Annual report / Province of Manitoba, Department of Health and Welfare.

Contributors

Manitoba. Department of Health and Public Welfare.

Publication/Creation

[Winnipeg] : [publisher not identified], [1942]

Persistent URL

https://wellcomecollection.org/works/jvdybhnk

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

RBB
32(h)

The Royal Sanitary Institute
Library.
6508



DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORTS

1941-42

REPORTS NUMBERS 19-20

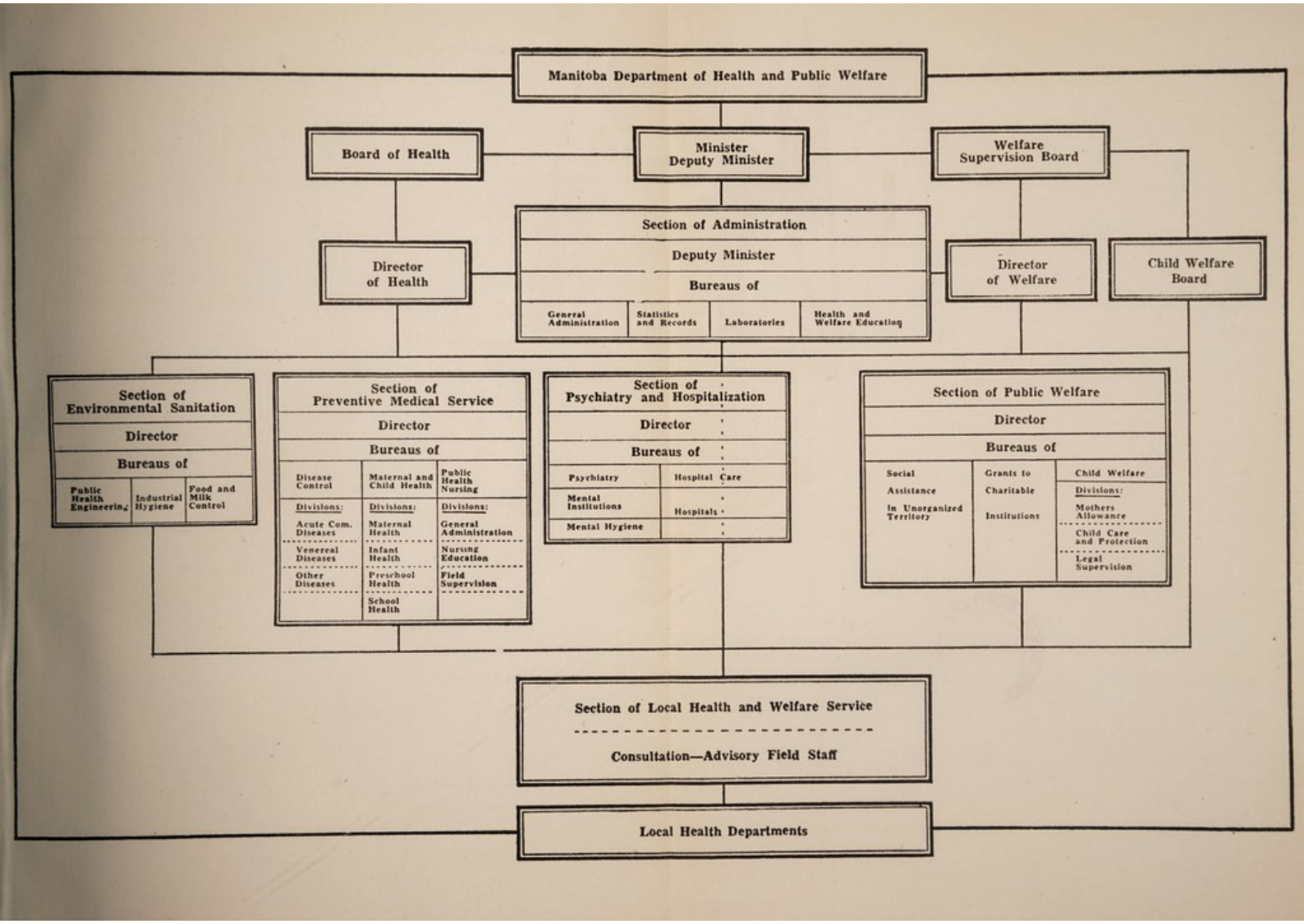
WINNIPEG, MANITOBA

Printed by James L. Cowie, King's Printer for the
Province of Manitoba.

1942.

RBB/32(h)


22501417320


Manitoba Department of Health and Public Welfare
Board of Health
Minister
Deputy Minister
Welfare
Supervision Board
Section of Administration
Deputy Minister
Bureaus of
General Administration
Statistics and Records
Laboratories
Health and Welfare Education
Director of Health
Director of Welfare
Child Welfare Board
Section of Environmental Sanitation
Director
Bureaus of
Public Health Engineering
Industrial Hygiene
Food and Milk Control
Section of Preventive Medical Service
Director
Bureaus of
Disease Control
Divisions:
Acute Com. Diseases
Venereal Diseases
Other Diseases
Maternal and Child Health
Divisions:
Maternal Health
Infant Health
Preschool Health
School Health
Public Health Nursing
Divisions:
General Administration
Nursing Education
Field Supervision
Section of Psychiatry and Hospitalization
Director
Bureaus of
Psychiatry
Mental Institutions
Mental Hygiene
Hospital Care
Hospitals
Section of Public Welfare
Director
Bureaus of
Social Assistance
In Unorganized Territory
Grants to Charitable Institutions
Child Welfare
Divisions:
Mothers Allowance
Child Care and Protection
Legal Supervision
Section of Local Health and Welfare Service
Consultation—Advisory Field Staff
Local Health Departments

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORTS

1941-42

REPORTS NUMBERS 19-20

WINNIPEG, MANITOBA

Printed by James L. Cowie, King's Printer for the
Province of Manitoba.

1942.

Wellcome Library
for the History
and Understanding
of Medicine

WELLCOME
LIBRARY
Ann Rep
WA28
.G02
M27
1941/42

DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Annual Reports, 1941 and 1942

(Calendar Years)

CONTENTS

ADMINISTRATIVE OFFICES

	1941 Page	1942 Page
Executive Offices:		
Executive Officer's Report	7	215
Administration of the Estates of the Mentally Incompetent	13	223
Fiscal Supervision of Public Institutions	19	231
Farms Manager	23	234
Dental Clinics for Institutions	29	.....
Statistics and Records	34	240
Laboratories—		
Director of Laboratories	119	246
Laboratory at Brandon Hospital for Mental Diseases	121	248
Laboratory at Manitoba School for Mentally Defective Persons, Portage la Prairie	124	251
Health and Welfare Education	105	253
Health and Welfare Library	112	258

HEALTH

Provincial Board of Health	32	263
Report of Medical Director of Health—		
on Environmental Sanitation and Preventive Medical Service	.....	265
on Disease Prevention	39	.....
Environmental Sanitation	93	.....
Public Health Engineering	.....	270
Industrial Hygiene	114	279
(Special Report on Silicosis Hazard)	.....	277
Food and Milk Control	100	285
Preventive Medical Service—		
Disease Control—		
Acute Communicable Diseases	44	291
Central Tuberculosis Registry	59	300
Venereal Diseases	62	303
Venereal Disease Clinics	68	311
Maternal and Child Health	117	314

	1941	1942
	Page	
Public Health Nursing	71	316
Dental Clinics	79	321
Dental Clinics—Statistical Charts	425	426
Psychiatry and Hospitalization:		
Hospitalization—		
Medical Director	163	338
Care of the Aged and Infirm	182	356
Private Hospitals	180	358
Psychiatry—		
Provincial Psychiatrist	127	360
Psychopathic Hospital	130	365
Brandon Hospital for Mental Diseases	135	371
Selkirk Hospital for Mental Diseases	146	384
Manitoba School for Mentally Defective Persons, Portage la Prairie	152	391
WELFARE		
Welfare Supervision Board	187	401
Grants to Charitable Institutions	188	402
Child Welfare Board	194	404
Public Welfare:		
Social Assistance in Unorganized Territory	189	405
Child Welfare	196	409
Mothers' Allowance	196	409
Child Care and Protection	207	416
Legal Supervision	209	418

ADMINISTRATIVE OFFICES

EXECUTIVE OFFICER'S REPORT

ADMINISTRATION OF THE ESTATES OF THE MENTALLY INCOMPETENT

FISCAL SUPERVISION OF PUBLIC INSTITUTIONS

FARMS MANAGER

DENTAL CLINICS FOR INSTITUTIONS

Digitized by the Internet Archive
in 2019 with funding from
Wellcome Library

https://archive.org/details/b31413390

Report of Executive Officer

Honourable James McLenaghen, K.C.,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit the report for the Department of Health and Public Welfare for the calendar year 1941, and as usual preface it with a short summary of some of our activities.

PSYCHIATRY

Despite expectations that the War might increase the number of requests for admissions to our mental institutions, this has not as yet taken place. However, the requests for admissions do continue to pile up year by year, and at the present time the over-crowding in all the institutions is far greater than we would like. One out of every two hundred and fifty persons in Manitoba are inmates of our institutions, and probably one in every one hundred require supervision or institutional care. We have a waiting list for admission to the Psychopathic Hospital of approximately fifty, and to the Manitoba School for Mentally Defective Persons of nearly one hundred and fifty, a great many of these being classified as urgent cases. At the present time it is only possible to get persons into the Hospitals for Mental Diseases or the Manitoba School for Mentally Defective Persons when we are able to discharge patients as improved or apparently cured, or if there is removal by death.

WELFARE

Included under this term we have Child Welfare, Social Assistance in Unorganized Territory, Grants to Charitable Institutions, the Care of the Aged and Infirm, and the maintenance of females in refuge homes.

The Child Welfare Board continues to operate exceedingly successfully and complaints in respect to the provision of Mothers' Allowance have been so few as to be negligible. Due to the increased activities in the industrial field as a result of the War there would seem to be some reduction in the number of families needing assistance through this branch of the Department. Some of this reduction is due to enlistments of older members of the families and the contribution by them by means of Dependents' Allowance and assigned pay. However, the increased cost of living probably more than makes up for this saving on the part of the Department, and we think it is absolutely essential that consideration be given to a cost of living bonus or some other means of increasing the general Schedule of Allowances. The number of families on Allowance remains at approximately one thousand with 3,200 children being assisted. Eighteen per cent of our total appropriation is spent on six per cent of our population and thirty-five per cent of this expenditure is because the bread-winner had died or is incapacitated from some preventable illness.

HOSPITALIZATION

The financial requirements for hospitalization continue to increase from year to year. This is due particularly to the fact that more people each year seem to be taking advantage of the facilities made available by our hospitals. The average hospitalization rate per resident in Manitoba has now reached the figure of 1.5 hospital days per year. Three thousand of our population are in hospital all the time. Nearly nine-tenths of these hospital days continue to be those spent in public wards, or in other words, hospital days in which the Government is interested due to the fact that they pay the per capita grant on all public ward patients. Despite the increase in the amount of hospitalization in the Province, and the increased amount of money being obtained from municipalities and the Government, the hospitals, due principally to the fact that the cost of hospital care is also rapidly rising, find themselves in many instances in a state of financial embarrassment.

DISEASE PREVENTION

Despite the increased amount of work put on this Division as a result of the War activities and two major epidemics during the present year, it has continued to function in a reasonably satisfactory manner. This particularly applies to the laboratory service being supplied by the Department. It has been found necessary during the past two years to materially increase the technical staff, both at the laboratory in Winnipeg and at the branch laboratory at the Hospital for Mental Diseases at Brandon. All laboratory work being required by His Majesty's Forces in Manitoba is now being done by the Provincial personnel. This has been a direct saving to the Federal Government and although it has increased the expenditures in this section of the Division of Disease Prevention, we believe from the standpoint of the Province alone, the expenditure has been justified in view of the fact that we have a fairly complete control through this service of all phases of preventive public health work, such as communicable disease control, particularly venereal disease (all blood tests, etcetera, being done at our Provincial Laboratories), sanitation (all water samples from the various camps being sent in for examination to the Provincial Laboratories), and milk control (the Provincial Laboratories being responsible for the periodic examination of all milk being supplied to camps of His Majesty's Forces).

This conjoint effort in Disease Prevention as between the Department and the medical services of both the Army and the Air Force has been exceedingly satisfactory from the standpoint of the Department and every bit of co-operation asked for by members of our Department has been readily granted by the medical personnel of both the Army and the Air Force.

With the advent of increased manufacturing in the Province as a result of the War, some consideration has had to be given to the question of the health of workers in industry, and we are short of personnel for this work. In view of the fact that persons being employed in these industries in the Province who might be subject to industrial disease or industrial hazards, are mostly Manitoba residents, it would seem very imperative that more personnel be obtained to increase the amount of work in this connection in close co-operation with the inspectoral force of the Department of Labour.

Poliomyelitis and Encephalitis—

Poliomyelitis - - - -	Total cases		954
	Total deaths		21
(approximate) - -	Cases Residual Paralysis		150
Encephalitis - - - -	Total cases		514
	Total deaths		78

This is principally a disease of rural areas affecting chiefly male adults:—

80% of cases reported from outside Winnipeg;
75% of total cases re Males; and,
80% of male cases were in age groups of 20 years and over.

The magnitude of the problem can be realized when it is known that the deaths from this disease during 1941 are greater than the deaths from all other communicable diseases combined for the same year, tuberculosis excepted. We believe that the setting aside of a substantial sum for research this coming summer would be money well expended, particularly if we could establish a definite path of spread from horse to man, and also carry on certain experiments to see whether or not an efficient immunizing agent is available.

During the course of the epidemics of Poliomyelitis and Encephalitis this past summer certain moneys were received for research purposes. Mr. T. Lindsley, President of the Northfield Mines Incorporated, of Toronto, sent the Department Five Hundred Dollars to be used as we saw fit to try to gather information as to the cause and method of spread of these two diseases. Subsequently, a further donation was received from Mr. Alex. Welsh, M.L.A., for the same purpose. These moneys were placed in a trust fund and are being used for the purposes described. A report on the activities carried out, with an audited statement of disbursements will be made in the near future.

CANADA'S WAR EFFORT AND DEPARTMENT'S PART

(i) Enlistments from permanent staff:

Medical staff (including Institutions)	7		
Nurses (including Institutions)	4		
Attendants from Institutions	65		
Others (Winnipeg staff)	2		
	—	78	(or 27% of total male staff)

(ii) At the beginning of the War the Department of Health and Public Welfare, together with the other provincial Departments of Health in the Dominion, offered, through the Department of Pensions and National Health, to the Department of National Defence all provincial health services for the use of His Majesty's Forces.

In Manitoba, the Services now being provided include:

(a) Complete Laboratory Service for all tests, examinations, etcetera, required by all branches of His Majesty's Forces in Manitoba;

(b) Assistance in the control of Communicable Diseases, including Venereal Diseases; the latter being particularly successful—the rate in the Army in Manitoba, if not the least, is one of the lowest on this continent;

(c) Supervision of sanitation of milk supplies for Army and Air Force Camps. All milk supplied to any camp of His Majesty's Forces in Canada must be pasteurized. This Department has taken over the responsibility of providing licensed producers and having pasteurizing plants established at various points throughout the Province for the purpose of supplying a satisfactory and safe milk supply for the men in both the Army and the Air Force.

The yearly value to the Dominion of these services is at least $25,000.00 and there is no duplication of effort.

DR. BUCK'S REPORT

The survey made by Doctor Buck under the auspices of the American Public Health Association through moneys provided by the Commonwealth Fund has been completed. The report is now in the printer's hands and should be available for public distribution by the middle of March.

After a very careful study of all conditions in Manitoba pertaining to health and welfare, Doctor Buck has made some very definite recommendations in respect to re-organization of our work which he thinks would be of definite advantage to everyone concerned. These mainly have to do with the re-organization of the health section of the Department, although certain recommendations are also made in respect to our welfare activities. The main points about which recommendations are made by Doctor Buck are:

First: Re-organization of our hospitalization set-up. Doctor Buck is of the opinion that there must be in this Province a considerable amount of unnecessary hospitalization. He says that it is easier for a person in Manitoba to get into a hospital at the expense of the taxpayer than in any other place on the North American continent. He states also that the distribution of the funds of the Department to hospitals should be re-considered, in view of the fact that within the last ten years the type of service supplied by hospitals has changed completely, and that it is only the larger and better equipped hospitals that can give a complete service, and that in view of this circumstance there should be some grading of hospitals, and that the grants paid should be in accordance with such grading.

Second: Doctor Buck recommends also that although the work in respect to tuberculosis is exceedingly well done in Manitoba, probably an added improvement could be made if there was some re-organization of the central set-up, looking to the establishment of a Tuberculosis Control Commission directly under the supervision of the Department. The duties of this Commission would be to carry on all the educational effort in respect to the control of tuberculosis, to find cases, and to distribute them to the various sanatoria for treatment, as well as to supervise the homes from which these cases come, and to supervise patients when they are discharged from sanatoria back to their own communities.

In respect to Disease Prevention, Doctor Buck recommended a very definite increase in the amount of work to be done in this field, looking particularly to the stimulation of local districts to supply their own health service under the supervision of the Department. This would mean a considerable increase in the expenditures of

this Department, amounting over a ten-year period to approximately $200,000.00. This sum includes money for setting up approximately twenty new Full-time Health Units on the same plan as the St. James-St. Vital Health Unit.

During the past year the Rockefeller Foundation has continued to supply us with funds for specific purposes. This year sees the end of their contribution towards our Pregnancy Study as well as the end of their contribution towards our Study of Morbidity in certain rural areas of Manitoba. Preliminary reports have been made on the Pregnancy Study, and the final report has been completed and printed on the Morbidity Study. The Foundation's contributions to the Division of Statistics have been discontinued for the time being due to the fact that Doctor Rawson, the Medical Director, has joined His Majesty's Forces. The Foundation, however, is holding the balance of the money for this Division in abeyance and will re-establish their contributions after the cessation of hostilities.

They have granted us during the past year two fellowships in Public Health, and two Manitoba medical men are now at Toronto taking post-graduate work in Public Health and will be available for service in this Province some time late in the summer of 1942.

The Director of the International Health Division of the Foundation is recommending to the Scientific Directors that a grant of Nine Thousand Dollars be made to the Department covering a three-year period, for the purpose of establishing a Division of Local Health Services. This money will cover the major cost of this service, as for the time being at least it would just entail the employment of a properly trained medical man, together with some necessary clerical staff and office supplies.

This particular Division in our Department is very urgently required, due principally to the rapid expansion of Municipal Doctor areas over which at the present time we have no direct supervision. It is also needed to improve and increase the amount of work being done by local health officers in the various municipalities throughout the Province, and also to persuade and assist local rural areas to form Full-time Health Units, and any expenditures made in this connection will be more than compensated for by the increased amount of and improved work done in rural Manitoba in Disease Prevention and health preservation.

The Connaught Laboratories have also been generous in assisting us by providing Fellowships in Public Health to the value of over Ten Thousand Dollars.

NEEDS OF THE DEPARTMENT

1. The setting up as soon as it is at all possible of a Mental Hygiene Service to cover the whole of the Province in a similar manner to the travelling Clinics of the Manitoba Sanatorium, so that every district in the Province will have the Service at specified times of properly trained personnel in the diagnosis and treatment of early cases of mental disease in order that by early treatment at home resulting serious mental conditions may be averted and thus reduce the number of commitments to our Hospitals for Mental Diseases.

2. Increased accommodation for Mentally Defective Persons. At present, the waiting list for admission to the Manitoba School for Mentally Defective Persons at

Portage la Prairie is now in the neighborhood of 150. Most of these cases are urgent ones and there is absolutely no available accommodation for their admittance.

3. Increase in accommodation at the Psychopathic Hospital, Winnipeg.

4. Increase in activities of Disease Prevention.

   (a) Industrial Hygiene, and
   (b) Local Health Services.

5. Complete overhauling of our present method of hospitalization in order to:

   (a) Establish an equitable means of paying for hospital services rendered to indigent persons; and
   (b) Reduce wherever possible unnecessary hospitalization.

To you, Sir, I wish to express the gratitude and appreciation of the Executive Officers on the staff of this Department for your generous assistance and advice at all times during the past year. We fully realize we have monopolized a considerable amount of your time, but in a Department where the vital interests of so many people of the Province are involved, they require thought and, many times, individual consideration.

I would also like to express our appreciation at this time to the many organizations in the Province who have assisted us from time to time; 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, Health and Public Welfare.

Administration of the Estates of the Mentally Incompetent

Dr. 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 Administrator of the Estates of the Mentally Incompetent of the Province of Manitoba for the calendar year ending December 31, 1941.

I commenced my duties as Deputy pro tempore of the Administrator on April 7, 1941, and this report deals with the whole of the calendar year 1941.

There were under administration at the end of 1941 six hundred and sixty-four (664) active estates and at least one hundred and fifty (150) more of a non-active nature.

As at December 31, 1941, there were one hundred and one (101) farms under administration and fifty-four (54) urban properties in the various cities, towns and villages in Manitoba. There were also seventy-six (76) mortgages and agreements under administration.

