of this Division has been done in co-operation with other Departments of the Provincial Government, including the Department of Education and the Department of Agriculture, Extension Service Division, as well as with the Dominion-Provincial Youth Training programme and the Faculty of Education of the University of Manitoba.

Through the Department of Education, health education has been given a permanent place in the curriculum at the two provincial Normal Schools at Winnipeg and Brandon. In addition to this, a course in Health Education was offered at Summer School, and here, as well as at the Normal Schools and Faculty of Education, complete physical examinations are done for the students enrolled. In the Normal Schools, students who have correctable physical defects are required to have them attended to before proceeding with the course. Gross defects which might interfere with teaching, bar a student from admission. Defects have not been classified for this report, but the findings of the various tests are shown in Table I.

"Health Education" is one of the compulsory subjects on the curriculum at the Normal Schools, and at the Faculty of Education. Lectures, demonstrations, field trips, projects and methods of integrating health with other school subjects are shown and the students are given opportunity for practice teaching.

At Summer Schools, a student enrolled in any course may have a Tuberculin and Wassermann test if he or she so desires.. The results of these appear in Table II.

The Department of Education, through the Dominion-Provincial Youth Training plan, offered another summer course at camp in Gimli, Manitoba. Members of the Department of Health and Public Welfare medical staff did complete physical examinations for all students. This examination was compulsory and the results of the Schick, Wassermann and Tuberculin tests appear in Table I. No gross physical defects were found which would prevent students taking the strenuous physical training this course involves.

The Department of Health and Public Welfare has continued to work through the Dominion-Provincial Youth Training plan in its programme in health education. In October, 1939, the health programme was greatly enlarged and two physicians were employed to complete physical examinations on all students registered in Community Youth Centres, Home Making and Agricultural Schools. There were 88 such groups scattered throughout the province, made up as follows:

Community Youth Centres	50	
Home Making Schools	21	
Agricultural Schools	15	
Vocational Schools	2	
		88

In October, 1940, no Agricultural Schools were organized and a great many community youth centres did not resume after the summer vacation, so that no physical examinations were done on this group, but the 205 girls in eight Home Making Schools were examined.

Health Courses were taught by nurses from our Public Health Nursing Service in 6 of the Home Making Schools. This work included talks and demonstrations on the care of the baby, some elementary principles of home nursing and discussions on the prevention of communicable disease.

In the Vocational Schools—Henry Avenue, Winnipeg, and St. Boniface, Wassermann and Tuberculin tests were done, but physical examinations, if any, were not carried on under the auspices of this department.

No defects have been recorded for this report, but the list has been compiled as a separate record. The result of the tests have been tabulated and appear in Table II.

All students with physical defects were notified regarding them and urged to consult their family physician for treatment as soon as possible.

FAMILY HEALTH COURSE

In co-operation with the Extension Service of the Department of Agriculture family health courses are arranged each winter for Women's Institute and other groups. These are taught by specialists in various subjects, using the Group-leader system—leaders meet the specialist, are given a lesson which they in turn relay to organized women's groups in their districts. The health course has consisted of studies in accident prevention, some elementary first aid and home nursing and prevention of communicable disease.

Number of women enrolled	757
Number of centres	12
Number of classes held	79

Achievement day programmes at the end of the course are always well attended by the entire district, there being as many as 250 present. These opportunities are used by speakers from the Department of Health and Public Welfare to stress further the value of immunization and to stimulate the arrangement of toxoid and vaccination clinics.

TABLE I.

HEALTH EDUCATION—RESULTS OF TESTS MADE

School or Centre	Number of Students Examined	Wassermanns			Tuberculin			Schicks			Total
		Positive	Negative	Total	Positive	Negative	Total	Positive	Negative	Combined Reactions	
Summer School, 1940.....	21	0	21	21	5	13	18	6	12	---	18
Summer Camp, Gimli, 1940	124	0	88	88	37	40	77	36	33	9	88
Winnipeg Normal School, 1940	165	0	154	154	34	121	155	32	127	4	163
Brandon Normal School, 1940	62	0	55	55	12	47	59	20	41	1	62
Faculty of Education, 1940..	33	0	32	32	17	15	32	4	22	5	31
Total	405	0	350	350	105	236	341	98	235	19	366

Note:—The number of tests done does not correspond with the number of students examined because those who had had the tests during the previous 6 months were not done again—in some cases, too, students registered for a course, had their examination and were refused admittance before the tests were carried out.

All students with positive tuberculin reactions in this group were X-rayed. One minimal active case of tuberculosis was found.

TABLE II.

HEALTH EDUCATION—RESULTS OF TESTS MADE

School or Centre	Number of Students Examined	Wassermanns			Tuberculin		
		Positive	Negative	Total	Positive	Negative	Total
Youth Training, Oct., 1939-March, 1940..	3,146	4	3,117	3,121	835	2,210	3,045
Henry Avenue .....	.....	1	517	518	241	213	454
St. Boniface .....	.....	0	89	89	44	43	87
Youth Training, Oct.-Dec., 1940	205	1	180	181	48	139	187
Summer School—1940 .....	.....	0	99	99	41	43	84
Total	3,351	6	4,002	4,008	1,209	2,648	3,857

Note:—Total Wassermanns—October, 1939 - December, 1940=4,358
(not already reported in 1939 Annual Report)

Total Tuberculin — October, 1939 - December, 1940=4,198
(not already reported in 1939 Annual Report)

Radio:

Over Station CKY a weekly radio talk was given, the subjects chosen being of a general character, stressing in the main, the necessity of disease prevention.

Total number of talks given	32
Total number of speakers	26

Films:

"A New Day", the film distributed by the Metropolitan Life Insurance Company, was shown in 9 rural theatres.

Exhibits:

During 1940, exhibits were prepared for 3 summer fairs held at Brandon, Carman, and Portage la Prairie, as well as an exhibit for each of the following conventions:

Manitoba Teachers' Association
 Canadian Public Health Association and
 Canadian Public Health Nursing Association
 Manitoba Association of Registered Nurses.

Publications:

Literature on health is obtained from various organizations as well as that which is prepared for distribution by our own department.

Literature obtained from outside sources:

Canadian Tuberculosis Association	554 pamphlets
Canadian Welfare Council	5,400 "
Department of Pensions and National Health	5,750 "
Metropolitan Life Insurance Company	35,827 "
United States Public Health Service	1,000 "
Other Agencies	349 "
Total	48,880 "

Printed by Department of Health and Public Welfare:

"Don't Take Chances with Communicable Diseases"	10,000
Communicable Disease Regulations	3,500
"Toxoid Prevents Diphtheria"	10,000
Total	23,500
Bulletins mimeographed for distribution	179,446
Bulletins mimeographed for other Divisions of Department	218,242
Total amount of mimeographing	397,688

Posters:

Number of posters and charts borrowed	533
Number of posters, signs, illustrations, graphs and other demonstration material prepared for exhibits, child health conferences and group teaching	201

Literature Distributed:

Booklets, pamphlets and bulletins are distributed in large quantities from this Division. 1940 showed a 76% increase in the amount sent out over 1939, there being a total of 431,908 pieces of literature sent out.

Library:

In May, 1940, the Library was established as a separate entity and a reading room was furnished, and arrangements were made for the librarian to give full time to library service, in order:

1. to build up adequate library resources for staff education and reference; and to promote interest in the use and extension of available library facilities for information or health and social welfare;
2. to provide a loan service to community workers and other interested readers who find it difficult to secure reading references elsewhere; and
3. to assist health and social workers, group leaders, teachers, and students in compiling information for study talks, etc.

With the extension of this work, it is hoped to meet the increased number of requests for library service, thereby providing an indispensable source of information in the field of health and social work.

Members of the staff of the other divisions of the Department of Health and Public Welfare have been generous in their assistance in the preparation of pamphlets and bulletins and in the arranging of radio programmes. This splendid co-operation has been largely responsible for the growth of the work in the Division of Health Education.

I have the honour to be, Sir,

Your obedient servant,

A. MARGUERITE SWAN, M.D.,

Director

Health and Welfare Library

C. R. Donovan, M.D., D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrook Street, Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Library for the year ending December 31st, 1940.

In May, 1940, a Departmental Library was established with provision for a reading room, and the full time of a librarian to develop library facilities and service in the field of health and social welfare.

The Library was started in 1917 by the Public Health Nursing Service as an aid in staff education, and carried on until 1929 when it was transferred to the Division of Health Education so that its usefulness might be extended to all community workers and interested persons who found difficulty in obtaining health references elsewhere. In 1930 the idea of a central library was considered, but found impracticable due to lack of office space.

Each year the number of books, pamphlets and magazines has gradually increased by the purchase of a minimum amount of essential materials, and by generous donations which have provided current reading matter in technical and popular form. At no time, however, has there been sufficient reading matter, or a quiet place for readers who sought guidance and references either for self study or for educational activities.

The transfer of the library collection from the Division of Health Education to separate quarters has, therefore, been made in an endeavour to furnish adequate library facilities for health and social workers, teachers, students and other interested readers, thus affording an indispensable means for the study of health and social questions.

ACCESSIONS:

During the year the following publications were received by the library:

Books:	purchased	8	73
	donated and complimentary	65	
Journals:	Subscriptions purchased	10	55
	complete volumes donated	9	
	complimentary subscriptions	36	
	Single copies of journals donated	356	
Pamphlets:	purchased	60	573
	donated and complimentary	513	
Reports:	.....	91	91
	
Total		792	

The requirements of the Library now demand a detailed classification and cataloguing of materials, which is being undertaken.

LOAN AND ADVISORY SERVICE:

Loans of reference material have been made to individuals as follows:

Books	730	
Magazines	666	
Pamphlets	1,919	
		3,315

Readers have also made use of the Reference Library.

In addition to the above loans, books selected from the Library were used at the Summer School by students of Health Education and Child Guidance; and also during the year by other professional, community and student study groups.

As a means of assisting enquirers for reading matter not available in the Library, book lists on health and social work were obtained from Lending Libraries in Winnipeg, which have proved useful in referring readers to other sources for information. Other Libraries have also co-operated by referring readers for special reference material, and by permitting 32 inter-library loans to be made through this Library.

In connection with library service, inquiries have been dealt with by telephone, letter and personal interview; and assistance given by searching for required information, or referring to other sources for aid, preparing outlines and bibliographies for speakers, study groups, etc., and current book lists for other libraries. Complimentary copies of new materials provided by publishers have been sent periodically to members of the staff, 4 talks were given on library service, and 2 book displays were arranged during the year.

The book displays were arranged at the Convention of the Manitoba Educational Association where health publications for teachers were shown; and at the Manitoba Conference on Social Work where an exhibit of publications drew attention to the library facilities that are available in Winnipeg to community workers and others interested in the study of human needs. From the expressions of appreciation by visitors, these displays were found most helpful to busy people with limited opportunities for examining current publications and references.

In concluding this summary, acknowledgment is made of the generous contributions of publications from many persons and organizations, and of the valued assistance of other Libraries in Winnipeg. May I also express my appreciation of the co-operation given by the officers of the Department; and extend to you, Sir, my thanks and appreciation of your kindly direction and assistance in establishing and carrying on the activities of the Library.

Respectfully submitted,

ANNA E. WELLS, R.N.,
Librarian.

Division of Hospitalization

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

Sir:

I have the honour to submit herewith the Annual Report of the Division of Hospitalization for the fiscal year ending April 30th, 1940.

During this fiscal year forty-five public hospitals are included in our Report submitted herewith, which is an increase of one over last year. The new hospital is the Johnson Memorial Hospital located at Gimli, Manitoba, which came under "The Hospital Aid Act" on January 29th, 1940.

The new financial return adopted by the Canadian Hospital Council and the Dominion Bureau of Statistics, was used for the first time this year. A number of the hospitals still require a more complete accounting system in order to supply all the information requested in the new form. Assistance in this regard was given by the Department to a number of hospitals and is continuing as required.

BED CAPACITY AND BED COMPLEMENT (See Form I)

The bed capacity of the public hospitals in Manitoba is reported as 4,765 beds; this is 167 more than the previous year. The bed complement is 4,481 beds and is 147 more than last year.

	Capacity	Complement
Tuberculosis	767 beds	729 beds
Other infectious diseases	386 beds	386 beds
General	3,612 beds	3,366 beds
Total	4,765 beds	4,481 beds

HOSPITAL STAFF

Full-time Salaried Doctors	42
Part-time Salaried Doctors	36
Internes	71
Graduate Nurses	477
Student Nurses	807
Probationers	145
Dietitians—Graduate	19
Dietitians—Student	6
Orderlies	79
Medical Social Workers	5
Other Employees	1,330
Total	3,017

NURSES' TRAINING SCHOOL (See Form I)

A training school for nurses is carried on in 16 general hospitals.

General Hospitals according to Capacity, and their Training Schools

	100 beds or over	50 to 99 beds	Less than 50 beds	Total
Number of Hospitals (General)	10	4	25	39
Number of General Hospitals having a training school.....	10	2	4	16

INTERNES (See Form I)

Eleven hospitals give training to Internes, and all but one of these are in Greater Winnipeg.

X-RAY (See Form I)

Seven hospitals have no X-Ray equipment. One of these is the Convalescent Hospital, the others being small institutions of less than thirty beds each.

OUT-PATIENT DEPARTMENTS (See Form I)

Seven hospitals operate an out-patient department, and reported an attendance of 47,472 patients. This includes 8,641 patients examined in the Manitoba Sanatorium and the Central Tuberculosis Clinic.

IN-PATIENTS TREATED (See Form II)

78,411 patients were treated this year, an increase of 5,759 over the previous year.

Adult and Infant Patients Treated, 1936-1940

Year ending	Adults	Infants	Total
1936	65,232	6,346	71,578
1937	71,001	6,461	77,462
1938	62,243	7,386	69,629
1939	64,541	8,111	72,652
1940	69,866	8,545	78,411

More infants were born in public hospitals this year than in any previous year.

HOSPITAL BEDS AND PATIENTS TREATED

May 1, 1931 to April 30, 1940.

Year Ending	Population		Hospital Patients		Hospital Beds		Patients Admit- ted per 1,000 of 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
1938-39	715,426	102.1	72,652	123.	4,598	118.	101
1939-40	717,611	102.4	78,411	132.	4,765	122.	109

HOSPITAL DAYS (See Form II and Tables I and II)

TOTAL HOSPITAL DAYS

May 1, 1931 to April 30, 1940.

Year	Number	% of 1932
1931-32	897,204	100.
1932-33	892,224	99.
1933-34	874,582	97.
1934-35	976,812	107.
1935-36	1,048,454	117.
1936-37	1,073,834	120.
1937-38	1,037,162	116.
1938-39	1,094,872	122.
1939-40	1,159,523	129.

The total hospital days have increased again this year and the number is the highest on record.

AVERAGE DAYS' STAY (See Form II)

In general hospitals this ranges from 6.49 days in the Flin Flon General Hospital to 15.85 days in the Brandon General Hospital. This is the fifth consecutive year that the Brandon General Hospital has reported the highest average days' stay. In the 39 general hospitals, the average days' stay in 29 was from 6.49 days to 9.83 days; in the other 10 hospitals the average days' stay was from 10.1 days to 15.85 days.

BED OCCUPANCY (See Form II)

The tuberculosis sanatoria are full all the time, and occupancy is reported as from 87% to 97%.

Infectious disease hospitals report occupancy from 58% to 64%.

The general hospitals vary widely in their bed occupancy, as is shown in the following table:

	General Hospitals	Bed Complement	% of Gen. Hosp. Beds	Hospital Days	% of Gen. Hosp. Days
Over 75%	<div> Winnipeg General St. Boniface General Children's Carman General </div>	1,264	38%	414,029	50%

	General Hospitals	Bed Com- plement	% of Gen. Hosp. Beds	Hospital Days	% of Gen. Hosp. Days
51% to 75%	Bethel				
	Bethesda				
	Brandon General				
	Deloraine Memorial				
	Freemasons'				
	Gladstone				
	Grace				
	Lady Minto				
	Misericordia				
	Neepawa General				
	Portage la Prairie				
	Sacred Heart				
	Selkirk General				
	St. Joseph's				
	St. Mary's				
	Victoria				
	Vita General				
		1,364	41%	315,233	38%
50% and less	Bethania				
	Concordia				
	Crerar				
	Dauphin General				
	E. M. Crowe Memorial				
	Ethelbert General				
	Flin Flon General				
	Grandview				
	Hamiota General				
	Hunter				
	Johnson Memorial				
	Pine Falls				
	Shoal Lake Municipal				
	Souris and Glenwood				
	Swan River				
	St. Anthony's				
	Ste. Rose				
	Virden				
		698	21%	100,304	12%
Total for 39 General Hospitals.....		3,326	100%	829,566	100%

DEATHS (See Form II)

Total deaths for all public hospitals were 2,452, which was slightly higher than the number last year. Brandon General Hospital reports their percentage of deaths as 5.51%; this is considerably higher than any other general hospital and is only exceeded by the St. Boniface Sanatorium.

RESIDENCE OF PATIENTS (See Table V)

Of the 63,196 patients who were new admissions to hospitals this year, 1,497 were

from outside this Province. Of the remaining 61,699 patients admitted as residents of the Province, there were 3,826 patients reported as being from unorganized territory.

CURRENT OPERATING COST (See Table III)

The total maintenance expenditure reported by all hospitals, without depreciation, was \$3,077,004.31, which was equivalent to \$2.65 per patient day. This is an increase of 6c per day over the previous year.

CURRENT MAINTENANCE INCOME (See Form III)

Total net income reported was \$2,964,665.51. Twenty-one hospitals report a net operating loss and twenty-four report a net operating profit.

STATUTORY GRANT (See Form IV)

The amount paid this year was \$410,023.40, the largest grant so far paid to public hospitals.

Under Section 3(2) of Part I of The Hospital Aid Act, the statutory grant was discontinued in certain hospitals, as outlined below, for persons hospitalized in the fiscal year ending April 30th, 1940:

Grace Hospital	366 days
Portage la Prairie General Hospital.....	90 days
Sacred Heart Hospital	365 days
St. Roch's Hospital	3,249 days
<hr/>	
Total	4,070 days

HOSPITALIZATION IN UNORGANIZED TERRITORY

Under Section 19 of Part II of The Hospital Aid Act, arrangements were entered into with the

Pine Falls Hospital for \$ 5,400 per annum.
St. Anthony's Hospital for \$10,000 per annum.

Payments to the Flin Flon General Hospital for this year's work were arranged for in last year's agreement.

The amount paid in per diem maintenance to hospitals for patients who were a responsibility of the Department, was somewhat less than the previous year (See Tables VI, VII and VIII).

Per diem maintenance, paid by this Department, was

For the care of Tuberculosis	\$54,401.90
For all other diseases	67,253.93
Total	<u>\$121,655.83</u>

Respectfully submitted,

C. R. DONOVAN, M.D.,

Director.

FORM I.

MANITOBA HOSPITALS

GENERAL INFORMATION RE ACCOMMODATION AND SERVICES PROVIDED

Fiscal Year Ending April 30, 1940.

Hospital	Location	Character of Service	Bed Capacity	Bed Complement	Nurses' Training School	Internes	Out-Patient Dept.	Medical Staff	Pathology Laboratory	Bacteriology Laboratory	X-Ray	Private	Semi-Private	Public	Separate Contagious Unit
Bethania	Altona	General	27	26	No	No	No	No	No	No	No	No	Yes	Yes	No
Bethal	Winkler	General	28	28	No	No	No	No	No	A	O	Yes	Yes	Yes	No
Bethesda	Steinbach	General	47	38	No	No	No	No	No	No	O	Yes	No	Yes	No
Brandon	Brandon	General	222	176	Yes	Yes	No	Yes	O	O	O	Yes	Yes	Yes	Yes
Carman	Carman	General	42	35	Yes	No	No	No	No	No	A	Yes	Yes	Yes	Yes
Central T.B. Clinic	Winnipeg	Tuberculosis	50	47	No	No	Yes	Yes	A	A	O	No	No	Yes	No
Children's	Winnipeg	Children	135	125	Yes	Yes	Yes	Yes	O	O	O	Yes	Yes	Yes	No
Concordia	Winnipeg	General	65	58	No	No	No	No	No	No	O	Yes	Yes	Yes	No
Convalescent	Winnipeg	Convalescent	50	50	No	No	No	No	No	No	No	No	No	Yes	No
Crerar	Winnipegosis	General	26	26	No	No	No	No	No	No	O	Yes	No	Yes	Yes
Dauphin	Dauphin	General	117	117	Yes	No	No	Yes	O	O	O	Yes	Yes	Yes	No
Deloraine Memorial	Deloraine	General	22	22	No	No	No	No	No	No	O	Yes	Yes	Yes	No
E. M. Crowe Memorial	Eriksdale	General	13	17	No	No	No	No	No	No	No	No	No	Yes	Yes
Ethelbert	Ethelbert	General	21	18	No	No	No	No	No	No	No	No	No	Yes	No
Flin Flon	Flin Flon	General	50	50	No	No	No	No	No	No	A	Yes	Yes	Yes	Yes
Freemasons'	Morden	General	39	37	Yes	No	No	No	No	No	O	Yes	Yes	Yes	No
Gladstone	Gladstone	General	20	16	No	No	No	No	No	No	No	Yes	Yes	Yes	No
Grace	Winnipeg	General	257	240	Yes	Yes	Yes	Yes	O	O	O	Yes	Yes	Yes	No
Grandview	Grandview	General	18	18	No	No	No	No	No	No	No	Yes	Yes	Yes	No
Hamiota	Hamiota	General	17	14	No	No	No	No	No	No	A	Yes	No	Yes	No
Hunter	Teulon	General	49	43	No	No	No	No	No	No	A	Yes	Yes	Yes	Yes
Johnson Memorial	Gimli	General	48	40	No	No	No	No	No	No	O	Yes	Yes	Yes	No
Lady Minto	Minnedosa	General	18	18	No	No	No	No	No	No	No	Yes	Yes	Yes	No
Manitoba Sanatorium	Ninette	Tuberculosis	289	289	No	No	Yes	Yes	A	A	O	No	No	Yes	No

Misericordia	Winnipeg	General	287	Yes	No	Yes	O	O	Yes	Yes	Yes	Yes
Municipal	Winnipeg	Contag. Dis. Tuberculosis	370	Aff.	Yes	Yes	No	O	Yes	Yes	Yes	No
Neepawa	Neepawa	General	36	Yes	No	No	No	O	Yes	Yes	Yes	No
Pine Falls	Pine Falls	General	28	No	No	No	No	A	Yes	Yes	Yes	No
Portage la Prairie	P. la Prairie	General	85	Yes	No	No	No	A	Yes	Yes	Yes	Yes
Sacred Heart	Russell	General	45	No	No	No	No	O	Yes	Yes	Yes	No
Selkirk General	Selkirk	General	72	Yes	No	No	No	O	Yes	Yes	Yes	Yes
Shoal Lake Municipal	Shoal Lake	General	23	No	No	No	No	A	Yes	Yes	Yes	No
Souris and Glenwood M.	Souris	General	41	Yes	No	No	No	A	Yes	Yes	Yes	No
Swan River	Swan River	General	28	No	No	No	No	A	Yes	Yes	Yes	No
St. Anthony's	The Pas	General	106	Yes	No	No	No	O	Yes	Yes	Yes	Yes
St. Boniface General	St. Boniface	General	525	Yes	Yes	Yes	Yes	O	Yes	Yes	Yes	No
St. Boniface Sanatorium	St. Vital	Tuberculosis	328	No	Aff.	Yes	Aff.	O	Yes	Yes	Yes	No
St. Joseph's	Winnipeg	General	130	Yes	Yes	Yes	No	O	Yes	Yes	Yes	No
St. Mary's	Birtle	General	19	No	No	No	No	O	Yes	Yes	Yes	No
St. Roch's	St. Boniface	Contag. Dis. Venereology	106	Aff.	Yes	Aff.	Aff.	A	Yes	Yes	Yes	No
Ste. Rose	Ste. R. du Lac	General	45	No	No	No	No	A	Yes	Yes	Yes	Yes
Victoria	Winnipeg	General	127	Yes	Yes	Yes	No	O	Yes	Yes	Yes	No
Virden	Virden	General	28	No	No	No	No	No	Yes	Yes	Yes	No
Vita General	Vita	General	35	No	No	No	No	No	Yes	Yes	Yes	No
Winnipeg General	Winnipeg	General	631	Yes	Yes	Yes	Yes	O	No	Yes	Yes	No

NOTE: "O"—Organized; "A"—Available; "Aff."—Affiliated.

FORM II. MANITOBA HOSPITALS—STATISTICS FOR FISCAL YEAR ENDING APRIL 30, 1940.