Hereunder is a statement of the gross amount of grain and field crops produced by the farms under administration:

Wheat	43,834 bushels
Oats	21,196 bushels
Barley	23,524 bushels
Flax and Rye	3,196 bushels
Alfalfa and Sweet Clover	35 tons

The yield during the year was better, on the average, than during 1940. However, due to inclement weather, the grade was, on the average, not so good. Most of the wheat graded No. 3 and 4 Northern and, in some instances, tough. The oats also graded No. 3, feed oats and poorer. During the summer and early fall we continued the practice of selling wheat, oats and barley through the Wheat Board, but, in the late fall, when the price began to rise, in many instances we have been selling on the open market to gain the advantage of a better price and especially in those cases where the relatives have asked that this be done. When the grains were sold through the Wheat Board we, of course, received Producers' Certificates, which are kept on file for the benefit of the patient. We experienced some difficulty in connection with the quota system but, for the most part, the quota was lifted early in the fall season and we were able to get settlement of our patients' shares of the grains under their respective leases without too much difficulty. In addition to the above statement of grains, there would be considerable grain harvested of which we would not have exact returns, due to the fact that, in a number of instances, wives of patients are carrying

on the operation of our patients' farms, with the assistance of their grown up and semi-grown up children, under the supervision of this office.

The general policy adopted by this office in connection with the handling of farms belonging to our patients has been to rent the farm in question out on a one-third crop share basis, wherever possible. In a few instances during the year, however, we have rented on a cash basis; but this is the exception and is not done if a reasonable crop share rental basis can be arranged. In a few instances during the year we have continued or renewed leases on a half crop share basis where there is a full line of machinery and equipment and where it has been indicated by the doctors at the mental hospitals that the illness of a patient will be of a reasonably short duration. We have taken advantage, wherever possible, of the Dominion of Canada Wheat Acreage Reduction Bonus, obtaining for our patients under the various farm leases our patients' share of the bonus. We have also, in the particular instances where we are operating the farms direct ourselves, been able to obtain the bonus under "The Prairie Farms Assistance Act" which came into existence in the latter part of 1941.

REAL ESTATE SALES

During the year, sales were effected in seven different properties as follows:

Lots 5/9, both inclusive, in Block 7, D.G.S. 106/107, St. Charles, and Part of 4/5, St. James, Plan 1697, W. L. T. O.

Lots 18/19, Block 1, D.G.S. 42-3, Parish of Kildonan, Plan 1301, W. L. T. O.

Lots 11/12, 45 St. Clements, Plan 22, Lisgar Reg. Office.

W. 50 ft., Lot 45, D.G.S. 41/44, St. Vital, Plan 1052, W. L. T. O.

Lots 106-7, D.G.S. 62, Portage la Prairie, Plan 17.

Easterly 52½ ft. of Lot 1, Block 9, D.G.S. 85/86, Kildonan, Plan 1173.

Lot 37 in the Outer Two miles, D.G.S. Parish of St. Andrews, excepting thereout the public road according to a plan of same filed in the W. L. T. O. as No. 2538.

These sales were properties belonging to estates of deceased persons or estates of persons of whom we were advised there was little, if any, possibility of recovery being effected. The prices obtained were reasonable in the circumstances, but none of the properties was of a valuable nature.

In addition to the properties listed, of course there were a great many instances where I was called upon to give a consent to the sale of a property in which a patient, whose estate was under administration in this office, was interested and almost invariably a consideration was obtained for the benefit of the patient in cases such as this.

PERSONAL PROPERTY SALES

During the year, sales of household furniture, stock, equipment and the like were held at various points throughout Manitoba, wherever possible by a licensed auctioneer. In these cases, where sales were made, the physicians at the institutions were consulted and it was found that the possibility of an early discharge from hospital was remote or the sale was effected in order to safeguard the patient's estate from loss.

RENTALS

The average rent received during the year from houses under administration in this Division amounted to approximately Five Hundred and Sixty Dollars ($560.00) per month. These houses are situated in all parts of Manitoba. I believe that we are receiving reasonable and, in many instances, very good returns from the houses under administration. The practice adopted is to pay taxes, repairs, mortgage interest and principal, as quickly as possible after the revenues are received. It is the practice of the office to keep the properties in as good a state of repair as is justified by the revenues from same.

LIFE INSURANCE

As at the end of 1941, there were one hundred and eighty-three (183) life insurance policies held in this office for patients, of which forty-one (41) contained disability clauses. Continuing the practice of my predecessor, I have, wherever feasible, continued to pay the premiums on the policies for the benefit of the patient in question; otherwise, advantage has been taken, as the policy would allow, in taking either paid-up insurance or extended insurance or cash surrender value in order to give the patient as much protection as was possible, having regard to his ability to pay. I may say that I have found the insurance companies with whom I have had to deal, without exception, courteous and willing to co-operate with me in connection with policies and at times I may say that this co-operation is necessary, due to the fact that sometimes very little is known about the insurance of the patient.

BONDS

As at December 31, 1941, we held, as committee, in trust for various patients, bonds of a par value of Two Hundred and Twenty-five Thousand, One Hundred and Twenty-five Dollars ($225,125.00) representing an increase of almost Thirty-five Hundred Dollars ($3,500.00) over the bonds held at the end of the previous year. I have continued the practice of the Administrator in invariably purchasing Dominion of Canada Government Bonds with surplus moneys belonging to the estates of the various patients and, in each case, bonds were purchased for a particular estate and not in block. I may say that we were able to purchase, during the Victory Loan Drive of June, 1941, a total of Twenty-eight Thousand, Five Hundred and Fifty Dollars ($28,550.00) bonds. I may say that we have, in addition to the bonds, stocks of a nominal value of Fifty-five Thousand, Eight Hundred and Fifty-four Dollars and Thirty-five Cents ($55,854.35).

INSPECTIONS

The following is a statement of the admissions and discharges of patients during the year 1941:

	Incomings	Outgoings
The Manitoba School, Portage la Prairie	43	24
Selkirk Hospital for Mental Diseases	158	126
Brandon Hospital for Mental Diseases	281	234
Psychopathic Hospital, Winnipeg	314	311

It will be noted that four hundred and thirty-nine (439) patients were admitted to Brandon Hospital for Mental Diseases and Selkirk Hospital for Mental Diseases and that three hundred and sixty (360) were discharged. All Reports, Incoming or

Outgoing, are examined carefully. Incoming Reports, of course, involve a considerable amount of work, due to the fact that each one represents a potential estate, and Outgoing Reports, in some instances, involve considerable work, as it is necessary to make an accounting, which sometimes involves passing of accounts. It has been the practice during the past to make personal inspections from this office, wherever possible, of estates when it is ascertained that the patient has an estate. During the year, however, it was found to be necessary to make use of the services of an Inspector in Northern Manitoba, as there were a number of estates belonging to patients in the area of the Flin Flon and The Pas. With your permission, the services of Mr. M. Flattery, Provincial Health Inspector for Northern Manitoba, at The Pas, were enlisted during the latter part of the year and these were found to be satisfactory. It is still necessary to use the services of solicitors and secretaries of municipalities in various points in the Province in order to keep down the cost of inspection as much as possible. I may say that I have found this to be practical, but, if the number of estates continues to increase, it may be that it would be practical to have an Inspector stationed in the City of Brandon at some time in the future. Our practice has been to send a Financial Statement to the next-of-kin of all patients coming from points outside of Greater Winnipeg and to make personal inspections of all Incomings in Greater Winnipeg. During the year we have been able to make personal inspections in the Brandon area, but this has been due to the fact that the Inspector would be going to the area in connection with other estates at the particular time the inspection was made. In my opinion, personal inspections should be made wherever possible on as many Incomings as the resources of the staff will permit. I believe that personal inspections have a tendency to break down an antipathy that next-of-kin at times display towards public administration.

MAINTENANCE

Hereunder set forth is a statement of the moneys that the Administrator of the Estates of the Mentally Incompetent paid over to the Supervisor of Public Institutions for maintenance of patients whose estates were under administration:

Selkirk Hospital for Mental Diseases	$20,798.38
Brandon Hospital for Mental Diseases	32,838.65
Manitoba School for Mental Defectives, Portage la Prairie	1,120.62
Psychopathic Ward, General Hospital	576.16
Total	$55,333.81

The policy has been continued of protecting the patients' estates before turning over moneys for maintenance. There is a therapeutic value in relieving a patient of the strain of handling his own estate and assuring him that his estate is protected and consequently I have continued the policy adopted by the Administrator of the Estates of the Mentally Incompetent of as far as possible protecting the estate first, before paying maintenance. In some instances, patients are discharged from hospital and their estates, probably consisting of a farm, are still intact with the maintenance in whole or in part unpaid. However, where this is so, the patient then has a chance of re-establishing himself without becoming a charge on the public and the maintenance is protected by lien filed in the various Land Titles Offices throughout the Province, under "The Mental Diseases Act". I may say that we had, at the end of 1941, more than six hundred (600) liens filed.

I continued the practice of passing accounts under "The Trustee Act" at the close of my committeeship, where there was a surplus, unless I obtained permission to waive the passing of accounts.

Attached hereto is a Financial Statement for this Division for the year 1941.

I would like to say in closing that I wish to thank the Honourable the Minister of Health and Public Welfare and yourself and the members of the staff of this Division for the kind co-operation and, at times, help which was given me since I became the incumbent of this office.

Yours very truly,

F. G. RITCHIE,

Deputy pro tem of the
Administrator of the Estates of the Mentally Incompetent.

THE ADMINISTRATOR OF ESTATES OF THE MENTALLY INCOMPETENT

STATEMENT OF ESTATES UNDER ADMINISTRATION AS AT DECEMBER 31, 1941.

ASSETS

Cash on hand and in The Royal Bank of Canada		$ 69,503.24
Government, Municipal and other Bonds, being part of the corpus of specific Estates at par value		225,125.00
Shares of the Capital Stock of various Companies, at nominal valuation		55,854.35
Disability and Annuity Contracts (Maturity Value)		32,196.20
Accounts Receivable		6,203.49
Rentals Receivable		288.49
Notes Receivable: Principal	$6,289.71	
" " Interest	538.92	
		6,828.63
Mortgages and Agreements Receivable:		
Principal	$30,041.35	
Interest	3,544.61	
		33,585.96
Chattels		20,833.98
Real Estate		277,163.21
TOTAL		$727,582.55

LIABILITIES

Liabilities of Estates:		
Accounts Payable		$ 6,195.16
Notes Payable: Principal	$3,575.31	
Interest	209.52	
		3,784.83
Province of Manitoba:		
Advances for the Conservation of Estates:		
Principal	$1,964.84	
Interest	171.43	
		2,136.27
Mortgages and Agreements Payable:		
Principal	$59,007.80	
Interest	2,634.40	
		61,642.20
Total Liabilities of Estates		$ 73,758.46
Estates under Administration:		
Assets over Liabilities	$653,741.73	
Surplus Interest, unallocated	82.36	
		653,824.09
TOTAL		$727,582.55

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, 1941, for the Division of Supervisor of Public Institutions.

The total revenue for the year amounted to $273,059.01, which represents an increase of $19,585.27 over the previous Calendar Year. This revenue is derived from the following sources:

A. Maintenance of patients in the Hospital for Mental Diseases, Brandon, Manitoba.

B. Maintenance of patients in the Hospital for Mental Diseases, Selkirk, Manitoba.

C. Maintenance of patients in The Manitoba School for Mental Defectives, Portage la Prairie, Manitoba.

D. Maintenance of patients in the Psychopathic Ward of the Winnipeg General Hospital.

E. Farm, Sundry, and Occupational Therapy Revenues from various Institutions.

A summary showing how the foregoing is made up is set forth as follows:—

MAINTENANCE ACCOUNT

Brandon Hospital for Mental Diseases:

12 months' period ending December 31, 1941:

Provincial and Private Patients	$20,449.25		
Indian patients	2,939.95		
Collection Receipts		$23,389.20	
Estate Receipts		32,838.65	
TOTAL			$56,227.85

Selkirk Hospital for Mental Diseases:

12 months' period ending December 31, 1941:

Provincial and Private patients	$ 9,816.74		
Indian patients	5,422.66		
Soldiers	16,342.80		
Insane Convicts	979.77		
Collection Receipts		$32,561.97	
Estate Receipts		20,798.38	
TOTAL			$53,360.35

Manitoba School, Portage la Prairie:

12 months' period ending December 31, 1941:

Provincial and Private patients	$ 2,515.08		
Municipal patients	70,378.77		
Collection Receipts		$72,893.85	
Estate Receipts		1,120.62	
TOTAL			$74,014.47

Psychopathic Ward, General Hospital, Winnipeg:

12 months' period ending December 31, 1941:

Provincial and Private patients	$ 5,869.25		
Collection Receipts		$ 5,869.25	
Estate Receipts		576.16	
TOTAL			$ 6,445.86

FARM ACCOUNT

12 months' period ending December 31, 1941.

Brandon Hospital for Mental Diseases:

Produce supplied from Institution	$32,437.29	

Selkirk Hospital for Mental Diseases:

Produce supplied from Institution	21,696.27	

Manitoba School, Portage la Prairie:

Produce supplied from Institution	17,568.57	
TOTAL		$71,702.13

SUNDRY REVENUE ACCOUNT

12 months' period ending December 31, 1941

Brandon Hospital for Mental Diseases	$ 16.80	
Selkirk Hospital for Mental Diseases	226.90	
Manitoba School for Mentally Defective Persons, Portage la Prairie	29.91	
TOTAL		$ 273.61
Refunds to appropriation		$ 8,030.13

OCCUPATIONAL THERAPY ACCOUNT

12 months' period ending December 31, 1941.

Brandon Hospital for Mental Diseases	$2,409.73
Selkirk Hospital for Mental Diseases	54.80
Manitoba School for Mentally Defective Persons, Portage la Prairie	540.78
TOTAL	$3,005.31

Total Revenue received on Maintenance Account	$190,047.83	
Total Revenue received on Farm Account	71,702.13	
Total Revenue received on Sundry Revenue	273.61	
Total Revenue received on Occupational Therapy	3,005.31	
Total Revenue received on Refunds to Appropriation	8,030.13	
GRAND TOTAL		$273,059.01

GENERAL REMARKS RESPECTING COLLECTIONS

The total revenue for the year ending December 31, 1941, showed an increase over that of the previous year of $19,585.27. The revenue realized from the Estates was down $2,215.31. This was due at least in part to the low grade of the grains harvested, caused by inclement weather, and the fact that costs of operation of farms have been rising with prices practically static.

We have continued the policy of endeavoring to compromise old accounts wherever possible, and in numerous instances during the year some very old accounts were collected, one outstanding for nineteen years.

OLD AGE PENSIONS

Hereunder set forth is a statement showing the receipts and disbursements in connection with the pensions of approximately sixty-nine Old Age Pensioners confined in the St. Boniface Home for Aged and Infirm, the Eventide Salvation Home at Brandon, and the Sunset Lodge, Winnipeg. These pensions have been administered by this Department.

Balance in Bank, December 31, 1940		$3,448.34
Amount Pensions received		6,545.85
		$9,994.19
Personal Allowances	$ 471.40	
Refund to Municipalities	541.31	
Paid on Sundry Accounts	651.83	
Placed in Consolidated Revenue	5,435.90	
		7,100.44
Balance in Bank, December 31, 1941		$2,893.75

MANITOBA SCHOOL

The revenue from the Manitoba School it will be noted, was increased over the previous year by $5,403.84.

A detailed statement of the collections will be found appended hereto.

I wish to thank the Honourable Minister of Health and Public Welfare and yourself for the helpful direction and supervision given me since I became the acting incumbent of this office. I would also like to say that I have found the members of my staff most loyal and co-operative.

Yours very truly,

F. G. RITCHIE,
Acting Fiscal Supervisor, Public Institutions.

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, for the calendar year ending December 31st, 1941, on the three Department of Health and Public Welfare farms under my management.

The farms are operated as departments of the Hospital for Mental Diseases, Brandon; the Hospital for Mental Diseases, Selkirk; and the Manitoba School for Mentally Defective Persons, Portage la Prairie. These farms have three main objectives—first, to provide healthful occupation for a large number of patients; secondly, to provide all requirements of milk, pork, vegetables, and part of the eggs, beef and veal consumed in the Institutions; and thirdly, to distribute surplus Holstein-Friesian cattle, Yorkshire hogs, and registered and certified seed grain to farmer producers or on the market.

The total revenue from the three farms amounted to $68,175.93, this is an increase of $7,723.11 over the revenue for the year 1940.

STATEMENT OF OPERATIONS—January 1st to December 31st, 1941.

REVENUE—	Brandon	Selkirk	Portage	Total
Value of produce supplied to the Institutions	$28,450.48	$15,527.26	$11,107.05	
Sales of animals, produce, etc.	2,209.77	6,266.36	4,615.01	
	$30,660.25	$21,793.62	$15,722.06	$68,175.93
EXPENSES—				
Salaries	$11,326.09	$10,421.47	$ 6,523.45	
Operating expenses	11,292.52	6,521.79	5,398.31	
	$22,618.61	$16,943.26	$11,921.76	51,483.63
Total Operating Surplus				$16.692.30

TOTAL INVENTORY—As at December 31st, 1941 (Not including Buildings or Land)

	Brandon	Selkirk	Portage	Total
Vegetables, Grain and Fodder, Livestock, Machinery, etc.	$32,104.93	$27,309.92	$20,896.36	$80,311.21

The farm acreages are as follows:—

	Brandon	Selkirk	Portage	Total Acreage
Total land cultivated in 1941	1,002	780½	656	2,438½ acres
Land purchased to replace that taken over by Dept. National Defence	310	.....	.....	310 "
Hospital grounds, farm yards, bush, roads, etc.	313	480½	121	914½ "
Total Land held—December 31, 1941	1,625	1,261	777	3,663 "

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 for seed.

The parcel of land, approximately 310 acres, purchased in May, 1941 (to replace the land taken over by the Department of National Defence in August, 1940, as part of the Commonwealth Air Training Scheme), has been of value. Slightly over 100 tons of good quality hay was harvested and around 100 head of cows and heifers were pastured on the land for the summer. There was no cultural work done on this farm. Control of this land allowed for the harvesting of another 70 tons of hay which would otherwise have been consumed as pasture. The proximity of this block of land to the Brandon Hospital for Mental Diseases' property makes it of more value, from a pasture standpoint, than the quarter section previously owned. The farm acreages at the other Institutions remained the same as in previous years.

FIELD CROPS

The growing season of 1941 was quite suitable for the production of cereal, hay and vegetable crops with the result there were heavy stands of all crops. During the harvest season, however, heavy and almost continual rains retarded harvesting operations which resulted in some loss in yield and lower grades of grain. The total yield of grain threshed, however, was higher than in any previous year. Yields of hay, corn and vegetables were also correspondingly good.

Grain and Fodder Crops produced were as follows:—

	Brandon	Selkirk	Portage	Total Produced
Wheat—bushels	.....	1,853	360	2,213
Oats—bushels	4,960	11,286	6,432	22,678
Barley—bushels	.....	3,726	7,489	11,215
Corn and Sorghum—ton (Silage)	390	265	205	860
Hay—ton	545	172	160	877
Roots—lbs.	.....	158,100	.....	158,100
Straw—ton	.....	145	.....	145
Returns from **Sale of Grain**	$	$1,137.30	$3,228.15	$4,365.45

	Brandon	Selkirk	Portage	Totals
Total Value of Vegetables supplied to the Institutions	$6,271.43	$2,670.76	$2,256.11	$11,198.30
Sale of Vegetables		.40	171.45	171.85
				$11,370.15

Low grade and undersized vegetables, such as potatoes, carrots, parsnips, beets turnips, cabbage and cabbage leaves, etcetera, are fed to the live stock.

GROUNDS

The abundance of moisture produced luxurious growth of trees, shrubs, lawns and flowers. The planting of shrubs and the laying out of new lawns has continued. We are again indebted to Mr. W. R. Leslie and his associates at the Dominion Experimental Station, Morden, for their kind assistance and advice.

LIVE STOCK

Cattle—Herds of "Holstein-Friesian" dairy cattle are maintained at each Institution. These herds supply the milk and cream for Institutional use and some of the beef required.

The total milk production at the three Instiutions amounted to 2,150,346.2 lbs., an increase over 1940 of 89,274.4 lbs. Of the total amount produced 1,911,777.1 lbs. was consumed in the Institutions and the balance, or 238,569.1 lbs., was used as live stock feed.

The production of both milk and total fat, from cows on "Record of Performance", has increased considerably. The "average percent fat" for the past year was 3.86% for cows on semi-official test.

The dairy cattle herds are increasing in numbers and in the very near future there will be a surplus of good producing females for sale.

The procedure of purchasing feeder cattle for the Manitoba School for Mentally Defective Persons, was continued. A total of 47 head was purchased. These have developed well and, from October 1st to December 31st, have supplied the Institution with 6,177 lbs. of good quality beef and will continue to do so until about the 15th of **April next.**

The total number of cattle on hand as at December 31st, 1941 was 490 head, this is an increase of 39 head over the previous year.