HOSPITAL	Bed Comple- ment	Number of Patients Treated			HOSPITAL DAYS			Total	Av. Days Discharged	Av. No. of Patients in Hospital Daily	% Bed Occupancy	No. of Deaths During Year	Death Rate
		Adult	Infant	Total	Private	Public	Infant Private						
Bethania	26	288	90	378	2,186	922	—	3,108	8.38	8.49	32.64	9	2.38
Bethel	28	577	177	754	4,616	1,521	28	6,229	8.24	17.02	60.8	13	1.72
Bethesda	38	691	231	922	6,381	2,082	—	8,580	9.31	23.44	61.68	19	2.06
Brandon General	176	2,312	283	2,595	30,130	3,081	595	39,939	15.85	109.12	62.0	143	5.51
Carman General	35	898	138	1,036	7,160	1,343	150	10,450	9.6	28.55	81.57	32	3.09
Central T.B. Clinic	47	363	—	363	16,653	—	—	16,653	48.46	45.5	96.8	13	3.58
Children's	125	2,284	—	2,284	37,585	—	—	38,418	14.9	104.96	83.97	46	2.01
Concordia	58	761	109	870	2,314	413	631	7,676	6.62	20.97	36.16	13	1.49
Convalescent	50	196	—	196	12,139	—	—	12,139	53.42	33.17	66.34	—	—
Crerar	26	192	47	239	2,247	380	—	2,654	10.45	7.25	27.88	11	4.6
Dauphin General	117	2,016	231	2,247	16,437	1,993	285	19,896	8.73	54.36	46.46	62	2.75
Deloraine Mem.	22	647	75	722	4,949	724	10	5,709	7.7	15.6	70.9	21	2.9
E. M. Crowe Memorial	17	330	65	395	2,487	626	—	3,113	7.8	8.5	50	9	2.38
Ethelbert General	18	140	37	177	1,380	386	—	1,766	8.98	4.83	16.83	4	2.25
Flin Flon General	50	714	161	875	3,509	739	757	7,006	6.49	19.14	38.28	24	2.74
Freemasons'	37	787	78	865	6,587	736	60	8,019	9.02	21.91	59.22	27	3.12
Gladstone	16	329	42	371	3,208	411	—	3,864	10.54	10.56	66	11	2.96
Grace	240	3,181	942	4,123	40,857	6,576	2,394	55,406	12.08	151.38	63.07	102	3.26
Grandview	18	130	62	192	449	236	261	1,308	6.82	3.57	19.83	7	3.64
Hamiota General	14	192	63	255	1,273	626	—	1,946	7.48	5.32	38	5	1.96
Hunter	43	430	78	508	3,796	743	—	4,743	8.81	12.96	30.14	13	2.56
Johnson Memorial	40	110	12	122	987	115	—	1,102	9.03	11.85	29.62	4	3.27
(From Jan. 29/40, 93 days)													
Lady Minto	18	413	88	501	2,896	781	89	3,925	7.9	10.72	59.55	16	3.19
Manitoba Sanatorium	289	521	—	521	103,474	—	—	103,474	349.24	282.71	97.83	25	4.79
Misericordia	274	6,099	951	7,050	39,328	7,581	2,328	64,652	9.13	176.64	64.46	147	2.08
Municipal	370	2,101	—	2,101	75,559	—	—	78,646	35.78	214.88	58.08	55	1.77
Neepawa General	36	623	111	734	5,091	988	96	6,809	9.32	18.6	51.66	26	3.54
Pine Falls	28	343	69	412	3,876	550	123	4,939	11.41	13.49	48.17	6	1.45
Portage la P. Gen.	77	1,357	243	1,600	13,258	1,789	380	17,297	10.13	47.26	61.38	56	3.5
Sacred Heart	45	1,079	114	1,193	9,525	974	105	11,092	8.52	30.31	67.4	26	2.17
Selkirk General	64	1,649	225	1,874	11,118	1,709	241	13,318	7.1	36.39	56.86	63	3.36
Shoal Lake Municipal	23	265	61	326	2,475	565	—	3,175	9.83	8.67	37.7	8	2.45
Souris and Glenwood M.	34	720	68	788	4,745	568	77	6,078	7.7	16.61	48.85	21	2.66

Swan River	25	384	49	433	37	3,544	447	4,028	9.35	11.01	44.04	20	4.61
St. Anthony's	88	1,182	125	1,307	934	13,091	966	15,118	10.73	41.31	46.94	38	2.9
St. Boniface General	500	12,053	1,323	13,376	18,557	125,041	11,775	156,206	12.07	426.79	85.36	383	2.86
St. Boniface San.	293	553	5	558		93,435	585	94,020	279.66	256.88	87.67	77	13.79
St. Joseph's	130	2,716	480	3,196	3,716	20,910	360	28,767	8.16	78.6	60.46	83	2.59
St. Mary's	14	292	47	339	190	2,085	83	2,721	7.52	7.43	53.07	5	2.09
St. Roch's	106	946	19	965	423	23,350	1,252	25,025	21.5	68.37	64.5	33	3.41
Ste. Rose	45	990	108	1,098	334	7,090	845	8,269	7.44	22.59	50.	44	4.
Victoria	127	3,217	383	3,600	4,241	25,030	383	33,223	9.02	90.77	71.47	100	2.77
Virden	28	444	70	514	317	3,149	90	4,379	8.53	11.96	42.72	20	3.89
Vita General	22	612	114	726		4,585	1,098	5,683	7.45	15.53	70.59	18	2.47
Winnipeg General	604	13,739	971	14,710	63,558	135,578	4,718	208,955	13.88	570.91	94.85	594	4.03
	4,481	69,866	8,545	78,411	139,861	934,695	15,204	69,763	1,159,523				

FORM 111. MANITOBA HOSPITALS—FINANCIAL STATEMENT FOR FISCAL YEAR ENDING APRIL 30, 1940.

Hospital	Location	Total Income	Total Expenditure	Net Profit	Net Loss
Bethania	Altona	\$ 7,681.87	\$ 7,017.51	\$ 664.36	\$
Bethel	Winkler	11,242.58	9,910.00	1,332.58	
Bethesda	Steinbach	12,097.87	11,235.39	862.48	
Brandon	Brandon	97,126.38	98,214.21		1,087.83
Carman	Carman	24,683.95	24,658.03	25.92	
Central Tuberculosis Clinic	Winnipeg	40,026.40	41,047.09		1,020.69
Children's	Winnipeg	151,525.51	155,019.38		3,493.87
Concordia	Winnipeg	16,095.22	15,381.69	713.53	
Convalescent	Winnipeg	11,955.99	10,566.36	1,389.63	
Crerar	Winnipegosis	7,626.75	6,570.04	1,056.71	
Dauphin General	Dauphin	43,594.08	43,267.31	326.77	
Deloraine Memorial	Deloraine	15,452.04	13,868.37	1,583.67	
Elizabeth M. Crowe Memorial	Eriksdale	7,197.52	7,636.05		438.53
Ethelbert General	Ethelbert	8,796.54	8,624.53	172.01	
Flin Flon General	Flin Flon	26,236.20	24,029.49	2,206.71	
Freemasons'	Morden	20,030.18	20,564.88		534.70
Gladstone	Gladstone	11,392.07	5,760.67	5,631.40	
Grace	Winnipeg	108,330.53	105,459.93	2,870.60	
Grandview	Grandview	2,266.50	2,194.74	71.76	
Hamiota General	Hamiota	4,698.50	4,474.20	224.30	
Hunter	Teulon	13,210.02	13,053.71	156.31	
Johnson Memorial	Gimli	973.32	700.88	272.44	
(From Jan. 29/40—93 days)					
Lady Minto	Minnedosa	10,123.08	8,270.17	1,852.91	
Manitoba Sanatorium	Ninette	220,052.92	217,648.44	2,404.48	
Misericordia	Winnipeg	215,594.81	218,363.47		2,768.66
Municipal	Winnipeg	203,344.01	383,329.21		179,985.20
Neepawa General	Neepawa	16,413.28	18,686.54		2,273.26
Pine Falls	Pine Falls	13,267.15	20,841.19		7,574.04
Portage la Prairie General	Portage la Prairie	40,258.08	45,264.68		5,006.60
Sacred Heart	Russell	23,226.40	17,421.20	5,805.20	
Selkirk General	Selkirk	27,837.72	27,415.80	421.92	
Shoal Lake Municipal	Shoal Lake	7,074.52	7,735.35		660.83
Souris and Glenwood Memorial	Souris	16,313.00	17,573.00		1,260.00
Swan River	Swan River	10,660.41	10,423.55	236.86	
St. Anthony's	The Pas	45,779.83	45,151.44	628.39	
St. Boniface General	St. Boniface	382,381.95	455,049.44		72,667.49
St. Boniface Sanatorium	St. Vital	199,803.16	220,668.14		20,864.98

St. Joseph's	Winnipeg	58,077.78	73,202.87	.....	15,125.09
St. Mary's	Birtle	7,806.20	6,808.98	997.22	.....
St. Roch's	St. Boniface	41,654.01	58,180.40	.....	16,526.39
St. Rose	Ste. Rose du Lac	20,912.56	26,796.00	.....	5,883.44
Victoria	Winnipeg	71,583.96	74,191.17	.....	2,607.21
Virden	Virden	12,199.61	12,437.38	.....	237.77
Vita General	Vita	15,490.59	17,757.38	.....	2,266.79
Winnipeg General	Winnipeg	682,570.46	684,951.32	.....	22,380.86
		\$2,964,665.51	\$3,297,421.58	\$31,908.16	\$364,664.23

FORM IV.

DIVISION OF HOSPITALIZATION

* STATUTORY GRANT AND PER DIEM MAINTENANCE EXPENDITURES

For Fiscal Year Ending April 30th, 1940.

Hospital	Hospital Aid Act, Statutory Grants	Special & Building Grants	Per Diem Mtce. Payments	Transport- ation	Burial Payments	Total
Bethania	\$ 1,079.80	\$	\$ 7.50	\$	\$	\$ 1,087.30
Bethel	1,875.40	.....	.....	.....	.....	1,875.40
Bethesda	2,296.10	.....	592.50	.....	.....	2,888.60
Brandon General	11,890.00	.....	934.25	.....	.....	12,824.25
Carman General	2,988.70	.....	521.10	.....	.....	3,509.80
Central T.B. Clinic	11,451.50	.....	4,097.45	7.15	.....	15,556.10
Children's	16,253.90	.....	5,598.00	2.25	.....	21,854.15
Concordia .....	.....	.....	1.50	.....	.....	1.50
Convalescent	4,026.40	.....	380.00	.....	.....	4,406.40
Crerar	1,171.50	.....	1,116.50	.....	.....	2,288.00
Dauphin General	8,067.30	.....	2,923.20	15.00	.....	11,005.50
Deloraine Memorial	2,215.40	.....	.....	.....	.....	2,215.40
E. M. Crowe Memorial .....	.....	750.00	607.00	.....	.....	1,357.00
Ethelbert General	635.50	.....	195.00	.....	.....	830.50
Flin Flon General .....	.....	.....	.....	.....	.....	.....
Freemasons'	2,598.60	.....	.....	.....	.....	2,598.60
Gladstone	793.20	.....	197.25	.....	.....	990.45
Grace	15,827.20	.....	672.75	.....	.....	16,499.95
Grandview	224.00	.....	4.50	.....	.....	228.50
Hamiota General .....	.....	300.00	.....	.....	.....	300.00
Hunter	1,655.30	.....	1,449.57	.....	.....	3,104.87
Johnson Mem. ....	.....	.....	102.00	.....	.....	102.00
Lady Minto	1,322.60	.....	.....	.....	.....	1,322.60
Manitoba Sanatorium	51,876.50	.....	16,819.20	4.20	.....	68,699.90
Misericordia	17,609.20	.....	1,102.25	.....	.....	18,711.45
Municipal	32,803.10	.....	2,614.00	2.50	.....	35,419.60
Neepawa General	2,246.10	.....	105.00	.....	.....	2,351.10
Pine Falls	5,400.00	.....	.....	.....	.....	5,400.00
Portage la Prairie Gen.	5,298.50	.....	1,164.90	.....	.....	6,463.40
Sacred Heart	3,232.40	.....	.....	.....	.....	3,232.40
Selkirk General	4,184.70	.....	210.05	.....	.....	4,394.75
Shoal Lake Municipal	1,136.40	.....	206.00	.....	.....	1,342.40
Souris and Glenwood Mem.	1,594.80	.....	73.50	5.00	.....	1,673.30
Swan River	1,505.50	.....	642.75	1.75	.....	2,150.00
St. Anthony's	10,000.00	.....	.....	.....	.....	10,000.00
St. Boniface General	52,663.00	.....	14,333.80	33.80	.....	67,030.60
St. Boniface San.	45,216.90	7,472.00	33,485.25	12.80	.....	86,186.95
St. Joseph's	8,862.60	.....	764.00	.....	.....	9,626.60
St. Mary's	991.80	.....	.....	.....	.....	991.80
St. Roch's	9,878.20	.....	3,966.08	3.70	.....	13,847.98
Ste. Rose	435.20	.....	1,644.25	.....	.....	2,079.45
Victoria	10,120.40	.....	643.00	.....	.....	10,763.40
Virden	1,298.00	.....	18.00	.....	.....	1,316.00
Vita General	2,041.40	.....	1,792.50	.....	.....	3,833.90
Winnipeg General	55,256.30	14,030.00	14,435.77	29.45	.....	83,751.52
St. Roch's (Special) .....	.....	.....	207.95	.....	.....	207.95

Hospital	Hospital Aid Act, Statutory Grants	Special & Building Grants	Per Diem Mtce. Payments	Transport- ation	Burial Payments	Total
Mount Carmel Clinic		500.00				500.00
City of Winnipeg			213.00			213.00
Mun. of E. Kildonan			76.50			76.50
Single Men's Com.			144.00			144.00
Transportation				445.00		445.00
Burials					2,097.00	2,097.00
	\$410,023.40	\$23,052.00	\$114,061.82	\$562.60	\$2,097.00	\$549,796.82

Accounts which have actually been paid during this period.

TABLE NO. I.

Year	Total Patients Treated	Hospital Days			Public Ward Days % of Total
		Public	Private	Total	
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
1939	72,641	963,481	131,391	1,094,872	88.
1940	78,411	1,004,458	155,065	1,159,523	86.6

TABLE NO. II.

Hospital	1936		1937		1938		1939		1940	
	Days	%	Days	%	Days	%	Days	%	Days	%
Isolation....	95,297	9.1	112,059	10.4	82,451	8.	47,467	4.3	55,524	4.8
T.B. San....	199,786	19.	202,860	18.9	193,383	18.6	251,417	23.	262,294	22.6
General	753,371	71.9	758,915	70.7	761,328	73.4	795,988	72.7	841,705	72.6
	1,048,454		1,073,834		1,037,162		1,094,872		1,159,523	

TABLE No. III.

OPERATING COST PER PATIENT DAY FOR ALL HOSPITALS

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)		
1939	(Salaries 48.6%	Food 17.7%	Supplies and Sundries 33.7%)
	(\$2.59)		
1940	(Salaries 43.5%	Food 17.2%	Supplies and Sundries 39.3%)
	(\$2.65)		

TABLE No. IV.

MAINTENANCE COST PER PATIENT DAY AND ANNUAL COST PER BED

For Fiscal Year Ending April 30th, 1940.

Hospital	Daily Cost Per Patient	Yearly Cost Per Bed
Bethania	\$ 2.03	\$ 233.85
Bethel	1.48	330.00
Bethesda	1.17	222.33
Brandon General	2.46	442.41
Carman General	2.38	587.09
Central Tuberculosis Clinic	2.46	820.94
Children's	3.84	1,093.13
Concordia	1.86	220.01
Convalescent .....	.84	204.06
Crerar	2.47	252.69
Dauphin General	1.98	336.81
Deloraine Memorial	2.43	630.30
Elizabeth M. Crowe Memorial	2.39	572.00
Ethelbert General	4.77	401.16
Flin Flon General	3.17	444.20
Freemasons'	2.43	505.10
Gladstone	1.36	263.03
Grace	1.87	402.81
Grandview	1.52	110.82
Hamiota General	2.30	263.18
Hunter	2.67	258.24
Lady Minto	2.11	459.45
Manitoba Sanatorium	2.10	753.11
Misericordia	3.06	689.72
Municipal	3.87	822.81
Neepawa General	2.61	493.68
Pine Falls	4.22	744.33
Portage la Prairie General	2.17	442.85
Sacred Heart	1.50	370.80
Selkirk General	1.83	339.36
Shoal Lake Municipal	2.16	298.67
Souris and Glenwood Memorial	2.81	416.41
Swan River	2.53	363.69
St. Anthony's	2.53	360.31
St. Boniface General	2.67	794.42
St. Boniface Sanatorium	2.12	609.33
St. Joseph's	2.30	508.55
St. Mary's	2.50	357.94
St. Roch's	2.11	497.32
Ste. Rose	3.24	595.45
Victoria	2.11	553.00
Virden	2.55	398.83
Vita General	2.72	442.18
Winnipeg General	3.28	1,085.50

TABLE No. V.

RESIDENCE OF PATIENTS—ADMITTED TO GENERAL HOSPITALS

Fiscal Year Ending April 30th, 1940

Hospitals	Patients from Own City or Municipality		Patients from Other Parts of Province		Patients from Outside of Province	
		%		%		%
Greater Winnipeg:						
Children's	1,335	61.7	709	32.7	122	5.6
Concordia	121	16.3	613	82.6	8	1.1
Grace	1,837	60.7	1,071	35.4	118	3.9
Misericordia	4,540	76.2	1,263	21.2	157	2.6
St. Boniface Gen.	1,810	15.5	9,497	81.5	348	3.
St. Joseph's	2,160	81.5	457	17.3	32	1.2
Victoria	2,389	76.	722	23.	30	1.
Winnipeg General	8,587	64.8	4,629	35.	23	.2
Outside Winnipeg:						
Bethania	240	85.1	42	14.9	—	—
Bethel	94	16.8	466	83.1	1	.1
Bethesda	406	60.4	266	39.6	—	—
Brandon General	1,166	52.6	975	44.	74	3.4
Carman General	141	16.	739	83.7	3	.3
Crerar	34	18.3	152	81.7	—	—
Dauphin General	381	19.4	1,557	79.1	29	1.5
Deloraine Memorial	358	56.6	247	39.	28	4.4
E. M. Crowe Memorial	169	52.5	153	47.5	—	—
Ethelbert General	78	56.9	59	43.1	—	—
Flin Flon General	540	77.1	72	10.3	88	12.6
Freemasons'	127	16.6	630	82.	11	1.4
Gladstone	76	23.9	236	74.2	6	1.9
Grandview	101	80.8	24	19.2	—	—
Hamiota General	22	11.6	167	88.4	—	—
Hunter	38	9.	373	88.4	11	2.6
Johnson Memorial	24	21.8	86	78.2	—	—
Lady Minto	95	23.2	308	75.1	7	1.7
Neepawa General	177	29.4	421	69.9	4	.7
Pine Falls	56	16.8	278	83.2	—	—
Portage la Prairie Gen.	431	32.5	880	66.3	16	1.2
Sacred Heart	85	8.1	770	73.8	189	18.1
Selkirk General	461	28.4	1,158	71.3	5	.3
Shoal Lake Mun.	93	35.5	169	64.5	—	—
Souris and Glenwood M.	352	49.3	338	47.3	24	3.4
Swan River	190	50.7	157	41.9	28	7.4
St. Anthony's	516	45.2	502	44.	123	10.8
St. Mary's	38	13.4	239	84.5	6	2.1
Ste. Rose	48	4.9	927	95.	1	.1
Viriden	99	22.6	338	77.2	1	.2
Vita General	357	59.7	237	39.6	4	.7

TABLE No. VI.

DIVISION OF HOSPITALIZATION

* PER DIEM MAINTENANCE CLASSIFIED ACCORDING TO PATIENTS' RESIDENCE

For Fiscal Years ending 1936-1940.

Year	Unorganized	No fixed abode	Relief Cases	Non-Resident	Institutional	Special	Total
1936	80,403.49	7,080.12	9,601.00	4,461.20	1,217.50	279.01	103,042.32
1937	77,743.73	9,988.23	8,084.30	3,056.89	1,152.00	515.25	100,540.40
1938	88,746.87	9,403.30	9,232.75	3,206.25	959.40	122.95	111,671.52
1939	107,245.97	11,339.10	7,374.40	5,403.95	592.35	372.90	132,328.67
1940	99,691.61	8,202.35	7,512.92	5,004.20	1,036.80	207.95	121,655.83

TABLE No. VII.

DIVISION OF HOSPITALIZATION

PER DIEM MAINTENANCE IN TYPES OF HOSPITALS

For Fiscal Years ending 1936-1940

Year	General Hospitals	Isolation	T. B. Sanatoria	Total
1936	59,703.45	8,486.16	34,852.71	103,042.32
1937	51,003.48	8,410.27	41,126.65	100,540.40
1938	59,731.22	8,690.70	43,249.60	111,671.52
1939	69,331.37	7,975.80	55,021.50	132,328.67
1940	60,465.90	6,788.03	54,401.90	121,655.83

* Accounts which have actually been paid during this period.

TABLE No. VIII.

DIVISION OF HOSPITALIZATION

PER CAPITA COST FOR RESIDENTS OF UNORGANIZED TERRITORY

For Fiscal Year ending April 30th, 1940

Area	Estimated Population	Tuberculosis		Other Diseases		Total per Capita Cost
		Total Expenditure	Per Cap. Cost	Total Expenditure	Per Cap. Cost	
1. Northern Manitoba, north of the 45th township	4,000	\$10,552.42	2.64	\$ 8,513.72	2.13	4.77
2. South of the 45th township to Duck Mountain Reserve and west of Lake Winnipegosis	6,473	5,580.98	.86	8,065.90	1.25	2.11
3. West of Lake Manitoba	3,212	8,321.45	2.59	5,642.80	1.76	4.35
4. Between the Lakes, south of Fairford River	2,360	2,838.60	1.20	2,390.20	1.01	2.21
5. Between the Lakes, north of Fairford River	1,392	4,420.10	3.18	1,507.35	1.08	4.26
6. Disorganized Municipality of Fisher Branch	2,016	2,984.00	1.48	4,544.23	2.25	3.73
7. Disorganized Municipality of Chatfield	2,678	1,986.70	.74	4,786.72	1.79	2.53
8. Disorganized Municipality of Kreuzberg	4,032	5,148.27	1.28	5,807.73	1.44	2.72
9. Area along the west shore of Lake Winnipeg	1,559	3,353.01	2.15	2,365.35	1.52	3.67
10. Pine Falls area, east of Lake Winnipeg and north of the 16th township	2,251	5,959.60	2.65	6,744.98	3.00	5.65
11. East to the Ontario Boundary between the 7th and 16th townships	3,685	2,055.60	.56	5,978.35	1.62	2.18
12. Disorganized Municipalities of Stuartburn and Sprague, and south of the 7th township	7,689	10,263.60	1.33	9,997.15	1.30	2.63
13. Riding Mountain Park area	2,550	841.80	.33	1,787.02	.70	1.03
	43,897	\$64,306.13	1.46	\$68,131.50	1.55	3.01

Report of Private Hospitals

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

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, 1940.

Licenses were issued to eleven Hospitals, one less than the previous year. During the year one Hospital, the Wood Sanatorium, discontinued operation.

The following Hospitals reported changes as detailed below:

Dr. A. E. McGregor—Sherritt Gordon Mines Limited—Sherridon. Plans are being made to increase the capacity of the Hospital.

Mrs. C. Horwath—Morris Community Hospital—Morris. The superintendent of this Hospital changed twice during the year, following the resignation of the original permit holder, Mrs. Horwath. In September, 1940, the institution moved to new and larger quarters in the Town of Morris.

Miss Bessie Morse—Wood Sanatorium—Winnipeg. On June 22nd, 1940, this permit was transferred to Miss A. Erickson. On October 10th, 1940, this Hospital discontinued operation.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Director.

PRIVATE HOSPITALS LICENSED IN MANITOBA

During the Year Ending December 31st, 1940

Hospital	Address	Bed Accommodation	Patients Treated During 1940
Mrs. L. C. Allan	Holland	4	30
Mrs. T. Ruby Couch	211 Mayfair Avenue, Winnipeg.	13	56
Dr. E. H. Duncan, operated for San Antonio Gold Mines Limited.	Bissett	6	32
Dr. M. R. Fargey	Bowsman	5	22
Dr. P. B. Guttormsson, Operated for the Hudson Bay Mining and Smelting Company, Ltd.	Flin Flon	14	738
Miss L. G. Halladay	Boissevain	4	34
Mrs. C. Horwath, operated as the Morris Com- munity Hospital.	Morris	5	252
Miss Mae Lambkin, operated as the Roblin Cottage Hospital.	Roblin	6	265
Miss Bessie E. S. Morse, operated as Wood Sanatorium.	47 Cornish Avenue, Winnipeg.	7	17
Dr. A. E. McGregor, operated for Sherritt Gordon Mines Limited.	Sherridon	5	175
Dr. P. C. Robertson	Flin Flon	12	35
Total—11 Hospitals		81 beds	1,656 patients treated

Care of Aged and Infirm

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

Sir:

I beg to submit the following report in connection with the care of aged and infirm which is provided for under the authority of "An Act Respecting the St. Boniface Home for Aged and Infirm" and Order-in-Council Number 1214/35, for twelve months from January 1st, 1940, to December 31st, 1940.

During the twelve months under review, there were 243 applications received for admission of patients to institutions for the care of aged or infirm.

These applications were disposed of as follows:

Applications accepted immediately.....	170	
" placed on Waiting List	56	
" held pending further investigation.....	6	
" refused	11	
		243

The total number of aged and infirm patients who were cared for in the various institutions and private boarding homes during the twelve months' period ending December 31st, 1940, was 688, made up as follows:—

Patients remaining in institutions and private boarding homes as at December 31st, 1940	491
Patients accepted immediately from the 1940 applications.....	170
Patients accepted from the 1940 Waiting List	14
Patients accepted from the 1939 Waiting List	13
Total number of patients under care during 1940	688
Patients discharged or deceased during 1940	172
Patients remaining in the various institutions and nursing homes as at December 31st, 1940	516

Patients remaining in Institutions and Homes as at December 31st, 1940, and amount of grant paid between January 1st, 1940, and December 31st, 1940:

Institution or Home	From Winnipeg	From Other Municipali- ties	Unorgan- ized	Total Number Patients	Amount of Grant Paid
St. Boniface Home for Aged and Infirmary	93	142	40	275	\$39,677.63
Sunset Lodge, West Kildonan	7	4	1	12	2,045.80
Eventide Home, Brandon	3	9	3	15	2,414.65
Middlechurch Old Folks' Home, West St. Paul	5	—	—	5	629.25
Private Boarding Homes and Other Private Institutions	116	81	12	209	18,805.39
Total	224	236	56	516	\$63,572.72

There were 150 patients transferred directly from general hospitals to institutions or homes suitable for the care of aged or infirm patients. This is an increase of 29 over the transfers during the previous year.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Director.