Produce supplied to the Institutions, as follows:—

	Brandon	Selkirk	Portage	TOTALS Amount	TOTALS Value
Milk and cream	1,032,120	562,447.1	317,210	1,911,777.1	$33,597.57
Beef, veal, liver	7,175	1,757	16,812	25,744	2,527.49
Returns from **Sale of Cattle and Hides**	$1,440.54	$1,951.18	$515.77		3,907.49
					$40,032.55

INVENTORY

Cattle on hand, December 31, 1941:

	Brandon	Selkirk	Portage	TOTALS Amount	TOTALS Value
Number of head	270	115	105	490	
Total value	$15,330.00	$8,960.00	$5,745.00		$30,035.00

HOGS

Herds of Yorkshire hogs are maintained at each Institution, mainly to produce fresh and cured pork, and pork products, for Institutional use. Surplus hogs are sold on the market or as breeding stock to farmers.

Pork supplied to the Institutions, as follows:—

	Brandon	Selkirk	Portage	TOTALS Amount	TOTALS Value
Pork—lbs.	36,249	18,401	13,457	68,107	$6,870.81
Returns from **Sale of Hogs**	$739.23	$2,964.56	$651.94		4,355.73
					$11,226.54

INVENTORY

Hogs on hand—December 31, 1941:

Number head	233	151	60	444	
Total values	$3,482.00	$2,845.00	$1,008.00		$7,335.00

HORSES

Horses are maintained at each Institution for farm and Institutional use.

	Brandon	Selkirk	Portage	TOTALS Amount	TOTALS Value
Returns from **Sale of Horses**	$10.00		$47.70		$57.70

INVENTORY

Horses on hand—December 31, 1941:

Number on hand	27	19	13	59	
Total value	$1,755.00	$1,200.00	$1,025.00		$3,980.00

POULTRY

As in previous years a laying flock is maintained at the Hospital for Mental Diseases, Selkirk only, there being no accommodation for poultry at the other Institutions.

The practice of purchasing partially grown pullets during the summer was continued. The egg production during 1941 showed an increase of 716 dozen and was more uniformly maintained.

Eggs supplied to Institution, as follows:

	Brandon	Selkirk	Portage	TOTALS Amount	TOTALS Value
Eggs—dozen		4,453		4,453	$890.62
Returns from Sale of Poultry		317 head		317	212.92
					$1,103.54

INVENTORY

Poultry on hand—December 31, 1941:

Number of head and value	308 head		308	$231.00

MACHINERY

The farm machinery, with a few exceptions in the smaller implements, is in good repair. The tractor at the Manitoba School for Mentally Defective Persons was traded in on a new tractor, which is more suitable for the purposes intended and appears to be more economical on fuel consumption. The practice of replacing one or two used implements on each farm was continued.

	Brandon	Selkirk	Portage	VALUE
Returns from Sale of Machinery	$20.00			$20.00

INVENTORY

Machinery on hand—December 31, 1941:

Total value	$5,951.00	$5,544.00	$6,179.15	$17,674.15

BUILDINGS

The Granary and No. 2 Cattle Barn at the Hospital for Mental Diseases, Brandon were painted, thus the farm buildings at this Institution are now a uniform color—cream with red roofs. The Horse Barn, Piggery and Implement Shed at the Hospital for Mental Diseases, Selkirk will require to be painted. This work should be undertaken early in 1942.

The farm at the Manitoba School for Mentally Defective Persons, by purchasing feeder cattle and raising hogs, supplied a large amount of the meat consumed in the Institution. The present arrangement is to slaughter these animals at the Institution formerly occupied by the Manitoba Home for Boys. This arrangement is not satisfactory for a number of reasons and it is therefore recommended that a small suitable slaughter plant be constructed in the spring of 1942 on the property owned by the Manitoba School for Mentally Defective Persons.

STAFF

There was little change in the personnel of the farm staffs during the year. It was necessary to make two replacements; one farm attendant having enlisted in His Majesty's Forces and one Assistant Dairyman having resigned to take another position. The staffs have been co-operative and have taken a keen interest in their various departments on the farms, for which I wish to express my appreciation. I also wish to express my appreciation to the Administrative Staff at each Institution, and to the Minister and yourself for your helpful understanding of all matters pertaining to the farms.

Respectfully submitted,

J. E. CRAWFORD, B.Sc.A.,

Farms Manager.

Dental Clinics for Institutions

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 herewith the Annual Report of the work done in the Dental Clinics at the Hospitals for Mental Diseases, at Brandon and Selkirk, and at the Manitoba School for Mentally Defective Persons, at Portage la Prairie, during the year 1941.

In addition to the hospital work, a total of three hundred and thirty-three (333) High School students were examined during the month of May at the following places: Selkirk, Teulon, Steinbach, and Stonewall. This work required four days to complete and the time was deducted from the schedule of Selkirk Hospital for Mental Diseases.

Approximately one full day was lost at the Manitoba School for Mentally Defective Persons, Portage la Prairie, during the month of November. The reason for this loss of time was due to a short-circuit in the electrical equipment and the dental engine could not be used. The Brandon Hospital for Mental Diseases received the benefit of the one day lost at the Manitoba School for Mentally Defective Persons.

DENTAL REPORT FOR YEAR 1941

Hospital for Mental Diseases, Brandon.

Hospital for Mental Diseases, Selkirk.

Manitoba School for Mentally Defective Persons, at Portage la Prairie.

Number of patients examined	4,292
Number of resistive patients	21
Number of patients refusing treatment	29
Extractions	1,531
General anesthetics	3
Local anesthetics	2,103
Fillings	736
Scaling and Polishing	2,067
Dentures	55
Denture repairs	24
Gum treatments	69
X-ray plates	47
Bacteriological examinations	24
Working days	247

May I take this opportunity to thank you for the kind assistance you have extended at all times during the past year. All of which is respectfully submitted.

I have the honour to be, Sir,

Your obedient servant,

HAROLD TROTTER, D.D.,

Institutional Dentist.

HEALTH

PROVINCIAL BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DIVISION OF DISEASE PREVENTION

- Medical Director
- Communicable Disease
- Central Tuberculosis Registry
- Venereal Disease Control
- Venereal Disease in Detention Institutions
- Public Health Nursing Services
  - Dental Clinics
- Sanitation
- Food Control

DIVISION OF HEALTH EDUCATION

- Health and Welfare Library

DIVISION OF INDUSTRIAL HYGIENE

DIVISION OF MATERNAL AND CHILD HYGIENE

DIVISION OF LABORATORIES

- Director of Laboratories
- Laboratory at Brandon Hospital for Mental Diseases
- Laboratory at Manitoba School for Mentally Defective Persons, Portage la Prairie

DIVISION OF PSYCHIATRY

- Provincial Psychiatrist
- Psychopathic Hospital
- Brandon Hospital for Mental Diseases
- Selkirk Hospital for Mental Diseases
- Manitoba School for Mentally Defective Persons, Portage la Prairie

DIVISION OF HOSPITALIZATION

- Medical Director
- Private Hospitals
- Care of the Aged and Infirm

Provincial Board of Health

Hon. James McLenaghen, K.C.,
Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

We have the honour to submit herewith the Annual Report of the Provincial Board of Health for the calendar year 1941.

The present members of the Provincial Board of Health are as follows:

The Honourable James McLenaghen,
Dr. E. W. Montgomery,
Dr. F. T. Cadham,
Dr. J. S. Matheson,
Dr. F. W. Jackson,
Dr. M. S. Lougheed,
Mr. E. W. J. Hague,
Mr. Frank Simmons,
Mr. R. M. Fisher, Secretary.

During the calendar year 1941 two meetings of the Provincial Board of Health were held—one on the 6th day of June, 1941, and one on the 14th day of August, 1941.

At the meeting held on the 6th day of June, 1941, the Provincial Board of Health requested the Minister to re-submit to the Lieutenant Governor-in-Council an amendment to the Regulations made under "The Public Health Act" providing that after the first day of June, 1942, no cheese shall be sold in Manitoba for consumption unless it was manufactured at least three months prior to the date of sale, or it was pasteurized. After consideration, the Lieutenant Governor-in-Council decided against passing the proposed amendment.

The Department of Agriculture advised the Board that it was doing what it could through the municipalities to eliminate ragweed. Certain proposed amendments to the Regulations under "The Public Health Act" were approved by the Board.

Dr. Jackson, the Executive Officer of the Board, presented his Report on some of the activities of the Department of Health and Public Welfare for the year 1940.

The Board considered a memorandum presented by Dr. Bowman with reference to the distribution of whooping cough vaccine, and the Board recommended to the Minister that whooping cough vaccine be distributed under restrictions to be set up by the Minister.

The Board recommended to the Minister that consideration be given to implementing the Regulation requiring employees in the Cordite Plant in Transcona to be inoculated against smallpox and typhoid fever.

At the meeting of the Board on the 14th day of August, 1941, besides the members of the Board, there were present:

Dr. C. R. Donovan,
Dr. J. D. Adamson,
Dr. Bruce Chown,
Dr. Dougald McIntyre,
Dr. J. C. Hossack.

After Dr. Donovan had reported on the poliomyelitis epidemic a further discussion took place on this subject, and the Board made certain suggestions to the Minister with reference to the epidemic.

The Executive Officer of the Board reported that the Department had made arrangements for the preparation and distribution of vaccine for whooping cough.

The Board again suggested that the Minister make further attempts to have the employees of the Cordite Plant at Transcona inoculated for smallpox and typhoid fever.

Certain amendments to the Regulations under "The Public Health Act" were approved by the Board.

The Board also gave Dr. Cadham instructions to continue the preparation of poliomyelitis serum.

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,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I have the honour to submit the preliminary report of the Division of Statistics for the first eleven months of 1941.

The number of live births registered was 13,088, of marriages 7,337, of deaths 5,838, and of stillbirths 347. With a population of 722,447 these figures give a rate of 18.2 births, 10.1 marriages and 8.3 deaths per thousand population.

TABLE I.

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

Manitoba, 1941, 1940 and 1939.

	Jan.-Nov., 1941		*1940		*1939	
	Number	Rate	Number	Rate	Number	Rate
Live births—White	12,627	17.8	13,510	18.8	13,009	18.3
Indian	461	34.1	881	63.0	574	39.6
All	13,088	18.2	14,391	20.2	13,583	18.7
Marriages —White	7,250	10.2	8,711	12.2	7,570	10.6
Indian	87	6.5	138	9.5	106	7.3
All	7,337	10.1	8,849	12.1	7,676	10.5
Deaths —White	5,514	7.8	5,816	8.4	5,743	8.1
Indian	324	23.5	523	37.4	414	28.5
All	5,838	8.3	6,339	8.6	6,157	8.5

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

For the eleven month period, births show a slight increase over 1940 as do deaths and stillbirths, but the number of marriages are below the figure for last year.

TABLE II.

DEATHS BY AGE AND SEX

	Whites		Indian		All	
	M.	F.	M.	F.	1941	1940
*Under one year	347	244	62	56	710	756
1 - 4	56	42	20	21	139	206
5 - 14	65	51	24	14	154	165
15 - 24	139	76	15	16	246	271
25 - 44	279	207	11	18	515	542
45 - 64	876	619	11	9	1,515	1,573
65 - 79	1,044	611	15	15	1,685	1,883
80 and over	448	409	4	13	874	941
Not stated	.....	.....	.....	.....	.....	2
*1 unknown sex.	3,254	2,259	162	162	5,838	6,339

TABLE III.

DEATHS FROM CERTAIN CAUSES

For the Period, January to November, 1941 and 1940.

	1941 Jan.-Nov.	1940 Jan.-Nov.
Disease of the heart	1,312	1,279
Cancer	786	739
Accidents	363	298
Cerebral haemorrhage	354	346
The Pneumonias	307	350
Tuberculosis	280	319
Nephritis	227	214
Premature birth	163	151
Arteriosclerosis	157	141
Diabetes	102	108
Influenza	97	95
Old age	80	91
Prostatic disease	67	69
Suicide	50	54
Syphilis	47	42
Appendicitis	46	60
Maternal deaths	35	47
Intestinal obstruction	26	41

Deaths due to diseases of the heart show a slight increase over 1940. Deaths due to tuberculosis continue to show an encouraging decline. Cancer continues high and shows a considerable increase over 1940. The maternal death rate continues favourable.

TABLE IV.

DEATHS FROM COMMUNICABLE DISEASES

Manitoba, 1941 and 1940.

	1941 Jan.-Nov.	*1940
Influenza	97	140
Encephalitis lethargica	81	11
Lobar pneumonia	77	122
Poliomyelitis	21	5
Dysentery	10	4
Whooping cough	9	46
Measles	9	18
Chickenpox	2	----
Erysipelas	1	6
Mumps	1	----
Tetanus	1	1
Typhoid fever	1	18
German measles	1	----
Scarlet fever	6	5
Diphtheria	5	9
Septic sore throat	1	----
Cerebral spinal meningitis	5	5
Puerperal fever	2	10
*D. B. S. figures.	330	400

Due to the epidemic of anterior poliomyelitis and encephalitis lethargica, deaths from these diseases are high. Influenza, lobar pneumonia and whooping cough show an improvement over 1940.

TABLE V.

DEATHS OF CHILDREN UNDER ONE YEAR OF AGE BY CAUSE AND AGE

For the period, January to November, 1941.

Whites	Under 15 days	15 days to 1 month	1 month to 1 year	Under one year
Bronchitis, pneumonia and influenza	5	13	103	121
Diarrhoea and enteritis	----	6	50	56
Other communicable diseases	2	1	29	32
Congenital malformations	50	7	20	77
Congenital debility	11	1	4	16
Birth trauma	67	2	3	72
Premature birth	127	17	13	157
Accident	1	1	10	12
Homicide	----	1	1	2
Other diseases	3	7	37	47
	266	56	270	592

Indians

Bronchitis, pneumonia and influenza	2	3	31	36
Diarrhoea and enteritis	1	....	11	12
Other communicable diseases	....	....	10	10
Congenital debility	11	2	7	20
Birth trauma	5	....	1	6
Premature birth	4	2	.....	6
Accident	....	....	1	1
Other diseases	10	3	14	27
	33	10	75	118
	299	66	345	710

TABLE VI.

CAUSES OF MATERNAL DEATHS

Manitoba, 1938, 1939, 1940 and 1941.

	*1938	*1939	*1940	1941 White	1941 Indian	1941 All
Abortion	11	6	12	5	4	9
Haemorrhage	9	9	7	5	....	5
Infection	6	11	10	5	....	5
Toxaemia	6	14	14	10	1	11
Other	7	7	14	4	1	5
	39	47	57	29	6	35
Number per 1,000 live births	2.9	3.5	3.9	2.3	13	2.7

*D. B. S. figures.

TABLE VII.

DEATHS FROM CANCER—SHOWING MAIN SITES

Manitoba—January to November, 1941

	Under 25	25–44	45–64	65–79	80 and over	M.	F.	Total
Mouth and throat	1	1	6	10	3	15	6	21
Oesophagus	....	1	4	9	4	12	6	18
Stomach	....	8	76	78	20	116	66	182
Rectum	....	1	14	14	6	21	14	35
Other digestive organs	....	8	83	59	8	82	76	158
Lungs, bronchi and other parts R.S.	1	3	18	22	....	29	15	44
Uterus	....	11	31	12	2	....	56	56

Other female genital organs	---	4	11	8	---	---	23	23
Breast	---	8	38	20	4	---	70	70
Male genital organs	1	3	4	33	8	49	---	49
Urinary organs	4	1	11	17	5	31	7	38
Skin	1	1	3	2	6	7	6	13
Brain	9	12	7	---	1	19	10	29
Other	10	4	22	11	3	27	23	50
	27	66	328	295	70	408	378	786

TABLE VIII.

DEATHS FROM TUBERCULOSIS

Among Whites, Half-Breeds and Indians.

Manitoba—January to November, 1941.

	Under One	1–14	15–44	45–64	65 and over	Total
Whites:						
Respiratory	1	4	69	43	12	129
Other	5	7	19	10	3	44
Half-breeds:						
Respiratory	---	---	5	---	---	5
Other	1	---	---	3	---	4
Indians:						
Respiratory	3	22	33	6	3	67
Other	3	15	8	3	2	31
	13	48	134	65	20	280

Rates per 100,000 population: Whites and Half-breeds 25.7
Indians 608.6
All 38.7

Respectfully submitted,

LUCRETIA E. STEWART, R.N.,
Acting Recorder, Division of Statistics.

Report of Medical Director

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

Sir:

I beg to submit the reports covering the various activities of the Division of Disease Prevention for the year 1941, and a summary of this work is herewith presented.

COMMUNICABLE DISEASES

An unusual and serious situation had to be faced this year in the development of large outbreaks of Anterior Poliomyelitis and Encephalitis which ran concurrently and reached their height about the middle of August. Most of the other communicable diseases showed a decline from 1940. Exchange of information and collaboration with representatives of His Majesty's Forces continues satisfactorily.

Anterior Poliomyelitis. 954 cases resulting in 21 deaths. This is the largest number of cases ever reported in any single year in Manitoba.

Medical knowledge still has nothing to offer as a prophylactic against this disease. Our main efforts were directed toward getting the patients under immediate medical care. The majority of patients were treated in hospitals and in Greater Winnipeg the hospital facilities were for a time taxed to the limit. Efforts were made to determine the extent of residual paralysis in all cases and if hospitalization for this purpose was necessary, the Department of Health and Public Welfare assumed responsibility for the hospital account up to a maximum of twenty-one days. The muscle testing and treatment of the residual paralysis was carried out by three hospitals in the Winnipeg area. Sincere thanks are due the staff of each of these Institutions for their interest in carrying out this very necessary part of the treatment. So far as can be determined now, there will be a relatively small number of patients from this epidemic who will remain seriously crippled. Regulations under "The Public Health Act" covering poliomyelitis were altered slightly to assist the Medical Officers of Health in arranging for a more practical handling of these cases.

Epidemic Encephalitis. 504 cases resulting in 71 deaths. This disease first appeared about the first of August along the southern edge of Manitoba, quickly reached a peak about the third week of August and as rapidly disappeared. This outbreak was part of a large epidemic which also ran concurrently in Minnesota, North Dakota and Saskatchewan. The disease is believed to be due to the virus of Western Equine Encephalitis but practically nothing is known of the nature of its spread among humans. There is every reason to believe that this disease will continue to appear; it is serious; fourteen percent of the reported cases ended fatally. Money for further investigation into possible means of prevention and treatment is required immediately.

Diphtheria. The reduction in the number of cases and deaths this year is gratifying but there are still too many cases of diphtheria reported in Manitoba. This

disease is preventable by giving immunizing treatments of diphtheria toxoid to infants and children. The amount of immunization among the pre-school group remains inadequate. In our preliminary report of completed toxoid administrations, there is shown only 4,065 children below six years of age who received this treatment. Two or three times this number should be protected each year.

Typhoid and Para-typhoid Fever. The thirty-eight cases reported represent the smallest number in the history of this Province, for any single year.

Meningitis (Meningogoccal). There is some increase in the reported cases but it is gratifying to note that only ten percent of these patients died. This is probably due to the efficiency of the "Sulfa" group of drugs now used in the treatment of this disease.

Tuberculosis. The regulations under "The Public Health Act" pertaining to Tuberculosis were altered, enabling the Medical Officer of Health to exercise more control over patients suffering from this disease.

The report of the Central Tuberculosis Registry shows:

(a) New cases of Tuberculosis discovered were only slightly below 1940.

(b) Of the new cases 528 were considered as active but only 410 were under treatment in a sanatorium by the end of 1941.

(c) Number of patients in sanatorium as at December 31, 1941, less than at the same time the previous year by 37.

(d) Number of patients admitted to sanatorium was less than the previous year by 29.

(e) Fewer patients discharged against advice.

(f) 69 patients referred to the Registry by the Department of National Defence as having been rejected because of Tuberculosis.

Venereal Disease. On July 1, 1941, the administration of the Division of Disease Control was added to the duties of Dr. K. J. Backman, who until that time had been responsible only for the operation of the Venereal Clinic at the St. Boniface Out-Patient Department. This now places the division in the charge of a physician experienced in the different phases of the work.

Later in the year two public health nurses were added to the staff to enlarge the facilities already available for case finding.

The number of new cases of both gonorrhoea and syphilis reported is practically the same as for the previous year.

The successful treatment of gonorrhoea by sulphathiazole has been mentioned and this is reflected in the marked reduction in the number of patients to be hospitalized because of complications; this is particularly noticeable with regard to women.

Close collaboration continues between the division, the armed forces and the police departments of the larger centres, in an effort to suppress the possible avenues of spread of these diseases.

INDUSTRIAL HYGIENE

The usual work under this heading was carried on as in former years. There is no full time staff for this division. Dr. Bowman, Epidemiologist, has endeavored to supervise these activities but as the scope of the work has greatly increased since the outbreak of war, we are unable to give these problems the attention they seem to require. Dr. Bowman's recommendation that full time properly trained personnel be obtained for the Industrial Hygiene Division, should be implemented as soon as possible.

The Rockefeller Foundation granted a travelling fellowship to Dr. Bowman this year, enabling him to observe industrial hygiene work in Canada and the United States.

The Department of Pensions and National Health provided facilities for our Chief Sanitary Inspector, Mr. Foggie, to have several weeks practical work in their Industrial Hygiene Laboratory in Ottawa.

The reporting of industrial diseases became effective this year, under the "Manitoba Factories Act".

SANITATION AND FOOD CONTROL

Sanitation. The routine duties of this division have been considerably increased again this year by the work necessary on account of the establishment of camps, air fields, etcetera, for the armed forces.

The reports and technical advice provided are essential to the other divisions of the Department and are also of much value to other bodies such as rural school boards, hospital boards, various industries and to most of the municipalities through the part time Medical Officer of Health. The detailed report indicates the extent and the character of the investigations undertaken.

Food Control. The work here is very largely with the milk industry. The demand for pasteurized milk for the armed forces has considerably increased the work of the division. Inspection of the milk shippers in the Greater Winnipeg milk shed, and the milk as supplied to the pasteurization plants has now reached a point where the existing staff of this division is no longer able to handle it satisfactorily. This work could really be carried out more suitably by the City of Winnipeg Health Department.

Dr. Rigby points out the demand for supervision of restaurants. There is a very definite need for inspectoral work of this kind, but it must come from local health services.

The only plant in the Province producing certified milk, discontinued the product in September, 1941.

PUBLIC HEALTH NURSING

The total nursing staff at the end of the year was forty-three.

Additional municipalities acquiring nursing services during the year,—

Lansdowne—full time nurse.
Fort Garry—nurse on part time basis.

In addition to the nurses who are undertaking to develop a generalized nursing service in Unorganized Territory and in some twenty-three towns and rural municipalities, other nurses on the staff are occupied with special work such as, The Public Health teaching course on the curriculum of the Normal Schools, the teaching of Public Health at the various schools of nursing throughout the Province, venereal disease work, Public Service nursing stations and inspection of boarding homes.

The general nursing service involves work and visits carried out in co-operation with all other divisions of the Department, also investigations made for the Relief Division of the Department of Public Works, educational programmes in collaboration with the Department of Education, assistance given to physicians at immunization clinics and at clinics held by the Foundation for Preventive Dentistry.

The home visit is the most satisfactory method of bringing information on health to the individual; 25,603 home visits were made during the year.

Miss Russell's report covers in detail the activities of the Nursing Division and she points out that the increased demand for nursing services throughout the province will mean additional nurses in this Division.

PUBLIC HEALTH EDUCATION

Public Health Education. The detailed report outlines the activities of this division in our efforts to disseminate information on individual and community health through the collaboration of all other divisions of the Department and many outside organizations.

Library. During the past two years the library has expanded considerably. Material covering all aspects of preventive medicine is available to members of the Department staff, physicians, nurses, teachers, students and other interested persons.

Last year 7,366 pieces of literature were loaned.

LABORATORY at 320 Sherbrook Street

A small room in the Health and Welfare Building has been fitted up to serve as a Laboratory to undertake certain examinations on samples of milk. This accommodation may also be used for some laboratory work in connection with Industrial Hygiene.

LOCAL HEALTH SERVICES

The local health services in the majority of municipalities continue to be inadequate. Supervision of restaurants, food handling, milk and water supplies, is usually absent. Very few places have any school health programme. Prophylactic measures against communicable disease are not well organized.

A large part of the problem hinges around the insufficient remuneration paid to the majority of part time officers of health and a lack of understanding of the duties expected of them.

In June, 1941, the Minister of Health and Public Welfare called together the second annual meeting of Medical Officers of Health. A programme covering both morning and afternoon had been arranged. At the commencement of the afternoon meeting, plans were made for the organization of the Manitoba Health Officers' Association by the Medical Officers of Health who were in attendance at this meeting.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Director, Division of Disease Prevention.

Division of Communicable Diseases

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, 1941.

The total number of cases of notifiable diseases reported, exclusive of cancer and venereal diseases, was 12,478. This is only two-thirds of the number reported in 1940 but in 1940 there were 12,183 cases of measles, in 1941 only 3,439, so the difference in totals is mostly in the one disease alone. Table No. 1 shows in comparison the cases and deaths in 1940 and 1941. The most striking facts shown by this table are that anterior poliomyelitis and encephalitis were epidemic in 1941 and that practically every other notifiable disease was less prevalent than in 1940. Table No. 2 shows in comparison the cases of twelve communicable diseases in white persons for the past six years. As this annual report is being prepared one month earlier than usual it will not be quite so accurate as to numbers of cases as usual and the deaths are only reported to November 30th. This must be kept in mind when comparing with former years. Of the total number of cases of communicable disease, 1,002 occurred among the Armed Forces. These were as follows, poliomyelitis 2, chickenpox 36, diphtheria 7, encephalitis 17, erysipelas 1, influenza 127, measles 169, meningococcal meningitis 8, mumps 355, pneumonia-lobar 3, scarlet fever 92, German measles 181, and septic sore throat 4. As the epidemics of anterior poliomyelitis and epidemic encephalitis occurred during the same period I will discuss them toward the end of this report and will now proceed with the other communicable diseases as listed in Table No. 1.

Chickenpox with 2,227 cases shows a slight increase over 1940, but as it is a very mild disease and not always reported one hundred percent, this is not significant. There were two deaths which are quite rare and only occur when there are other conditions present as well.

Diphtheria. There were 241 cases reported and of these 62 were Treaty Indians, leaving a net of 179 among whites. From Table No. 2 we note that this is the lowest number since 1937 and consulting Table No. 5, that with the exceptions of 1936 and 1937, it is the lowest in Manitoba's history. With only 4 deaths in whites and 1 Indian (remember these deaths are only to November 30th) this is the least number of deaths from this disease ever reported in Manitoba and it is also the least number of deaths per 100 cases.

Table No. 5 shows that Winnipeg had less than half the number of cases reported in 1940 and just a little over half the number in 1939. Looking at Table No. 4 we note the increase in immunization done in Winnipeg in 1939, and especially in 1940 and 1941. It appears reasonable that the benefit of this preventive work is shown in the marked decrease in number of cases in 1941.

The balance of the Province shows also a definite decrease but not so marked as in Winnipeg. Table No. 4 shows that our immunization rate has been more uniform

but greatest in the past four years. I believe we are justified in assuming that our decrease in number of cases is attributable to the increase in toxoiding in the past four years but we are by no means satisfied as it has been definitely shown in some of the Ontario cities (such as Hamilton) that diphtheria can be completely wiped out if a large percentage of the children are immunized regularly. Our percentage is not yet high enough so must be increased and then maintained. One municipality which had never immunized against diphtheria and which we had urged to do so several times (most recently in April, 1941) had an outbreak of diphtheria in the autumn of 1941 with 14 cases and 1 death. Then with a newly appointed Health Officer they put on clinics. It seems too bad that an eight year old boy has died and thirteen others have been seriously ill before the responsible authorities would realize the necessity for immunization. The cost of immunization is not high but who can say the same about illness and death?

Table No. 3 shows that the greatest number of cases are under the age of fourteen and the deaths under nine. This indicates where the work must be done. Below are the preliminary figures of immunization done in 1941, by age groups, roughly preschool, school and adult.

Age Group	Complete Immunizations
1 - 5 years	4,065
6 - 16 years	8,899
Over 16 years	946
No age given	1,167

These figures are not complete but do indicate that the youngest age group, in which the disease is most serious, are not receiving the attention they should.

In 1942 we plan on intensifying our efforts to have the children in every city, town and municipality protected.

Dysentery. There were no cases of amoebic dysentery reported in 1941. There were 5 cases and 5 deaths (3 of them in Treaty Indians) reported of the bacillary type. No doubt there were many cases not reported as the summer diarrhoeas usually belong in this classification. Prevention depends upon good sanitation, safe water supply, controlled milk and food supplies and exclusion of flies from homes, food, dishes, etc. This disease is most prevalent in poor homes and in poor surroundings. The remedy is obvious but difficult of attainment.

Epidemic Encephalitis, as mentioned before, will be discussed along with anterior poliomyelitis, toward the end of this report.

Erysipelas with 75 cases and 1 death is the lowest for many years but the decrease is not enough to be very significant. It is probably attributable to a better understanding, by the general public, of antiseptic treatment of small wounds and abrasions where the infection might enter.

Influenza with 417 cases and 97 deaths is not usually well reported and the number of deaths would lead one to suppose that a great many cases had not been reported. The number of deaths (second only to tuberculosis among the communicable diseases) shows the problem. Much research work has been done by many scientists in order to provide a preventive vaccine. At the present time we cannot advise that they have been more than partially successful. The best prevention is avoidance of infection when possible and keeping one's normal resistance as high as possible. It must be kept in mind that influenza is apt to increase during war time and may even become epidemic.

Measles. The epidemic of 1940 carried over into 1941, attacking persons in areas which had escaped the infection previously. There were 3,439 cases reported in 1941. Until we have a specific immunizing agent, this disease will recur in cycles.

German Measles have increased in number of cases but it is not usually a serious disease.

Meningococcal Meningitis shows an increase in cases for 1941 but the number of deaths remained the same as in 1940. The treatment with the sulfonamide group of drugs has certainly cut down the case fatality rate. Increase in number of cases usually occurs during war time.

Mumps with 1,446 cases is double the 1940 figure but only slightly above the six year average. The armed forces with 355 emphasizes the fact that it always has been a troublesome disease in young adults in barracks.

Ophthalmia Neonatorum again shows 3 cases. We now issue silver nitrate 1% solution in one ounce bottles as well as in wax capsules for the prevention of this disease. This accounts for the great increase in number of treatments issued (Table No. 7) but does not mean that any great quantity more than usual has been used. Issuing it in one ounce bottles constitutes a considerable saving to the Department and with no loss in efficiency.

Lobar Pneumonia shows a decrease in both cases and deaths. The decrease in number of deaths is due to use of the sulfonamide drugs.

Puerperal Fever with only 8 cases and 2 deaths is less than in 1940. Again the decrease in deaths is due to the sulfonamide drugs.

Scarlet Fever. Only 528 cases reported is the lowest recorded in Manitoba in the past twenty-three years. Immunization has been continued and has definitely shown its value. This disease continues to be a mild form (for which we may be thankful). Complete immunizations reported are as follows:

Age Group	Complete Immunizations
1 - 5 years	558
6 - 16 years	1,715
Over 16 years	213
No age given	202

All reports are not in yet and these figures do not take into account a great many who were partially immunized and will be completed in 1942.

Septic Sore Throat with 20 cases reported and 1 death is almost the same as last year.

Smallpox. Again in 1941 no cases were reported. This is encouraging but vaccination and re-vaccination must be continued or it may break out again as Saskatchewan and Minnesota, our neighbors, had cases in 1941. Vaccinations reported done, were as follows:

Age Group	Number Vaccinated
1 - 5 years	3,369
6 - 16 years	7,774
Over 16 years	494
No age given	838

Tetanus. Only one case was reported and it died.

Trachoma. Four cases were reported. This is a decrease and with the sulfanilamide treatment we hope to see this disappear.

Tuberculosis with 663 cases reported is less than in 1941 but as only 64 of these were Treaty Indians the figure for whites is very much the same or a little higher than the average for the past six years. Included in this report you will find the detailed report of the Central Tuberculosis Registry, presented by Miss Elsie J. Wilson.

Amendments were made to the Regulations under "The Public Health Act" regarding communicable diseases during 1941 to prevent cases of communicable disease leaving a hospital or institution without the consent of the Medical Officer of Health of the district to which they wish to go. Also the Medical Officer of Health may order examination of a person suspected to be suffering from a communicable disease. Failure to obey the above orders may result in prosecution under the Act. These regulations are already proving their value in sending "spreaders" to Sanatorium and keeping them there until non-infectious. With the co-operation of all Health Officers this should get many cases under necessary treatment and at the same time protect the general public from their infection.

Typhoid Fever. Only 37 cases were reported in 1941 and of these 7 were Treaty Indians. This is the least number of cases ever reported in Manitoba and as there was only 1 death, which is also the lowest figure ever reported in this Province, we are very pleased to report this. However, as this disease is one of faulty hygiene and sanitation we do not feel secure as our hygiene and sanitation have not improved to that extent. Seven cases among Indians with only a population of slightly over 14,000 and 30 white cases in a population of 722,000 does show a marked difference between the standards and conditions among the Indians compared to the whites.

There were no major typhoid epidemics in 1941. A small one threatened in an Indian encampment at Middlechurch but prompt steps were sufficient to halt it with only 2 cases. DeSalaberry had 5 cases and most of the municipalities in that area had a case or two. We had one case in a daughter who nursed her mother—the mother had typhoid thirty-seven years ago! The father had it two years after the mother and from the history we could not find that she had infected any one else in the thirty-five year interval! The intimate contact in nursing her passed the infection to the daughter. This may suffice to show the possible dangers of unknown carriers and serve to put us on guard never to relax our vigilance. Table No. 6 shows a comparison of typhoid, in whites, in Manitoba for the past ten years.

There was one case of para-typhoid fever in 1941.

Undulant Fever. Only 5 cases were reported and no deaths. No doubt there were many mild cases not diagnosed and so not reported as the infection of Bang's disease is fairly prevalent. Pasteurization of all milk supplies would eliminate this disease from humans.

Whooping Cough with 283 cases and only 9 deaths is a great improvement over 1940 and in fact (Table No. 2) is the best in the past six years. We claim no credit for this improvement, other than in an educational way as to the dangers of exposure of young children and general measures as to care. The value of the vaccine is still in dispute and up to the present it has not been included in our list of free biologicals supplied by the Department. When a more potent vaccine is discovered it will be of great value as this is a serious disease and a killer of young infants .

Immunization. In 1941 this was carried on in many municipalities. Table No. 7 shows the amounts of the various biologics distributed in 1940 and 1941. 1941 compares very well with 1940 as regards preventive materials supplied. Typhoid was much less as there were no epidemics. Immunization done has been shown in the comment regarding each disease. In 1942 we hope to very much increase our efforts along this line and trust we will receive the co-operation of the various municipal councils as well as that of their medical officers of health.

Anterior Poliomyelitis. Manitoba suffered from its largest epidemic of this disease in 1941. There were 954 cases and 21 deaths. Three cases occurred among Treaty Indians. Our last epidemic year was in 1936 and since that year the number of cases had become less until in 1940 there were only 18 reported. As this disease comes in cycles it was not unexpected so toward the end of June when cases were being reported more frequently than usual we were on guard.

On July 15th the Chief Health Officer called a meeting of health officials of the Province, the City of Winnipeg and the Armed Forces. The disease was discussed and plans made to control it. These meetings were continued weekly until the epidemics subsided. Circular letters were sent to all doctors in the Province, convalescent serum was supplied by the Provincial Laboratory, newspaper publicity and radio talks were given. Doctor Don W. Gudakunst, Medical Director of the National Foundation for Infantile Paralysis Incorporated, was invited to Manitoba. He came, met the committee, saw several cases in hospital and was of considerable assistance by his advice etcetera. This was on July 31st. If you will consult Graph No. 1 you will note that by this time cases of epidemic encephalitis were occurring. As this type of disease was new to Manitoba and in some ways similar in onset to poliomyelitis, Dr. J. D. Adamson was asked to see all cases hospitalized in Greater Winnipeg and the Epidemiologist to contact rural doctors and see any of their cases regarding which they were in doubt. In the next six weeks over thirty-five hundred miles were travelled, a large percentage of the doctors seen and many of their doubtful cases examined. Many specimens of blood for diagnostic purposes were sent to Doctor Herald Cox of the United States Public Health Service Laboratory at Montana and to Doctor Webster of the Rockefeller Foundation in New York. We wish to express our appreciation of these services from our good neighbors of the United States. Records of 120 specimens sent and tested for Western Equine Encephalitis show 43 positive, 61 negative, 1 doubtful and 15 not yet heard from.

During this time we had many prominent Health Officials from all over Canada and the United States visiting Manitoba to see at first hand this twin epidemic. Minnesota, North Dakota and Saskatchewan were also having encephalitis but no more cases than usual of poliomyelitis. The experience and advice of these visitors was appreciated.

Looking at Graph No. 1 you will see that the poliomyelitis commenced about the middle of June and lasted until the end of October, in fact there was the odd case after that but the bulk of it was in the two month period from July 15th to September 16th. The peak was the week ending August 12th. The encephalitis commenced about July 15th and was pretty well over by September 30th (excepting for the odd case) but the bulk of it was in the August 1st to 31st period. Its peak was one week later than that of poliomyelitis but with almost an identical height.

The poliomyelitis commenced in Winnipeg and its suburbs and then spread over the Province, very few areas were not affected.

Table No. 8 shows both poliomyelitis and encephalitis cases broken down by sex and age groups. Males predominate in both diseases but to a much greater degree in encephalitis. The greater number of poliomyelitis cases are under twenty years of age and, with the exception of the first year of life, the encephalitis cases are mostly over twenty. When compared with population in age groups the encephalitis case rates are highest over sixty years.

Poliomyelitis with 21 deaths in 954 cases was not nearly so fatal as encephalitis with 71 deaths in 504 cases (Table No. 1). Eleven of the eighty-two encephalitis deaths were due to cases from former years. Of those who did not die from encephalitis almost one hundred percent made a complete recovery, whereas of the 953 cases of poliomyelitis with onset in 1941—

21 died;

82 had marked paralysis, 61 of these have been hospitalized, 21 have not

97 had moderate " 43 of these have been hospitalized, 54 have not

338 had slight " 39 of these have been hospitalized, 299 have not

Of 517 showing some paralysis 143 of these have been hospitalized, 374 have not.

Application has been made for 2 which have not yet been admitted to hospital.

416 made complete recovery.

However, of the 338 with slight paralysis the majority were very slight and many of them have already made a complete recovery. Reports on the 97 with moderate paralysis show that many of them will make complete or almost complete recovery. Even the 82 with marked paralysis are in most cases greatly improved. It is too early to hazard any statement as to the amount of permanent residual paralysis but it is felt that in comparison with the size of the epidemic, the number of deaths and the amount of paralysis, it is relatively low. In 1936 with 539 cases there were 37 deaths. The amount of paralysis cannot yet be compared.

We believe that reporting was more complete in this epidemic than in 1936 and that diagnosis was earlier and better. Many of the doctors had the experience of the 1936 epidemic behind them whereas in 1936 the last epidemic had been in 1928. In 1941 every case was asked to report for check up regarding paralysis at the Children's Hospital. In this way many cases of very slight paralysis were found and put on treatment early. Table No. 9 shows the number of cases hospitalized for investigation and treatment for residual paralysis under the Departmental scheme whereby three weeks' hospitalization and the first supply of necessary splints, braces and boots is paid for. The actual cost to December 31, 1941 is also shown. All doctors and cases have been advised that this is available and most of the cases needing hospitalization have taken advantage of it. A few have refused treatment.

The epidemic encephalitis apparently entered Manitoba from the south as the first cases appeared along the border and then spread north. North Dakota has had a few cases for several years and had an epidemic this year. Minnesota and Saskatchewan also had epidemics with North Dakota as the centre. It was really one large epidemic as disease recognizes no boundaries! The blood specimens from patients showed it to be of the Western Equine type (there are five known types). How it passes from animal to man is not known but it certainly does not seem to be by contact. Most authorities believe that it is by means of a biting insect vector but that

has not yet been proven. Research work is being done and much more is yet to do. The virus has been recovered from many animals and birds so the trail may become clear at any time. It is hoped to do some of this work in Manitoba in 1942.

The poliomyelitis virus has been found in the stools of patients and of well contacts with patients, also in sewage and in flies near privies. Consequently good personal hygiene, sanitation and fly control should help to control this disease. Past experience would indicate that we will have quite a few cases in 1942. Regarding encephalitis we cannot predict but at present do not see why there should not be cases in 1942 as the epidemic of 1941 must surely have increased the seed. Whether the soil (our bodies) will still be receptive waits to be seen!

Cancer. 1,239 cases were reported and of these 628 died (to November 30th). The total number of deaths due to cancer, occurring in 1941, to November 30th, was 786*. Table No. 10 below shows a comparison of cases reported each year and total cancer deaths each year for the last five years. Cases and deaths for 1941 do not vary much from the five year average. When the December deaths are added it may bring the number of deaths to some extent above average.

There were 6 cases and 5 deaths in Treaty Indians.

There were 75 cases and 4 deaths occurring in Manitoba due to residents outside the Province.

There were 13 cases and 1 death due to Hodgkin's disease.

In closing I wish to express my appreciation of your and Dr. Jackson's co-operation, also that of Mr. Foggie, Dr. Rigby, Miss Russell and the clerical staff of the Division of Disease Prevention. Without this the work could not have been carried on to the degree attained. Our country is still at war and to wage that successfully we must continue and increase our efforts in the war of Disease Prevention.

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Epidemiologist.

*Eleven months only.