Provincial Bacteriological Laboratory

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

Sir:

Herewith I beg to submit a report of the work carried out during the period from January 1st, 1940 to December 31st, 1940 at the Provincial Bacteriological Laboratory:

	Number of Specimens	
Bacteriological examinations of water and ice for drinking purposes:		
bacterial count; cultures for coliform organisms		3,025
Examinations of milk for fat content, total solids, number of bacteria per c.c., etc.		325
Examinations of swabs from patients and contacts for the presence of the diphtheria bacillus		4,091
Positive 138	Negative 3,953	
Examinations of swabs for haemolytic streptococci. (Scarlet Fever)....		66
Positive 6	Negative 60	
Examinations of swabs for meningococci		74
Wassermann tests for syphilis. Blood and cerebrospinal fluid speci- mens		33,563
Positive 1,420	Negative 32,143	
Examinations of pus for the gonococci		1,093
Positive 125	Negative 968	
Cultures for the gonococci		67
Positive 18	Negative 49	
Examinations of sputum for the tubercle bacilli		130
Positive 6	Negative 124	
Widal agglutination tests for typhoid fever		263
Positive 52	Negative 211	
Agglutination tests for paratyphoid A. and B. fever		103
Positive 10	Negative 93	
Agglutination tests for Brucella abortus and Brucella melitensis— Undulant fever		95
Examinations of cerebrospinal fluid for meningococci, mastic and glo- bulin and cell counts		110
Special examinations, transudates and exudates; gastric contents, pleural fluids		88
Special examinations for ringworm, anthrax, glanders, rabies, tularemia, blastomycosis, etc.		114

	Number of Specimens
Examinations for Vincent's Disease	68
Agglutination tests for heterophile antibody content of blood for mononucleosis	22
Examinations of urine for gonococci, tubercle bacilli, etc.	1,043
Examinations of faeces for amebae, etc.	21
Blood cultures and special examinations of blood specimens	58
Special examinations for typhoid of urine, bile, faeces, milk, and food products	518
Examinations of tissue specimens for cancer, etc.	124
Virulence and special animal tests	142

During the epidemic of typhoid in eastern and south-eastern Manitoba, five thousand four hundred cultures were made for the determination of the source and for carriers.

During the past year a limited demand occurred for anti-poliomyelitis convalescent serum which is prepared in this laboratory. Only seven hundred and seventy cubic centimeters were distributed.

The work of the past year required over fifty thousand tubes of media, all of which was prepared in the laboratory.

Respectfully submitted,

FRED CADHAM, M.D.,

Director of Laboratory.

Division of Industrial Hygiene

C. R. Donovan, M.D., D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I respectfully submit the following report on the Division of Industrial Hygiene for the year ending December 31, 1940.

This Division has continued to examine all men engaged in "prescribed occupations" in the mining areas of the Province. This work is carried out under the existing agreement with the Workmen's Compensation Board and its purpose is to prevent, as far as is possible the development of silicosis among workmen in industry.

There are other industries in Manitoba where silicosis is also a definite hazard, namely, foundries, steel mills, quarries, etc. Although these are included in the Regulations under "The Public Health Act" it has not been possible up to the present time to extend our examinations to include these industries. Uniform examination and certification of all men exposed to this hazard should be given earnest consideration.

During 1940 eighty-four men were examined in Winnipeg prior to their entrance or return to the mines, of these five were refused certificates. This system appears to be working out very well as it also takes care of men who are absent from the mines on vacation during the time our travelling clinic is at their mine.

During the summer all the mining centres in the province were visited by Dr. D. L. Scott of the Silicosis Board, accompanied by an X-ray technician and complete portable X-ray outfit. At all mines excepting the Hudson Bay Mining and Smelting Company, those engaged in "prescribed occupations" were given both physical and X-ray examinations. At the latter mine examinations were made by Dr. P. D. Guttermsson, director of their medical service and, with the exception of new men hired during the year, all certificates for those men originally certified by the Department of Health and Public Welfare are re-issued or refused by him. At this mine one hundred and twenty-seven new men were engaged for work in "prescribed occupations" since the visit by our clinic in 1939. Their records of examination and X-ray plates were reviewed and certificates issued. None were refused but two were given only temporary certificates until they can be re-examined.

A total of 1,002 men have been examined by this Department during 1940. This number is less than in 1939 but more than in either 1937 or 1938.

SUMMARY OF SILICOSIS SURVEY—MANITOBA, 1940

Mine	No. of men examined 2nd time	No. of new men examined	Total No. of men examined	No. of certificates granted	No. of certificates refused
God's Lake	85	25	110	106	4
Gunnar Gold	113	12	125	119	6
San Antonio	131	53	184	182	2
Sherritt Gordon	313	50	363	359	4
Flin Flon	9	127	136	136 (2 temp. only)	0
Examined in Winnipeg	34	50	84	79	5
Totals	685	317	1,002	981	21

The number of new men examined (317) this year again emphasizes the fact that these men are of the "floater type". This makes it all the more necessary from a Workmen's Compensation point of view that they be carefully examined before commencing work in Manitoba or we might later be paying compensation for silicosis acquired outside Manitoba.

Twenty-one men were refused certificates for various good reasons. Some of these were re-examinations of men refused in former years. Men refused are advised of the reasons for this and are given advice regarding safe occupations for them.

As in the past years, the Division of Industrial Hygiene has continued to give co-operation to the Department of Labour in the investigations of Hazards to Health in Industry.

We have also co-operated with the Dominion Division of Industrial Hygiene in the distribution of thousands of pamphlets giving information on various industrial health hazards. These have also been sent to principals of high schools for teaching purposes (permission of Department of Education). In the coming year we hope to expand our services in this Division on account of the increase in Industry in Manitoba due to war time manufacturing, etc. We hope to set up a small laboratory and have a trained technician in charge of it so that investigations may be better carried out and certain analyses made.

Manitoba is becoming more industrialized than ever before and we should be equipped to do our part in making industry safe for its workers.

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Director, Division of Industrial Hygiene.

Division of Maternal and Child Hygiene

C. R. Donovan, M.D., D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the annual report of the Division of Maternal and Child Hygiene for the year 1940.

A great deal of literature has been distributed to mothers throughout the Province, Well-Baby Clinics are carried on under the auspices of the Public Health Nursing Division and talks are given to mothers' groups in various towns.

A preliminary statistical report is given here, using the statistics as available, February 28th, 1941.

Total Live Births—1940	
White	14,074
Indian	576
Total	14,650

Infant Death Rate—1940. (per 1,000 live births)	
White	46.6
Indian	227.4

Still-Birth Rate—1940. (per 100 live births)	
White	2.4
Indian	2.8

TABLE I.

Infant Deaths and Still-Births—1940.

Age at Death	Pre-Viable	Viable	WHITE		Pre-Viable	Viable	INDIAN	
			Total Number	Deaths %			Total Number	Deaths %
Still-Born	---	334	334	---	---	16	16	---
Live Births:								
Less than								
24 hours	43	139	182	27.7	---	12	12	9.2
24 hours to								
14 days	7	127	134	20.4	---	17	17	12.8
15 days to								
1 years	2	339	341	51.9	---	102	102	78.0
Total	52	605	657	100.0	---	131	131	100.0

It will be noted that 48.1% of the infant deaths among Whites occurred in the first two weeks of life whereas only 22% Indian infants died at this time. The high death rate among Indian babies after this neonatal period is a contrast to the rate among Whites.

Maternal Deaths in Manitoba—1940	52.
Rate per 1,000 Live Births	3.7

The programme in maternal and child hygiene to date has been of a general nature. It is hoped that very shortly a more definite programme will be launched particularly in regard to care of premature infants.

I have the honour to be, Sir,

Your obedient servant,

A. MARGUERITE SWAN, M.D.,

Director.

Division of Psychiatry

INCLUDING

PROVINCIAL PSYCHIATRIST

PSYCHOPATHIC HOSPITAL

BRANDON, HOSPITAL FOR MENTAL DISEASES

SELKIRK, HOSPITAL FOR MENTAL DISEASES

PORTAGE LA PRAIRIE, MANITOBA SCHOOL FOR MENTALLY

DEFECTIVE PERSONS.

Provincial Psychiatrist

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

Sir:

I submit herewith a report on the work of the Division of Psychiatry for the year ending December 31st, 1940.

Owing to the difference in type of patients the following statistical table does not include any portion of the figures relating to the Manitoba School for Mentally Defective Persons.

GENERAL STATISTICS

	Men	Women	Total	Prev. Year
Remaining in hospital December 31st, 1939.....	1,321	1,020	2,341	2,334
On parole or otherwise absent	56	47	103	107
Total on register December 31st, 1940	1,377	1,067	2,444	2,441
Admitted: January 1st-December 31st, 1940..	301	254	555	567
(Transfers omitted)				
Total under treatment	1,678	1,321	2,999	3,008
Discharged: January 1st-December 31st, 1940..	221	164	385	405
(Transfers and deaths omitted)				
As "recovered"	57	42	99	122
As "much improved"	23	24	47	65
As "improved"	88	70	158	150
As "not insane"	15	6	21	28
As "unimproved"	32	22	54	40
Transfers between hospitals	142	118	260	-----
Deaths	77	68	145	151
Elopements	0	0	0	3
Percent discharged of number treated	13.11	12.41	12.83	13.46
Percent discharged of number admitted	73.42	64.57	69.37	71.07
Percent died of number treated	4.53	5.15	4.83	5.02
Remaining in hospital December 31st, 1940....	1,335	1,036	2,371	2,341

One might make a very much more detailed statistical report but it seems best not to overburden a communication of this kind with material that will be of little interest to those for whom the report is intended. What is attempted is a general and to some extent comparative survey of the work during the year.

Two years ago we had the unusual experience of being able to report a year at the end of which we had fewer patients than we had at the beginning. In the next year we had to report an increase of seven over the year. This year we must report an increment of thirty. The only explanation I can advance for this gradual loss of the earlier very favourable position is a revised opinion as to the ultimate value of

"shock" treatment. In the early enthusiasm, many patients seemingly recovered were discharged. We have had confirmation of a suspicion that these earlier conclusions were overly optimistic. The fact that a fair number of the seemingly recovered patients relapsed, has obliged the adoption of a considerably more cautious attitude and this, in turn, has meant that more patients have been retained. The increment is still short of that to which we had become accustomed in the pre-shock therapy days.

Another factor that is slowly but inexorably making its influence felt is the gradual increase in the proportion of psychoses intimately related to the organic deteriorations of advancing years. The population of this Province is slowly aging. More people are coming into the age periods when organic failure appears. The expectation of life is rising but so too is the social obligation of looking after people who while continuing to live, yet show the unmistakable evidences of prolonged wear and tear. One is safe in saying, I think, that this is the greatest problem now before Preventive Medicine as an agency in social betterment.

While there were actually fewer admissions in this year and fewer died, more were left in hospital than in the previous year. While analysis has not been made in detail, one believes that if it were made, further evidences of what has just been said would be forthcoming. There were fewer admissions to the Psychopathic Hospital entirely because the activities of that institution were consistently hampered by an accumulation of patients that would have been transferred elsewhere had accommodation been available. There was no increase at Brandon but there was at Selkirk. The total increase was 40.

The number on parole showed a slight decrease of four.

Discharges, exclusive of transfers and deaths, showed a decrease of 20. The proportion discharged of those treated was 12.83 as compared with 13.46 last year, and there was a proportioned slight decrease in the percentage discharged of those admitted. Again possibly an evidence of increased caution.

Three hundred and four of those discharged were considered to have benefitted by hospital care. The figure last year was 337. This drop is probably also significant of increased caution and an elevated standard of comparison.

The mortality rate showed a drop of .2%. The institutional death rates were Brandon 5.31, Selkirk 4.37, Psychopathic 3.21. It would of course be very wrong to assume that chance of survival was thus represented. The proportion of aged chronic patients in the two Hospitals for Mental Diseases is the real explanation of the difference.

As usual, Respiratory and Cardiovascular disease stand at the top as causes of death. The death rate from Tuberculosis continues to fall. One death was suicidal.

At Brandon, there was an unusually large number of accidental injuries, one resulting in death. At Selkirk the number of injuries was unusually small. It is of interest, in view of reports of a contrary character from elsewhere, to note that injuries incurred during shock treatment were minimal. Most of the accidents generally speaking were of the nature of fractures.

The general health of both patients and staff has been good. There were no epidemics, in fact, instances of infectious disease were minimal. The search for cases

of tuberculosis has been continued with satisfying results. It seems likely that the large proportion of cases are now detected and properly cared for. At Brandon three new early cases were found amongst members of the staff. All are doing well.

MEDICAL WORK

The medical work of the institutions has been carried on but the staffs have been depleted by reason of enlistments and at present replacements appear practically unobtainable. One recognizes the needs of the Military Services but a sense of wastefulness is inevitable when one considers that not one of the medical officers who has left our Service is engaged in work in which his specific qualifications and training would be put to use.

Services have been curtailed and the remaining medical officers have had to assume extra responsibilities. The Out-Patient work at the Psychopathic Hospital has had to be curtailed 50%. The travelling clinics operating from Brandon and which have shown an increasing usefulness may have to be abandoned as may also much of the shock treatment work.

At Brandon an interesting experiment has been initiated in the sending to examining physicians a brief report of the findings and opinion of the hospital staff. It is hoped that this will be helpful to the physicians in more ways than one.

Psychiatry has gone a long way to establishing itself, not as the Cinderella of Medicine, but as an accepted member of the medical family. Any step that furthers this highly desirable objective, will redound to the benefit of all.

Occupational Therapy continues to be a most important item in treatment. Doctor Schultz has been particularly interested in this work at Brandon and the results of his activities have been gratifying.

The resumés of the work of Laboratories and X-ray departments as set forth in the individual hospital reports indicate the great importance of these branches.

The Dental department has been kept very busy throughout the year.

The training of nurses and attendants has continued at a very satisfactory level.

A continuous process of repairs, alteration and improvement goes on at all institutions. Many glaring inadequacies in the older buildings are being at least mitigated.

THE MANITOBA SCHOOL FOR MENTALLY DEFECTIVE PERSONS

During the year Doctor Atkinson, the Superintendent, asked for leave of absence so that he might join the Army. Doctor Bristow is capably directing the Institution, but to date additional medical assistance has been unobtainable.

The Institution has, as usual, been filled to capacity. Alterations in prospect will provide some few extra beds, but the waiting list which continues to grow, will still be of alarming proportions.

The year has been one of the usual great activity and has been somewhat more than usually difficult and worrisome, mostly because with the problem increasing if anything, means of meeting it have become less.

Throughout, the spirit of the various staffs has been good. There is no doubt that they have earned and should have the gratitude of both Government and Community.

The co-operation of the Minister and yourself has been evident at all times and we are grateful for it.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.,

Provincial Psychiatrist.

Psychopathic Hospital

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

Sir:

I beg to submit herewith a report on the activities of the Psychopathic Hospital during the year ending December 31st, 1940.

STATISTICAL SUMMARY

	Male	Female	Total	Prev. Year
Remaining in hospital December 31st, 1939.....	16	15	31	29
On parole, or otherwise absent	0	0	0	0
Total on register, December 31st, 1939	16	15	31	29
Admissions: January 1st to December 31st, 1940....	181	136	317	334
First Admissions	127	89	216	237
Re-admissions	54	47	101	105
General admissions	99	96	195	186
Voluntary	16	2	18	26
By Commitment	66	35	101	128
Retaken from probation	0	1	1	1
Transfers	0	2	2	1
Total patients under care	197	151	348	369
Average daily population			31.51	31
Rated Capacity	16	16	32	32
Percent overcrowding			1.5	3.3
Average duration of stay			33.06	
Discharges: January 1st to December 31st, 1940....	183	134	317	340
(including deaths)				
As "recovered"	21	15	36	42
As "much improved"	6	7	13	34
As "improved"	49	42	91	91
As "Not Insane"	7	0	7	6
As "unimproved"	94	69	163	155
Deportations	0	0	0	0
Transfers	71	57	128	135
To Selkirk	56	33	89	88
To Brandon	15	24	39	47
To Relatives	54	52	106	130
To Relatives against advice	9	7	16	23
To Own control	23	7	30	18
To Manitoba School	1	3	4	4
To Deer Lodge	4	0	4	0
To Convalescent Hospital	5	5	10	7
To Winnipeg General Hospital	8	2	10	6
To Police	2	0	2	3

	Male	Female	Total	Prev. Year
Deaths	6	1	7	12
Percent deaths of total admission			2.21	3.59
Percent deaths of total under treatment			2.01	3.21
Percent discharged of number under treatment (bettered by hospital treatment)			43.96	46.6
Percent discharged of number admitted (bettered by hospital treatment)			48.58	50.6
Percent discharged as "recovered"			11.35	12.
Remaining in hospital December 31st, 1940	14	17	31	31

ADMISSIONS

Seventeen fewer patients were admitted than in the previous year. The difference was approximately equally distributed as between male and female patients. The decrease in admissions did not by any means depend upon lessened demand. The number awaiting admission was at all times approximately the same as it has been at almost any time in the past twenty years. Our difficulty has always been that we could not admit patients as the need arose. With a limit placed upon the number who may be accepted for treatment and a deficiency in accommodation at the Hospitals for Mental Diseases that prevents transfer of patients who should go there, it is inevitable that at all times there are many, many patients who are obliged to await the occurrence of a vacancy before they can be admitted. Slowly but surely this situation is getting worse and in the past year the effect is plain in the lessened number of admissions. Without provision for increased accommodation, one can see no prospect but further worsening of a problem that is already serious. Closing eyes to it, or trying to temporize with it, is useless.

The bad effects of this situation appear in another place. It will be noted that readmissions amounted to nearly one-third of the total admissions—a proportion that is far too high. It is traceable in many cases to premature discharge. With the relentless pressure of "waiting cases", in an effort to get them into hospital while something may still be done to help them, many patients are discharged who are "improved" but not "recovered". They are discharged earlier than they would be if the need for accommodation for new cases was not so pressing. Some fail to maintain the improvement, relapse, and then require readmission.

There was a further drop in the proportion of admissions by magistrate's order. Something less than one in three were so admitted. For some years this diminution has been going on. It would be diminished further if prompt admission at a time when patients are still co-operative, were possible.

Desire to be relieved of responsibility continues to lead both relatives and physicians to send patients to hospital without previous arrangement for admission being made. Very often these patients arrive from the country, and often too, late in the day so that admission is practically obligatory, regardless of whether or not the hospital is already at capacity. Some of these patients are in such condition that ordinary humanitarian sentiments demand immediate care. In many instances, no such necessity exists and the demand for admission is based upon selfishness and disregard of the rights and patience of those who have been waiting longer.

The average daily population was 31.5 and this with an "allowed" capacity of thirty-two, means that occupancy stood at 98.5%. Had we accepted patients as need arose, it would have been nearer 150%.

The average stay in hospital was 33 days. Some, of course, were here much longer. Those who were making slow but sure progress toward recovery were retained. Those who were virtually incurable were retained also for much longer periods than the average, simply because we could not get them transferred anywhere else.

With fewer admissions, there naturally were fewer discharges. The decrease was proportionate. The number showing improvement under hospital care showed a slight decrease, probably not significant, since fluctuations of a minor character are certain to occur from year to year.

There was a decrease in the number discharged as "not insane".

An increase in the number discharged as "unimproved" was noted but again was too small to be of significance. One might say that in so far as statistics are an indicator, the standard of care and results of treatment showed little change from the previous year.

A decrease in the number transferred is partly explained by fewer admissions but is also due, in part, to the fact that with no accommodation available at the Provincial Hospitals much of the time, more patients were discharged to their own control—nearly double the number in the previous year. A considerable number of these no doubt prematurely discharged, helped to swell the altogether too high proportion of readmissions. One would ordinarily say that such a procedure was short-sighted and foolish, but the situation in which we are placed demands that expediency governs us in far too great degree.

Fewer patients were discharged to relatives "against advice". This might indicate a growing willingness to be guided by the physicians' opinion, but it may also be due to a decrease in relatives' willingness to accept responsibility. Considering the experience of a number of years, this attitude appears to be increasing.

The increase in the number transferred to other hospitals for treatment indicates in all probability an increased watchfulness for the detection of active physical factors in the causation of the psychoses for which admission was sought. Coincidentally there has been an increase in the requests for opinion regarding patients in general hospitals. And so there is evidence that the liason between general medicine and psychiatry, long overdue, is slowly but steadily developing.

Deaths were fewer and the mortality rate decreased but this fluctuates from year to year. One suspects that it is influenced by the same factors that influence the general community death rate. Only two of the seven deaths were directly related to the psychosis concerned. All others were due to coincidental, although possibly related physical disease.

No suicides occurred.

CLASSIFICATION

65.09% of the patients were from urban communities as against 68.65% last year.

5.35% were 20 years of age or under as compared with 7.65% last year.

31.54% were 50 years or older—last year 27.44%.

66.71% were between 20 and 50 years.

This probably is significant of the gradual ageing of the general population.

Occupational classification was without significant change from last year. The top groups in order were again—"Housewives", "Labourers", "Unemployed", and "Farmers".

Once more something over 40% were classified as of the "Schizophrenic" group. 3.47% as compared with 3.5% were syphilitic.

CLINICAL SERVICE

The exigencies of war were responsible for the loss of the services of Doctor W. M. Musgrove. For sixteen years Doctor Musgrove had been Assistant Director and his enlistment withdrew valuable services from us and did not add correspondingly to Army Service since he has not been engaged in psychiatric but in administrative and general medical work that could have been done by any alert medical officer.

Doctor G. L. Adamson was willing to increase the proportion of his time devoted to hospital work but it was necessary to curtail the important out-patient activities by 30%.

The arrangement whereby general hospital internes spend two months here continued to work satisfactorily and one notes that the service has become one for which internes now ask instead of rather reluctantly accept, as was so when the arrangement was first made.

Out-patient work naturally decreased, not because of decreased demand but because of our not having staff to attend to it. The work for the Juvenile Court and Attorney-General's Department was not decreased, in fact, we had an unusual number of cases in which our opinion was sought. In most cases, unfortunately it was sought after and not before sentence. The assistance given to the Demonstration Clinic of the Faculty of Education of the University had to be dropped.

Shock treatment continued to be utilized and slowly, trustworthy standards as to type of case likely to benefit, and methods of application are being established. It is quite evident that the earlier reported results were overly enthusiastic but it is also evident that in these treatments we have a valuable accession to our therapeutic armamentarium. With improvement in technique the unpleasant accompaniments reported as occurring with disquieting frequency elsewhere have been reduced almost to the vanishing point here.

NURSING SERVICE

The general arrangement was unchanged but nine more student nurses than in the previous year had the benefit of training here. This was accomplished by a perhaps questionable shortening of the time here and by the fact that no graduate floor duty nurses were employed.

SOCIAL SERVICE

Three hundred and seventeen interviews, home visits and investigations were carried out—38 fewer than in the previous year.

OCCUPATIONAL THERAPY

One hundred and ninety-two patients—4 more than last year—attended occupational classes. 67 articles were completed in addition to a considerable amount of

furniture repair work. Variation in numbers and type of patients and the relatively short stay of patients in hospital, sharply limit the variety of work that may be undertaken, but the treatment and diversional value is unquestionable.

EDUCATIONAL WORK

This has continued as in other years. The inauguration of the 4th year Clinical Clerkship in Psychiatry has had the welcome result of a spontaneous request from the students for increased time in this hospital. For the most part students have exhibited a very lively interest in the work and in the broader viewpoint that it necessitates.

GENERAL

There is the usual amount of minor repair work to be done.

Accommodation increases, not here but at the Hospitals for Mental Diseases and Manitoba School for Mentally Defective Persons, would be of immense benefit to us. As it is, from one-third to one-half of our patients are such that they should be transferred elsewhere if this were possible. Every chronic patient by necessity kept here excludes another and perhaps more hopeful case.

The demands for admission show no decrease and the time necessary to appease relatives and physicians is a sheer waste and takes up too large a proportion of the time available.

The difficulties of operation are no less; with depleted staff and too large a proportion of disturbed patients, they have increased. The staff in all departments has most faithfully discharged most onerous duties.

Our thanks are due the Minister and yourself for co-operation.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.,

Director, Psychopathic Hospital.

Brandon Hospital for Mental Diseases

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

Sir:

I have the honour to present the fifty-first annual report of the Brandon Hospital for Mental Diseases, for the calendar year 1940.

This annual stocktaking is not merely an inescapable procedure, but a valuable one by which we measure progress or regression, success or failure. It should not be merely a statistical survey but an accounting of the stewardship of a large group of people to whom has been committed the care of human beings. It is therefore a human document of social service rendered by the Government to its people.

At the beginning of the year 1940 there were 1,468 patients in residence and 62 on parole. The year ended with 1,490 patients in residence and 58 on parole, an increase of 22 in residence and 18 on the register.

There were 241 admissions, including 14 from probation, one from elopement, 148 first admissions, 54 readmissions and 39 transfers. There were 25 less admissions from all sources than in 1939.

Age Incidence: There was essentially no difference in distribution by age groups of those admitted as compared to the previous year. It will be noted in the table that 153, or 63.5% were under 50 years of age and 88, or 36.5% were 50 years or over. The predominant age groups were the third and fourth decades.

	Male	Female	Total
Under fifteen years	2	0	2
Fifteen to nineteen years	7	5	12
Twenty to twenty-nine years	30	25	55
Thirty to thirty-nine years	16	34	50
Forty to forty-nine years	22	12	34
Fifty to fifty-nine years	14	24	38
Sixty to sixty-nine years	8	13	21
Seventy years and over	12	17	29
	111	130	241

Nativity: Canadian born increased sharply from 50.6% to 64.73%. Those from Great Britain and Ireland decreased equally sharply from 21.07% to 11.62%; from Poland 10.39%, United States 3.32%. Numbers born in foreign lands all showed a decline as the Canadian born admissions increased.

Diagnostic Classification: Of first admissions 37.84% were schizophrenia, 23.63% senility and arteriosclerosis; 7.44% manic-depressive; involutional melancholia 4.05%; due to syphilitic infection 2.7%; psychosis with mental deficiency 4.05%; without psychosis 7.44%.

There is little noteworthy in the above figures. In reviewing the whole classifi-

cation, however, one finds that 39.17% of first admissions were attributable to organic disfunction.

The average daily number of patients in residence since 1929-30:

1929-30	1,155	
1930-31	1,177	increase 22
1931-32	1,186	" 9
1932-33	1,190	" 4
1933-34	1,220	" 30
1934-35	1,278	" 58
1935-36	1,313	" 35
1936-37	1,384	" 71
1937-	1,433	" 49 (8 months)
1938-	1,467	" 34
1939-	1,461	decrease 6
1940-	1,473	increase 12

Separations: These totalled 223, including 127 discharged, 94 deaths, 2 transfers. Of those discharged 33% were considered recovered, 43.3% improved, 14.9% unimproved and 8.6% as not psychotic.

Deaths: The death rate was again high, 5.2% of all patients treated as compared with the 1939 figure of 5.4%. The aged, i.e., patients between 60 and 80 years and over, accounted for 63.9% of all deaths.