GRAPH No. 1

Poliomyelitis and Encephalitis - Manitoba 1941
Onset of Cases by Weekly Periods

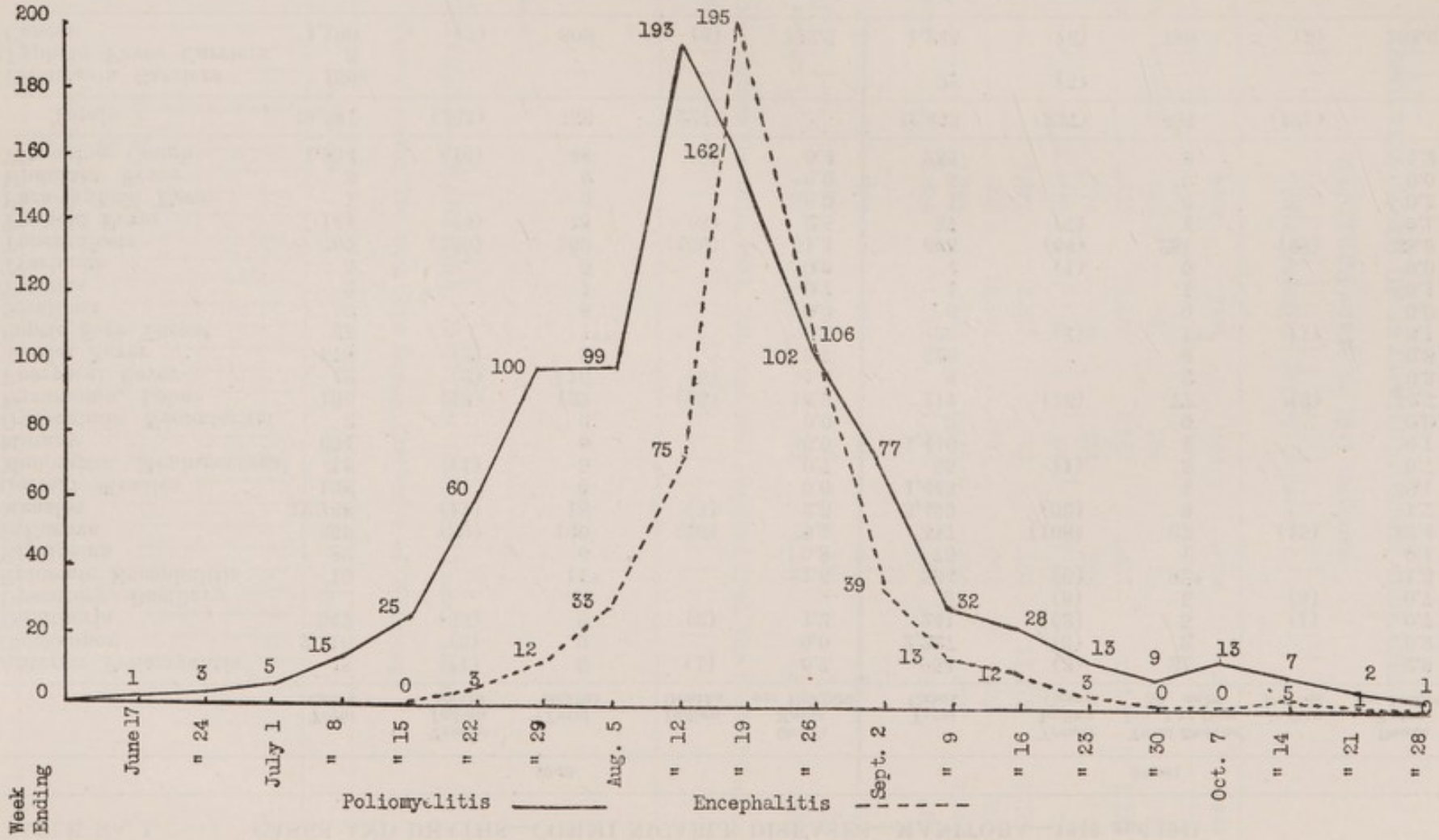


TABLE No. 1. CASES AND DEATHS—COMMUNICABLE DISEASES—MANITOBA—1940 and 1941

	1940					§1941				
	Total Cases	Treaty Indian Cases	†Total Deaths	Indian Deaths	Death Rates per 100,000	Total Cases	Treaty Indian Cases	Total Deaths Jan. 1 to Nov. 30, only	Indian Deaths	Death Rates per 100,000
Anterior Poliomyelitis	18	(1)	5	(1)	0.7	954	(3)	21	.....	2.9
Chickenpox	2,116	(3)	0	.....	0.0	2,227	(3)	2	.....	0.3
Diphtheria	347	(36)	9	(2)	1.2	241	(62)	5	(1)	0.7
Dysentery, Bacillary	.....	.....	.....	.....	.....	5	(3)	5	(3)	0.7
Epidemic Encephalitis	10	.....	11*	.....	1.5	504	(6)	82*	.....	11.3
Erysipelas	82	.....	6	.....	0.8	75	.....	1	.....	0.1
Influenza	339	(30)	140	(26)	19.4	417	(108)	97	(15)	13.4
Measles	12,183	(11)	18	(3)	2.5	3,439	(62)	9	.....	1.2
German Measles	168	.....	0	.....	0.0	1,443	.....	1	.....	0.1
Meningitis, Meningococcal	16	(1)	5	.....	0.7	55	(1)	5	.....	0.7
Mumps	694	.....	0	.....	0.0	1,446	.....	1	.....	0.1
Ophthalmia Neonatorum	3	.....	0	.....	0.0	3	.....	0	.....	0.0
Pneumonia, Lobar	191	(13)	122	(13)	16.9	119	(15)	77	(3)	10.7
Puerperal Fever	12	(2)	10	(5)	1.4	8	.....	2	.....	0.3
Scarlet Fever	678	(2)	5	.....	0.7	528	.....	6	.....	0.8
Septic Sore Throat	21	.....	1**	.....	0.1	20	(2)	1**	(1)	0.1
Smallpox	0	.....	0	.....	0.0	0	.....	0	.....	0.0
Tetanus	2	.....	1	.....	0.1	1	.....	1	.....	0.1
Trachoma	5	.....	0	.....	0.0	4	(1)	0	.....	0.0
Tuberculosis	709	(150)	369	(166)	51.3	663	(64)	281	(98)	38.9
Typhoid Fever	144	(4)	18	(3)	2.5	37	(7)	1	.....	0.1
Para-typhoid Fever	1	.....	0	.....	0.0	1	.....	0	.....	0.1
Undulant Fever	8	.....	0	.....	0.0	5	.....	0	.....	0.0
Whooping Cough	1,834	(10)	46	(8)	6.4	283	.....	9	.....	1.2
Totals	19,581	(263)	766	(227)	.....	12,478	(337)	607	(121)	.....
Diphtheria Carriers	130	.....	.....	.....	.....	32	(5)	.....	.....	.....
Typhoid Fever Carriers	3	.....	.....	.....	.....	1	.....	.....	.....	.....
Cancer	1,190	(7)	808	(8)	112.2	1,245	(6)	786	(5)	108.9

NOTE—§These figures are preliminary only and will be subject to change when late reported cases and deaths come in.
On account of the annual report being prepared before end of January, 1942, December deaths for 1941 are not included.
†These are Dominion Bureau of Statistic figures.
*1940 Epidemic Encephalitis deaths include 5 of cases from former years. 1941 Epidemic Encephalitis deaths include 11 of cases from former years.
**Dominion Bureau of Statistics do not report deaths due to Septic Sore Throat so we have used Manitoba Vital Statistics figure.
Population used for 1940—719,837. Population used for 1941—722,447.

TABLE No. 2.

REPORTED CASES OF 12 COMMUNICABLE DISEASES

MANITOBA—1936 to 1941 inclusive.

(Not including Treaty Indians)

Disease	1936	1937	1938	1939	1940	1941
Anterior Poliomyelitis	539	261	159	25	17	951
Chicken Pox	1,533	1,816	2,582	1,437	2,113	2,224
Diphtheria	174	103	234	288	311	179
Erysipelas	122	91	87	99	82	75
Measles	7,822	2,839	749	1,100	12,172	3,377
Influenza	290	18,571	107	361	309	309
Mumps	1,202	352	2,449	1,096	694	1,446
Scarlet Fever	2,653	1,342	1,373	1,099	676	528
Smallpox	.....	.....	36	76	.....	.....
Tuberculosis**	602	582	538	573	559	599
Typhoid Fever	102	44	76	132	140	30
Whooping Cough	422	2,012	983	1,294	1,824	283

**Tuberculosis figures for 1938, 1939, 1940 and 1941 received from the Central Tuberlosis Registry.

TABLE No. 3.

DIPHTHERIA—MANITOBA, 1941 (Not including Treaty Indians)

Cases, Deaths, for each Age Group (exclusive of Winnipeg)

Age Group	Cases	Deaths
0 - 4	18	1
5 - 9	22	2
10 - 14	14	....
15 - 19	6	....
20 - 24	12	....
25 - 29	4	....
30 and over	16	....

TABLE No. 4.

DIPHTHERIA TOXOID—COMPLETE IMMUNIZATIONS DISTRIBUTED IN MANITOBA—1932 - 1941.

Year	Winnipeg	Outside	Total
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
1941	5,341	22,189	27,530
10-Year total Immunizations	40,853	166,992	207,845

TABLE No. 5.

DIPHTHERIA IN MANITOBA—1931 - 1941

(Not including Treaty Indians)

CASES, DEATHS, CASE FATALITY RATES

(Cases and deaths allocated according to place of occurrence)

Year	Cases		Deaths		Case Fatality	
	Winnipeg	Outside	Winnipeg	Outside	Winnipeg	Outside
1931	251	275	13	30	3.2	10.9
1932	218	183	7	17	3.2	9.3
1933	237	168	3	15	1.3	8.9
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	12	1.1	8.2
1939	160	128	4	8	2.5	6.3
1940	202	109	1	6	0.5	6.3
1941	87	92	1	3	1.1	3.3

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, 1931 - 1941

(Not including Treaty Indians)

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

Year	Cases	Deaths	Case Fatality Rate	Deaths per 100,000
1931	149	12	8.1	1.7
1932	132	14	10.6	2.0
1933	128	16	12.5	2.2
1934	92	12	13.0	1.7
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
1941	30	1	3.2	0.14

Note:—Deaths according to Dominion Bureau of Statistics.

TABLE No. 7.

BIOLOGICS DISTRIBUTED, 1940 and 1941.

Material	1940			1941		
	Winnipeg	Outside	Totals	Winnipeg	Outside	Totals
Diphtheria Toxoid (Complete Treatments)	7,834	18,576	26,410	5,341	22,189	27,530
Diphtheria Antitoxin (Units)	7,975,000	7,397,000	15,372,000	4,141,000	5,216,000	9,357,000
Schick Tests (Tests)	7,600	4,400	11,000	4,800	4,800	9,600
Smallpox Vaccine (Points)	10,859	19,273	30,132	3,570	18,584	22,154
Scarlet Fever Antitoxin (Units)	1,228,000	1,640,000	2,868,000	636,000	1,575,000	2,211,000
Scarlet Fever Toxin (Complete Treatments)	688	4,769	5,457	524	4,866	5,390
Dick Tests (Tests)	945	1,990	2,935	570	3,965	4,535
Typhoid Vaccine (Complete Treatments)	625	14,450	15,075	181	3,071	3,252
Tetanus Antitoxin (Units)	2,923,000	1,486,000	4,409,000	485,500	1,024,000	1,509,500
Silver Nitrate (Treatments)	900	2,208	3,108	1,992	12,006	13,998
Antimeningococcus (20 c.c. vials)	34	38	72	28	40	68

Insulin distributed in 1941—

	Zinc Crystals			Protamine Zinc	
Units	200	400	800	400	800
No. of bottles	4,372	3,304	119	6,284	97

Total number of persons in Manitoba who received insulin all or part of 1941.....418.

Besides the above number of patients receiving insulin 11 Hospitals in the Province also procured this material through the Department for administration to indigent patients while in hospital.

TABLE No. 8.

POLIOMYELITIS AND ENCEPHALITIS CASES IN MANITOBA—1941.

Arranged in Age Groups and by Sex.

	Age Groups	0 - 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 -	Unknown	Totals
Poliomyelitis—	Male	10	83	151	149	104	56	7	2	3	....	....	....	1	566
	Female	16	48	93	112	57	49	9	1	1	....	....	....	1	387
	Total	26	131	244	261	161	105	16	3	4	....	....	....	2	953*
Encephalitis—	Male	12	7	11	14	19	72	55	40	44	47	27	3	....	351
	Female	14	6	2	6	8	23	11	11	25	29	16	2	....	153
	Total	26	13	13	20	27	95	66	51	69	76	43	5	....	504

*One poliomyelitis case with onset in 1940, not included.

TABLE No. 9.

ANTERIOR POLIOMYELITIS CASES WITH RESIDUAL PARALYSIS TREATMENT

	Number of Cases Hospitalized	Total Number of Hospital Days	Total Amount Paid by Department for Hospitalization	Total Amount Paid by Department for Splints, Braces and Special Boots
Cases from 1941 epidemic	143	2,337	$3,505.50	.....
Applications made	2	.....	.....	.....
Cases from former years	4	75	$ 114.00	$16.50
TOTAL	149	2,412	$3,619.50	$16.50

TABLE No. 10.

CANCER

COMPARISON OF NEW CASES REPORTED EACH YEAR AND TOTAL DEATHS OCCURRING IN THAT YEAR (NOT INCLUDING TREATY INDIANS)

PERIOD 1937 - 1941

Year	Cases	Deaths
1937	1,171	734
1938	1,387	768
1939	1,246	848
1940	1,190	800
1941	1,239	786**
Total	6,233	3,936
Average	1,247	787

**Eleven months only.

Commencing January 1, 1942, these statistics will be handed over to the Cancer Relief and Research Institute for tabulation and they will prepare this section of the annual report for ensuing years, much as the Central Tuberculosis Registry does for tuberculosis.

Central Tuberculosis Registry

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

Sir:

I beg to submit the report of the Central Tuberculosis Registry for the year 1941.

Information regarding deaths from Tuberculosis will be found in the report of the Division of Vital Statistics but from reports received it is expected that the total number of such deaths will be less than in previous years. Each year sees a smaller number of patients reported as tuberculous for the first time by death certificate.

In 1941 fewer patients left Sanatoria against advice, 77 in 1941 compared to 104 in 1940.

During the last six months of 1941 there were more vacant beds in Sanatoria than ever before. Since August these have numbered between 90 and 100.

A summary of the statistical data for the year ending December 31st, 1941 is as follows:

	Whites	Reported as Treaty Indians
Tuberculous Patients still needing medical supervision—		
Whites outside Winnipeg	2,663	.....
Tuberculous Patients known to Central Tuberculosis Registry—Winnipeg and Treaty Indians	1,469	587
Tuberculous Patients in Mental Hospitals	129	.....
TOTAL	4,261	587
Tuberculous Patients in Sanatoria as at 31st December 1941	648	83
New Cases of Tuberculosis diagnosed in Manitoba, 1941	608	86
Of these: Residents from outside Manitoba	9	22
Number with active Tuberculosis	449	79
Number admitted to Sanatoria	347	63
Primary Infection type of Tuberculosis diagnosed as such for the first time	22	19
Of these: Residents from outside Manitoba	.....	1
Number admitted to Sanatoria	1	5
Department of National Defence reported as having been rejected by reason of Tuberculosis	69	.....
Previously known to have Tuberculosis	7	.....
Admitted for treatment or investigation	21	.....
Re-examined and not admitted	21	.....
No evidence of Tuberculosis on re-examination	10	.....

STATIONARY AND TRAVELLING CLINIC ACTIVITIES DURING 1941

	Whites and Treaty Indians
Total Examinations at all Clinics	16,241
New Cases of Tuberculosis diagnosed	455
Primary Infection type of Tuberculosis diagnosed as such for the first time	37
Old Tuberculous Patients reviewed	2,872
Pneumothorax treatments given at all Clinics	4,808

TRAVELLING CLINIC STATISTICS

	Whites	Reported as Treaty Indians
Total Number of Travelling Clinics	106	8
Number of Patients examined at Clinics	6,632	913
Of these:		
Known tuberculous Patients reviewed	870	46
New Cases of Tuberculosis diagnosed	141	20
Primary Infection type of Tuberculosis diagnosed as such for the first time	8	14
Number Suspect Tuberculosis	26	2
Number of Patients advised admission for treatment or investigation	165	29
Of these the number admitted	108	12

INSTITUTIONAL STATISTICS

	Whites	Reported as Treaty Indians
Number of Patients admitted to Sanatoria during 1941	833	97
Number of Tuberculous Patients admitted	707	78
First Admissions	391	83
Bacillary	177	34
Active	350	81
Re-Admissions	249	8
Bacillary	126	3
Active	184	7
Patients admitted for review	67	2
Active	9	.....
Number of Patients discharged from Sanatoria in 1941	887	93
Number of Tuberculous Patients discharged	750	80
Number with apparently arrested Tuberculosis	179	8
Number with quiescent Tuberculosis	209	21
Number with improved Tuberculosis	134	14
Number with unimproved Tuberculosis	56	15
Number discharged dead	112	21
Number of Reviews discharged	61	1
Number of Patients discharged against medical advice	59	18
Number of Patients transferred from one Institution to another during the year 1941	192	41

I would again express my appreciation of the work done by the Registry Office staff, Miss Roberta MacKay and Miss Gladys McGarrol.

Respectfully submitted,

ELSIE J. WILSON, R.N.,

Supervisor in Charge of Tuberculosis,
Public Health Nursing Service.

Venereal Disease Control

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

Sir:

I respectfully submit the following report on the Division of Venereal Disease Control, for the year ending December 31st, 1941.

The Director of the Venereal Disease Clinic was brought into the Department in July, to take charge also of Venereal Disease Control for the whole of the Province. This was thought advisable due to the large number of military encampments throughout the Province. Experience has shown that the incidence of these diseases have always increased to a marked degree in communities surrounding all such encampments. Two full time Public Health Nurses were also added for the same reason, to do venereal disease follow-up work and were located respectively at Brandon and Dauphin.

We have received excellent co-operation from the Division of Public Health Nursing on special occasions. The co-operation also received from military authorities, local police and the Royal Canadian Mounted Police has been most gratifying.

Interprovincial co-operation in the supplying of information relative to sources and contacts and delinquent patients is becoming ever more manifest. This is as it should be for not an inconsiderable number of patients are transients or travel the length and breadth of our Dominion.

Through lectures delivered, pamphlets and literature distributed, and placards posted, the public is slowly but gradually receiving correct information on these all too prevelant venereal diseases and are dispelling misconceptions regarding them.

We are especially pleased with the number of names of sources of infection that have been handed in to us during the year, many of which we have succeeded in locating and bringing under treatment. Due to a better understanding of venereal diseases by the public generally and the patients particularly, cases are seen earlier and there is less trouble holding them to regular and continued treatment until cured.

The supplying of antisyphilitic drugs and the payment of a nominal fee to physicians for the administration of these drugs to cases considered indigent, where there are no facilities for "free" treatment, is highly commended. 1927 treatments have thus been given during the year 1941 to patients in rural districts who otherwise might not have received any treatment.

The new treatment for Gonorrhoea with Sulphathiazole is nothing less than phenomenal. Complications are a small fraction of what they formerly were. This has reflected very favorably, and will do so more as time goes on in lessened invalidism, especially in women, in lessened hospitalization and lessened gynecological operations and time lost to the patient. The supplying of this drug for indigent Gonorrheal patients, where free treatment cannot be obtained, such as is now being done for indigent syphilitic patients, would greatly aid in combating this particular disease.

We fully realize intensification of efforts must be maintained and increased where possible to control venereal dieases, especially in time of war.

A summary of the statistical data for the year ending December 31st, 1941, in the Province of Manitoba, is as follows:

TABLE I.

REPORTED CASES

	Syphilis	Gonorrhoea	Total
Airforce	8	88	
Army	10	170	
Navy	.....	3	
	18	261	279
Civilian	448	783	1,231
TOTAL	466	1,044	1,510
Per 100,000 Population	66.4	149.1	

TABLE II.

GONORRHOEA—REPORTED CASES BY AGE GROUP—MANITOBA, 1941.

Age	Male	Female	Total
0 - 17 years	8	38	46
18 - 19 years	47	41	88
20 - 24 years	278	81	359
25 - 29 years	191	49	240
30 - 34 years	101	17	118
35 - 39 years	63	16	79
40 - 44 years	38	7	45
45 - 49 years	32	4	36
50 - 64 years	27	4	31
65 years and upwards	2	....	2
TOTAL			1,044

TABLE III.

SYPHILIS—REPORTED CASES BY AGE GROUP—MANITOBA, 1941.

Age	Male	Female	Total
0 - 17 years	8	20	28
18 - 19 years	7	24	31
20 - 24 years	41	26	67
25 - 29 years	31	28	59
30 - 34 years	27	20	47
35 - 39 years	36	24	60
40 - 44 years	34	10	44
45 - 49 years	31	16	47
50 - 64 years	53	11	64
65 years and upwards	11	8	19
TOTAL			466

Number of patients who changed Physicians	154
Number of patients who discontinued treatment and had to be followed up	96
Number of persons reported as being sources of V.D. infection	235
Number of persons reported as being contacts with those suffering from a venereal disease	22

TABLE IV.

PERSONS EXAMINED ON MINISTER'S ORDER—MANITOBA, 1941.

NEGATIVE	POSITIVE			
Gonorrhoea and Syphilis	Gonorrhoea	Syphilis	Gonorrhoea and Syphilis	Total
78	62	25	11	176

With the exception of five male cases all of the above are women. Many instances are known to be prostitutes. Results of examination indicate still a high percentage among these people, though much less than former years. The examination and apprehension of these cases is having the effect of markedly reducing the amount of street soliciting that was so evident in urban centres in former years. These cases found to be infected are detained in proper institutions, and treated.