Two deaths occurred from drowning. One was considered to be definitely suicidal, the other was thought accidental. The latter occurred when a young man eloped in a snow storm and in an endeavour to make good his escape attempted to cross the river at night. These two unfortunate occurrences were carefully investigated by the coroner and hospital staff in the hope of preventing similar incidents. One other interesting finding was the proportionately large number of deaths due to malignancy; 8.5% were proven by autopsy to have carcinoma of the various systems.

Accidents: There were as usual a number of serious accidents, only one, however, to which death might be directly attributable. This was a fractured femur. There were five other fractured femurs at the hip joint due to accidental falls. One patient suffered a fracture of both fibula and tibia when playing football. The remainder consisted of fractured humerus during epileptic seizure, fracture of clavicle in a case of Huntington's Chorea, fracture of the clavicle due to violence on the part of a fellow-patient; two dislocations of shoulder joint, one resulting from convulsive therapy and a second from accidental fall.

General Health: The resident population has experienced good health. No serious epidemics developed. Infectious diseases on any large scale were conspicuously absent. The relatively large number of deaths from broncho-pneumonia were terminal conditions in elderly persons. Active tuberculosis in the patient population would appear to be on the decline as evidenced by the decreasing numbers both male and female requiring isolation. Although it is too early as yet to be over-confident, our plan of systematic X-Ray of all chests on admission, and periodically for long residents, together with repeated checking on manifestation of clinical symptoms, appears to be bringing good results.

Three new and very incipient cases of pulmonary tuberculosis have been discovered among female staff, one pupil nurse and two kitchen staff. All are doing well

on rest treatment and it was not considered necessary for them to undergo Sanatorium care.

The suggestion made last year that facilities should be developed for getting more women patients outside daily both summer and winter has been pursued. This has tended to reduce the confusion, noise and destruction on our chronic wards. As yet, however, it is too soon to jump to conclusions as to the effect on the physical health of the patients.

Clinical and Medical Work: Our medical staff has remained almost intact and we have been fortunate in that we suffered only one loss in the person of Dr. Gerald Creasy who enlisted with the R.C.A.M.C. His place was filled by the promotion of Dr. Brian Bird and the vacancy on the staff by the temporary employment of Dr. Kenneth Clark, a graduate of Queen's University. Dr. Gordon Stephens was granted an extension of leave of absence and is pursuing post-graduate study in Child Guidance at Baltimore, Maryland.

Routine thorough investigation of all new admissions, clinical conferences and the care of all chronic cases, together with attention to the keeping of adequate records has been carried on as usual. Special activities have been engaged in, and the reports submitted by the medical officers directing them give some indication of the extent of the work, the enthusiasm displayed and results obtained. We have been fortunate not only in retaining medical officers, but more so in the quality of the services rendered.

INSULIN SHOCK AND METRAZOL THERAPY

A further note of our experience with insulin and metrazol therapy has been submitted by Dr. Geo. Little, as follows:—

"In late December, 1940, we completed treatment on our third group of 100 patients. It has been our custom to date to analyze our results in groups of one hundred. As it is not possible to accurately assess such results until two months or more after treatment in the group has been concluded we do not propose to make a statistical survey in this report, as was done in the previous one. We may say, however, that we have every reason to believe that our results with this latest group will not differ substantially from the results obtained previously.

"Generally speaking, we can reaffirm the convictions previously expressed, that the advent of Insulin and Metrazol Shock Therapy constitutes a definite and valuable addition to the therapeutic armamentarium of a mental hospital. In October, 1937, under the direction of Dr. Brian Bird, routines were established for the carrying out of these newer methods of therapy. The work was commenced in an atmosphere of fresh enthusiasm and optimistic hope and we feel that no better recommendation can be offered for the success of the venture than to say that this enthusiasm and optimism has been maintained at a high level.

"As we look back we are aware of various changes and modifications in our technique which are worthy of mention.

"Firstly, it may be said that from the outset we have recognized the value of a well and carefully planned technique and the necessity of careful and continued adherence to detail. It is a matter of some satisfaction to be able to say that these original aims have not been forgotten and that standards are being carefully maintained.

"Secondly, during the early period we observed the principle of having the management of the treatment solely in the control of one physician. This we feel was, under the circumstances, the best procedure, as it made for more intensive concentration and exploration of the various possibilities. As it becomes apparent, however, that these treatments are to become an accepted part of the hospital routine, it seems advisable to depart somewhat from the above principle. In so doing we express our appreciation to Dr. Bird for the excellent work performed in this field. His has been a valuable contribution.

"Finally, we may mention the various modifications in the treatment which have occurred. We have gradually evolved a considerably less severe and less intensive type of treatment which, without lessening its efficacy, has definitely cut down the incidence of dangerous complications. In Insulin Shock Therapy the incidence of status, seizures, after-shock, etc., is definitely lower and it is only logical to assume that the risk of fatal complications has been correspondingly decreased. With reference to the latter, it is as yet too early to speak positively, but we feel assured that time will prove our contentions. We do not, however, feel that the risks can ever be entirely eliminated. With regard to Metrazol Shock Therapy, unpleasant complications still occur, such as fractures, dislocations, terror reactions and confusional reactions. In the coming year we plan to investigate the value of B-erythroidine, a curare-like product, in avoiding some of the complications of convulsive therapy. Its action has not as yet received a great deal of study but good results are claimed.

"In conclusion, we may again state that Insulin and Metrazol Shock Therapy continue to offer definite advantages in an increased recovery and discharge rate, decrease in the average duration of hospital stay for the individual patient, and a general rise in the behaviour level of the service as a whole, with all that this entails. No more striking proof of this latter point can be given than to remind ourselves of the brief period in midsummer of 1940 when, because of shortage of medical staff, it became necessary to discontinue the treatments. The immediate results of this cessation would indeed have been convincing even to the skeptical."

ADULT OUT-PATIENT CLINIC

The re-organization of this division of our institutional program has fully justified itself. This work is growing in volume and evidence is forthcoming that it is being highly appreciated by the general practitioner. It has meant additional work for all, but particularly for Doctor Little and his Assistant in the Reception Hospital where the clinic is centred. I am delighted to be able to present Doctor Little's report of the year's work:

"A total of fifty-one cases were examined during the year as compared with forty-three cases in the previous year. This is again a substantial increase and can be considered as further evidence that the re-organization of this Department has been well worth while. In addition to the number of new cases seen, it should also be mentioned that our follow-up care has been emphasized to a considerably greater extent than previously, and besides the initial examination of new patients, sixty-one other examinations were carried out. These include return visits, interview with relatives, employers of patients, etc. Our experience in this respect has served to confirm the belief previously held that follow-up care is of the utmost importance in the successful treatment of many cases. Naturally, as we draw many cases from outlying districts it is not always easy to follow up a case as often as we would desire, but every effort should be made.

"Of the 51 cases seen, 10 cases were admitted to hospital for treatment. The majority of these were early schizophrenics and of course the value of early recognition and treatment of such cases does not require emphasis. Of the 10 cases admitted, 5 have already been discharged, 3 are improving, and prospects for discharge are good. Two are unimproved and will probably require permanent care.

"The department we feel has in every respect justified the time spent in re-organization and the extra time and labour devoted to the individual examination. Not only does the community at large benefit, but we as physicians benefit by virtue of the much wider variety of cases seen in an out-patient clinic. Many interesting cases and types are examined in an out-patient clinic of this sort that are rarely, if ever, seen as in-patients.

"It will be evident from the foregoing that the re-organization of this department has meant an added burden to our regular duties and there were many periods throughout the year when the pressure of this extra work made itself palpably evident. It is quite conceivable if expansion continues that this may constitute a problem. We believe, however, that it is one which will be met when it does arise, since in our experience a problem which springs from honest and conscientious work invariably receives favorable consideration. Believing therefore in the value of this work, we are quite content to let the future take care of itself."

An additional service to the general practitioner was instituted in the routine practice of forwarding to all certifying physicians a brief report of the case certified. The objectives sought were:

1. Education of the general practitioner re symptomatology, diagnosis, prognosis and treatment in mental disease. The effects may not be great, but at least it is a positive step.
2. Maintenance of his interest in the case, a factor which may on occasion be of value to us in the after-care of discharged patients.
3. Assistance to the general practitioner in his contact with the relatives of the patient.
4. Sum total of above leading to increasingly closer rapport between the mental hospital, the private practitioner and community in general.

That these objectives have in large measure been obtained is indicated by the very favorable response and comments received.

CHILD GUIDANCE CLINIC

This work has been under the direction of Dr. Stuart Schultz assisted by Dr. Brian Bird. Their report is as follows:

"Child Guidance Clinics in Brandon City were somewhat curtailed in the early months of 1940 due to a shortage of medical personnel. However, it was possible to maintain them at about semi-weekly intervals until April when they were temporarily discontinued. September showed complete re-organization of the clinic. This was the third major change since 1931. In that year Dr. Cameron and Dr. Creasy instituted weekly mental health clinics in the City of Brandon. Their work covered a wide field and was strenuously carried on. They were especially interested in the measurement approach, developing and establishing tests to estimate quantitatively the child's physical, intellectual and emotional status. Dr. Cameron resigned in 1936 and the

clinic work was carried on by Dr. Creasy and Dr. Stephens. At this time special interest came to be centred around large scale tests of child intelligence. They nurtured co-operation with the teachers and school board and conducted annual tests of all beginners. Dr. Creasy and the Social Service nurse, Miss Elsie McPhail, resigned in 1940 and Dr. Gordon Stephens was absent on post-graduate study and it was found impossible to carry on the clinics uninterruptedly. During the summer whatever cases needed to be seen were examined at the hospital by whichever doctor was available.

"On October 1, 1940, Dr. Stuart Schultz and Dr. Brian Bird agreed to take over the work of the Child Guidance Clinics. On October 4, 1940, Miss Eileen Metcalfe, B.A., a member of the hospital staff, was appointed Social Service Nurse. To assist her Miss Jean Varcoe, B.A., also of the hospital staff, has given freely of her time.

"We try to work in the closest co-operation with the various persons and agencies who deal with children. These include teachers, Public Health Nurses, Children's Aid Society, the Probation Officer, and physicians. As a rule we do not see children who are not referred. Children must also be accompanied by their parents or guardians.

"We have devised a new four-page history-taking form and this form is filled out from information gathered by the Social Service workers. We endeavour to summarize the problem as stated by the child, the parents and his teacher. Each child is given a mental rating and the usual test is the Terman short revision of the Binet-Simon. We also use the new revision of the Stanford Binet, the Maze test and the Goodenough test."

Summary of cases seen at Brandon in 1940:

Mental rating only	90
Complete examination:	
Old cases	14
New cases	44
	<hr/>
	58
Total	<hr/>
	148

Classification of cases examined:

Behaviour problems	16
Subnormal intelligence	30
Epilepsy	6
Others	6
	<hr/>
	58

Two very satisfactory clinics were held at Dauphin and Virden. Complete examination was made of 41 cases at these two centres, including 18 reviews and 23 new cases. Ten were behaviour problems, 22 subnormal intelligence, 2 epilepsy and 7 miscellaneous. The clinic was concluded in each case by well attended public meetings addressed by the clinic staff.

Dr. Schultz and Dr. Bird have attacked the problem of re-organization with keen interest and enthusiasm and state the aims of the clinics as follows:

"To maintain uninterruptedly a weekly clinic in the City of Brandon.

"To encourage repeated visits from children with problems; to base our results not on the number of cases seen but on the end results as established by follow-up reports.

"To continue annual intelligence tests of all school beginners.

"To establish a functioning special class for retarded children in the schools.

"Definite contact with teachers to be made and maintained by addresses, personal conversation and circular letters.

"To work in close co-operation with all Social agencies and departments.

"To institute Mental Hygiene as a integral part of community life.

"To expand our services to the community in such fields and at such opportunities as may from time to time arise."

OCCUPATIONAL AND RECREATIONAL THERAPY

In this as in most large state operated institutions much effective work has always been done by patients who assist in the general supportive program of the Hospital. There is a tendency in this sort of program to fit the patient to the task rather than the task to the patient and to keep a patient in a routine job merely because of his usefulness to the institution. Every kind of occupational effort should have as its objective the stimulation of interest in the utilization of the patient's assets for his own self-satisfaction and relief from pre-occupation and moods, and in the introduction of the altruistic and socially directed motives of helping his fellows in the hospital community. To these ends, still far from achievement, our occupational and recreational activities are directed. Dr. Stuart Schultz has submitted his annual report which reveals gradual and healthy development of this department. I quote in part as follows:—

"During this year a large number of patients, both in the active and chronic services, received considerable benefit from activity therapy. There was an increase in the total sales for the year for articles manufactured from \$2,285.59 to \$2,388.71.

"Class A. About the middle of March a motor was attached to the printing press which was a great saving of labor and also speeded up production. The articles made in this class were chiefly toys and small articles of furniture. The sales increased from \$262.20 to \$310.00.

"Class B. A new Singer sewing machine was purchased for this class and was very much appreciated. It enabled the instructress to widen the variety of her production and at the same time maintain a high standard of work. Cash sales increased from \$412.00 to \$441.10.

"Class C. This class was handicapped throughout the year by the shortage of help due to illness among the nursing staff. However, cash sales were increased from \$331.44 to \$347.31.

"Class D. This class was carried on at the Pavilion and some beautiful needle-work was done by patients in this disturbed section. The cash sales were grouped with Class B.

"Class F. After five years of service, Mr. Hawitt left on November 24, 1940, to join the R.C.A.F. and our good wishes go with him. He was replaced by Mr. Thos.

Watkin, a member of the attendant staff. During his period of service here Mr. Hawitt showed conclusively that even deteriorated patients can be trained to make overalls. He taught the patients individually and so organized the department that it was possible to place an inexperienced man in this shop without very much disorganizing the work. A large order for overalls and smocks was received from Selkirk and was greatly appreciated by our department.

"Class G. This class carried on quite well and the cash sales increased from \$1,142.40 to \$1,231.30. The standard of work has improved markedly during the past five years.

"Class H. The work in the cobbler shop was done by a patient under the supervision of Mr. Smith. All work done was for the Institution and it was to the value of \$227.50.

"Class I. An occupational paint shop with a patient in charge was opened August 1, 1940. This building is 21' x 11' with an 8' ceiling. It is steam heated, has a cement floor, and is well lit by windows and electric light. The work done consists of painting toys and small articles of furniture from Class A. as well as a certain amount of institutional work. The personnel varies from 1 to 5 patients and the quality of work is quite good.

"On examination of the financial report which is attached, one notices a large increase in the amount of merchandise purchased, and there is a considerable stock of material on hand. It was decided about a year ago to stock up well with raw materials when wool and linen were available before there was a sharp rise in the market."

The customary entertainments, including weekly picture shows, fortnightly dances, occasional concert parties, picnics for large and small groups, were arranged. Our thanks are tendered to the executive of the Brandon Fair Board for their generosity during winter and summer Fairs, also to the MacArthur Transportation Co. who placed trucks and buses at our disposal, thus facilitating the attendance of hundreds of patients. The provision of recreation for patients more than compensates for the extra labor expended.

LABORATORY AND X-RAY DIVISIONS

This work has been very capably directed during the past two years by Miss Reta McCulloch. Owing to the establishment of large military camps at Shilo and Brandon, the demand for laboratory service has increased tremendously and to meet the demand the Deputy Minister generously permitted an increase in staff of one technician. In order to reveal this increase in volume of work as well as the service to the military camps, a table of comparative figures follows:—

	1939	1940
Blood counts	992	3,390
Blood chemistry	614	696
Wassermann tests	1,021	1,437
Kahn tests	957	1,402
Kline reaction		1,257
Other tests on C.S.F.	453	353
Exudates and transudates ..	91	91
Cultures	5,480	7,006
Sputum examination for T.B.	174	150

Gastric analyses	28	20
Blood matching and grouping	21	6
B.M.R.	16	19
Preparation of solution for intravenous use	134,589 c.c.	151,500 c.c.
Agglutination tests	478	331
Mantoux tests	661	528
Dick tests	111	62
Schick tests	61	62
X-Ray plates	1,962	1,744
Autopsies	23	21
Sections cut	748	827
Sections stained	512	166
Surgical sections cut	210	135
Surgical sections stained	149	166
Inoculations	760	329*

*Typhoid inoculations were transferred to the surgical division where 5,027 doses were given. All resident patients were given their two-yearly prophylaxis as well as new patients admitted, and new staff.

DENTAL REPORT

Partial new dental equipment was added which greatly facilitates the work of our dentist, Doctor Trotter. It will be noted that 133 working days were spent in this Institution as against 107½ last year. The service to our patients was correspondingly increased.

Number of patients examined	1,974	Roentgenograms	13
Extractions	807	Dentures	40
Local anaesthetics	895	Denture repairs	35
General anaesthetics	15	Bacteriological examinations	4
Fillings	349	Resistive patients	14
Scaled and polished	987	Working days	133
Gum treatments	49		

The surgical division report is as follows:

Anaesthetics—General	40	Intramuscular injections	364
Local	83	Lumbar punctures	47
Spinal	5	Minor surgery	56
Aspirations	18	Major surgery	10
Blood Wassermanns	14	Nose and throat treatments	5
Casts (Plaster of Paris)	14	Physical examinations	58
Cystoscopic examinations	1	Pneumothorax	258
Dressings	100	Pelvic examinations	32
Ear treatments	20	Rectal examinations	6
Ear examinations	5	Removal of casts	14
Gynecological treatments	23	Subcutaneous infusion	—
Intravenous infusions	77	Trays to wards	143
Intravenous injections	571	Typhoid vaccine	5,027

TRAINING SCHOOL

The personnel of our training school is composed of 108 nurses, including 15 supervisors, 25 graduate ward nurses, 18 seniors, 16 intermediates, 17 juniors and 17 probationers.

Male apprentice attendants: 18 first year, 4 second year, 5 third year.

During 1940, 18 nurses were awarded diplomas in mental nursing and 16 men students were awarded certificates in mental nursing.

Four registered nurses received diplomas in mental nursing for acceptable work during the one year post-graduate course.

VENEREAL DISEASE CLINIC

This work has been carried on by the undersigned throughout the year and in my absence by the Assistant Superintendent. It has not been found as burdensome as at first anticipated. In addition to this work at the Provincial Gaol, any persons suspected of conveying venereal disease may be examined by order of the Minister of Health and Public Welfare and proper treatment instituted with detention, if necessary, during the infective period.

CONSTRUCTION, ALTERATION AND REPAIRS

We very much appreciate the fine work of the mechanical staff and the co-operation of the Department of Public Works. The buildings are being kept in an excellent state of repair. It is not necessary to outline in detail the work done but merely some of the salient improvements:

Painting of outside window screens and grilles in the Main Building and Reception Hospital.

Laying of approximately 2,000 square feet of terrazzo flooring.

Construction of occupational department paint shop.

Installation of new steam sterilizer.

Renovations to ice house.

Rewiring of all barns to overcome fire hazard.

Installation of new milking machine.

Renovation of quarters for the care of sick staff.

Redecoration of cottages and Women's Pavilion.

Installation of new washing machine in the laundry.

We are grateful to the Fire Commissioner's Department for advice arising out of a thorough inspection by Mr. Puttee made last summer. All his recommendations have been carried out or are being given consideration.

Plans are under way for a transfer of the Women's Infirmary to the main floor in order to secure more adequate and modern facilities in hospital practice and to avoid the fire hazard of having so many bedridden patients on the fourth floor of the Main Building.

FARM

Our acreage was decreased by the sale of the north half-section for use as an aerodrome. This has resulted in a serious loss of feed grains and we now have one-fifth less acreage per patient population than the standard considered necessary for this type of institution. There does not appear much prospect at present of acquiring suitable property sufficiently close to the main Institution to make operation convenient or profitable.

A complete report of the Farms Manager is included under the caption "Farms" in the Report of the Executive Offices.

GENERAL EXPENDITURES

Per capita per diem costs rose from 81.94c to 84.81c. The total legislative grant was \$492,665.60, with expenditures of \$476,136.15. The farm appropriation was over-expended by \$1,211.71, but farm revenues showed a surplus of \$3,428.86 over expenditures.

The Hospital lost through retirement three valuable employees in the persons of Mr. G. Fitton, Mr. D. Ayton and Mrs. A. Little. We regret to record the sudden death of Mr. Ayton in December, 1940.

The year has been marked by many losses in staff owing to enlistments in His Majesty's Forces. One physician and 22 male attendants have enlisted during 1940. Most of these were attracted to the R.C.A.M.C., a branch of the service for which their previous training especially fits them. A few are in the N.P.A.M. and R.C.A.F.

In addition to the contribution of man-power, I am pleased to report a very generous response on the part of the staff generally to any appeals for War Charities, such as Canadian Red Cross, War Services of Y.M.C.A. and Salvation Army, Greek War Relief Fund, and War Savings certificates. The attitude of all towards the war effort is very wholesome.

In conclusion I desire to convey to you my sincere appreciation for valued advice and direction and would ask that you extend to the Minister of Health and Public Welfare, Mr. Griffiths, and his deputy, Doctor Jackson, my thanks for their consideration at all times. We desire also to extend to the Honourable Mr. McLenaghan, our new Minister, a welcome and assurances of our co-operation.

Full credit is granted to my medical colleagues, departmental heads and all employees for continued conscientious and loyal co-operation.

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 January 1st, 1940 to December 31st, 1940.

	Male	Female	Total
Remaining under treatment at December 31, 1939.....	804	664	1,468
On Parole or otherwise absent	30	32	62
Total -	834	696	1,530

First Admissions:—

	Male	Female	Total
General admissions	40	49	89
Voluntary admissions	2	2	4
Other sources	26	29	55

Re-admissions:

	Male	Female	Total
General admissions	13	13	26
Voluntary admissions	3	1	4
Other sources	12	12	24
(From probation, 7 males, 7 females)			
(From elopement, 1 male, 0 females)			

Transferred:

From Psychopathic Hospital, Winnipeg....	15	24	39			
	—	—	—			
	111	130	241	Male	Female	Total
				111	130	241
				—	—	—

Total Number Treated				945	826	1,771
				—	—	—

Discharged:

As recovered	22	21	43			
As much improved	10	15	25			
As improved	19	10	29			
As unimproved	8	11	19			
As not psychotic	6	5	11			
	—	—	—			
	65	62	127	65	62	127

Transferred:

To Manitoba School for Mentally De-						
fective Persons, Portage la Prairie.....	0	2	2	0	2	2

Eloped	0	0	0
Deported	0	0	0
Died	46	48	94
	—	—	—

Total Number Discharged, Transferred and			
Died during the year	111	112	223
	—	—	—

Remaining under Treatment, December 31, 1940.....	810	680	1,490
On Parole or otherwise absent	24	34	58
	—	—	—

Total	834	714	1,548
	—	—	—

TABLE No. 2.

REPORT OF OCCUPATIONAL DEPARTMENT, DECEMBER 31, 1940.**Equipment—**

A. Unit Male	\$171.47
B. Unit Female	376.65
C. M.B. Female	139.96
F. Tailor Shop	643.59
G. Toy Shop	434.97
	—
Total	\$1,766.64

Purchases—

Merchandise	\$1,584.38	
Equipment	181.96	
Expenses	26.43	
	<hr/>	
Total		1,792.77

Sales—January 1, 1940 to December 31, 1940.

1. Cash—A. Unit Male	\$ 310.00	
B. Unit Female	441.10	
C. M.B. Female	347.31	
G. Toy Shop	1,231.30	
Accounts	59.00	
	<hr/>	
Total		2,388.71

2. Institution—

A. Unit Male	\$ 24.30	
Printing	600.00	
B. Unit Female	3.00	
C. M.B. Female	134.30	
F. Tailor Shop	476.70	
G. Toy Shop	51.35	
H. Cobbler Shop	227.50	
	<hr/>	
Total		1,517.15

Stock on Hand	Materials	Articles	Total
A. Unit Male	\$ 67.79	\$ 68.53	\$ 136.32
B. Unit Female	772.03	50.00	822.03
C. M.B. Female	597.04	7.25	604.29
F. Tailor Shop		1,320.45	1,320.45
G. Toy Shop	78.30	116.81	195.11
	<hr/>	<hr/>	<hr/>
	\$1,515.16	\$1,563.04	\$3,078.20
	<hr/>	<hr/>	<hr/>

PROFIT AND LOSS

Assets—	Cash sales	\$2,388.71	
	Institutional sales	1,517.15	
	Stock	3,078.20	
		<hr/>	\$6,984.06
Purchases			1,792.77
			<hr/>
	Profit		\$5,191.29
			<hr/>

BURSAR'S REPORT

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

Sir:—

Herewith please find Bursar's Annual Report for the Fiscal Year May 1, 1939 to April 30, 1940.

The total amount voted to cover the year's operations by the three services amounted to \$492,665.60, while the amount expended was \$476,136.15.

The daily average population of patients was 1,467 as against 1,466 a year ago, and the daily per capita cost was 84.81c, as against 81.94c last year. This does not include the Farm, where revenue exceeds expenditure, and the daily per capita cost here was 03.86c.

Dealing with the three services individually we find as follows:—

ADMINISTRATION AND SUBSISTENCE

8-6A	
Appropriation	\$381,597.03
Expended	368,510.37
Surplus	\$ 13,086.66
Appropriation for Salaries	\$194,097.03
Expended	190,185.42
Appropriation for Food	\$114,300.00
Expended	108,776.16
Appropriation for Clothing	\$ 22,200.50
Expended	15,006.06
Appropriation for Expenses	\$ 51,000.00
Expended	54,542.73

It will be seen that Food and Clothing costs are largely responsible for the surplus, and as the expenses for both these items are definitely related to careful or other supervision, our sincere thanks are tendered to those of the staff who made this possible, as without this care, a different story might have to be told.

FARM

8-6B	
Appropriation	\$19,562.79
Expenditure	20,774.50
Deficit	\$ 1,211.71

Revenue, however, was \$24,203.36, which shows a surplus over expenditure of \$3,428.86.

OPERATION AND MAINTENANCE

Appropriation	\$91,505.78
Expenditure	86,851.28
Surplus	<u>\$ 4,654.50</u>

The surplus represents the saving in the amount spent on fuel. The other items are practically the same as the amounts voted.