TABLE V.

GONORRHOEA: REPORTED CASES—MANITOBA, 1932 - 1941 INCLUSIVE.

	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941
Adults:										
Male	760	883	916	861	878	772	682	647	841	779
Female	257	242	208	204	198	188	194	205	237	219
Children: 0-17 Years										
Male	5	3	1	0	2	4	4	0	1	8
Female	29	24	22	10	18	25	33	20	20	38
Totals	1,051	1,152	1,147	1,075	1,096	989	913	872	1,099	1,044

TABLE VI.

SYPHILIS: REPORTED CASES—MANITOBA, 1932 - 1941 INCLUSIVE

	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941
Adults:										
Male	367	228	281	198	269	302	393	360	274	271
Female	202	136	179	152	129	139	204	212	177	167
Children: 0-17 Years										
Male	14	15	7	10	4	9	3	8	7	8
Female	12	15	8	11	4	13	19	8	6	20
Totals	595	394	475	371	406	463	619	588	464	466

VENEREAL DISEASE CLINICS—1941.

Reports from the following Clinics:

Detention Home	West Kildonan
Home of the Good Shepherd	West Kildonan
Manitoba Home for Girls	West Kildonan
Brandon Gaol	Brandon
Portage la Prairie Gaol	Portage la Prairie
Provincial Gaol	Headingly
Manitoba Penitentiary	Stony Mountain
St. Boniface Hospital	St. Boniface

GONORRHOEA:

Number of cases treated				426
Sex:	Male		210	
	Female		216	
	Total		426	
Marital State:				
Married	Male		39	
Single	Male		157	
Widowed	Male		2	
Divorced or Separated	Male		9	
				207
Married	Female		51	
Single	Female		124	
Widowed	Female		2	
Divorced or Separated	Female		25	
				202
Children (0 - 17 years)	Male		3	
	Female		14	
				17
	Total			426
Classified as follows:				
Acute			355	
Chronic			71	
				426

SYPHILIS:

Number of cases treated			319
Sex:	Male	179	
	Female	140	
	Total	319	

Marital State:

Married	Male	58	
Single	Male	96	
Widowed	Male	4	
Divorced or Separated	Male	17	
			175
Married	Female	50	
Single	Female	52	
Widowed	Female	7	
Divorced or Separated	Female	21	
			130
Children (0 - 17 years)	Male	4	
	Female	10	
			14
			319

Classified as follows:

Primary	58	
Secondary	119	
Congenital	23	
Late	119	
		319

In addition to the above there were 218 cases of non-venereal patients treated at the Clinics, of which 77 were male and 141 female.

TREATMENTS ADMINISTERED:

For Gonorrhoea		17,848	
For Syphilis—Doses injected :			
Arsenical	8,627		
Bismuthic	9,032		
Mercurial	16		
Malarial	24		
		17,699	
Non-Venereal		424	
			35,971

TABLE VII.

RESULTS OF LABORATORY EXAMINATIONS ON INSTITUTIONAL CLINIC PATIENTS—MANITOBA, 1941.

Examinations	Positive	Negative	Total
Blood Wassermann	494	6,200	6,694
C.S.F.	39	173	212
Smears for Gonococci	515	6,003	6,518
Darkfield for Spirochaetae	13	38	51

ST. BONIFACE HOSPITAL CLINIC

Patients who were under treatment prior to December 31st, 1940, and who were carried forward for continuation of treatment, numbered 635. Of these, 496 were suffering from Syphilis and 139 from Gonorrhoea.

During the year ending December 31st, 1941, 589 patients with a venereal disease were reported by this Clinic. Of these, 262 were suffering from Syphilis and 327 were suffering from Gonorrhoea, clasified as follows:

Syphilis:	Primary	33	
	Secondary	99	
	Congenital	23	
	Late	107	
		——	262
Gonorrhoea:	Acute	327	
	Chronic	0	
		——	327

Total number of patients treated, including those carried forward and those admitted during the year, numbered 1,224, of which 758 were suffering from Syphilis and 466 were suffering from Gonorrhoea.

Injections for Syphilis administered during the year at this Clinic, numbered 15,948, classified as follows:

Arsenical	7,649	
Bimuthic	8,259	
Mercurial	16	
Malarial	24	
	———	15,948

Treatments for Gonorrhoea administered during the year at this Clinic, numbered 11,963.

Respectfully submitted,

K. J. BACKMAN, M.D.,

Director, Division of Venereal Disease Control.

Clinics for Venereal Disease in the Detention Institutions

Dr. K. J. Backman,
Director, Division of Venereal Disease Control,
Department of Health and Public Welfare,
320 Sherbrook Street,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Report for the year ending December 31st, 1941, of the work carried on in connection with the Venereal Disease Clinics in the following Institutions:

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

Patients who were under treatment in the Detention Homes for Girls prior to December 31st, 1940, and who were carried forward for continuation of treatment, numbered 15. Of these, 5 were suffering from Syphilis and 10 from Gonorrhoea.

During the year there were 22 new patients admitted, of which 4 were suffering from Syphilis and 18 from Gonorrhoea, classified as follows:

Syphilis:	Primary	2	
	Secondary	1	
	Late	1	
		—	4
Gonorrhoea:	Acute	11	
	Chronic	7	
		——	18

Total number of patients treated, including those carried forward and those admitted during the year, numbered 37, of which 9 were suffering from Syphilis and 28 from Gonorrhoea. This is a decrease of 24 of the number treated during the year 1940.

Treatments:

A total of 1,793 treatments were administered during the year, classified as follows:

Gonorrhoea	1,251	
Syphilis	542	
	———	1,793

Doses injected:

Arsenical	277	
Bismuthic	265	
	———	542

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis:		
Positive	5	
Negative	119	
		124
Examinations of smears for gonococci:		
Positive	33	
Negative	302	
		335

PROVINCIAL GAOL—HEADINGLY

Patients who were under treatment prior to December 31st, 1940, and who were carried forward for continuation of treatment, numbered 2, and both these were suffering from Syphilis.

During the year there were 39 new patients admitted, of whom 25 were suffering from Syphilis and 14 from Gonorrhoea, classified as follows:

Syphilis	Primary	12	
	Secondary	4	
	Tertiary	7	
	Latent	2	
			25
Gonorrhoea:	Chronic	14	
			14

Treatments:

A total of 1,132 treatments were administered during the year, classified as follows:

Gonorrhoea	595	
Syphilis	434	
Non-venereal	103	
		1,132

Doses injected:

Arsenical	204	
Bismuthic	107	
		311

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis—		
Positive	23	
Negative	1,060	
		1,083
Examination of smears for gonococci:		
Positive	10	
Negative	9	
		19

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.

For practically four years now I have not had one case of Gonorrhoeal pus tubes among the Detention girls. We still use Potassium Permanganate Douches 2 or 3 times a week.

Among the new patients we are using solely some form of the Sulphonamide group and the above figures will show that among the male element, Gonorrhoea is definitely on the decrease.

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 endeavoring 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 Division, for the year ending December 31st, 1941.

CHILDREN'S CHRISTMAS CHEER WORK

The Civil Servants' Association held their customary Christmas Party on December 12th at which members, their children and friends, brought gifts of toys and new and used clothing to Santa Claus, that were later sent to us for distribution to needy children in rural areas. In addition, members donated $176.97 that was used to purchase clothing for this work.

The first Christmas Party, promoted by a few Civil Servants who were interested in this voluntary effort of the Nursing Division, was held in 1932. The attendance and interest of the Civil Servants in this project has grown with the years, and at the last party 2,000 were present.

The Winnipeg Women's Club most generously donated $150.00 in the spring that was used to purchase children's clothing; and again in December, held a shower for donations of groceries that enabled us to send 10 hampers of food to old people.

The Winnipeg Professional and Business Women's Club again donated the gifts from their Christmas Tree.

There is much less need than in former years, but there are always a number of families where, because of sickness or inadequacy of the parents, the children are insufficiently clothed, and Christmas Cheer would be unknown to them were it not for the parcels sent from the Nursing Division.

To all those who made this Christmas work possible, we extend our sincere thanks.

Details of relief work at Headquarters of the Public Health Nursing Division is as follows:

Number of children supplied with clothing	185
Number of adults supplied with clothing	16
Number of children provided with toys	497
Number of families provided with hampers	10
Number of layettes provided	15
Number of quilts or blankets provided	12

Work of the Nurses in Rural Districts

Number of relief cases investigated for local agencies	53
Number of families supplied with hampers	167
Number of individuals supplied with clothing	112
Number of toys distributed	182

HEALTH SUPERVISION IN THE SCHOOLS

July 1, 1940 to June 30, 1941.

Total number of children examined	14,980
Total number of children with defects	6,348
Total number of children not vaccinated	1,465
Classification of defects:	
Defective vision	1,297
Defective hearing	193
Unsound teeth	5,622
Suspected diseased or enlarged tonsils	3,357
Nasal obstruction	443
Symptoms of enlarged glands	1,095
Symptoms of eye disease	70
Symptoms of ear disease	27
Symptoms of cardiac diseases	12
Symptoms of pulmonary diseases	20
Symptoms of malnutrition	515
Symptoms of nervous disorders	134
Symtoms of orthopedic defects	50
Symptoms of anaemia	79
Symptoms of defective thyroid	995
Suspected skin disease	291
Other conditions	362
Number of classroom inspections	1,982
Number of children re-inspected for suspect communicable diseases and other conditions	2,408
Number of first aid treatments given	2,717
Number of children weighed	5,001
Number of children found 7% or more underweight	563
Number of children re-weighed	3,258
Number of children found to have gained in weight	2,853
Number of children had eyes tested	2,948
Number of children had defective vision	492
Number of children excluded from school:	
For suspected communicable diseases	406
For suspected pediculosis	553
For suspected contagious skin condition	458
For suspected contagious eye condition	24
For other causes	93
Total	1,523
Number of school children referred for treatment	7,505
Total number of defects of children known to have been corrected	2,786
Total cases suspected Communicable Diseases reported	1,950

HEALTH TRAINING IN SCHOOLS

Number of classroom talks given	1,251
Number of nutrition classes held	5
Number of Home Nursing classes	16
Attendance at Home Nursing classes	173
Number of First Aid classes	3
Attendance at First Aid classes	57

NORMAL SCHOOLS

Number of lectures given at Brandon and Winnipeg	296
Attendance at lectures	9,286

HEALTH SERVICE IN NORMAL SCHOOLS

WINNIPEG

Since September, the health teacher at the Normal School has given a full-time service.

Brooklands School is used by the Normal School students for practice health teaching.

Two conferences with the Principal of the Schools at Brooklands have been held and one with the entire teaching staff of the Brooklands Schools in order to clarify the aims of the health programme and discover difficulties which may have arisen in the past. The teaching staffs at Brooklands Schools are eager that we continue to use their classrooms for our Normal School students and the Principal is willing to co-operate.

There are seven groups at Normal School this year—totalling 228 students. The health teacher has had two formal periods with each group each week.

In an effort to give the Normal School students a broader point of view with regard to their work as teachers in the community, much of our subject matter has been arranged on the project plan. For example, in dealing with the problems of "A Safe Water Supply," "A Safe Milk Supply," "The Teacher's Function in Preventing the Spread of Tuberculosis," "The Teacher's Function in Preventing the Spread of Other Communicable Diseases," each class divided into smaller study and discussion groups.

a. All groups visited the pumping station, the pressure filter at the Sherbrook Baths, and either the Crescent Creamery or the City Dairy.

b. Representatives were chosen from each group to visit the Milk Control Board, the Central Tuberculosis Clinic.

c. Representatives have made generous use of the library at the Department of Health.

The findings are brought into class for round table discussion and where a health film can be obtained with specific reference to each subject, this film is used to clarify and strengthen learning. The material is then related to the rural school situation and problems discussed. Many of the students are from rural areas and are able to

make comparisons. The discussion leads into the importance of facilities for hand-washing, individual towels, separate drinking cups, soap, cup cabinets, disposal of waste water, etc., and methods of securing these for use in the daily practice of health in rural schools are planned.

It then becomes necessary to guide the student-teacher in the correct approach to making health function in the classroom, and the importance of training children early for the daily practice of good citizenship is stressed.

Guidance in preparing and teaching formal lessons is given, as well as guidance in correlating with other subjects and in integrating healthful living in the daily programme.

Practice-teaching has been carried on chiefly within the Normal School groups. This develops self-confidence in the pupil-teacher and provides an opportunity for correction of defects before the pupil-teacher presents herself to a classroom of pupils. A frequent criticism in the past has been that the pupil-teacher began practice teaching in the schools before she was prepared for this work and, aside from the nervous strain experienced, there was embarrassment for the classroom teacher and a sense of inadequacy for the pupils.

The health teacher's office at the Normal School has been converted into a reading room, and open book-shelves are kept supplied with reading material. Four large study tables are provided and the office is open at all times. This provides opportunities for giving individual help to students and to small groups, and many problems come to light that might not be revealed in the classroom. The health teacher knows, too, that the reference material is being used.

The importance of visual aids has been emphasized and their use in the classroom brought out in the various practice-teaching classes. Many of the students are preparing their own illustrative material and we hope to have an exhibit of visual aids for display at the Teachers' Convention in 1942. The Art Teacher has integrated her work in Art very generously with health-teaching projects.

In order to stimulate the students' interest in the importance of a healthful environment, a group of students makes a survey of the Normal School building each morning and a tabulated report is given. This is developing an awareness of their responsibility for cleanliness of the school and it is hoped that they will carry over this awareness of environment to their schools and stimulate in their pupils a sense of responsibility for environmental health.

A large number of Normal School students remain for lunch every day. At the beginning of the term, the dining-room was re-organized and two electric stoves brought up from the basement and installed on the third floor. Coffee is prepared each day, and in the colder weather, soup is prepared. This will be further expanded after the New Year, to take the form of a project in the preparation of hot lunches for children in rural schools.

In the New Year, a project on the subject of Trachoma will be carried out, in view of the prevalence of Trachoma in certain areas of the Province.

The physical examination of students was carried out by Dr. Malcolmson and Dr. Swan. A dental clinic was held in order to discover dental defects. Corrections of physical defects have been numerous and it is hoped that by Easter, many more will be effected. Tuberculin testing, with X-ray of students with positive reactions, has

been carried out. Schick testing—with toxoid clinics for those with positive reactions. A vaccination clinic will be held early in the New Year.

The students come to the Health Education office voluntarily for discussion of their general health and correction of faulty habits; they are keenly interested in posture, skin defects, underweight and many other problems.

A Dental Survey was conducted at the Normal School on October 27th and 28th under the Foundation for Preventive Dentistry. The following is a brief summary of findings:

Normal School students examined	226	students
Teeth in good condition—mouth clean	21	"
Requiring prophylaxis	35	"
Requiring prophylaxis and only 1 filling or 1 extraction	64	"
Requiring 2 fillings or extractions	39	"
Requiring 3 or more fillings or extractions	67	"

Twenty-three students had completed remedial work as of December 31st. A group of 30 students are away from the School engaged in practice teaching, but it is expected that remedial work will be reported as having been done during the Christmas vacation. Still another group have remedial work in progress at the present time and these will be reported upon completion.

Some students are having financial difficulties; a few of these say they will be in a position to have their remedial work done during the Easter vacation.

A number of students show abnormalities in their permanent teeth because of neglect of their primary teeth.

The Survey has awakened a definite dental consciousness in the School, which in many cases had not previously been present and that will be carried over into their work with the pupils in the schools. The Dental Survey was used as a basis for class discussions on the importance of Dental Hygiene and from that point we proceeded to outline dental health programmes and methods of presenting the subject on the various grade levels.

BRANDON

A three weeks' course on Health Instruction was given at the Brandon Normal School; this included:

(a) Methods of teaching health.

(b) Study of environment, communicable diseases, vision and hearing testing, evaluating health of children, school lunches, nutrition, posture, sex education, personality, development.

(c) Review of several health reference books.

(d) Anatomy and Physiology as outlined for Grades VII and VIII. Handbook of Suggestions for Teachers, Ontario.

Summary of class work

Total hours of Instruction	17
Number of classes	17
Number of students receiving instruction	61
Number of hours per student	17

CLASSES IN PUBLIC HEALTH TO SCHOOLS OF NURSING

At the request of the Manitoba Association of Registered Nurses, the Course of lectures in Community Health was given again this year to senior students in Schools of Nursing throughout the Province. Ten hours of lectures were given at each School except the Brandon Hospital for Mental Diseases where five hours were given. Classes were held each week for ten weeks and the students made excellent use of reading and visual material which has been loaned to the Schools from the library of the Department of Health. Arrangements are made for student nurses in Winnipeg to visit the library during the course. The projector and films from the Health Education Division were used to advantage and these were enjoyed by students and staff of the various hospitals. The course was divided into three units as follows:

Unit 1—A comparison between institutional and private duty nursing on the one hand and public health nursing on the other.

Unit 2—The development of public health nursing with the requirements and preparation of the Nurse and opportunities in this field. In this unit, the following topics were discussed:

(a) School Nursing
(b) Tuberculosis Nursing
(c) Industrial Nursing
(d) Maternal and Infant Hygiene
(e) Child Health Service
(f) Family Health Service

Unit 3—The development and organization of Preventive Medicine and Public Health.

Topics included in this unit:

(a) Contributors to Public Health Knowledge
(b) The Organization and Functions of Health Agencies, Local Provincial and National, Public and Private
(c) Community Resources for Health and Welfare
(d) Vital Statistics
(e) Sanitation
(f) Control of Communicable Diseases

Where possible, agencies at work in the community have been visited and the workers from the Children's Aid Society and the Child Welfare Division have talked to the students of their functions in the community and the possibilities for co-operation between hospital and social agency. Observations by the students have been made where possible at dental clinics, venereal disease clinics and tuberculosis travelling clinics. Where a Public Health Nurse is at work in the district, arrangements were made to have each student spend a day with her in visits in homes, schools and at child health conferences.

The students showed a great deal of interest in their selection of reading material, in the visits which they were able to make, and in their attempt to apply the principles taught to their work in the hospital.

Schools of Nursing who received this service, September to December,—Carman, Morden, Portage la Prairie, Souris, Brandon General Hospital and Brandon Hospital for Mental Diseases. Other Schools, including two in Winnipeg, will be given this teaching in the spring of 1942.

Number of lectures to student nurses	63 hours
Total attendance at classes	775

A course of instruction was also given to student nurses at Dauphin and The Pas in the spring.

Number of lectures given	21
Attendance at lectures	207

WORK CARRIED ON IN THE COMMUNITY

January 1st to December 31st, 1941.

Total number of visits made for the purpose of giving health instruction and demonstration	25,603
Classification of service rendered in home visiting:	
Total number of cases in prenatal and postnatal care	789
Total number of cases in infant welfare	2,290
Total number of birth registration cases	276
Total number of cases in the care of children of pre-school age	4,634
Total number of cases in the care of school children	11,728
Total number of cases in the care and prevention of communicable diseases	3,348
Mother's Allowance visits	107
Visits to adults	8,074
Visits of co-operation	4,806
Number of cases dealt with socially	1,000
Total number of patients, other than school children, referred for treatment	916
Total number of patients accompanied to and from clinics and hospitals	71
Total number of defects known to have been corrected, of those in the community, other than school children	135
Number of meetings attended by Nurses in connection with public health work	115
Number of interviews in connection with public health work by Nurses in their respective districts	6,304
Number of Home Nursing and First Aid lectures	72
Attendance at Home Nursing and First Aid lectures	953
Number of lectures on other health topics	39

FAMILY HEALTH COURSE

During the six months ending March, 1941, a course of twenty-five hours of instruction on Family Health was given at twelve centres in Manitoba, namely:—

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

The organization of the groups was done by the Extension Service of the Department of Agriculture and the instruction given under the group leadership method of study.

In October, 1941, groups were again organized at:—

Inglis	Plumas	Erickson
Angusville	Laurier	Glenella
McCreary	Ochre River	Ste Rose du Lac
Rossburn		

Fifteen hours of instruction have already been given at each centre and the course will be completed next April.

From July 1st to August 15th a course of instruction on Personal Health and teaching of health in public schools was given at Teachers' Training Camp, Gimli. One hundred and one students were in attendance. Individual conferences were held with each student to discuss personal problems of health and problems in their own school relating to hygiene and health of their students.

In November, 1941, a course of twenty hours of classroom instruction on prenatal, postnatal, personal hygiene, care of the infant and prevention of communicable diseases was given to the students at the Strathclair Home-making School, and individual conferences were held with each student.

CHILD HEALTH STATIONS

A Child Health Station has been opened during the year at Arden.

Number of health conferences held at Child Health Stations	400
Attendance of infants and pre-school children at conferences	3,530
Attendance of mothers and children for consultation at Child Health Stations	1,214
Number of first aid treatments given at Child Health Stations	255

CLINICS

Toxoid immunization clinics were held in:—

Municipalities of: Lakeview, Gilbert Plains, Whitemouth, Grandview, Shell River, Rockwood, Brenda, Miniota, Pembina, Ritchot, North Cypress, Saskatchewan, Ste Rose, Winchester, Hillsburg, Langford, Kreuzberg, Ethelbert, Charleswood, MacDonald, Bifrost, Springfield, Rhineland, Birch River.