Departmental activities were as follows:—

STORES

Total stocks at the close of the year were:—

8-6A. ADMINISTRATION AND SUBSISTENCE

Groceries	\$4,124.55
Dry Goods	3,041.46
Cleaning Supplies	486.01
Crockery	1,541.78
Clothing	9,643.36
Miscellaneous	560.93
	<u>\$19,398.09</u>

8-6B. FARM

Livestock	\$15,723.06
Grain and Roots	1,872.83
Equipment	4,548.00
	<u>22,143.89</u>

XI-22 OPERATION AND MAINTENANCE

Engineering	\$ 3,532.78
Steamfitting	2,408.84
Electrician	837.17
Carpenter	171.87
Plumber	2,107.69
Painter	653.75
	<u>9,712.10</u>
	<u>\$51,254.08</u>

Our remarks of a year ago regarding bad accommodation for a large portion of our costly supplies still stand.

Under existing conditions the stores are well managed and operate as efficiently as possible.

Mr. David Ayton, who has been the meat cutter for many years, is about to be retired, and we pay tribute to his capable and unostentatious services during many years, on the farm, in the wards, and finally in the stores.

LAUNDRY

An exceedingly busy department, working always at full capacity. Keeping work moving on schedule is an ever present problem. When this is augmented by absence of patients or staff, through sickness or other causes, then it is indeed serious. In this department each member of the staff has a definite daily routine of manual work in addition to the supervision of patients, work that continues without respite, for the entire working day. When absence occurs this has to be done by the rest, who already have a full day's programme, thus the work becomes onerous and fatiguing; add to this the absence of what might be termed a key patient, and the situation is aggravated. These frequent abnormal conditions might be remedied by one addition to the staff, or an increase in the number of better patient workers.

The small washer recommended a year ago is about to be provided and will be of immense value. The year's operations are as follows:—

Expenditure		Revenue	
1 Laundryman, 1 Assistant, and 5 Laundresses	\$ 4,911.85	1,388,191 Pieces laundered and finished.	
Board and Room for above	1,680.00		
Value of patients' labor—		Prices estimated from price lists and special informa- tion from various com- mercial laundries:—	
14 male, and 30 female	5,760.00		
Board and Room for above	5,760.00		
Supplies	6,335.85		
Repairs	309.80		
Water	1,501.99		\$72,798.34
Power and Light	2,038.97		
Interest and Depreciation	3,000.00	Less	
Steam for Operation	5,220.00	33½ %	\$24,266.10
	<hr/>		<hr/>
	\$36,518.46		\$48,532.24
Surplus	12,013.78		<hr/>
	<hr/>		
	\$48,532.24		\$48,532.24
	<hr/>		<hr/>

MATTRESS AND FURNITURE SHOP

This department is still meeting most efficiently all the varied demands made upon it. Throughout the entire Institution are to be seen examples of the very fine work accomplished—benches, tables, chairs, and cabinet work of all descriptions. Repairs too detailed and numerous to record are only a part of its endeavours. Three or four good patients under the guidance of a first class mechanic are responsible for the accomplishments of this department. Given a proper workshop and equipment this branch would certainly flourish. Here is a list of some of the work done:—

New Goods Made

192 Straw Mattresses	24 Aprons	16 Awnings
427 Hair Mattresses	12 Tables	127 Blinds
176 Floor Mattresses	137 Pillows	11 Tables
11 Cupboards	72 Pairs Canvas Shoes	7 Tables—Bed Side
3 Bookcases	27 Wrist Straps	8 Horse Blankets
16 Benches	10 Meat Boards	

Repaired

411 Chairs	5 Cupboards	19 Dressers
172 Couches	22 Drawers	16 Clothes Racks
27 Benches	123 Blocks	

KITCHENS

These have carried on as usual throughout the year, but there have been a few changes in the personnel.

We were greatly handicapped by a short crop of vegetables, particularly potatoes. This was met by an alteration in the menus, and at a minimum of inconvenience. The ready co-operation on these occasions is to be commended. Large quantities of pickles and preserves were made from our own produce, these constitute a most wholesome and economical part of our food supplies.

An electric fan and canopy over the cooking kettles would be of great assistance at the Colony Building, as would also Electric Mixers at the Nurses' Home, Pavilion, and Receiving Unit.

PASTEURIZER

A total of 1,043,195 lbs. of milk passed through this department during the year. Of this amount 871,421 lbs. was from our own farms, and 171,774 lbs. from Mr. Morgan. About 350 lbs. is skimmed to produce $3\frac{1}{2}$ gallons of cream, being the daily requirements, the skimmed milk being used for cooking in the main kitchen.

The Pasteurizer is showing weakness, the water jacket leaks badly in several places, making a very wet floor, and sloppy working conditions. The equipment is well cared for, and cleanliness is emphasized throughout.

During the year the production from our own farm had reached an amount sufficient to meet our requirements, consequently we ceased to purchase from Mr. Morgan. Thus a continuous connection of about 23 years was severed. During all this time we had the happiest and most satisfactory relations with Mr. Morgan. He never once showed irritation at our fluctuating demands. His price was always in line, and the quality of his milk was uniformly good. Only on one occasion did he fail to make delivery, and that was by reason of a terrific snowstorm. It is a pleasure to bear testimony to a service which has through long years been consistently good.

GENERAL

Outside work by patients and attendants in such a large institution is of necessity very extensive. During the year a great amount of work was done at the filter plant and settling chambers: all windows and screens in front of main building removed and repaired; porches and steps at cottages repaired; root cellars repaired; about two miles of fencing renewed, and a great number of posts painted; various jobs of cement work, floors sanded, about 500 shrubs planted, lawns cut, roads and culverts kept in repair, gardens weeded and harvested, etc., etc., altogether contributing to the material well-being of the Institution.

The usual very fine display of flowers, shrubs, etc., were the admiration of all who saw them, including numerous visitors.

This report has been written after my official connection as Bursar at the Hospital terminated. For 22 years I have had the privilege and honour of intimate connection with an Institution that is giving acknowledged leadership in its own particular field, doing a work unsurpassed, a friendly human service, that seeks to find comfort and re-assurance for minds distressed, to restore and re-establish those of our fellows overcome by mental affliction.

Truly a noble service, and one that inspires the very best that we may be able to give. My own knowledge and observations have abundantly proved that such service is constantly being given here. The spirit of companionship between patients and staff is ever in evidence. The little friendly gestures of thoughtfulness and tolerance, of forbearance and goodwill, the untiring zeal to be understanding and helpful, have always impressed me tremendously, and are convincing evidence of the efficiency and fine attitude of our staff, and I feel pride and honour in having been associated with such. It is obvious that such atmosphere does not "just happen", but rather is the result of sympathetic understanding and encouraging guidance which must come from those in authority. In this respect you have been signally successful, your unfailing tact, insight, and thoughtfulness, together with a kindly disposition and marked efficiency, have made you an example and an inspiration.

I have enjoyed and shall always treasure our intimate relationship far more than I can express, and I would be lacking in common decency if I laid down my official duties without saying at this time what I have long felt. It is my earnest hope that a kind providence will bless our Institution by your continuing wise and capable presence as its chief executive.

Respectfully submitted,

GEO. A. FITTON,
Bursar.

Selkirk Hospital for Mental Diseases

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

Sir:—

As Medical Superintendent of the Hospital for Mental Diseases, Selkirk, I have the honour to submit herewith a report of its activities for the year ending December 31st, 1940.

From the Statistical Tables forming part of the report the following summary is made:

MOVEMENT OF POPULATION

The register population of the Hospital at the beginning of the year was 527 males and 356 females—a total of 883. Of these, 501 males and 341 females (total 842) were in residence, and the balance, 26 males and 15 females (total 41) were on probation. At the close of the year the register population was 887—532 males and 355 females. Of these 511 males and 339 females (total 850) were in residence and 21 males and 16 females, (total 37) were on probation. The net residential increase was 8, while the probations showed a decrease of 4—the register total being an increase of 4. The total number under treatment during the year was 1,010—607 males and 403 females. The lowest number in residence was 841 and the highest number 858. The daily average for the year (excluding probations) was 851.98, an increase of 11.79 over 1939.

Admissions—

127 patients (80 males and 47 females) were admitted during the period. Of these, 80 (52 males and 28 females) were **First Admissions**, and 47 (28 males and 19 females) were **Re-admissions**. Of the total admissions 38 (24 males and 14 females) were admitted direct to the Hospital, the remainder, 89, being transfers from the Psychopathic Hospital.

Nativity of All Admissions—

Canada	65.0%	Great Britain	9.4%
United States	2.5%	Europe (including Iceland)	23.1%

Psychoses of First Admissions—

Schizophrenia	48.75%	Manic Depressive	6.25%
Psychosis of Organic Origin	15.00%	Other Functional States	24.75%
Senile	6.25%		

Racial Distribution—(First Admissions)—

Percentages are approximate—

Slavonic	32.5 %	North American Indian	7.5 %
English	16.2 %	Irish	6.25%
Scotch	13.75%	Hebrew	5.00%
German	8.75%	All others	10.00%

Age Distribution—(First Admissions)—

(Abridged)

Under 15 years	None	45 - 54	"	12
15 - 24 years	20	55 - 64	"	12
25 - 34 "	19	65 - 69	"	2
35 - 44 "	11	70 and over		8

Educational Status—(First Admissions)—Illiterate 7; Read and Write 10; Common School 49; High School 12; College 1; Unascertainable 1.

Environment—(First Admissions)—Urban 44; Rural 36.

Economic Condition—(First Admissions)—Dependent 8; Marginal 56; Comfortable 16.

Marital Status—(First Admissions)—Single 41; Married 28; Widowed 8; Separated 1; Divorced 1; Unascertainable 1.

Re-admissions—28 men and 19 women had prior admissions to hospitals for mental diseases. 66% of these were classified as Schizophrenia; 12.77% as Manic Depressive. The remainder were distributed among the less common disorders.

Discharges—77 patients were discharged during the year—50 men and 27 women. The condition on discharge was as follows:

Recovered	20	Unimproved	7
Much Improved	9	"Not Insane"	3
Improved	38		

Transfers, Elopements and Deportations—

Two female patients were transferred to the Psychopathic Hospital for special treatment.

There were no elopements or deportations.

Deaths—

Deaths totalled 44—25 males and 19 females. The mortality rate, based on the total number under treatment was 4.35% as compared with 4.16% for the prior year.

13 deaths (29.5%) occurred in patients 70 years of age or over.

Respiratory diseases accounted for 19 deaths (43.18%)—6 from tuberculosis of the lungs (13.66% of total deaths) and 13 due to Pneumonia (29.5% of total deaths). Last year the deaths from Tuberculosis of the Lungs numbered 10, a percentage of 24.4.

Cardio-vascular diseases caused 5 deaths (11.36%).

HEALTH OF THE POPULATION

The general health of the patients and staff has been good. Nothing in the nature of an epidemic occurred during the period.

Among patients one new case of Pulmonary Tuberculosis was discovered and one was considered a suspect and placed under observation.

The chest X-ray of one male staff member was considered suspect. No clinical evidence supports this suspicion but he is being carefully observed.

Further improvement of our facilities for the care of the Tuberculous is referred to elsewhere in this report.

ACCIDENTS, SUICIDES, Etc.

The year was singularly free from accident when the large patient population and the nature of its disabilities is considered. A male patient, an epileptic, fell while in seizure, striking his head against a heavy table leg, and suffered a fracture of the skull, resulting in death.

A female patient died suddenly while in bed. Post mortem examination failed to reveal the cause of death. The Coroner investigated the case and decided that death was due to "Natural Causes" and not the result of any neglect or maltreatment.

No patient sustained a fracture during the year.

There were no suicidal deaths.

MEDICAL WORK

The medical staff has remained intact during the period and there has been no limitation or curtailment of the activities in this field.

Pharmacological Shock Therapy has been continued in all cases that were considered suitable and that offered reasonable hope of benefit. Insulin has been the drug of choice, Metrazol being used, alone in limited degree, or in combination with Insulin.

On December 4th, 1940, the **second hundred** of Shock treated patients (Insulin) were completed. Of this hundred 61 were classified as "full remissions" or "improved" and this to the degree justifying probation. Thirty-nine were either "unimproved" or only slightly benefitted, necessitating their continued hospitalization. Of the 61 probated, 11 have been returned for further care and treatment, after an average of 9.2 months of extra-institutional life.

An attempt has been made to review the present status of the **first hundred** shock treated patients. Our facilities for "follow-up" of these patients are very limited and therefore the conclusions to be drawn from our figures must be received with considerable reserve. Of the 65 of the first hundred probated 20 have had recurrences; eight of these were re-treated and probated a second time. Of the twenty known recurrences only one was classified as a "full remission" at the time of first probation. The conclusion is justified that in cases reaching "full remission" there is hope of freedom from recurrence for a worth while period—the permanency or duration of the remission being as yet impossible of reliable evaluation.

Our experience in the use of this form of therapy is more clearly indicating the types of disorder that may be benefitted and permitting a more careful selection of patients for treatment. It has become evident that the treatment, if to be of benefit, must be used in the early and acute stages of the psychosis. To treat cases of relatively long standing is a waste of time and an unwarranted expense.

DENTAL SERVICE

The Provincial Hospital Dentist presents the following summary of the year's work:

Patients examined	1,358	Dentures	11
Patients refused examination.....	7	Denture Repairs	10
Patients resistive	15	Local Anaesthetics	354
Extractions	301	General Anaesthetics	1
Fillings	221	Bacteriological Tests	2
Scaling and Polishing	773	X-Ray Plates	5
Gum Treatments	18	Working Days	72

X-RAY WORK

The Technician visited the Hospital four times during the year: February, May, October, and December. His work is summarized below, the figures being for patients and staff:

Chest	964	Dental	14
Extremities	16	Pelvis	1
Spine	15		
Head	1		1,011

LABORATORY REPORT

The Technician reports the following work done during the year:

Blood (All examinations and tests)	2,630
Urine (All examinations and tests)	1,350
Cerebrospinal Fluid (All examinations and tests)	183
Gastric Analysis	1
Autopsy specimens:	
Blocks embedded	17
Sections stained	33
Teeth:	
Blocks embedded	26
Sections stained	245
Normal saline prepared	10,000 c.c.
Normal saline plus glucose prepared	36,000 c.c.
Metrazol solution prepared	3,050 c.c.

The Provincial Laboratory has continued to do all Wassermann Tests for us. 146 Blood Wassermans were done—136 being negative, 6 positive, and 4 doubtful. 9 Spinal Fluid Wassermans were done—4 being negative, 5 positive.

INOCULATIONS

To assist in the safeguarding of the health of staff and patients the following inoculations were given:

Small-pox Vaccine	117
Schick Tests	128
Negative—67	
Positive—61	
Diphtheria Toxoid	61
Typhoid Vaccine	108

SCHOOL OF NURSING

At the date of this report Female Nurses in training numbered 35—First Year 16; Second Year 6; Third Year 13. To this group is given a full three years' course of intensive training. A more limited course is given to Female Nurse Attendants, at this date numbering 7.

A course of lectures is given to Junior Male Attendants, in addition to ward instruction and St. Johns Ambulance training.

The Graduation Exercises of the Training School were held on June 6, 1940, the chair being taken by the Honourable I. B. Griffiths, Minister of Health and Public Welfare. The guest speaker was the Rev. W. E. Donnelly, of Winnipeg. The following Nurses received their diplomas in Mental Nursing:

Sylvia Vera Beckett, Winnipeg, Manitoba.
Helena Ariette Capelle, Boggy Creek, Manitoba.
Margaret Copple, Swan River, Manitoba.
Dora Rowley, Balmoral, Manitoba.
Marion May Wilkinson, Dauphin, Manitoba.
Ethel Elizabeth Woodhead, Winnipeg, Manitoba.

OCCUPATION

Classes, male and female, for work re-education and training in handicrafts were held daily in the Therapy Shops and are made up largely of patients of the acute types whose condition permits of attendance. Patients who are capable of engaging in more practical and constructive employment are assigned to various departments in the hospital. Approximately fifty percent of the patient population is so engaged, in varying degree, according to their condition.

RELIGIOUS SERVICES, ENTERTAINMENTS, Etc.

Divine services have been held regularly during the year. Weekly dances during the fall and winter months have been enjoyed by the patients. Radio programmes broadcast to practically all wards of the hospital are much enjoyed by patients. This form of entertainment has naturally lessened the need for concerts provided by outside parties.

STAFF CHANGES

Retirement—

Mr. Michael Stock, night watchman, after 19 years of service.

Leave of Absence—for Military Service—

Attendant Michael Noonan	Attendant Valmere Frith
Attendant Arthur Wilsher	Attendant Garden West
Attendant Curtis Edmonds	Senior Supervisor Gordon Coutts
Attendant James Gray	Night Watchman Lester Canning
Attendant Ernest Bennett	

Substitutes for those on Military Service are on a temporary basis.

CONSTRUCTION, ALTERATIONS AND REPAIRS

No new construction took place during the year. Repairs were confined to those necessary to the proper maintenance of buildings.

Important alterations were carried out:

1. To improve the facilities and increase the bed capacity for the care of the Tuberculous patients, both male and female, two verandahs adjoining two large dormitories were enclosed with glass windows and steam radiators installed, making for all-year round use. The doors and windows of the dormitories opening on these verandahs were then removed, making practically two large, well lighted, well ventilated wards—that for the females accommodates 29 and that for the males 27. At the date of this report plans are being made to proceed at once with the overhauling of the bathrooms and toilet rooms, including the installation of modern equipment, attached to these wards.

2. In the basement of the Main Building an operating room for the X-ray work has been provided. Adjoining this room and directly connected with it is a dark room for developing and processing all films. This will permit all the work of this department being completed at Selkirk, obviating the former delays occasioned by the developing and processing being done at The Manitoba School for Mental Defective Persons.

3. Toilet facilities for domestics, resident in the basement of the Main Building, were modernized by re-organization and the installation of new equipment.

4. The exteriors of the Main Building and the Nurses' Home were painted.

The first and fourth of these alterations were carried out by the Department of Public Works with outside labour. The second and third were completed by the mechanical staffs of the Hospital, under the supervision of the Department of Public Works.

The old combined cold storage and ice house was demolished as it has not been in service since the installation of electric refrigerators in all sections of the Hospital.

RECOMMENDATIONS

1. On numerous occasions in the past I have brought to your attention the great need for the complete reconditioning of all ward bath and toilet rooms in the Main Building, this to include the replacement of the worn out and obsolete fixtures by modern equipment. The provision of adequate toilet room space may necessitate the sacrifice of some of the present bed space but this should not be allowed to delay the beginning of this all too obvious and necessary improvement. A continuation of the present insanitary conditions can only merit justifiable criticism.

2. At the risk of unnecessary reiteration, the need for increased accommodation for patients is brought to your attention. It is well known that the Hospital, as a whole, is overcrowded to the extent of 33%—one of the units to the extent of 40%. The Province will, in the not distant future, be faced by the necessity of providing accommodation for war casualties, and this problem should receive the consideration its importance demands, to say nothing of provision for the relief of our present congested state.

The report of the Farms Manager for the Farms in connection with the Division of Psychiatry, will be found under the caption "Farms" in the Report of the Executive Offices.

The Bursar's report will be prepared and submitted at the end of the Fiscal Year, April 30th, 1941.

For the satisfactory service rendered and the loyal support of the members of the staff in all departments of the hospital I am deeply indebted. To you, sir, and to all officials of the departments touching the work of the Hospital, I desire to extend my appreciation and thanks for valued counsel and assistance.

I have the honour to be, Sir,

Your obedient servant,

E. C. BARNES, M.D.,

Medical Superintendent.

STATISTICAL SUMMARY

TABLE No. I.

1. Movement of Population—

	Male	Female	Total
Remaining in Hospital December 31st, 1939	501	341	842
On Parole or otherwise absent December 31st, 1939	26	15	41
Total patients on Register December 31st, 1939	527	356	883

First Admissions for year ending December 31st, 1940:

	Male	Female	Total			
General Admissions	---	---	---			
Voluntary Admissions	---	1	1			
By Commitment	17	9	26			
Transfers from other Hospitals for Mental Diseases	35	18	53	52	28	80

Re-admissions for year ending December 31st, 1940—

General Admissions	---	---	---			
Voluntary Admissions	---	---	---			
By Commitment	7	4	11			
Transfers from other Hospitals for Mental Diseases	21	15	36	28	19	47
Total Admissions for year ending December 31st, 1940	80	47	127			
Total under Treatment during the year	607	403	1,010			

Discharges for year ending December 31st, 1940—

	Male	Female	Total			
Recovered	14	6	20			
Much Improved	7	2	9			
Improved	20	18	38			
Unimproved	7	---	7			
Not Insane	2	1	3			
Deportations	---	---	---			
Elopements	---	---	---			
Transfers to other hospitals for mental diseases	---	2	2			
Deaths	25	19	44			
Total Discharged, Not Insane, Eloped, Deported, Transferred and Died	75	48	123			

	Male	Female	Total
Remaining in Hospital December 31st, 1940	511	339	850
On Parole or otherwise absent December 31st, 1940	21	16	37
Total on Register December 31st, 1940	532	355	887

2. Additional Data—

1. Average Daily Population (excluding probations)	851.98
2. Rated Capacity	640.00
3. Percent over rated capacity	33.12%
4. " Deaths of Average Daily Population	5.16%
5. " Deaths of Number under Treatment	4.35%
6. " Discharged of Number under Treatment	7.32%
7. " Discharged of Number Admitted	58.26%
8. " Recoveries of Number Admitted	15.74%
9. Returned from Probation—Males 3—Females 8.	

BURSAR'S REPORT

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

Sir:

I beg to present the financial and general report relating to my office for the year ending April 30th, 1941.

STATEMENT OF EXPENDITURES AND RECEIPTS

Fiscal Year Ending April 30th, 1941.

EXPENDITURES—

Administration and Subsistence:

Salaries	\$118,412.97
Subsistence	67,584.41
Clothing	5,995.08
Dry Goods	\$6,785.59
Cleaning Supplies and Toilet Requisites	2,729.01
Crockery-ware	1,043.06
Office Supplies, Stationery, etc.	1,010.53
Laundry Supplies	3,608.51
Telephone and Telegraph	988.42
Religious Services	425.00
Medical and Dental Supplies	5,926.57
Fuel for Stoves	2,116.15
Gas and Oil, etc.	393.80
Freight	317.38
Tobacco	1,101.70
General Expenses	3,160.75
	<hr/>
	29,606.47
Total Administrative Expenses	<hr/>
	\$221,598.93

Farm Expenses:

Salaries	\$10,016.32	
Supplies and Expenses	6,208.53	
		<u>16,224.85</u>
Total Health and Public Welfare Expenditure		\$237,823.78

Power House—Public Works:

Salaries	\$19,176.04	
Fuel	33,530.73	
Light and Power	11,247.24	
General Expenses	7,702.63	
		<u>71,656.64</u>
Total Expenditure for Hospital		\$309,480.42

RECEIPTS—

Maintenance Paid	\$52,283.60	
Farm Produce	\$15,622.03	
Farm Cash Revenue	4,330.57	
		<u>19,952.60</u>
Sundry Receipts	1,388.56	
		<u>73,624.76</u>
Total Receipts		73,624.76
Net Cash Cost of Institution for year ending April 30th, 1941		<u>\$235,855.66</u>

SUMMARY OF EXPENSES AND RECEIPTS

Administration and Subsistence	\$221,598.93		
Farm	16,224.85		
		<u>\$237,823.78</u>	
Deduct Increase in Inventory	204.60		
		<u>\$237,619.18</u>	
Power House	\$ 71,656.64		
Deduct Increase in Inventory	579.75		
		<u>71,076.89</u>	
Net Cost of Institution for Year			<u>\$308,696.07</u>

Per Capita Cost:

	1940-41	1939-40	1938-39
Total Patient Days	311,909	308,244	306,175
Daily Average	854.52	842.19	838.82
Gross per Capita Cost	\$0.9922	\$1.0175	\$0.9657
Net per Capita Cost	\$0.7562	\$0.7828	\$0.7341

Analysis of per Capita Cost:

	1940-41	1939-40	1938-39
Salaries .....	.3797	.3815	.3480
Subsistence .....	.2168	.2120	.2044
Clothing .....	.0186	.0162	.0199
General Expenses .....	.0950	.1150	.1106
Farm .....	.0522	.0515	.0566
Power House Salaries .....	.0615	.0641	.0559
Power House Fuel .....	.1075	.1040	.0970
Power House Expenses .....	.0609	.0632	.0733
Total per Capita Cost .....	.9922	1.0175	.9657

For purposes of comparison, the following table will show quantities of various staple foods used in the Institution for the year 1940-41, as compared with previous years.

	1940-41	1939-40	1938-39
Meats	118,939 lbs.	125,877 lbs.	130,895 lbs.
Bread	243,556 lbs.	261,301 lbs.	263,511 lbs.
Butter	34,599 lbs.	34,873 lbs.	33,590 lbs.
Milk	543,855 lbs.	521,857 lbs.	524,379 lbs.
Eggs	7,167 doz.	6,133 doz.	5,396 doz.
Dried Fruits	35,990 lbs.	33,140 lbs.	32,180 lbs.
Tea	5,925 lbs.	5,865 lbs.	6,011 lbs.
Coffee	4,550 lbs.	4,300 lbs.	4,000 lbs.
Sugar	673 sks.	671 sks.	616 sks.

COAL

	Tons	Tons
On Hand May 1st, 1940	200.00	
Purchased	8,736.80	
		8,936.80
Deduct—Coal on hand April 30, 1941		335.00
Net amount of coal used in 1940-41		8,601.80
Net amount of coal used 1939-40	7,833.57	(1,398.52 Cova)
Net amount of coal used 1938-39	8,673.36	
Net amount of coal used 1937-38	8,596.58	
Net amount of coal used 1936-37	9,101.29	

	1940-41	1939-40	1938-39
Cost of Coal Purchased	\$33,530.73	\$32,376.14	\$29,699.48

The Hospital Farm shows a surplus on the year's work, after all expenses, as follows:—

Products consumed in Hospital	\$15,622.03	
Cash Sales	4,330.57	
Total Receipts		\$19,952.60
Farm Salaries	\$10,016.32	
Farm Supplies and Expenses	6,208.53	
Total Expenditures		16,224.85
Net Surplus for Year		\$ 3,727.75

During the past year, the carpenter and painter have, in addition to routine repairs, done a great deal of work in Wards 2, 4, and 6, the Nurses' Home and the Reception Hospital. The work in the Reception Hospital was badly needed, and its execution has improved the appearance of this building a good deal.

The cost of the Laundry for this year was \$3,608.51, compared with the year 1939-40, \$3,720.42, and the year 1938-39 of \$3,439.69.