Towns of: Carberry, Rapid City, Gladstone, Neepawa, Deloraine, Stonewall, Dauphin.

Villages of: Garson, Roblin.

City of: Portage la Prairie.

Unorganized districts of: St. Clements, Swan River, Shell River, Norway House, Hecla Island.

Winnipeg Normal School, Cordite Plant.

Classification of services rendered:

Assisted physicians with immunization of pupils to protect them against Diphtheria	26,113
Assisted physicians with immunization of pupils to protect them against Scarlet Fever	4,204
Assisted physicians with immunization of pupils to protect them against Typhoid Fever	881
Assisted physicians with vaccination of pupils	7,485
Assisted physicians with "Dick" test for susceptibility to Scarlet Fever	145
Assisted physicians with "Schick" test for susceptibility to Diphtheria	29
Throats swabbed to detect and prevent spread of Diphtheria	454
Assisted physicians with the giving of Tuberculins	411

Tonsil:

Number of tonsil clinics held	2
Attendance at tonsil clinics	15

Dental:

Total number of dental clinics held	45
Total attendance at these clinics	3,453

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

"Once again it is my privilege to give a short synopsis of the dental clinic work for 1941. The totals are slightly lower than for 1940, but this can be accounted for by the two epidemics which swept the Province late in August and September. The latter month is usually one of our busiest clinic months of the year, but this year hardly any clinics were held in September.

The excellent results noted in our previous reports continue. These show up particularly where several annual clinics have been held. In 10 places that have held at least three annual cinics, there were 823 children examined, 557 of whom were operated on and 346, or around 42%, were passed as O.K., and only 29 permanent teeth had to be extracted for the 557. That is a most excellent record and when compared to 62 permanent teeth extracted for 63 children in one place for its first clinic, tells the story of prevention better than anything else could. The same story of prevention is shown in the increased percentage of fillings and the decreased percentage of extractions. In addition to the actual clinic work, a thorough survey and examination of the pupils of the Winnipeg Normal School was made. This is a most valuable service and could well be extended to the other Normal School. In conjunction with the health survey conducted amongst the high school pupils in the Selkirk, Stonewall, Teulon and Steinbach schools, we arranged for the dental examinations of these pupils.

Thirty-three of the 45 clinics were either sponsored and wholly paid for, or partially paid for, by school boards, etc., and this shows an increase over 1940 which is very gratifying.

The personal inspection of the clinics was continued during the year. Owing to the epidemics and rainy weather, it was not as extensive as in 1940, but I feel that this part of the service is very valuable and makes a contact between the various agencies responsible for the clinics. The expressions of opinion received on these trips are most gratifying and makes one realize that many agencies are working towards a common goal—namely the good health of our Manitoba children.

I could not close this report without expressing our deep appreciation of the services rendered by the various officials of the Department of Health and Public Welfare, and the Nursing staff. They have all given us their loyal support and hearty co-operation and to them must go, in a large measure, whatever success has been attained in these clinics. I would also like to commend the officials of Lansdowne Municipality and the Arden Women's Institute for their excellent work in arranging and holding a clinic for the Municipality each year for the past three years. Such a service could well be copied by many other municipal authorities."

Mental Hygiene:

Number of Mental Hygiene clinics held	5
Attendance at Mental Hygiene clinics	98

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

There were eighteen unmarried mothers cared for at St. Roch's Hospital during 1941. Satisfactory arrangements were made for the disposition of these girls when they were able to leave the Institution. The Sister Superior and her Staff have been most helpful and co-operative in trying to assist these girls to readjust their mode of living while under their supervision.

The children (girls under 12 years of age) admitted to St. Roch's for the treatment of Gonorrhoeal vaginitis were given Sulphathiazole—excellent results were obtained and the patients were allowed to return home in much shorter time. The treatment is much more pleasant and does not leave such an impression in the child's mind.

At this time, we wish to express our sincere thanks and appreciation for the splendid co-operation and interest taken by the Morality Department of the Police Commission in assisting us with contacting parties that have been named as a possible source of infection. It has happened on several occasions; we have had very little information regarding suspected parties, but have been fortunate in locating them and bringing them in for the necessary examinations.

We would also like to express our thanks and appreciation for the interest taken by all the Welfare Organizations and Military Authorities in conjunction with the work of the Venereal Disease Clinic.

Number of clinics attended by nurses	611
Number of treatments given at clinics	21,571
Number of visits of co-operation	299
Number of interviews	2,713
Number of home visits	709

PUBLIC SERVICE NURSING

This service has been continued throughout the year in the Grahamdale and Fisher Branch districts.

In May, this service was started at San Clara for the Boggy Creek district.

Fisher Branch:

Number of patients seen at Nursing Station	3,280
Total time spent in Public Service Nursing (hours)	2,140½
Number of home visits made to patients	394
Total time spent in Public Service Nursing (hours)	566¼

Grahamdale:

Number of patients seen at Nursing Station	1,766
Total time spent in Public Service Nursing (hours)	1,483¾
Number of home visits made to patients	321
Total time spent in Public Service Nursing (hours)	520½
Number of Health Clinics held at Nursing Station	40
Attendance at Health Clinics	1,287

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

Total number of visits made to patients	600
Total time spent in Public Service Nursing (hours)	742

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

Institutions:

St. Joseph's Vocational School.—Has had a good year. The Annex has been full to capacity at times, but there are always some vacancies for older boys.

A few cases of Diphtheria occurred but were quickly brought under control. Number in residence at end of year is 108.

Jewish Orphanage.—There are only five pre-school children in the Home at present. A number of school aged boys and girls from the country are maintained by their parents to attend Hebrew school and complete their religious education.

The health of the children has been excellent.

Number in residence at end of year is 56.

Odd Fellows' Home, Charleswood.—There are now only four children in residence, who have been here for years. As this home functions only for the children of the Odd Fellows Order, there are very few admissions. If it were not for the Home for the Aged, which is in the same building, it would not have sufficient inmates to keep the Institution open.

Number in residence at end of year is 4.

St. Norbert's Infant Home.—The Nursery School is progressing. Miss Gates, formerly of Children's Home, spent a month during the summer instructing the Sisters and lay workers in methods of child training. The health of the children has been good.

This Institution also cares for unmarried mothers and their babies—postnatal cases only.

Number in residence at end of year is 55 children, 16 mothers and 16 babies under six months of age.

St. Agnes Priory.—Has had a new concrete wading pool installed, which added greatly to the enjoyment of the children. The older girls spent a holiday at Camp Morton during August.

Many of the kindergarten children have had glasses fitted, and some attend the Orthoptic Clinic at Children's Hospital. There has been very little illness this year.

Two new classrooms have been arranged, also a recreation room.

Number in residence at end of year is 81.

Protestant Orphanage, St. Charles.—This is also a Fraternal Institution. At present there are fourteen children and they are like one large family—a very home-like place. Attend school at St. Charles. One boy in High School goes to Linwood Collegiate, St. James.

Number in residence at end of year is 14.

Sir Hugh John MacDonald Hostel.—The boys again spent the summer at St. Andrews and had a wonderful time. The average number in residence is eighteen to twenty, but there are many changes due to the age and type of boy cared for here. Their health, generally, has been good.

Number in residence at end of year is 13.

Knowles School for Boys.—A few minor illnesses have been present, but only one serious one (Poliomyelitis). During the summer, the boys garden and look after poultry, etc. The creek is being prepared as a swimming hole so that the boys will not need to swim in the Red River.

Number in residence at end of year is 49.

Children's Home, Academy Road.—There have been many changes of staff during the year. Miss Johnson is now in charge.

In October, a ground floor wing was leased to the Children's Hospital for the care of convalescent "Polio" cases.

There have been some minor illnesses and a few cases of "Polio", none of which had serious results.

Number in residence at end of year is 112.

Stella Avenue Day Nursery.—There has been an increased attendance here, which has taxed the small staff.

Jarvis Avenue Day Nursery.—The children's Day Room has been redecorated in light colors, and mural paintings of children at play adorn the walls. New toy and clothes cupboards and a large assortment of new toys add greatly to the pleasure of the children.

HOMES FOR UNMARRIED MOTHERS

Victoria Hospital Social Service Home.—This home, after giving many years of useful service to the community, closed on November 1st, 1941. The patients previously cared for here will be taken care of by the other Institutions.

Church Home for Girls.—The number of inmates fluctuates considerably, but the average for 1941 is above that of previous years. A new obstetrical bed has been purchased and this should make the work of doctors and nurses much easier. The usual good care of mothers and infants prevails.

Number in residence at end of year is 6 mothers and 2 infants.

Misericordia Hospital.—Has had considerable renovating done and the nursery has been moved from the third to the second floor. There is a decided drop in the number of inmates this winter, but no doubt this is only temporary. A small sitting room has been furnished on the ground floor where friends may be received. During the alterations, St. Norbert's Orphanage cared for the mothers and babies.

Number in residence at end of year is 27 mothers and 17 babies.

Grace Hospital "Homeside".—The number of inmates here remains fairly constant, and there are few empty beds at any time. This is a very popular institution.

Number in residence at end of year is 42 mothers and 31 babies.

The classes for Foster Mothers which were started in 1940, were completed in the spring of 1941. Mrs. Wood of the Parent Education Association was in charge, and the subject was "Child Care and Development".

Five classes were held with an attendance of 73.

Our private boarding homes have kept up the previous good record as far as the care given to children is concerned. However, with the increasing demand in the city and suburbs for rooms and suites, it is becoming more difficult to obtain suitable homes. There are generally enough homes for the run-about and young school age groups, but finding suitable homes for infants, 'teen age boys and girls, and blind children, constitutes a problem at times.

Our greatest need at present is for an institution or department for the care of mentally defective children of run-about age. They are not acceptable among normal children either in institutions or private homes and the Manitoba School at Portage la Prairie is always filled to capacity.

Boarding Homes for Children:

	City	Rural
Number of applications (new)	115	68
Homes approved for Permit	88	58
Homes refused Permit	9	12
Inspections not completed or forms not returned	13	17
Applications and permits cancelled due to change of residence, unemployment, adoption, etc.	98	53

	City	Rural
Number of Permits renewed	189	175
Number of new homes receiving Permits	74	41
Investigations and yearly inspections	311	241
Routine visits	1,041	652
Visits of co-operation	227	----
Homes visited and no one found at home	307	----
Placements arranged:		
Private placements	120	----
Children's Aid Societies	57	----
Child Welfare Division	26	----
Office interviews re boarding homes	348	----
Orphanages:		
Annual inspections	6	4
Routine visits	30	7
Maternity Homes:		
Annual inspections	4	30
Routine visits	24	91
Day Nurseries:		
Annual inspections	2	----
Routine visits	6	----
Hostels:		
Annual inspections	1	----
Routine visits	2	----

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

PUBLIC INSTITUTIONS:

Middlechurch Old Folks' Home
Sunset Lodge
Jewish Old Folks' Home
} Much as usual.

St. Boniface Old Folks' Home.—Some alterations were made during the year which increased accommodation by 40 beds.

Treatment and dressing rooms, with a graduate nurse (Sister) in charge, have been provided on the third floor; this is a decided improvement on former arrangements.

At the present time, the accommodation offered by these Institutions barely meets demand.

Odd Fellows' Old Folks' Home.—As the name of the Institution implies, its purpose was to house only aged members of the Order, but because of the few seeking

admittance, the character of service here changed and today there are four children and nineteen elderly folk in residence. The Board has also decided to admit selected Aged and Infirm persons other than members of the Order. At present, only ambulant cases are cared for, but it is understood arrangements may be made to take in bed patients.

While this is a fine, homelike, and exceptionally well-kept institution, it will be noted there was no permit issued this year pending compliance with Fire Commissioner's recommendations. However, agreement has now been reached on this question that will allow for recommendation of permit for next year.

PRIVATE HOSPITALS:

Glendale Sanatorium. — This is the only Private Hospital in Greater Winnipeg licensed for medical cases. The Matron, who is a graduate nurse with additional training in Mental Nursing, specializes in care of nervous diseases.

Accommodation—20 patients.

More suitable and spacious quarters should be provided for staff and family. It is hoped something may be done toward meeting this obvious need during 1942.

PRIVATE INSTITUTIONS:

Canadian National Institute for the Blind.—Opened a "Home" for ambulant blind persons at 419 Cumberland Avenue, during the year. This is a large comfortable homelike house and helps fill a real need.

St. Amant Home for Epileptic Children, Transcona. — Though increasing need exists for institutional accommodation for mentally defective and epileptic children and many inquiries and requests are made to this office re suitable homes for them, there were only 5 admissions here during 1941. While "Home" still leaves much to be desired, it has improved and it is felt that the patients receive kindly care. Because the Matron finds it financially impossible to continue caring for epileptic children only, it has been decided, after consideration, to license this home to care for Aged and Infirm also; epileptic children in residence to be classed as "Infirm" and this office to approve subsequent admissions.

While in some instances, Private Institutions fall short of standards desired, the service offered, on the whole, is quite satisfactory.

Constant supervision which to date seems necessary, has, in most instances, made those in charge more familiar with the requirements of Provincial and City Regulations governing Private Institutions as well as making them generally aware of just what standard of nursing care is expected. When suggested changes or improvements are not immediately attended to the reason is usually found to be financial.

In most "Homes" there is a graduate Nurse responsible for nursing care of patients, but maintaining an adequate and suitable staff, which has always been difficult, is now becoming a greater problem.

Total accommodation in Private Institutions (not including St. Amant Home) is 246 and today there are but two beds available. While there is need for more Private Institutions, especially those giving ambulant patient care, very few applications for permits were received during 1941.

PRIVATE BOARDING HOMES:

Of 63 licensed during 1941, 10 were discontinued—today, 53 active.

Very few applications received during the year.

Number of applications for permits to conduct Public and Private Institutions, Boarding Homes and Private Hospitals		203
Number of permits issued		97
Classification—		
Public Institutions	4	
Private Institutions	29	
Private Boarding Homes	63	
Private Hospitals	1	
Total accommodation available in Institutions, Boarding Homes and Private Hospitals		1,024
Classification—		
Public Institutions	676	
Private Institutions	256	
Boarding Homes	72	
Private Hospitals	20	
Total number of Aged and Infirm cared for in Institutions, Boarding Homes and Private Hospitals		1,583
Classification—		
Public Institutions	946	
Private Institutions	531	
Private Boarding Homes	60	
Private Hospitals	46	
Total number of visits in connection with housing Aged and Infirm		948
Classification—		
To Public Institutions	36	
Investigation	10	
Routine	26	
To Private Institutions	409	
Investigation	89	
Routine	320	
To Boarding Homes	369	
Investigation	204	
Routine	165	
To Private Hospitals	11	
Investigation	3	
Routine	8	
Of Co-operation	123	
Assisted with placement of patients		125
Classification—		
Private	84	
Public Welfare, City	24	
Provincial Government	10	
Municipal	7	
Number of Office Interviews		110

RURAL MANITOBA:

Number of permits issued to Private Boarding Homes	26
Number of Permits issued to Public Institutions	2
Routine visits	258

TUBERCULOSIS NURSING

Number of families carried for supervision	3,090
Number of visits made to families by Public Health Nurses	5,126
Number of reports on patients and contacts sent to Nurses	2,246
Number of clinics provided with nursing service	92
Attendance at these clinics	5,542
Number of reports on patients sent to Child Welfare Division	186

EVACUEE CHILDREN

One visit yearly is made to all homes caring for these children with regard to the issuance of license.

Number of permits issued	1,090

PROGRESS

Neepawa:

As a result of the interest of a few citizens who had for some time been working to obtain Public Health Nursing service, I was asked in December, to speak to the Town Council and School Board on our work, and following this we received application for a Nurse to commence work there in January.

The Pas:

Through the co-operation of the local Hospital and Social Welfare committees, a successful tonsil clinic was held for the children.

Transcona:

Because of the keen interest of the mothers in "Child Care", Child Health Clinics are now held each week, instead of bi-monthly, as formerly.

Classes of instruction in Home Nursing, Infant Care, Disease Prevention, and the Adolescent Girl, are being given to girls of Grades IX, X, and XI.

Local graduate Nurses will assist the Public Health Nurse in giving a course in Home Nursing and Emergencies to Volunteer Aids.

Norway House:

In February, a Public Health Nurse was sent to Norway House to assist the doctor at the Indian Reserve with Diphtheria prevention innoculations.

In July, a Public Health Nurse also assisted with Disease Prevention clinics.

Lansdowne:

In response to a request from this Municipality in April, a Public Health Nurse was placed here with headquarters in Arden.

The Women's Institute of Arden sponsored the third annual dental clinic, held in November at Arden, Keyes and Gladstone. This year, pre-school and high school children were included. As a result of previous clinics, marked improvement was noted in the children's teeth and out of 381 children examined, 166 did not need any treatment.

Fort Garry:

Beginning in February, service of two days monthly for health supervision in the schools, was contracted for.

Winchester:

One rural school, previously without washing facilities, is now proud of the fact that with suggestions from the Public Health Nurse, the Principal turned a small office into a well equipped wash room. The equipment includes two boilers for clean and used water, wash basins and separate hooks for family towels.

Brooklands:

A dental clinic has been re-established in Brooklands School and will be held weekly until all necessary treatments are completed.

Birch River:

A successful tonsil clinic was held in July with two physicians in attendance. Eight children were operated on.

After a talk on communicable diseases to a group of women in rural Manitoba, a mother asked the Nurse if she thought anything could be done for her son, aged 15 years, who had very limited use of his arm and hand following infantile paralysis some years ago. Arrangements were made for him to enter the Children's Hospital for treatment. The parents are well pleased with the boy's progress.

In connection with the programme for National Defence, we are co-operating with the Manitoba Association of Registered Nurses in their plan to arrange with local hospitals and physicians for Refresher Courses in Nursing for married and inactive Nurses, and the Nursing Staff are organizing courses in Home Nursing and Care of Emergencies for Volunteer Aids throughout the Province.

The Home Nursing Classes for University Students conducted by the Manitoba Association of Registered Nurses and held in our Lecture Room, have been resumed this year. In April, a letter of thanks was received from the President of the University for this service.

Since the beginning of September, there has been a full-time junior Public Health Nurse in Brooklands and the aims of the health programme in that centre have received an almost continuous effort. These aims are:

(1) To carry on a health programme in each classroom, so that the health of the pupils is safe-guarded during the school day.

(2) To provide a health service to the community so that the child might receive a 24-hour health service. There is still much to be done before this aim can be realized.

(3) To continue to use this as a health-teaching centre for Normal School students.

STAFF EDUCATION

Two Nurses are on leave for post-graduate study in Canadian Universities.

Through the courtesy of the Kellogg Foundation of Battle Creek, Michigan, a member of the Staff is making a study of Maternal and Child Hygiene services for the purpose of bringing up to date the standing orders and techniques for the Nurses' Manual.

We have been able to make better provision for new members of the Staff to gain experience in our methods. Before being placed in a rural district, each Nurse spends at least one month working under the supervision of a senior Nurse in a suburban district. The school in this district is used for practice health teaching by the Normal Students.

We have now arrived at the stage of development when there is an apparent need for four scholarships to take post-graduate study in Orthopaedics, Venereal Diseases, Mental Nursing, School Health Education and Medical Social work. Such Nurses would serve as Consultants in these special services to all Provincial Public Health Nursing groups.

Staff conferences have been held throughout the year. The following speakers contributed to our programme:

Miss F. Hamilton	Work of the Kellogg Foundation
Miss M. Moore, Family Bureau	"Budgeting"
Miss P. Anderson	General Quiz
Miss A. Kennedy	Quiz on "Infant Care and the Pre-school Child"
Miss E. Russell	General Quiz
Miss E. J. Wilson	Tuberculosis Nursing
Miss F. Thompson (Detroit)	"Nursing Care in Infantile Paralysis"
Miss F. Hamilton	"Cancer as a Public Health Problem"
Dr. H. Malcolmson	Duties of Hospitalization Division
Mrs. G. S. Thorvaldson	Lecture and demonstration on work of the "Hard of Hearing League"
Dr. F. W. Jackson	Highlight of the American Public Health Association Convention meetings.
	At this meeting, we had the pleasure of having Miss P. Roberts, Director of Nurses, and Staff, of the Winnipeg Health Department.

As the Public Health Nurses' Manual is to be completely revised during the coming year, the Biennial Refresher Course held December 29th and 31st and to be concluded January 3rd, 1942, was mainly devoted to discussion of Public Health Nursing procedures.

Topics discussed during this course were:

"The Public Health Act"	—Dr. C. R. Donovan
"Accounts and Records"	—Miss E. Russell
"Co-operation with Other Divisions and Agencies"	—Miss E. Russell
"Boarding Homes for Aged and Infirm"	—Miss N. Shaughnessy
"Boarding Homes for Children"	—Miss J. G. Stothart
"Tuberculosis Nursing"	—Miss E. J. Wilson

THE ROYAL SANITARY INSTITUTE LIBRARY

"The Public Health Nurse and Vital Statistics" - - - - - - - - - - - —Miss L. E. Stewart
"Health Preparation of the Teacher" - - - —Miss E. McDowell
"Course for Volunteer Aids" - - - - - - —Miss G. Hall and Miss F. King
"Co-operation with Women's Institutes" - - —Miss F. McKay

In April, on invitation of the Kellogg Foundation of Battle Creek, Michigan, I spent a most interesting week observing their County Health work. A very comprehensive health programme is being carried on. I was able to gain a much clearer concept of what is offered to our Nurses who have been fortunate enough to obtain a fellowship from the Foundation for post-graduate experience.