The Hospital chauffeur has travelled a total mileage of 8,831 in the Ford truck and 9,274 in the Dodge sedan, at the following expenditure of gas and oil as compared with the previous years:—

	1940-41	1939-40	1938-39
Gasoline used	1,036 gals.	1,205 gals.	927 gals.
Oil used	29½ gals.	45 gals.	45½ gals.
Miles per gallon	17.5 miles	16.1 miles	16.2 miles

Expenditures have been kept within the appropriation allotted.

Respectfully submitted,

THOS. ALLEN,

Bursar.

Manitoba School for Mentally Defective Persons

PORTAGE LA PRAIRIE, MANITOBA

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

Sir:—

I have the honour of presenting to you the Annual Report of the Manitoba School for Mentally Defective Persons for the Calendar Year 1940. I find myself in the unlooked for position of putting my signature to the statement of achievements of another man. One fact will however be recognized by all—that however inadequately the story of the continued progress of this Institution may be recorded in these pages, the results of the efforts of the Medical Superintendent are here to be viewed and appraised by everyone. It is with this in mind that I proceed.

I would like first to incorporate in this report Dr. Atkinson's enlistment in His Majesty's Forces. The increasingly deteriorated state of the world situation, culminating in the outbreak of the second World War in September, 1939, has led to many far-reaching effects in the lives of multitudes in the world, including citizens of Canada. It has been necessary for persons to decide in what manner they could best make their contribution to Canada, and after serious thought Dr. Atkinson became convinced that his obligations to himself and to his country could best be fulfilled by his taking a place in the armed forces of the nation. He was attested as a Captain on December 17, 1940.

On the evening of December 23, 1940, the feeling of the staff of the Institution toward Dr. Atkinson was expressed at an informal "family gathering". An illuminated address from the Social and Welfare Club of the Institution was read, and presentation of a military wrist watch was made by the staff. Mrs. Atkinson was presented with a bouquet of roses. Dr. Atkinson graciously replied, calling upon all present to maintain the position and efficiency of the Institution during his absence.

Other members of the male staff also have enlisted for service in His Majesty's Forces, and I am glad to have an opportunity of expressing to these men the respect of us all, and our hope for their welfare and quick return to the ranks of civilian employment at the Institution. To each man there was sent at the Christmas Season by the Social and Welfare Club, a suitable remembrance, together with the best wishes of the Club. The men who have enlisted as at December 31, 1940, are as follows:—

James William
Tallock Johnson
Ernest Green
Fred Cumberland
James Spooner
Fred Fitzsimmons

Sidney Archer
Murray Ward
John Reynolds
George Howard
Andrew Blackwell
Edward Lee

Jas. H. Taylor
Webster Burton
William Major
Clarence Roe
Joseph Mitchell

In addition, other staff members have been accepted as suitable for service, and are awaiting the call. Still others are engaged on regular evenings in training or in instructing in the reserve forces. To all of these the respect and regard of the Institution are due and are heartily given.

I believe the obligations of the Institution to the patients have been satisfactorily maintained. Improvements in the operation of the Institution have been made, and additions to equipment and improvement of the physical properties have been achieved.

The Medical Superintendent in previous reports has discussed the question of an alteration in the name of the Institution, from the present name to "The Manitoba Hospital and School for Mental Defectives". It may be unnecessary and perhaps even undesirable for the matter to again be mentioned at this time, yet I would request your further consideration of the matter for the following reasons. I believe that all persons familiar with the purposes and objectives of the Institution will agree that it is and must continue to be a school. In fact regardless of intention it is a school of living, because bad things as well as good things can be learned here, as elsewhere. It is surely desirable that as many good things as possible be inculcated, and this not by many negative measures however well actuated, but by the provision of positive interest-arousing and energy-consuming activities by and for the patients. It is probably true that no academic program as yet devised anywhere for normal persons has been intended to provide a total interest and plan of living for the student. In an Institution such as this, where the patients live with each other and with the staff for twelve months each year, the "school of living" must be maintained for as much as possible of the year. I therefore wish to state gratitude for the appointment during the past year of the school teacher on a permanent basis. From a strictly cost standpoint, with regard to lessened destruction of buildings, equipment and clothing, I believe the additional expenditure is well warranted. The Institution, by whatever name it is known, is of necessity also a hospital. Medical personnel, laboratory and X-ray facilities, a dental clinic, an operating room are available for daily use in the care and treatment of patients and staff, with considerable stress on the preventive measures of modern medicine. Therefore as hospital facilities are available and are used as such, it would seem reasonable that the Institution be called a hospital. In connection with the operation of the Institution and as a part of the provincial Hospitals for Mental Diseases services, there is operated a training school for nurses. After three years' academic and practical training and instruction these young women are graduated with a Diploma in Mental Nursing.

The above thoughts are not new or original, and are expressed only in an effort to further raise the status and prestige of the Institution. Very much has been done already, and one's interest is in still further promoting these to the best of one's abilities.

THE WAR

In as much as the psychiatric service of the Province is an essential service and is so regarded by the public, one's desire is to maintain as well as possible the efficiency and standards of this branch of the service. One is highly conscious of the seriousness of the situation in which Canada and Manitoba are placed, and one is cognizant of the necessity of adding no extra weight to the burden which must be carried. The very seriousness of the situation demands of the Institution that it carry out its responsibility to the patients and the public in the most efficient manner possible, and this shall be the consistent aim and policy of us all.

A resumé of the movement of patient population follows. There has not been much change in the total number of patients in residence since the end of 1939. The year commenced with 441 patients in residence, 181 males and 260 females. The total under treatment during the year was 458, 184 males and 274 females. The lowest number in residence was 435 (August 4th) and the highest number was 449 (November 17th). The total average for the period was 441.04.

Admissions:—Admissions totalled 16 patients, 3 males and 13 females. Of these 10 were first admissions, 2 being males and 8 females; 2 were re-admissions, both being female patients; and 5 were admissions by Transfer from other Institutions, 1 male and 4 females being transferred from the Psychopathic Hospital. Of the first admissions 40% or 4 patients were classified at Idiots, 20% or 2 patients were classified as Imbeciles, and 40% or 4 patients were classified as Morons.

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

Ages:—1 (under 5 yrs.), 2 (5 - 9 yrs.), 2 (10 - 14 yrs.), 3 (15 - 19 yrs.), 2 (20 - 24 yrs.), 2 (25 - 29 yrs.), 2 (30 - 34 yrs.), 1 (50 - 65 yrs.).

Marital Status shows all first admissions to be single.

Economic Status is as follows:—Dependent 10, Marginal 5.

The Environment Record shows that 4 were urban dwellers and 11 rural.

The Degree of Education attained was 9 illiterate and 6 read and write.

Discharges occurred to a total of 3, all of which were males. The condition of one male was improved, and two males unimproved.

Deaths totalled 6, 2 males and 4 females. The death rate based on the total under treatment during the year was 1.31%.

Nativity of Admissions:—Canada 100%.

Probations totalled 13, 4 males and 9 females, one male being discharged on completion of probation period, and one male being still on probation at date of report.

MEDICAL DEPARTMENT

A medical staff of three persons has been maintained for most of the year. Dr. M. Yaholnitsky resigned on February 29, 1940, to enter municipal practice, after giving very excellent service to the Institution. He was succeeded by Dr. Eunice Leitch, who has proven herself to be a keen physician, a sincere humanitarian, and a hard and faithful worker. One is happy to work in association with Dr. Leitch in the Institution.

The general health of the patients and staff has been good for the most part. One is pleased to report that only four new cases of Tuberculosis have been found during the year, with one death resulting. One believes that this is due in part to the measures in use for the detection of new disease, and in part to the segregation of known active disease. Good fortune also has been with us in the absence of new disease from outside contacts in staff. The assistance and advice given the Institution by Dr. D. L. Scott of the Central Tuberculosis Clinic are gratefully acknowledged. Further co-ordination with Tuberculosis work in the province has been shown by the work of the X-ray Technician at the regular Tuberculosis clinics at Portage.

The regular Venereal Disease Clinic at the Portage Provincial Gaol has been continued.

The regular work of all the medical departments has been continued, namely the activities of the Laboratory, Dental, X-ray and Surgical divisions. The work done by these departments continues to attain a high standard, and one feels that this standard is becoming more and more steady and automatic. Some of the details of work done are as follows:—

TABLE I.

X-RAY DEPARTMENT

Type of Radiographic Examination made	Manitoba School for Mentally Defective Persons, Portage la Prairie	Hospital for Mental Diseases, Selkirk	Silicosis Survey
Chest	680	964	824
Barium Series	3	—	—
Spine	35	15	—
Extremities	78	16	—
Head	37	1	—
Pelvis	4	1	—
Miscellaneous	8	—	—
Dental	13	14	—
Total	858	1,011	824

TABLE II.

143 chest films were taken by the Technician for the Department of Indian Affairs at Norway House.

277 photos were made of miners on the Silicosis Survey.

227 radiographs were made by the Technician for the Sanatoria Board at Portage and Selkirk monthly Travelling Clinics (2 Clinics at Selkirk and and 8 Clinics at Portage).

A Grand Total of 3,061 radiographic examinations were made by the Technician.

TABLE III.

LABORATORY REPORT, 1940.

Blood Examinations		Urine	
Complete Blood examinations	246	Routine Urinalysis	302
(R.B.C., W.B.C., Hb., Differential, and Smear)		Twenty-four hour specimen	2
Red Cell Counts and Haemoglobin....	69	Urine for Dagenan	1
White Cell Counts and Differential....	29		
White Cell Counts	22		
Average Cell diameter (Halo test)....	4		
Blood Sugar Estimation	5		
Sugar Tolerance Test	2		
Blood Urea N ₂ Estimation	9		
Bleeding and Clotting times	3		
Platelet count	1		
		Faecea	
		Occult Blood	18
		Urobilin	2
		Intestinal worms	4
		Foreign Bodies	4

Smears		Gastric Analyses	
Urethral	693	Fractional gastric analysis	8
Cervical	693	Examination of gastric contents for T.B.	40
Sputum	44		
Throat	17		
Urine	12		
Eyes	3		
Gums	2		
Pus from sinus in leg	1		
Lesion in ear	1		
Saliva	1		
Pus from kidney region	1		
Pus from glands in neck	1		
Cultures		Miscellaneous	
Throat	6	Hairs for ringworm	2
Water	4	Skin from toe for ringworm	1
Milk	1	Scales from ears (Parasite)	1
Pleural fluids	2	Post Mortems	5
Body Fluids		Total Number of Prescriptions for Year	301
C.S.F. (Cells, globulin, takataara) ..	18		
Pleural Fluids (cells, organisms) ..	2		
		Biologics	
		Staff:	
		Typhoid Vaccination	31
		Smallpox vaccination	13
		Mantoux	56
		Dick Tests	94
		Active Immunization for Scarlet Fever	15
		Patients:	
		Typhoid vaccinations	392
		Mantoux	262

TABLE IV.

DENTAL REPORT, 1940.

Number of Patients examined	893	Gum Treatments	3
Number of Patients who refused to be examined	13	Scaling and Polishing	462
Number of Resistive Patients	44	Dentures	7
Extractions	103	Denture repairs	2
Local Anaesthetics	260	X-ray plates	12
Fillings	135	General Anaesthetics	1
		Working Days	36

TABLE V.

VENEREAL DISEASE CLINIC AT THE PORTAGE PROVINCIAL GAOL

Wassermann Tests	311	Smears taken	940
Arsenical Treatments	470	Gonorrhea Treatments	2,538
Bismuthic Treatments	453	Spinal Puncture	13

TABLE VI.

SURGICAL REPORT, 1940.

Ultra-Violet Lamp Treatments	238	Major Operations	1
General Procedures	1,767	General Anaesthetics	22
Minor Operations	45		

Probably the most disturbing medical event of the year was the appearance in the Institution of Scarlet Fever late in December. The first case was in a small girl and was so mild that there was considerable doubt that the condition was Scarlet

Fever. The development of further cases however made the diagnosis clear. On the last day of December, German Measles also appeared, in a member of the domestic staff. From the first, contact was established and maintained with the Medical Officer of Health of the City of Portage la Prairie. It was considered advisable to utilize Residence No. 1 as a temporary isolation hospital for the care of staff ill with these diseases. On December 29th the Scarlet Fever situation was reviewed at the Institution by the Acting Epidemiologist, Dr. Maxwell Bowman, and the Medical Officer of Health of Portage la Prairie, and it was decided to quarantine the Institution for the time being, and this was done. Steps were taken to examine the milk supply of the Institution, and throat and nose swabs were taken from those patients and members of the staff who have to do with the handling of the milk supply. No evidence was found to indicate that the disease originated from these possible sources.

The Nurses' Training School has continued to progress under the direction of Miss Hornibrook. The policy of having all incoming nurses enter the training school as pupil nurses has been continued. This policy, if possible, in our opinion, should be maintained.

Due to the large percentage of the younger attendants who are on leave of absence because of the war, and the unsettled state of the male nursing staff during much of the year, it was found advisable to temporarily discontinue lectures to the men. One hopes to see formal training of the male attendants resumed as quickly as possible.

The second Nurses' Graduation Exercises at the Institution were held on May 17th. Eight young ladies received their Diplomas. To all who assisted, the gratitude of the Institution is expressed.

One is happy to acknowledge assistance in the lecture courses from Doctors F. E. Lundy and G. H. Hamlin, of Portage la Prairie.

LAUNDRY

It is expected that before long it will be necessary to replace an old wooden washer with a more efficient and modern metal unit.

STORES

It is felt that the provision of further cooled storage space would enable the Institution to can and store such food products as pickles and vegetables. Less of these commodities would have to be purchased, and costs would be correspondingly reduced.

DIETETICS AND HOUSEKEEPING

An increasing smoothness of operation of this department under Miss Grace Torrie has been in evidence, and one feels that the position of Dietician-Housekeeper is well justified. The various branches brought together in this department require steady and competent centralization to ensure consistently good service to the Institution.

The value of a separate diet kitchen for the purpose of giving practical instruction in the preparation and care of foods, under the direction of the Dietitian, has been kept in mind. Use of this room would be made for the training of higher grade female patients in the preparation of simple meals. The facilities would also be of

very practical assistance in the teaching of dietetics to the undergraduate nursing staff. So far we have not been able to designate any definite space in the Institution for this purpose. The linen distribution and central supply system installed last year is very satisfactory.

FINANCE

Details and figures are given in the Bursar's report. The comparatively high per capita cost at this Institution would seem to be due to a number of factors, including:—

1. The comparatively small size of the wards. In some wards it seems very probable that a greater number of patients could be adequately cared for and supervised by the number of staff at present necessary to ensure safe and efficient service to the patient.

2. The comparatively high percentage of patients who require full bed and nursing care because of physical or mental disability or both. The necessity for the admission of new patients who also require this type of care renders the continued provision of this standard of care imperative.

3. The necessity and desirability of continuing the renovation of properties to bring them to a position of maximum efficiency and minimum costs of operation through full utilization of potential space, and the elimination of wasteful usage of services such as water, light and power, and heating.

It is felt that recognition of the above factors enters largely into the continuing high per capita rate. One is deeply conscious of the need for avoiding expenditure which is not definitely necessary. At no time has expenditure been made other than for the promotion of efficiency and utility, and this policy will be rigidly maintained. One is pleased to report that the per capita cost has been reduced from \$1.20 to \$1.178.

PATIENT PROGRAM

The general operation of patient activities is not greatly changed. By those in the Institution and by many outside of it, it is recognized that the advantages of school are not limited to the benefits of an increase in academic knowledge. As has been mentioned in a previous report and also earlier in this one, the conception here of the function of the school is that it should assist in the improvement of general deportment of the pupil in the community, in the increase of his respect for orderly and co-operative behaviour, and should supply to the pupil a reasonable fund of information suitable to his needs and capacities. This would not seem to be greatly different to the function of any school inside or out of an institution.

The activities of other departments in the training and employment of patients continue steadily and with little difficulty. The various occupational rooms are running at full speed, and the organized and directed efforts of the patients occupied give assistance to the Institution in practical ways.

An encouraging and tangible evidence of these efforts is the increasing demand for the products of the male occupational shop. The excellence of the articles produced in this department is becoming increasingly more widely known, as shown by increased sales.

The recreational activities such as picture shows, concerts, sports, radio programs, are being continued.

Religious services are held ordinarily, except for the summer vacation period.

IMPROVEMENTS AND ADDITIONS

It would be impossible to enumerate the multitude of minor repairs, alterations and re-decorations. The major items follow from a very active year:—

Colony Building:

1. New terrazzo floor laid in the north-west dormitory.
2. Slate roof repaired.
3. New sink installed in kitchen.
4. Stone rampart for terrace built around southern exposure.
5. Cement walk around building completed.

Main Building:

6. Senior staff dining-room remodelled and re-decorated.
7. Ward A day-room and ward office re-decorated. Clothes room enlarged by taking in an adjacent closet.
8. Partitions taken out of bathrooms in Wards B and C, and slop sinks moved.
9. Outside walls of treatment room and male staff sitting room repaired and some re-decorated.
10. Dental Clinic re-decorated.
11. X-ray machine room re-decorated.
12. New stairway with fire-resistant walls installed to replace condemned stairway leading from basement to Wards 1 and 2.
13. Plaster repaired at numerous sites.
14. New clothing stores space installed—a room at west end of basement.
15. A new extractor and a new mangle installed in laundry.
16. Old radio system condemned and removed—too expensive to maintain.
17. Book case made at Institution and installed in Superintendent's office.
18. Alterations to piggery at new farm site.
19. Fence put around milk house grounds.
20. Garage, carpenter shop, paint shop and green-house repaired.
21. Old ice-house torn down.
22. A barbecue and booth constructed on playing field.
23. Residence No. 1 re-decorated in main part inside.
24. Kitchen in Residence No. 2 re-decorated.

ACKNOWLEDGMENTS

On behalf of the Medical Superintendent I wish to gratefully acknowledge much valuable assistance which has been received from many persons.

Mr. W. R. Leslie has continued his active help in the supply of many hundreds of shrubs and trees which have made and will make our surroundings more beautiful.

Mr. C. Settle, District Superintendent of Telephones, has continued to render much service to the Institution in the maintenance of an efficient telephone service.

To Dr. C. M. Hincks and Dr. J. D. M. Griffin of the National Committee of Mental Hygiene (Canada) we are grateful for kindly words of encouragement.

To Dr. Barnes, of Selkirk, and Dr. Pincock, of Brandon, we tender thanks for kindness and ready co-operation at all times.

To the staff of this Institution, who by their loyalty and devotion to the interests of the Institution and the patients, have in large part made possible the progress made, I am happy to express my sincere appreciation.

To you, Sir, as Chief Psychiatrist, and to all the officers of the Department of Health and Public Welfare, I express my sincere thanks for support, encouragement and advice.

I have the honour to be, Sir,

Your obedient servant,

M. E. BRISTOW, M.D.,

Acting Medical Superintendent.

BURSAR'S INSTITUTIONAL AND FARM REPORT

M. E. Bristow, Esq., M.D.,
Acting Medical Superintendent,
The Manitoba School,
Portage la Prairie, Manitoba.

Sir:

The Annual Report covering the business affairs of the Institution for the Calendar Year 1940 is herewith respectfully submitted.

Our expenditures for the Fiscal Year ending 30th April, 1940 were under the amount of our appropriation, and everything possible is being done to keep the expenditures for the current Fiscal Year as low as possible without reducing the efficiency of the Institution.

A statement is attached hereto showing the actual amount expended for the various services during the Calendar Year. It also shows the cost per patient per day for these services.

ADMINISTRATION

The cost of this service was slightly less than for the previous year. Last year an adjustment was made in salaries and there was no corresponding expenditure this year. Supplies and office maintenance also cost less than for last year. .

MEDICAL SERVICES

The total cost of these services was \$7,840.58, an increase of \$438.44 over last year. This is due to our having to purchase a new tube for the X-ray machine, and a larger quantity of X-ray film.

NURSING SERVICES

There was a reduction in the cost of this service due to a re-adjustment of the staff, and to our not having to supply uniforms to the male attendants during the period covered by this report. To improve this service a Torso Model was purchased for demonstration purposes in the class-room.

INSTRUCTIONAL SERVICES

Under this heading are included the salaries of a Teacher, Seamstresses, and Occupational Instructress and Instructors, and the amount of their salaries was higher than for the previous year. This increase is due to an adjustment. A new sewing machine and a new shoemaker's machine were purchased for the Tailor Shop, where male patients are being taught to make overalls, etc. These purchases increased the amount paid for supplies and equipment over that for last year.

DINING ROOMS AND KITCHENS

Under this heading is included the cost of foodstuffs supplied to the patients and staff. These cost \$4,273.82 more than for the previous year. The reason for this is a slight rise in the cost of commodities, and to the introduction of a more varied diet. Re-adjustment of salaries effected a saving of \$233.27, and as it was unnecessary to make any extraordinary expenditures for equipment, the cost for supplies, etc., was reduced by \$144.00. The dining rooms and kitchens have been maintained in a clean and sanitary condition, and the Dietitian has received full co-operation from her staff to give the patients and staff an efficient food service.

HOUSEKEEPING AND LAUNDRY SERVICES

Due to the appointment of an assistant to the Laundryman, so that we may eventually have a trained man to take charge of the laundry in the absence of the laundryman, and to the replacing of a flat-work ironer, which had been in use for over twenty years, and to the installation of an additional extractor, the cost for these services is \$5,635.60 more than for the previous year. Since the installation of the new equipment there has been a marked improvement in the quality of the work now being turned out by the laundry, which handled a total of 447,375 pieces during the year.

OTHER SERVICES

Under this heading are included the salaries of the Storekeeper, Chauffeur and Messenger, the Switchboard Operators, and the cost of supplies and expenses which could not be included under any other heading. The costs for these services are less than for the previous year.

The Stores Department is still handicapped in the proper handling of the varied stocks which have to be kept to meet the requirements of the Institution. The department is being re-organized at the present time, and a room in the west-end basement has been equipped to take care of the clothing and dry goods. The old clothing stock room is being remodelled to handle the groceries and other small goods, but accommodation will still be lacking for the proper care of fresh fruits and other perishable goods, and it is hoped that this will be kept in mind when any extension is undertaken.

Transportation is being furnished by a one-half ton Chevrolet Panel Body Truck, and a three-quarter ton Stake Body Chevrolet Truck. The latter replaces a one-and-a-half ton truck purchased in 1931. Both trucks have been maintained in good running order and should meet our needs for some time longer.

CRAFT ROOM AND WORKSHOP

These departments continue to render valuable service to the Institution in training patients in handicrafts, and continue to be self-supporting. Embroidery,

crochet, rug making, etc., are taught in the Craft Room, and toy-making, wood-working, etc., are taught in the Workshop. The expenditures for these departments were \$148.80, and the amount realized from sales was \$341.90, a gain of \$193.10.

SEWING ROOM AND TAILOR'S SHOP

The Sewing room continues to make all the uniforms required for the Female Nursing staff and for the patients as well, making all the bed sheets, towels, etc. The work is done by female patients under the supervision of a seamstress. During the year they made 2,115 garments, repaired 409 garments, and made 2,559 sheets, towels, etc.

In the Tailor's Shop training is being given to male patients in the making of overalls, smocks and in the repairing of shoes. During the year 147 pairs of overalls and smocks were made, as well as 218 other garments, such as restraint jackets; 9,910 pieces of male apparel were repaired and also 511 pairs of shoes.

MAINTENANCE OF PATIENTS OUTSIDE THE INSTITUTION

The amount paid for the maintenance of patients outside the Institution was \$2,759.49 as compared with \$867.80 for the previous year.

FARM OPERATIONS

Several of the Farm Staff received an adjustment in salary during the year, and this increased the amount paid in salaries by \$565.50. There was also an increased expenditure of \$1,588.90 for supplies, renewals and equipment, and for the purchase of forty-three head of feeder cattle.

The equipment purchased was one Harrow Plow, and a Farm All Tractor. The cost of the latter was equally divided between our farm and that at the old Manitoba Home for Boys.

The feeder cattle were fattened and later killed for use in the Institution. The cost was \$1,354.95. In this way we get a much better quality of meat, and the farm is credited on the basis of the price which would be paid had we to purchase from contractors.

The total expenditures for the farm operation were as follows:—

Salaries	\$6,245.82
Supplies, etc.	5,229.90
Total	\$11,474.72

Receipts were:—

Cash Sales	\$1,737.57
Sales to Institution	10,494.28
Total	\$12,231.85

The operating surplus was therefore \$756.12. This surplus would have been much larger had we been able to dispose of all the wheat harvested, instead of being able to deliver only a limited quantity in accordance with the "Quota" regulations.

Full report of the operation of the Farm will be found in the Report of Farms Manager under the section "Executive Offices".

PER CAPITA COST

The cost of maintenance per patient day has been slightly reduced, from \$1.20 per day to \$1.178 per day. In arriving at this figure the amount paid for maintenance of patients outside the Institution has not been included, but the cost of new equipment amounting to \$7,775.00 has. If this amount was deducted from the other expenditures, then the cost per day would be reduced to \$1.13.

In conclusion I would acknowledge the assistance and co-operation given me by Doctor Atkinson, now on Military Service, in carrying out the duties of my office.

To you, Sir, I offer every assistance to maintain the Institution at its present standard during the absence of Doctor Atkinson.

I have the honour to be, Sir,

Your obedient servant,

HUGH SIMPSON,

Bursar.

TABLE VII.

STATISTICAL SUMMARY MOVEMENT OF PATIENT POPULATION

	Male	Female	Total
Remaining under Treatment January 1, 1940	181	260	441
First Admissions for year ending December 31, 1940—			
	Male	Female	Total
1. From Municipalities	2	7	9
2. Government Patients	—	1	1
3. Private Patients	—	—	—
	2	8	10
Admissions by Transfer from other Institutions for year ending December 31, 1940—			
	Male	Female	Total
1. From Municipalities	—	4	4
2. Government Patients	1	—	1
3. Private Patients	—	—	—
	1	4	5
Re-admissions for the year ending December 31, 1940—			
(Exclusive of Re-admissions from Probation)			
	Male	Female	Total
1. From Municipalities	—	2	2
2. Government Patients	—	—	—
3. Private Patients	—	—	—
	—	2	2
Total Admissions for year ending December 31, 1940..	3	14	17
Total under Treatment during the year	184	274	458

Discharges during the year:—

	Male	Female	Total			
(a) Recovered	---	---	---			
(b) Much Improved	---	---	---			
(c) Improved	1	---	1			
(d) Unimproved	2	---	2	3	---	3
Transferred Out	---	---	---			
Deaths	2	4	6	2	4	6
				<hr/>	<hr/>	<hr/>
Total Discharged, Transferred or Died				5	4	9
Total on Institutional Register as at December 31, 1940 (Including Patients still on Probation)				179	270	449

Total Patients taken out on Probation and returned during the year—

	Male	Female	Total
	2	9	11
Total Patients still on Probation as at December 31, 1940—			

Male	Female	Total
1	---	1

WELFARE

Welfare Supervision Board

The Honourable James McLenaghan,
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 ending December 31st, 1940. 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 on January 25th, 1921, and amended in 1923. The membership of the Board was composed of the following:

Dr. E. S. Moorhead—Chairman
Mr. R. D. Guy, K.C.—Vice-Chairman
Mrs. Digby Wheeler
Miss Amy J. Roe
Mrs. Robert Darrach

Dr. G. F. Stephens
Mr. John Spalding
Mr. M. D. Grant
Mr. Wm. English

The Board wishes to express its regret that the Honourable I. B. Griffiths has retired from the office of Minister of Health and Public Welfare. His unfailing interest in and understanding of the problems of the Department and of social planning have been most encouraging. The Board extends sincere felicitations to Mr. Griffiths in his new endeavours.

The appointment of the Honourable James McLenaghan to succeed Mr. Griffiths is a matter of pleasure to the Board. The Board hopes to receive the same confidence and encouragement in its work as has been given it by his predecessors.

This year the Board has to report the resignation of Dr. G. F. Stephens who has been appointed Superintendent of the Royal Victoria Hospital at Montreal. Dr. Stephens became a member of the Welfare Supervision Board in March, 1928, and served continuously until 1940. His particular qualities were an understanding of health problems and of institutional administration, with a faculty of singling out the essentials in a discussion. These, combined with a real appreciation of social problems and a fearless statement of his considered opinion, made his departure from the Board a loss which will not be easily compensated.

The work of the Board this year has been routine, the consideration and recommendation of grants by the Government to charitable institutions being the chief activity. A comparison of the methods used in making grants in the different provinces has been made, but as yet no recommendations have been forwarded to the Minister. The Board is still of the opinion that the supervision of charitable organizations and institutions should be continued and extended, and that the feeling of responsibility for voluntary assistance should be encouraged in the minds of both people and organizations.

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.

RE GRANTS TO CHARITABLE ORGANIZATIONS

Under the present method for making grants to Charitable Organizations, the Welfare Supervision Board considered financial reports and other data and recommended that, for the fiscal year ending April 30th, 1941, the following grants be made:

Children's Aid Society of St. Adelard	\$ 675.00
Children's Aid Society of Winnipeg	2,700.00
Children's Aid Society of Dauphin	1,800.00
Children's Aid Society of Brandon	1,800.00
Children's Aid Society of Central Manitoba	1,800.00
Children's Home of Winnipeg	3,600.00
Knowles' Home for Boys	1,670.00
Asile Ritchot Infants' Home, St. Norbert	1,150.00
St. Joseph's Vocational School	1,760.00
Jewish Orphanage and Children's Aid Society of Western Canada....	500.00
St. Agnes Priory	900.00
St. Benedict's Orphanage	360.00
Old Folks' Home, Winkler	50.00
Old Folks' Home, Gimli	50.00
Canadian National Institute for the Blind	6,300.00
Margaret Scott Nursing Mission	675.00
Salvation Army, Winnipeg	900.00
Victorian Order of Nurses	585.00
Last Post Fund	360.00
Canadian Foundation for Preventive Dentistry—Manitoba Division	500.00
Canadian Red Cross Society	2,160.00
Sir Hugh John Macdonald Memorial Hostel	500.00
	<hr/>
	\$30,795.00

It is expected that the Board will complete the gathering of material concerning the revision of the method of making such grants by the Provincial Government, and will be able to present its recommendations to the Minister at an early date.

Respectfully submitted,

E. S. MOORHEAD, M.D.,

Chairman.

NELLIE McNICHOL SANDERS,

Secretary.

Child Welfare Board

Honourable James McLenaghan,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit the report for the year 1940 on the work of The Child Welfare Board.

"The Child Welfare Act," Part 1, 7, (1) and (2), provides for the appointment by the Lieutenant-Governor-in-Council, of a Child Welfare Board of not less than five members, and not more than seven, one of whom shall be a Roman Catholic, and each of whom shall serve without remuneration.

Membership of the Child Welfare Board is as follows:

Mrs. S. E. Gee-Curtis, Neepawa	Appointed May, 1929
Mr. Arthur Puttee, Winnipeg (Vice-Chairman)	Appointed March 1st, 1933
Mr. Harley M. Hughes, Winnipeg (Chairman)	Appointed May 22nd, 1933
Mr. R. Tallock Johnson, Winnipeg	Appointed July 1st, 1933
Mrs. G. B. McColl, Winnipeg	Appointed October 20, 1937

DUTIES OF THE BOARD BY ACT AND ORDER-IN-COUNCIL:

The duties of the Board are prescribed by the Lieutenant-Governor-in-Council and provided for in "The Child Welfare Act".

Included in these duties are:—

1. Drawing and submitting to the Lieutenant-Governor-in-Council for approval, a schedule, with the rules and conditions under which enrolment, rescission of enrolment, and monthly allowance for the maintenance of a bereaved and dependent child are made;
2. Enrolment for allowance;
3. Cancellation of allowance;
4. Determining the amount of the allowance from time to time as circumstances and income change;
5. Appointment of Child Welfare Committees in municipalities and in unorganized territory and districts, to assist in the investigation and supervision of bereaved and dependent children residing therein;
6. On the recommendation of the Board, the Lieutenant-Governor-in-Council may discharge a child from the care and custody of any person or a society to whose custody he has been committed under "The Child Welfare Act", or transfer the child to any other person or society;

7. At the request of the Director of Child Welfare, a child in an institution may be brought before the Board for study and examination and after investigation, may authorize the Director to return the child with or without special supervision by the Director, or take steps to have the child dealt with as a neglected child or under "The Mental Deficiency Act".

ACTIVITIES OF THE BOARD

During 1940, 205 applications for allowance were presented to the Board; and 871 reports on changes in circumstances requiring reviewing were carefully considered.

In June, the members of the Board went to Swan River, where a meeting had been arranged for with Municipal representatives, the Committees for Swan River Town and Rural Municipality, the members of the Ministerial Association in the district, the Parish Priest, the representative of the Anglican Mission, and the Worker of the Division in the District. The ladies of the Committees provided supper in the Church, following which there was a discussion on the provisions of the Act, rules and conditions of enrolment and the general procedure of administration, in which nearly all present participated. It was felt that this meeting was of considerable value to all, and an annual visit of this kind to some provincial district is anticipated.

In June, one of the members of the Board spent several days visiting families receiving an allowance, with the Worker in the Brandon area. The contacts made with the Committee members and the first-hand knowledge of the conditions in the home, made the trip well worthwhile.

ATTENDANCE AT CONFERENCE ON SOCIAL WORK

Each year, a member of the Board attends a Conference on Social Work, and a report is presented for discussion. In this way, the Board is kept in touch with progress in social work in Canada and the United States.

Respectfully submitted,

HARLEY M. HUGHES,

Chairman.

GERTRUDE CHILDS,

Secretary.

Child Welfare Division

The Honourable James McLenaghan,
Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report of the Division of Child Welfare for the calendar year 1940.

CHILD WELFARE IN WAR TIME

War brings changes which are reflected in the lives of families and children—the chief concern of this Division.

The compulsory registration in October, 1940, brought to our attention many complicated situations. For instance, in some cases children had been in homes for years but had never been legally adopted. With the approach of registration, the foster parents realized the child would have to register in his correct name, rather than theirs, and so hastened to arrange adoptions.

Then, too, many of our wards and former wards returned for information regarding their parentage and nationality.

Whether dependents' allowance should be paid for foster children in certain homes required many investigations and reports. The practice adopted by the Governments of using all the existing social agencies to their fullest extent before creating new ones, has proven a wise measure. The peace time social agencies are doing their part for the dependents of the men overseas and many a parent or relative leaving for overseas has found assurance in the fact that an agency is "standing by" in the interests of the children.

The value of good case records has been amply demonstrated. They make fairer judgments possible. Documents—marriage, birth and death certificates—have taken on a new significance. Children have come to us seriously handicapped by the failure of parents to accurately register their births.

OUR BOYS IN THE FORCES

The older boys in many of the families who have been cared for under Mothers' Allowance, have enlisted and are contributing in some degree to the support of their dependent mothers and younger brothers and sisters.

The Director of Child Welfare has acted as guardian to thousands of children in Manitoba and how they have all turned out would require a volume in itself. It is, however, with justifiable pride that our workers welcome calls from these lads in the blue and white of the Navy, the khaki of the Army or the blue of the Air Force. We quote from a letter from one of our ex-wards from England as follows: "Say 'Hello' to the rest of the folks or, should I say friends, for me. As for you, I thank you with all my heart for what you have done for me. I know it was hard at times but now I realize what it meant to you when I was under your care. I know I've done things

then that I should not have done, but this is all over now, and may everything turn out for the best."

OVERSEAS CHILDREN

This year will stand out in the annals of child welfare work as the one in which we welcomed children from overseas. Their plight in the bombed areas of Great Britain led many Canadians to offer the hospitality and security of their homes. To meet this response, the Dominion Department of Mines and Resources, Immigration Branch, under the Honourable T. A. Crerar, in the spring of 1940, negotiated with Great Britain and the Provinces, completing arrangements for the transportation of children to Canada. The Provinces pledged their support and agreed to co-ordinate all voluntary effort within their boundaries.

A Children's Overseas Reception Board under the Dominion Under-Secretary was set up in Great Britain. This Board was responsible for the selection of the children. Later in the year, Mr. Keith Jopson came to Canada as a representative of this Board, in the capacity of a liaison officer.

The Council of Social Agencies of Greater Winnipeg (through a Committee and numerous sub-committees), the Children's Aid Societies of Dauphin, Western Manitoba, Central Manitoba, St. Adelard and the Jewish Orphanage and Children's Aid of Western Canada, all developed plans for reception and placement and enthusiastically supported this Department in undertaking the care of its quota of children. Arrangements were made for applications to be received at six centres throughout the province.

The procedure adopted was that each home offered should be visited by a Public Health Nurse and, if suitable, a permit granted. By December 31st, 1940, there were 746 approved homes available for 1,154 nominated children and 1,470 approved homes to receive 1,625 un-nominated children—a total of 2,216 homes for 2,817 children.

A system of nominations had been devised by which parents in England might name friends or relatives in Canada to whom they wished their children sent, while families in Canada might nominate children in Great Britain whom they would like to receive. On receipt of applications for specific children in Great Britain, the homes were visited and, if approved, notification was sent to Ottawa. This was forwarded overseas advising that these homes were suitable and available. Owing to the lack of time, some nominations were made in Great Britain but the Canadian friends were unaware of this until the children arrived. In some of these cases, other placements were necessary.

August 6th, 1940, was the date the first children arrived in Manitoba and continued as follows:

Group	Date of Arrival	Number of Children	Boys	Girls	Nominated to Designated Homes	Not Nominated
1	Aug. 6, 1940	6	3	3	6	—
2	Aug. 21, 1940	5	3	2	5	—
3	Aug. 22, 1940	48	24	24	12	36
4	Aug. 24, 1940	86	47	39	30	56
5	Aug. 30, 1940	22	16	6	4	18
6	Oct. 7, 1940	5	5	—	5	—
		172	98	74	62	110

In regard to placements, conferences were held with the Children's Aid Societies, each deciding upon the number they could accommodate and place.

The nominated children in groups 1 and 2 were placed throughout the province in their respective designated homes. Since groups 3 and 4 were in a Receiving Home at one time, in order to avoid confusion, it appeared desirable to have only one placing agency in charge. Therefore, they were assigned to the Children's Aid Society of Winnipeg with the understanding that the subsequent groups would be placed by the other Children's Aid Societies throughout the province but, owing to the difficulties of travel in the winter and the need of convoy ships for other purposes, the movement was discontinued in the Fall of 1940 for an indefinite period.

In all, 172 children came to Manitoba—169 under the Children's Overseas Reception Board, three of whom were later sent to relatives in other provinces; and three were repatriated children.

The Receiving Homes used were the Children's Aid Society of Winnipeg Shelter for the smaller groups, and the Manitoba School for the Deaf for the larger groups. This School was loaned with its staff by the Department of Education. The Extension Staff of the Department of Agriculture kindly assumed responsibility for placing orders with the various companies and all food and equipment used at the School during this period was donated. In regard to supervision of the children in the Receiving Home, volunteers for nursing, dining room and recreational work were all recruited through the Central Council Committee in co-operation with the Central Volunteer Bureau.

During their stay at the Receiving Homes, each child was given a thorough examination at the Children's Hospital including a Tuberculin test and the first inoculation against Diphtheria. If the Tuberculin test was positive, an X-ray plate was taken. None, however, had any active T.B. A dental examination was also arranged at the Children's Hospital through the courtesy of the Manitoba Dental Association.

Guardianship cannot be transferred under British law as it stands at present and enabling legislation is being considered. Meanwhile, legislation has been passed in Manitoba as an amendment to "The Child Welfare Act," S.M. 1940, Second Session, Chap. 5, and an agreement between the Federal and Provincial Governments regarding responsibility is being entered into. Until some other provision is made, only the parents in Great Britain have authority to give consent for surgical operations. Many Tonsillectomies and two corrective operations have been necessary. Physicians and Surgeons have given generously of their professional skill and the cost of hospitalization has been borne by the Dominion Government.

The Children's Aid Societies and this Division have kept in touch with the children and the foster parents. Progress reports are submitted to Mr. R. Keith Jopson who in turn keeps the Board and parents informed. In addition, foster parents here correspond with the parents overseas and a cable service has been provided whereby children and parents may exchange one code message per month gratis. Some children have been fortunate in being selected for the two-way broadcasts with their parents.

A dependent's exemption of \$500.00 and \$400.00 has been arranged with the Provincial and Dominion Income Tax Departments respectively and, in addition, the Province of Manitoba allows a dependent's exemption under the special Wage Tax.

Under the auspices of the committee on overseas children of the Council of Social Agencies, a concert sub-committee was formed. Benefit concerts throughout the province were arranged by outstanding Manitoba artists and a fund was established to be drawn on in cases of emergency, which by December 31st, 1940, amounted to \$2,500.00.

The response of the public has been most gratifying and to name individually all those who have opened their homes and contributed their services as well as their means, would be impossible, but it is to this that the scheme is indebted for its success.

BEREAVED AND DEPENDENT CHILDREN—PART III, CHILD WELFARE ACT.

During the year 1,016 families were provided for under this section of the Act, commonly referred to as Mothers' Allowance. 186 families were enrolled during the year as compared with 129 during the first year of operation, i.e., July, 1916—June, 1917.

At present, 50% of the families live in rural municipalities. For some years two-thirds of the beneficiaries were in Greater Winnipeg but gradually the number in rural Manitoba increased. The mothers today are younger and the families smaller than formerly, the majority having two or three children.

Tuberculosis as a cause of disability and death is still taking its toll, accounting for 158 families. 67 fathers died from pneumonia and 93 from cancer. Accidental deaths not covered by Workmen's Compensation and many from automobile accidents, accounted for 90. In most instances, no insurance was carried and damage action is of no assistance where there are no resources. Compulsory accident insurance on cars and trucks would seem to be desirable for the protection of wives and children.

In 226 cases the total and permanent disability of the father necessitated provision for his dependents. In cases where the father or mother has Tuberculosis or a contagious disease, the adequate protection of the children becomes a necessity.

In regard to nationality, two-fifths of the families are British and at least twenty other nationalities are represented.

While the Act provides for children 14 years of age and under and up to 18 years, where there is a physical or mental disability, from time to time the question of extending the age to at least 16 years is raised. The present age limit was set to conform with the compulsory school attendance age, hence a change in one would seem to indicate a change in the other.

An allowance is granted only until the resources of the family are such that they can maintain themselves. It is most important that children should attend school regularly and be trained for suitable employment. In this time of war every family is expected to make a special effort to be as nearly self-supporting as possible.

Our aim is to see that the allowance granted is used by the mother in the best interests of the children and that they are brought up in clean, happy homes. At the same time, it is realized that a home without a husband and father, or with one in a Hospital for Mental Diseases or Sanatorium, or totally or permanently disabled, is suffering from a handicap not present where the father is alive and well and able to support the family.

The following tables supply additional information:

CHILD WELFARE ACT—PART III.

For Year Ending December 31st, 1940.

TABLE I.

Month		Applications Received	Granted	Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families under Allowance
Deferred from previous year.....		57					
Jan.—	New	10	15	3	23	2,499	874
	Re-applications	4	2	1	—	—	—
Feb.—	New	15	14	3	11	2,524	883
	Re-applications	2	6	—	—	—	—
Mar.—	New	13	13	4	10	2,550	889
	Re-applications	1	3	—	—	—	—
April—	New	14	10	2	13	2,529	886
	Re-applications	2	—	1	—	—	—
May—	New	18	13	3	14	2,544	889
	Re-applications	3	4	—	—	—	—
June—	New	13	10	1	17	2,539	884
	Re-applications	2	2	—	—	—	—
July—	New	17	12	1	10	2,563	889
	Re-applications	—	3	—	—	—	—
Aug.—	New	12	9	3	25	2,506	873
	Re-applications	—	—	1	—	—	—
Sept.—	New	11	7	3	21	2,475	859
	Re-applications	1	—	—	—	—	—
Oct.—	New	10	16	3	26	2,449	850
	Re-applications	1	1	—	—	—	—
Nov.—	New	18	10	3	11	2,463	850
	Re-applications	3	1	—	—	—	—
Dec.—	New	12	10	4	15	2,449	845
	Re-applications	4	—	—	—	—	—
		186	161	36	196	—	—
Applications carried over to next year.....		46	—	—	—	—	—
Families under allowance during year							1,016
Number of children assisted during year							2,997

TABLE II.

DISTRIBUTION OF FAMILIES

Cities	Families	Children
Brandon	19	51
Portage la Prairie	13	31
St. Boniface	21	58
Winnipeg	207	511
24 Towns	82	230
14 Villages	29	91
108 Rural Municipalities	528	1,637
Unorganized Territory	117	388
	1,016	2,997

TABLE III.

CAUSES OF CANCELLATION

(a) Resources sufficient	18
(b) Only one child under fifteen	88
(c) No children under fifteen	20
(d) Only one child—Mother regained health	14
(e) Father not totally and permanently incapacitated	11
(f) Father not in an institution	3
(g) Mother re-married	19
(h) Non-compliance with regulations	11
(i) Mother immoral	6
(j) Received allowance from other funds	1
(k) Left the Province	3
(l) Mother died—only one dependent child	1
(m) Unsatisfactory home conditions	1
Total	196

TABLE IV.

CAUSES OF REFUSAL

(a) Resources sufficient	6
(b) Only one child under fifteen	3
(c) Only one child	2
(d) Father not totally and permanently incapacitated	5
(e) Residence qualifications not fulfilled	—
(f) Non-compliance with regulations	4
(g) Mother immoral	1
(h) Unsatisfactory home conditions	—
(i) Mother not naturalized and children not born in Canada	1
(j) Desertion	—
(k) Father not in an institution	—
(l) No children under fifteen	1
(m) Cause of death or disability arose out of Province	4
	27
Application withdrawn	9
Total	36

TABLE V.

CAUSES OF DISABILITY

1. Infectious Diseases:		
(a) Tuberculosis	52	
(b) Venereal Disease	7	
	—	59
2. Diseases of Nervous System:		
(a) Paralysis	10	
(b) Sleeping Sickness	3	
(c) Multiple Sclerosis	5	
(d) Other causes	17	
	—	35

3. Diseases of Respiratory System:		
(a) Chronic Bronchitis	2	
(b) Asthma	9	
(c) Other causes	1	
	<hr/>	12
4. Diseases of Digestive System		9
5. Diseases of Circulatory System		39
6. Diseases of Blood		1
7. Diseases of Kidney, Bladder and Urinary Passages		5
8. Diseases of Skin		2
9. Diseases of Bones and Joints		22
10. Mental Diseases—in Hospital		42
Total		<hr/> 226 <hr/>

TABLE VI.

CAUSES OF DEATH

1. Infectious Diseases:		
(a) Tuberculosis	86	
(b) Venereal Disease	5	
(c) Influenza	4	
(d) Typhoid Fever	7	
(e) Erysipelas	1	
(f) Other causes	3	
	<hr/>	106
2. Diseases of Nervous System:		
(a) Cerebral Hemorrhage	17	
(b) Meningitis	10	
(c) Apoplexy	4	
(d) Tumor or Abscess of Brain	16	
(e) Other causes	16	
	<hr/>	63
3. Diseases of Respiratory System:		
(a) Pneumonia	67	
(b) Bronchitis	3	
(c) Pleurisy	2	
(d) Asthma	3	
(e) Other causes	20	
	<hr/>	95
4. Diseases of Digestive System:		
(a) Appendicitis	13	
(b) Peritonitis	17	
(c) Ulcers of Stomach and Duodenum	14	
(d) Disease of Liver	5	
(e) Other causes	12	
	<hr/>	61

5. Diseases of Circulatory System	158
6. Diseases of Blood	9
7. Diseases of Kidney, Bladder and Urinary Passages.....	30
8. Diseases of Skin	1
9. Diseases of Bones and Joints	2
10. Cancer	93
11. External causes:	
(a) Accident	90
(b) Suicide	34
(c) Murder	2
(d) Other Sudden Deaths	11
	137
12. Other causes	34
13. Presumed dead	1
	—
Total	790

TABLE VII.

NATIONALITY

	Father	Mother
1. Canadian	33	38
2. English and Welsh	170	170
3. Scottish	125	105
4. Irish	84	80
5. American	14	10
6. Ukrainian	158	172
7. Icelandic	19	21
8. Polish	68	75
9. German	49	59
10. Hebrew	22	20
11. Austrian	41	42
12. Swedish	14	11
13. French	94	92
14. Italian	2	3
15. Russian	11	4
16. Half-breed	22	23
17. Mennonite	49	52
18. Rumanian	7	3
19. Hungarian	6	8
20. Belgian	5	8
21. Dutch	3	5
22. Swiss	3	—
23. Norwegian	3	5
24. Danish	3	2
25. Finnish	3	3
26. Other Foreign	8	5
	—	—
Total	1,016	1,016

PART IV CHILD WELFARE ACT—Neglected Children.

The work under this part of the Act includes the protection of children from abuse and neglect in their own homes and measures designed to prevent such condi-

tions. The grosser forms of physical cruelty are not so prevalent as they were years ago, but now and then a community is startled by a harrowing incident. There are many other forms of neglect and abuse—failure to provide sufficient food, clothing, proper living conditions, medical and surgical treatment and the exposing of children to immorality and immoral associations. The Child Welfare Division carries on this work in areas not yet covered by a Children's Aid Society.

At the end of the year, December 31st, 1940, 475 families involving 1,371 children were under supervision in their own homes. Family case work was possible in these cases and, therefore, it was not necessary to remove the children.

In 19 families wardship action was necessary, involving 30 children. The major causes of family breakdown in these 19 cases resulting in the neglect of these 30 children are as follows:—

1. Desertion of mother and death of father.
2. Desertion of both parents.
3. Desertion of handicapped child by both parents.
4. Child born out of wedlock and death of custodian.
5. Child born out of wedlock and death of mother.
6. Incurability; father in gaol and lack of parental control on the part of mother.
7. Feeble-mindedness of mother; age and infirmity of father, resulting in incurability.
8. Child born out of wedlock—mother insane.
9. Separation of parents and immorality of mother.
10. Incurability; desertion of father, lack of parental control of mother.
11. Imprisonment of mother.
12. Negligence of mother and abuse by step-father.
13. Child born out of wedlock to incurable minor.
14. Incurability.
15. Mother deceased; father aged and infirm; feeble-mindedness.
16. Imprisonment of mother.
17. Death of both parents.
18. Immorality.
19. Death of both parents.

Of these 30 children, 21 were committed temporarily and 9 permanently. In addition to the above, 15 wards (3 temporary and 12 permanent) of the Children's Aid Society of Dauphin were transferred by Order-in-Council as at October 1st, 1940,

and 9 other wards from the Children's Aid Society of Dauphin were accepted as wards of the Director from unorganized territory. The Ward count is as follows:

Wards in Charge on January 1, 1940	257
Temporary	37
Permanent	220
	<hr/>
New cases made wards	54
Temporary	24
Permanent	30
	<hr/>
	311

Discharges:

To parent or parents	7
Of age	17
Married	5
Absolutely adopted	3
Discharged by Order-in-Council to C.A.S. of Dauphin	2
	<hr/>
	34
	<hr/>
Temporary Wards	51
Permanent Wards	226
	<hr/>
	277

PART V. CHILD WELFARE ACT—Children of Unmarried Parents

The trend since 1938 in services to unmarried parents and their children has been toward decentralization from Winnipeg. It is realized that securing an agreement or a filiation order for the support of a child born out of wedlock is only a small part of the case work involved. The agency in the field is more likely to be able to deal with the total situation in all its various phases. It is hoped more thorough preventive work will be undertaken as the local needs become better known and the causative factors understood.

It is interesting to note that, despite the war situation which might be expected to influence the number of children born out of wedlock, there has been no marked increase according to statistics. The birth of 495 children born out of wedlock in Manitoba during the year 1940 was reported to this Department. In addition, there were reported 24 births where there was insufficient evidence to classify them as children born out of wedlock and 23 births of children to married women where there was some presumption of illegitimacy.

There is, however, a serious situation in that 25% of the unmarried mothers last year were 18 years of age or under. This fact indicates quite clearly the group most requiring our attention in the community.

In the territory where no Children's Aid Society operates and work among unmarried mothers is still being carried on by this Department, there were obtained 14 Agreements and 18 Filiation Orders through the Court. Receipts from Filiation Orders and Maintenance Agreements collected during the year amounted to \$11,630.99.

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

To Mothers	\$ 7,192.17
" Maternal Grandmothers	896.30
" Boarding Homes	1,258.80
" Lying-in Expenses	885.65
" Costs (Court)	127.50
" Children's Aid Societies	698.19
" Miscellaneous Disbursements	625.47
Total	<u>\$11,684.08</u>

PART VIII.—ADOPTIONS.

Closely linked with the child born out of wedlock is the question of adoption and the following particulars are of interest:

TABLE VIII.

198 Consent Forms for adoption were signed during the year by the respective mothers or legal guardians.

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

144 Adoption Contracts were approved by the Director of Child Welfare during the year.

139 Decrees of Absolute Adoption were signed by the various County Court Judges.

The sum of \$158.00 was received during the calendar year from adoption fees.

517 visits and inspections were made to adopting homes during the year of which 259 were in the country and 258 in the city.

There has been a continued increase in the number of adoption applications received during the past few years. The figures are as follows:

Year	Surrender forms signed	Applications received
1935	146	150
1936	157	182
1937	154	166
1938	144	180
1939	149	202
1940	198	258

GENERAL EXTENT OF THE WORK

The total number of cases being dealt with as at December 31st, 1940, was as follows:

Part III—Bereaved and Dependent Children	858
Part IV—Family cases where the children are being supervised in their own homes because of danger of neglect	475
Part IV—Wards of the Director	277
Part V—Children born out of wedlock	594
Part V—Cases open for collections	319
Part VIII—Adoptions	520

— 3,043

These figures do not include cases referred to other agencies, enquiries or minor services, but only cases representing major social problems.

DEVELOPMENTS IN THE FIELD

In 1938, when the Children's Aid Society of Dauphin reorganized its work and engaged its own secretary, it was hoped a second worker might soon be added to work in the northern portion of that society's territory. This for various reasons did not materialize, one reason being the geographical and transportation difficulties. Therefore, on October 1st, 1940, the Children's Aid Society of Dauphin decided to re-define its territory to that of organized territory south of 53° latitude, an area which it was more possible for one worker to cover. In November, 1940, a Child Welfare Division worker was sent to open a district office at Flin Flon to serve the unorganized territory north of 53°, the municipal district of Flin Flon and The Pas in relation to work under "The Child Welfare Act." Both these latter communities have organizations with whom our representative will co-operate in developing other fields of social enterprise. The Division of Child Welfare also assumed responsibility for the unorganized territory south of 53° which had formerly been covered by the Children's Aid Society of Dauphin.

THE FIRST CO-ORDINATED APPEAL OF THE CHILDREN'S AID SOCIETIES

For the first time, Children's Aid Societies of Dauphin, Western Manitoba, Central Manitoba and St. Adelard planned a unified campaign setting the week of October 13th, 1940, as a Children's Aid Week in Manitoba. The Press and Radio did their part in publicizing the appeal. Campaign managers and committees worked diligently. The result was most gratifying, as each society has reported an increase of receipts over the previous year. The modern trend is for the co-ordination of appeals and we can now count on at least two a year—one in the Spring for war time services, and one in the Fall for peace time community work. Duplication and inefficiency are costly in human suffering and it behooves us to strengthen the second line of defence and safeguard human welfare. The Children's Aid Society of Winnipeg and the Jewish Orphanage and Children's Aid of Western Canada are affiliated with the Winnipeg Community Chest and were not participants in the above mentioned campaign.

From the results of the year's work, it is quite apparent that Manitoba citizens are determined to stand fast for human welfare.

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.

Social Assistance-Unorganized Territory

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Building,
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, 1940.

The duty of this Division is to extend assistance to bona fide residents of unorganized territory of Manitoba who are:

- i. Unable to care for themselves and their dependents owing to illness of the breadwinner;
- ii. Widows pending application for Mother's Allowance;
- iii. Widows who are not eligible for Mother's Allowance;
- iv. Deserted mothers;
- v. Aged people under seventy;
- vi. Others who are over seventy 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;
- vii. We also have a number of cases who should be institutionalized but owing to lack of facilities, they are taken care of in private homes.

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, clergymen and police in the district.

The following group of men who are employed by the Department of Education as Tax Collectors act as our investigators:

Geo. C. Sommerville, Hadashville
F. E. Carson, Fraserwood
Geo. LaFortune, Vassar

C. W. Oberlin, Dauphin
J. R. Armit, Alonsa
Wm. Hryciuk, Chatfield

On receipt of a request for relief, the case is investigated for us by one of these Inspectors who submits a report giving details of family history, and list of family possessions, such as animals, poultry, etc. After the report has been carefully considered relief is placed according to the family's ability to produce their own food food stuffs, such as vegetables and milk. When placing relief we are guided to a certain extent by the budget of the Public Welfare Department of the City of Winnipeg, as they use a list of groceries which was prepared for them by the dietitian of the Manitoba Agricultural College. The grocery items are printed on the back of our

orders so that the Storekeeper will not supply anything to the family that is not on the list. Following is a list of the groceries supplied:

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

In placing an order we omit the name of the storekeeper, so that the family may deal with any storekeeper they wish. This change in method was made some time ago because we had so much trouble with storekeepers who accused us of patronizing one storekeeper in the district more than another. By the present system of placing orders we have eliminated all such complaints. The storekeeper is requested to send his account in triplicate each month to this office with the recipient's signature affixed thereto.

We have twelve cases who receive their relief by cheque each month. These cases were thoroughly checked, and we assured ourselves that they would use money to better advantage.

The Division of Social Assistance acts in the same capacity in Unorganized Territory as the Public Welfare Department in the City of Winnipeg. The cases we are dealing with are incapacitated for any work, and there is no one in the family who could earn a livelihood. If a male member of a family reaches the age of eighteen years, we usually transfer the case to the Unemployment Relief Commission, Department of Public Works. This member of the family is then considered its head.

In addition to supplying relief to indigent families, we are called upon to provide transportation for all cases of the Child Welfare Division when medical attention or hospitalization is required. We also supply transportation for V. D. cases who are residing too far from the doctor to get their weekly treatment. In these cases the matter is thoroughly investigated to assure ourselves that the patient is unable to pay his own transportation. We are also called upon to pay for confinement cases in districts where the hospital is far away. The Nursing Homes in these districts are licensed by the Department of Health, and are usually supervised by the local doctor. We have one in Erickson which is supervised by Dr. E. J. Rutledge, M.L.A., one in Roblin, supervised by Dr. Peacock, and one in Birch River, supervised by Dr. Boon. According to the Act the Hospitalization Division is unable to pay for these confinements because these Nursing Homes do not come under the Act. Before the accounts for confinement are put through for payment the cases are thoroughly investigated; and in some instances where property is owned, a lien for the amount paid for care in the Nursing Home is registered against the individual's name in the Land Titles Office.

For some cases on relief for over six years, we found it necessary to replace bedding, kitchen utensils and dishes, and in some cases we were even obliged to repair the houses, it being cheaper to pay money for repairs than to pay rent indefinitely for

a family. We are also paying taxes in a number of cases where homes are put in the tax sale. For all expenditures for families owning property we register liens against their names in the Land Titles Office.

The Division maintains a clothing room and clothing is shipped from there. All purchases are made through the Purchasing Department of the Province.

We particularly wish to express our appreciation to the Manitoba Division of the Canadian Red Cross Society for their splendid assistance in supplying used clothing of various descriptions; and to the Imperial Order Daughters of the Empire for their generous contributions and year-long work in preparing knitted articles for distribution to those unfortunate people who have required assistance from this Division.

In closing I wish to express my thanks and appreciation to the Minister and yourself for your kind co-operation, and I also wish to thank the following organizations for their co-operation—The Nursing Division, Hospitalization Division, Child Welfare Division, Juvenile Court, Officer Commanding of the Royal Canadian Mounted Police, Unemployment Relief Commission (Department of Public Works), Out-Patient Department of the Winnipeg General Hospital, Psychopathic and St. Boniface Hospitals and the Public Welfare Department of the City of Winnipeg.

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

Statistical data of the work covering the calendar year is contained in the following seven Tables:

TABLE I.

**NUMBER OF CASES RECEIVING RELIEF, JANUARY 1st, 1940 TO
DECEMBER 31st, 1940.**

	Cases
Number of cases on Relief, January 1st, 1940	502
Number of new cases, January 1st, 1940 to December 31st, 1940	110
Number of cases on Relief, January 1st, 1940 to December 31st, 1940....	612
Number of cases discontinued, Jan. 1st, 1940, to Dec. 31st, 1940.....	120
Number of cases carried over to 1941	492

The 120 cases discontinued during the year were as follows:

- 6 Cases transferred to Public Works Department.
- 10 Cases transferred to Old Age Pension Board.
- 13 Cases transferred to Child Welfare Division.
- 15 Cases Died.
- 76 Cases closed.

TABLE II.

DETAILS OF CASES RECEIVING RELIEF FROM JANUARY 1st, 1940 to DECEMBER 31st, 1940

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

Classification	Anglo Saxon	French	H. Breeds	Ukrainian	Polish	German	Other Nats.	Total	No. of Cases by Classification
Old Age	12	11	18	85	6	3	10	\$13,209.41	145
Partially Disabled	\$1,127.65 19	\$ 851.78 11	\$1,423.54 24	\$7,992.88 45	\$ 586.24 4	\$ 256.90 4	\$ 970.42 12		
Sickness	2,677.75 30	1,570.25 15	1,942.12 26	6,131.60 49	673.43 7	402.69 7	1,873.74 8	15,271.58	119
Imprisonment	4,934.20 3	3,124.85 1	3,318.16 4	6,588.77 8	653.81 —	1,327.12 1	960.00	20,906.91	142
Desertion	1,041.35 6	69.03 1	345.75 10	852.03 8	—	79.68 1	—	2,387.84	17
Widows	2,456.29 5	302.33 4	2,279.45 16	835.94 21	—	48.45	305.37 1	6,227.83	28
Blind	639.87 —	458.48 1	3,112.52 —	2,273.80 5	214.84 —	—	130.13	6,829.64	49
Tuberculosis	945.64 4	1,000.98 6	3,552.40 24	826.31 8	—	—	3	438.12	6
Insanity	30.00 4	—	—	83.52 2	—	187.58 1	750.02 2	7,214.19	45
Incompetent	672.26 —	1,245.30 4	1,018.79 3	1,235.40 9	98.03 1	225.00	136.74 1	1,051.12	6
Unmarried Mothers	—	84.94 1	824.74 9	1,790.84 11	—	—	—	4,631.52	23
Venereal Disease	2 843.96	3 225.46	2 714.77	3 909.79	—	—	1 260.80	2,700.52	21
								2,954.78	11
No. of cases by National Group	\$15,368.97 86	\$8,948.26 58	\$18,532.24 136	\$29,944.14 254	\$2,226.35 20	\$2,527.42 18	\$6,276.08 40	\$83,823.46	612

TABLE III.

MISCELLANEOUS EXPENDITURES RE CASES NOT IN RECEIPT OF
ANY OTHER RELIEF

January 1st, 1940 to December 31st, 1940.

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

Northern Manitoba	\$ 374.34
Other Parts of Manitoba	1,432.99

Medical Aid, Doctors' Fees, Ambulance Service, Medicine, Etc.:

Northern Manitoba:

Medicine and Ambulance	50.45
Doctors' Fees	763.75

Other parts of Manitoba:

Medicine and Nursing	778.54
Doctors' Fees	2,185.19

Unclassified Miscellaneous Expenditures:

Northern Manitoba	9.00
Other Parts of Manitoba	657.45

Burial of Indigent Persons:

Northern Manitoba	71.95
Other parts of Manitoba	428.90

Total	\$6,752.56
-------------	------------

TABLE IV.

CLASSIFIED SUMMARY OF EXPENDITURE, JANUARY 1st, 1940
to DECEMBER 31st, 1940.Food, Fuel, Clothing, Medical Fees, Transportation, Burial, Nursing and
Miscellaneous Expenditure\$93,177.82

The above is divided into the following:

Food, Rent, Fuel, etc.	\$74,152.04
Clothing	10,434.39
Inspections	1,838.83

(\$600.00 to Dept. of Public Works)

Medical Fees, Transportation, Burial of Indigent Persons, Nursing and Misc. Expenditure	6,752.56
--	----------

Clothing on Hand	\$2,476.47
Refund on Relief during the year 1940	1,646.90

TABLE V.

AGES OF PERSONS RECEIVING RELIEF FROM JANUARY 1st, 1940 to DECEMBER 31st, 1940.

Age	Anglo Saxon		French		H. Breeds		Ukrainian		Polish		German		Other Nats.		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
20-30	4	8	4	5	5	21	8	17	---	---	3	2	---	1	24	54
30-40	5	8	4	5	12	32	14	26	1	---	---	1	3	3	39	75
40-50	6	17	9	7	15	24	19	31	3	2	3	5	2	3	57	89
50-60	16	3	6	7	12	17	22	23	2	2	3	2	5	4	66	58
60-70	27	10	16	13	21	20	55	51	8	5	1	2	15	8	143	109
70-80	4	1	1	---	5	4	25	16	---	---	1	---	3	---	39	21
80 and Over	---	---	1	---	---	1	3	5	1	---	---	1	---	---	5	7
Total Men	62	47	41	37	70	119	146	169	15	9	11	13	28	19	373	413
and Women	---	---	78	---	189	---	315	---	24	---	24	---	47	---	786	---
Grand Total	109	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

TABLE VI.

NUMBER OF CHILDREN ON RELIEF, SHOWING AGES AND SEX

Age	Anglo Saxon		French		H. Breeds		Ukrainian		Polish		German		Other Nats.		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 to 5	12	18	7	14	42	38	31	28	2	---	3	2	3	5	100	105
5 to 10	26	16	10	8	52	43	32	29	3	3	5	1	3	6	131	106
10 to 16	13	16	6	14	48	44	39	40	3	2	---	3	7	2	116	121
16 and over	11	6	2	5	12	16	17	17	2	3	2	2	2	2	48	51
Total	62	56	25	41	154	141	119	114	10	8	10	8	15	15	395	383
Grand Total	118	---	66	---	295	---	233	---	18	---	18	---	30	---	778	---

Total number of Boys 395
 Total number of Girls 383—778
 Total number of Adults and Children on Relief — 1,564
 Total number of Men 373
 Total number of Women 413—786

TABLE VII.

CLOTHING

(a) Particulars of clothing supplied from January 1st, 1940 to December 31st, 1940, are as follows:

Suits of underwear	1,615	Hats and Toques	270
Shirts	1,150	Socks and Stockings	2,991
Windbreakers	279	Mitts	414
Tunics	56	Footwear	1,761
Sweaters	485	Dresses	16
Coats	91	Scarves	35
Overalls and Trousers	893	Suits (Men's and Boys')	4
Layettes	18		
Blankets	18 pair		
Dress Goods	1,752 yards		
Flannelette	1,799 yards		
Thread	263 spools		
Knitting Wool	34 skeins		

(b) The amount expended for clothing, including footwear, was as follows:

January	\$ 585.13
February	203.01
March	361.50
April	1,036.13
May	1,089.54
June	344.21
July	241.35
August	187.85
September	497.10
October	1,861.71
November	2,674.48
December	1,352.38
	<hr/> \$10,434.39

All of which is respectfully submitted,

I have the honour to be, Sir,

Your obedient servant,

B. ZEGLINSKI,

Supervisor, Social Assistance,
Unorganized Territory.

DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Annual Report, 1940

(Calendar Year)

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CLINICS			
Number of operating days	209		
Number of Clinicians	25		
Number of Schools represented	99		
Number of Clinics held	60		
Sponsored by School Boards, Teachers, or School Trustees			
Sponsored by Women's Institutes, United Farm Women of Manitoba, and other Ladies' Aids	39		
Total Number of Patients			
Operated on	2,742		3,511
Passed "O.K."	769		
Total Number of Operations			
Extractions, temporary	2,320		
Extractions, permanent	625		
Fillings	5,213		
Treatments	528		
Prophylaxis	72		
Special Cases referred	35		

Canadian Foundation for Preventive Dentistry Manitoba Division

Clinic Report for 1940

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 Porcelain	Silver Nitrate Treatments	Prophylaxis	Referred for Special Treatment					
Abbots Hall S.D.	1	1/2	11	11	15	11	28	—	—	1	—	—	—	—	—	Red Cross Station	F. S. Spiers	Comm. Club, Red Cross, Dept. of Health		
Arden	19	12 1/2	296	186	140	17	196	1	14	3	4	14	10	2	2	Office Building	P. Cleave and W. R. Morrison	School Board—Dept. of Health	Clin. for Lansdowne Mun. Sch.	
Avonlea S.D.	1	1	24	13	13	9	6	—	—	—	—	—	—	—	—	School Room	J. W. Pickard	School Board—Dept. of Health		
Bad Throat S.D.	1	4	37	35	44	20	44	—	13	1	—	1	2	—	—	School Room	W. R. Morrison	Women's Club—Dept. of Health		
Boissevain	1	6	129	83	29	32	157	—	—	11	32	—	—	—	—	Dental Office	S. R. Dickson	Board of Trade—Dept. of Health		
Boissevain (Rural)	9	11	154	117	40	38	206	—	—	165	20	205	4	—	—	Dental Office	A. M. Sutherland	Women's Institute—Dept. of Health		
Clemenceau S.D.	1	1	34	24	43	10	11	—	—	—	—	—	—	—	—	School Room	G. A. Kerr	School Bd., Red Cross—Dept. of Health		
Cranberry Portage	2	2	76	64	43	17	65	—	21	8	19	12	45	—	—	School Room	B. A. Biggs	Ladies' Club—Dept. of Health		
Crandall	2	2	70	37	22	7	53	—	—	—	—	—	—	—	—	School Room	W. R. Morrison	Women's Inst.—Dept. of Health	2 Evacuee Children.	
Crescent Bay S.D.	1	1	25	23	35	10	7	—	—	2	1	—	—	—	—	School Room	B. B. Claman	School Board—Dept. of Health		
Cropper Tops S.D.	1	1	25	16	6	4	11	—	—	—	—	—	—	—	—	School Room	J. W. Pickard	School Board—Dept. of Health		
Decker	1	2	61	41	55	3	38	—	—	—	—	—	—	11	—	School Room	H. H. Smith	Women's Inst.—Dept. of Health		
Deloraine	1	4	91	68	34	7	79	—	11	6	—	6	30	1	—	School Room	W. R. Morrison	Women's Inst., School Bd.—Dept. of Health		
Duck Mountain S.D.	1	1 1/2	48	37	68	21	36	—	—	—	—	—	—	—	1	School Room	F. M. Betts	Ladies' Aid—Dept. of Health		
Ebor	1	2	27	19	15	7	36	34	—	1	2	—	—	—	—	Dental Office	W. A. Haughton	Women's Inst.—Dept. of Health		
Edrans	4	2	82	42	11	1	65	—	—	—	—	8	—	—	1	School Room	C. T. Boyd E. H. Clarke and A. R. Hurst	Women's Inst.—Dept. of Health		
Erickson	1	7	91	82	73	4	167	—	4	32	11	—	3	6	—	School Room	A. R. Hurst	Women's Inst., School Bd.—Dept. of Health		
Erickson	1	2 1/2	21	21	0	4	56	—	14	5	—	9	—	8	—	Dental Office	E. H. Clarke	Women's Inst., School Bd.—Dept. of Health	High School Pupils' Clinic.	
Framnes S.D.	1	2	33	28	15	4	54	—	—	3	10	1	1	—	—	Farm House	A. B. Ingimundson	School Board—Dept. of Health		
Geyser	1	3	33	31	49	19	63	—	—	2	15	6	—	—	—	School Room	A. B. Ingimundson	School Board—Dept. of Health		
Gilbert Plains	1	1	24	16	27	5	10	—	—	1	—	—	—	—	2	School Room	F. R. King	School Board—Dept. of Health	Rural School.	
Gimli	1	13	158	132	144	20	239	—	—	27	47	44	5	—	—	Dental Office	A. B. Ingimundson	School Board—Dept. of Health		
Gimli (Rural)	2	4 1/2	71	61	51	7	102	—	2	15	3	21	4	2	—	Dental Office	A. B. Ingimundson	Ladies' Aid—Dept. of Health	Minerva and Karna Schools.	
Grand Marais	2	3	52	20	44	17	65	—	—	—	—	—	—	—	—	Teacher's Cottage	W. R. Morrison	School Board—Dept. of Health		
Grand Narrows	1	1	32	20	25	10	17	—	—	—	—	—	1	—	—	School Room	G. A. Kerr	School Bd., Red Cross—Dept. of Health		
Grand Prairie Jr.	1	1	18	11	18	0	10	—	—	—	—	—	—	—	—	School Room	G. A. Kerr	School Bd., Red Cross—Dept. of Health		
Grand Prairie Sr.	1	1	46	36	55	7	31	—	—	3	10	7	—	—	—	School Room	G. A. Kerr	School Bd., Red Cross—Dept. of Health		
Great Falls	1	2	42	39	29	29	31	—	—	—	—	—	—	—	—	Anderson Hall	B. B. Claman	School Board—Dept. of Health		
Greenridge	1	3	40	36	25	4	60	3	—	—	4	—	—	—	—	School Room	H. W. Tweed	School Board—Dept. of Health		
Guntton	1	3	71	60	33	11	38	—	—	1	30	8	—	7	—	Principal's Home	A. V. Johnson	Women's Inst., School Bd.—Dept. of Health		
Happy Lake	1	1	33	23	37	8	10	—	—	—	—	—	9	—	—	Teacher's Cottage	G. A. Kerr	School Board, Red Cross—Dept. of Health		
Harlington	1	1	32	22	10	1	32	—	—	1	—	—	—	—	—	School Room	J. W. Pickard	Women's Inst.—Dept. of Health		
Isabella	1	2	32	25	18	2	47	—	—	15	—	—	62	—	—	Private Home	R. L. Miles	Women's Inst.—Dept. of Health		
Keyes	2	1	27	13	6	0	26	—	—	—	—	—	—	2	—	School Room	C. T. Boyd	School Board—Dept. of Health		
Kirkella	1	2	35	30	19	7	36	—	—	—	—	—	—	—	—	School Room	H. R. Day	School Board—Dept. of Health		
Lavinia	1	2	47	41	63	0	24	—	—	3	—	—	—	4	—	Teacher's Cottage	H. H. Smith	Women's Inst.—Dept. of Health		
Manson	1	3	86	73	35	7	50	—	—	1	—	—	6	4	—	School Room	H. R. Day	Ladies' Club, School Bd.—Dept. of Health		
Morraville	1	1	16	13	8	5	25	—	—	—	—	—	—	—	—	School Room	F. M. Betts	School Board—Dept. of Health		
Mossiel	1	1	27	19	8	2	19	—	—	—	—	—	2	1	—	School Room	A. R. Hurst and S. Doran	School Board—Dept. of Health		
McAuley	2	6	96	71	61	17	195	2	4	13	—	—	—	2	—	W. I. Rest Room	S. Doran	Women's Inst., School Bd.—Dept. of Health		
McKinley	1	1	34	24	17	7	12	—	—	—	—	4	—	—	—	School Room	J. W. Pickard	School Board—Dept. of Health		
Nowell S.D.	1	1	24	24	42	24	27	—	—	—	—	—	2	—	—	School Room	F. S. Spiers	Teachers—Dept. of Health		
Plainview	1	1	18	15	18	2	25	—	—	1	—	—	—	—	—	School Room	F. R. King	School Board—Dept. of Health		
Rennie	1	1	24	20	15	3	19	2	4	—	—	—	—	—	—	School Room	W. R. Morrison	Teachers—Dept. of Health		
Ridgville	1	2	50	37	13	2	30	—	—	1	16	—	—	5	—	School Room	A. V. Johnson	School Board—Dept. of Health		
Riverland	1	1	30	23	12	1	32	—	—	2	—	3	—	—	—	School Room	B. B. Claman	Ladies' Club, School Bd.—Dept. of Health		
Riverton	1	15	166	148	116	26	287	—	—	12	15	34	1	—	—	School Library	A. B. Ingimundson	School Board—Dept. of Health		
Rossburn	1	4	84	63	58	10	91	—	—	1	14	—	91	4	—	Dental Office	R. L. Miles	Women's Inst.—Dept. of Health		
Sidney	2	4	81	52	66	10	54	—	1	6	—	5	—	—	—	School Room	A. L. Church	Women's Inst.—Dept. of Health		
Silver Stream	1	1	12	9	2	4	22	—	—	—	6	4	—	—	—	School Room	C. T. Boyd	Women's Inst.—Dept. of Health		
Solagirth	3	3	56	38	37	2	39	—	—	17	1	7	39	3	7	Rest Room	R. L. Miles	Women's Inst., School Bd.—Dept. of Health		
Spence Lake	1	1 1/2	9	9	10	2	30	—	—	—	—	—	—	—	—	Red Cross Station	F. S. Spiers	Parents—Dept. of Health		
Springback	1	1	24	16	2	0	15	—	—	—	11	5	—	—	—	School Office	A. V. Johnson	School Board—Dept. of Health		
Vedonia	1	1 1/2	24	21	31	10	53	—	—	4	—	—	—	4	—	School Room	F. S. Spiers	School Board—Dept. of Health		
Walker Jr.	1	1	26	21	36	0	27	—	—	1	—	—	—	—	—	School Room	G. A. Kerr	School Bd., Red Cross—Dept. of Health		
Walker Sr.	1	1	28	21	34	12	19	4	—	—	—	—	1	—	—	School Room	G. A. Kerr	School Bd., Red Cross—Dept. of Health		
Warren	1	3	65	35	7	6	54	—	12	4	—	3	—	—	—	School Room	W. R. Morrison	Women's Inst.—Dept. of Health		
West Kildonan	4	43 1/2	376	376	324	94	523	112	—	184	109	—	—	—	19	School Clinic Room	J. A. Christie and I. Jackson	W. Kild. Dental Clinic Board—Dept. of Health	207 completed cases.	
Wicklow	1	1	15	10	2	2	14	—	—	—	—	—	—	—	3	School Room	F. M. Betts	U.F.W.M., School Bd.—Dept. of Health		
Woodville	1	1	12	11	12	4	30	—	—	—	—	—	2	1	—	School Room	H. R. Day	School Board—Dept. of Health		
TOTALS	99	209	3,511	2,742	2,320	625	3,899	160	113	383	543	205	528	70	35					

A. E. PROCTOR, D.D.S.,
Chairman, Clinic Committee.