FIELD SUPERVISION

Total number of visits of inspection and instruction made by the Supervisor to Staff Nurses	18
Number of Nurses settled in new districts	5

Addresses on the work of the Division were given by the Director to:

Women's Press Club
Radio
North Winnipeg Social Workers' Club

The Director of Nurses represented the Division at:

Central Council of Social Agencies
Winnipeg Women's Club
Central Volunteer Bureau
Manitoba Red Cross Society
Institute for the Blind
Victorian Order of Nurses

NEW DEVELOPMENTS

During the summer months, additional nurses were placed in Dauphin and Brandon for Venereal Disease follow-up work. This special service will be resumed next spring.

RETROSPECT

In March, we celebrated our Twenty-fifth birthday as a Public Health Nursing Service. We had a most enjoyable party at which 150 Nurses and friends of the Division gathered, with a programme as follows:

"TWENTY-FIFTH ANNIVERSARY"

O CANADA

Chairman - - - - Hon. James McLenaghan, Minister of Health and Public Welfare
Group Singing - - Led by Miss Mae Turtle
Chairman's Remarks - Hon. James McLenaghan
Greetings - - - - Dr. F. W. Jackson, Deputy Minister of Health and Public Welfare

Solo - - - - - - -	Miss Mae Turtle
Address - - - - - -	Dr. M. S. Fraser—Early History of Provincial Health Department and Introduction of First Public Health Nurse
March of Time - -	Public Health Nursing Division
Address - - - -	Prof. W. J. Waines—On Sirois Report in Relation to Health and Social Services
Solo - - - - - - -	Miss Mae Turtle

GOD SAVE THE KING

Refreshments

Orchestra

Orchestra under direction of Prof. Zimmerman

During the twenty-five years, there has been a total of 189 Nurses employed; of the 40 Nurses at present on the Staff, 5 have served over 20 years, and 12 have served from 10 to 20 years. Only two are retired on pension.

THE FUTURE

It is interesting to note that the American War Defence Committee has declared Public Heallth Nursing to be a "Front Line Service".

Now as never before, the importance of physical and mental health is being impressed on the public. Our present programme is mainly given over to Disease Prevention and Health Supervision services, but we see an urgent need for the extension of our work that will enable us to do more health instruction in the homes.

We are eager to give more co-operation in regard to case finding and health teaching in the Cancer Control programme.

During the coming year, we intend to stress the importance of medical examination and correction of defects of pre-school children. Where necessary, local clinics will be fostered for this service.

The classes in Home Nursing and Emergencies for women Civil Servants will be renewed in the New Year.

With the co-operation of the Women's Institutes, we plan next spring to demonstrate a Public Health Nursing programme in a few municipalities with the hope that the people will realize the value of such a service and will be willing to provide for it permanently.

With a view to stimulating public interest in the physical fitness of children entering school, in co-operation with local Health Officers, Municipal Officials and Service Clubs, we will foster medical examination and correction of defects of this age group.

With reference to men and women found medically unfit for the War Services, there seems to be work for Public Health Nurses in following them up for health teaching and assisting them where necessary, to obtain medical treatment, and we trust we will be given the opportunity for such services.

There has been a marked increase in the co-operative services extended to divisions of the Department of Health and Public Welfare, and to other Departments of the Government, also to outside agencies. This co-operation, in most cases, calls for a home visit and in some instances visits of co-operation must be made to secure the desired information for the report. While we welcome the opportunity of such service, yet it is time-consuming.

At the present, with a staff of 43 Nurses, we are attempting to carry a programme that could keep at least 50 Nurses fully employed.

I am deeply appreciative of the loyal co-operation of the Nursing and clerical staff, that has made this record of service possible.

ADMINISTRATION

Number of Nurses on the Staff, December 31st, 1940	40
Number of Nurses resigned during 1941	5
Number of Nurses on leave	6
Number of Nurses on the permanent Staff, December 31st, 1941	40
Number of Nurses on the temporary Staff, December 31st, 1941	3

We again record our appreciation for the cordial co-operation received from the medical and teaching professions, social and relief agencies, hospitals, service clubs and municipal officials.

To you, Sir, we express our sincere thanks for the kindly consideration and guidance that you have extended us in dealing with the many problems of the service.

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 Division of Sanitation for the year ending December 31st, 1941.

GENERAL INSPECTION AND ABATEMENT OF NUISANCES

Under this heading, there is presented a record showing the approximate number of inspections, re-inspections, etc., in connection with investigations regarding matters pertaining to general sanitation.

General Routine Inspections:

Apartments	75
Bakeries	29
Bottling Plants	24
Cafes	121
Cemeteries	4
Creameries (Cheese factories, etc.)	11
Dairies	143
Disposal of Dead Animals	5
Dwellings	194
Fur Farms	12
Food Stores	150
Hotels	27
Hospitals	12
Institutions	13
Industrial and Construction Camps	30
Laundries	19
Lanes	266
Lodging Houses	41
Mattress Factory	1
Poolrooms	32
Piggeries	17
Privies	543
Plumbing and Drainage systems	251
Poliomyelitis investigations	10
Storage of Waste (garbage, refuse, etc.)	409
Summer camps (tourist, mission camps, etc.)	14
Sewage Treatment Plants	124
Stables	240
Stores	37
Schools	24
Swimming Pools	6

Slaughterhouses	98
Second-hand Stores	5
Theatres	2
Typhoid Fever investigations	29
Vacant lots	61
Waste disposal grounds	21
Yards and Areas	668
	3,768

Water Supplies:

Wells	407
Surface Waters (rivers, lakes, creeks)	38
Ice	9
Reservoirs	20
Chlorinating appliances	8
Re-inspections	167
	649

Nuisances Abated:

Defective cellars	2
Dirty yards	207
Dirty and insanitary buildings	12
Disposal of dead animals	5
Discharge of sewage into public water supplies	4
Fertilizer Plant	1
Illegal occupation of cellars	3
Improper storage of food	33
Improper storage of milk	1
Improper handling of milk	1
Lanes (nuisances)	173
Improper storage and removal of manure	79
Lack of scavenging service	12
Lack of natural light	13
Lack of ventilation	14
Overcrowding	13
Plumbing defects	25
Privies	156
Use of surface water	1
Unsound food	17
Vacant lots (nuisances)	23
Vermin	2
Waste Disposal	227
Waste Disposal Grounds	21
	1,035

Water Supplies:

Wells—defective construction	3
Wells—disinfected, etc.	21
Surface supplies (warning re pollution)	20
	43

Complaints Received:

Re Nuisances	60
Re Condition of water supplies	12
Re Condition of waste disposal	17
	89
Complaints Unfounded	15
Held in Abeyance	33
	48

Notices Served:

Statutory	62
Informal (written)	95
Verbal Warnings	840
	997

Samples Taken:

Wells	433
Surface supplies (rivers, etc.)	239
Other sources	27
Ice	7
Milk	120
Chemical	1
	827

Communicable Diseases:

Premises quarantined	17
Premises fumigated	1
	18

ABATEMENT OF NUISANCES

Nothing of an important nature developed during the year. Complaints were less numerous and the municipal authorities were requested in some instances to enforce the provisions of "The Public Health Act" and the regulations.

WATER SUPPLIES

Municipal:

The quality of water provided by the various water treatment plants continued to be satisfactory, and only in one instance was it necessary to suggest changes in technique and procedure. Suggestions were readily adopted and the results were satisfactory. As time proceeds, there appears to be a better and more enlightened understanding of the principles involved in water treatment, and the desire and need, not only for a water which is satisfactory from a bacteriological standpoint, but also a physically satisfactory water. No new construction, or alterations were undertaken, with the exception of the extension of water mains in several towns.

Private Supplies:

General work in private supplies continues—inspections of field conditions, sampling, bacterial analyses, and recommendations for improvements in the location, construc-

tion and protection of wells. The protection and treatment of surface supplies proved a wide field of activity and a valuable opportunity for education in regard to such matters.

A total of 1,077 water samples were obtained and submitted to the Laboratory for analysis, an increase of 375, compared to the year 1940. A large number of these waters were from the Winnipeg and Assiniboine Rivers, in connection with the state of pollution from sewage and trade wastes.

Ice:

Ice from the special reservoirs in Greater Winnipeg, and from distant points, was submitted for analysis—an annual procedure. This commodity, contrary to general opinion, provides probably the safest type of water—if properly handled—due, principally, to the natural physical process of freezing. We continue, however, to stress the importance of obtaining ice from waters which are relatively clean and free from sewage pollution. Ice waters from outside points invariably show an unsatisfactory bacteriological result, due to lack of proper precautions in preparing the sample—dirty hands, utensils, etc. This is to be understood, for, insofar as the general public is concerned, there is almost an entire lack of appreciation and understanding of the principles involved in preparing ice water for bacteriological analysis. Adverse analytical results, in consequence, give a wrong impression regarding the purity of ice water.

SEWAGE TREATMENT AND DISPOSAL

No new municipal work was undertaken. The Greater Winnipeg Treatment Plant continued to function satisfactorily, odors appear to have been prevented, and no complaints were registered. During 1941, some eight Air Training Centres came into operation, each of which treat and dispose of about 50,000 gallons of sewage per day. The degree of treatment has been effective in the prevention of nuisance, although final disposal has not been easy in some cases. This large, essential undertaking during War may provide a valuable object lesson to citizens in small towns and cities, in what might be accomplished in peace time in the improvement of methods of sewage treatment and disposal. Certain towns and cities situated close to rivers, might well give consideration to sewerage systems, treatment, and water supplies as post-war constructional activities.

Industrial Wastes:

Abattoir and woollen mill wastes were the only industrial wastes dealt with. The woollen mill which had arranged to start operations in a more favorable location was obliged to postpone final arrangements.

Waste from an abattoir was responsible for considerable apprehension, the receiving waters being above a recently constructed dam and a proposed swimming pool location, and at a point where an institution derived its raw water supply. The partial treatment of the waste, the sufficiency of the river's flow, and the treatment given the raw water were found to meet the standards presented. While this is so, due consideration should be given to the proper and adequate treatment of trade wastes before discharge into any stream. This is a responsibility of the local authorities.

PLUMBING AND DRAINAGE

There was a reduction in the total number of permits issued, compared to the previous year. Eighty were granted during 1940, and fifty-six during 1941. Types

of premises in which installations were made are as follows: Dwellings 50; Institutions 2; Schools 1; Hotels 1; Theatre 1; Steel Foundry 1. This work requires considerable time and attention to a large number of apparently trivial details in order that the entire system may give satisfactory results. Indeed, it requires an art and cunning which can only be developed by experience over a number of years and practical experience in the field.

With an increased and a natural saturation of the ground at relatively shallow depths, it was necessary to give additional and special attention to shallow field disposal systems.

The sewage disposal system in connection with a recently constructed hospital failed to function, and was reconstructed under the supervision of the inspectors of the department. This was an instance where selection of a more suitable building site would have made final disposal of sewage less difficult.

FUMIGATION BY HYDROCYANIC ACID GAS

The total number of fumigations reported was 537—an increase of forty-six over the previous year. A number of requests for advice on the eradication of vermin were received from rural areas. Owing to lack of facilities close at hand, and the time and cost of employing licensed fumigators from Winnipeg, disinfection of premises at many country points is made difficult.

Five permits to use HCN were issued during the year.

RAT EXTERMINATION

During the latter part of 1940, a special bulletin respecting the extermination of rats by the use of Red Squill, was issued. The enthusiasm which prompted the demand for this measure for the extermination of rodents, was prompted by the need for some method of protecting grain. Our covering letter with each bulletin contained a request that the department be notified of results attained. Four replies or letters have been received, intimating success by the treatment recommended, but this is a very poor showing when we consider that well over a thousand bulletins were mailed. It may be inferred that the average human being is interested only when his pocket or goods may be adversely affected. We are informed that the cost in foodstuffs for one rat per year is around $2.00, and if the rat population is one-half as large, or equals the population, then the total cost amounts to a considerable sum for food alone. This does not take into consideration the damage to foods and buildings, nor the possible illness for which the rat may be responsible. An annual Rat Extermination Week, properly organized, would be productive of good results, and might tend to foster a greater interest in the elimination and destruction of this pest during the remainder of the year. Were it not for the strict measures adopted at our seaports, in preventing rats getting ashore, and the effective means of ship fumigation, rats from plague-infested countries might quite easily be the means of a serious outbreak.

SCHOOLS

It was not possible to give schools the attention deserved, and apart from a number of inspections regarding water supplies and waste disposal, no complete surveys were made. Perusal of reports prepared by members of the Public Health Nursing Division, shows considerable improvement in some ways during the past

ten years. The use of individual drinking utensils, towels, and the provision of a water container with a draw-off tap, are the principal hygienic improvements. Water supplies are not as good as might be, the open water pail and cup dipping still exist, and school rooms, generally, lack the provision of a thermometer—a valuable instrument for the regulation of school room temperature during winter. While there are no specific regulations respecting school sanitation, the general principles apply, and it may be desirable to prepare bulletins for the special information of school trustees who are responsible for the school, its relation to the comfort and well-being of the child.

INDUSTRIAL AND CONSTRUCTION CAMPS

The camps employing a large number of men received attention. Quite a number of small camps were in operation in connection with wood-cutting operations, but these employ comparatively few men. Supervision of construction camps in connection with new Air Training Fields, was continued.

COMMUNICABLE DISEASE

As a matter of general routine, assistance in the investigation of Typhoid Fever cases is rendered to the Epidemiologist, when necessary. We were pleased to see a year pass without any major outbreak, because, as a rule, Typhoid means inattention to the sanitary details of environments, and lack of personal hygiene. Several cases of Typhoid developed in a camp occupied by about two hundred Indians, along the banks of the Red River below Winnipeg. Prompt measures taken may have prevented a serious outbreak. We look forward to the time when Typhoid and its associate diseases will be practically eliminated. However, a great deal of educational work towards that end remains yet to be done.

SUMMER RESORTS AND TOURIST CAMPS

Camps within a radius of seventy miles from Greater Winnipeg, particularly to the North and South-East, received their usual attention, preparatory to the opening of the camping season. Tourist and community camps in areas further afield, are much in need of intelligent attention, particularly in regard to water supplies and waste disposal. Curiously enough, we receive few complaints relative to tourist camps, but it is certain that some of our visitors from the United States and other parts of the Dominion, may wonder occasionally why conditions are not in keeping with modern times, and who the responsible authorities may be.

Closely related to tourist camps, are the rest-room facilities in the rural areas, where tourists are obliged to seek accommodation. Already, a request has been received for improvement of closet accommodation and facilities for ablution at these places. During the Spring of 1942, it is our intention to try to improve matters, despite lack of adequate staff, and we will require the assistance of local Medical Health Officers. Lack of sanitary facilities referred to is not a monopoly of this province. With money spent in advertising, and the invitation to tourists to tour the country, surely, in addition to scenery, we should cater to their personal hygienic needs.

GENERAL

Considerable time and assistance was given in the final preparation of Air Training Fields, particularly in the sterilization of water storage and distribution systems, and special investigations, when requested.

Slight staff changes have been necessary. Mr. K. G. MacQuarrie, posted to Brandon area during April, enlisted later in the year, and was replaced by Mr. W. W. Arnott. The inspector stationed at Brandon has supervision over thirty-six municipalities in the South-West portion of the province, but devotes a considerable part of his time to the supervision of milk producers' premises in the Brandon area, which provide the milk supply to the pasteurization plants and to His Majesty's Forces. Mr. C. E. van Engel, who was previously engaged with the Division of Food Control, returned to the work of general sanitation. Owing to the increased number of duties imposed during hostilities, an additional inspector was appointed—Mr. James Cameron, who has considerable knowledge and experience in plumbing, drainage and water distribution systems.

In conclusion, we desire to express our sincere appreciation and thanks to all who have given valuable assistance to our work during the year, and for the understanding and co-operation of those under whom we work.

Respectfully submitted,

JOHN 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, Manitoba.

Sir:

I have the honour to submit herewith the report of the Division of Food Control for the year ending December 31st, 1941.

SANITARY MEASURES RELATING TO MEATS

Slaughtering Plants:

Licenses issued during year—		
Butchers' slaughterhouses	140	
Beef Ring slaughterhouses	47	
Abattoirs	8	
Rendering Plants:	1	
	——	196
Interim Permits to Slaughter:		20

With the exception of abattoirs under Federal supervision, routine inspections of slaughterhouses were carried out. As noted in last year's report, the trend toward the use of fewer slaughterhouses and the use of more abattoir meats continued. The majority of slaughterhouses were found in a reasonably good sanitary condition. Advice regarding necessary improvements was given where needed. Failure to comply with the advice given resulted either in refusal to renew licenses or cancellation of licenses in force. To the best of our knowledge, slaughtering ceased forthwith, so no further action was necessary.

During the year several instances of persons slaughtering illegally were drawn to our attention. In most instances, a letter advising the offender of the regulations corrected the situation. Prosecution was recommended in one instance, with successful results. In another case, recommendation to prosecute was withheld as the party involved was fined heavily for a breach of the Dominion regulations contravened in the slaughter of the animals involved.

Butcher Shops:

The trend toward improved refrigeration and sanitary conditions in butcher shops continued. Inspections were made of most of the butcher shops served by licensed slaughterhouses. It was not found feasible to attempt routine inspection of all butcher shops, so inspections were confined to the foregoing, and shops believed to be unsatisfactory. A number of butcher shops were found unsatisfactory. Advice respecting improving conditions was given—usually with desirable results. In spite of the foregoing, permit me to state that it is highly desirable that a system of licensing all butcher shops in the province be instituted. Provision for licensing by municipalities is made in the regulations, but, unfortunately, only a few municipalities exercise the right. A sequence to the licensing would be routine inspections, which would exert a beneficial influence on sanitary conditions obtaining in the shops.

Producers' Markets:

Licenses issued during year—		
Winnipeg	3	
Portage la Prairie	1	
	—	4

RESTAURANTS

A demand for adequate supervision of restaurants throughout the province is being made by the general public, tourist bureaus and other interested parties. Licensing and inspection of restaurant and eating places is a responsibility of the local authorities. In the larger centres of population, where full-time health departments exist, routine inspections are made. In other places, little or no supervision is attempted. The reason for this is likely due to—(1) lack of trained personnel to carry on the work; and (2) indifference on the part of local authorities.

Although the supervision of restaurants is deemed to be a responsibility of local authorities, the effects of lack of supervision may be far from local. This is due to the fact that the travelling public are making greater use in many instances of restaurants than the local population do. Inspections made by this department would indicate that there exists an urgent need for adequate supervision of restaurants in most parts of the province. At present, this division lacks staff to carry out this work, so it appears desirable that the local authorities accept their responsibility and make an effort to supervise restaurants in their districts.

Inspections of restaurants at summer resorts were made. These eating places show improvement from year to year.

BAKERIES

Inspections of bakeries were made on request, or as a result of complaints received. The military authorities have requested our co-operation in the supervision of bakeries supplying bread to the Army and Air Force. Owing to the war, undesirable conditions have arisen in some bakeries. These include:

(1) The capacity of the bakery has been overtaxed, due to the demand for bread by the Armed Forces. This means overcrowded working conditions in some instances.

(2) The employment of female labour, where formerly only males were employed. In some instances, the necessary dressing, washing and toilet accommodation was not provided.

Efforts made to correct undesirable conditions are sometimes found difficult, due to the natural hesitancy of operators of some bakeries to invest in considerable capital expenditure to meet a situation of a more or less temporary nature, particularly when increasing difficulty is being experienced in obtaining materials necessary in the construction of plants, etc. In dealing with this situation, all factors are considered, and the necessary concessions made, bearing in mind that there are certain essential sanitary standards that must be maintained.

SUPERVISION OF MILK SUPPLIES

Milk supervision continues to occupy a most important place in our sphere of

activities. Increased public interest is evident in this work, resulting in a demand for safe milk of good quality. Considerable progress has been made towards improving the milk supplies in many localities in the province. Unfortunately, in other places, no supervision is being exercised, and much of the milk sold is of questionable quality.

MILK-BORNE DISEASES

Undulant Fever:

Five cases of undulant fever were reported during the year. All patients were consumers of raw milk, though the possibility of other avenues of infection existed in one or more instances. It is our opinion that more cases of undulant fever occur in the province than are reported. This is likely due to:

(1) Difficulty of diagnosis.
(2) Failure to report known cases.

No other reports on sicknesses traceable to milk were reported.

Bovine Tuberculosis:

Due to war conditions, the efforts of the Health of Animals Branch in the control of this disease were curtailed. Some additional municipalities were included in the restricted area, and routine testing in the area was carried out. It is hoped that several municipalities adjacent to Winnipeg will be tested during the coming year. Control of bovine tuberculosis in these municipalities will be of undoubted value to public health, as considerable quantities of raw milk from untested cows, apt to be diseased, is at present being consumed.

SUPERVISION OF MILK SUPPLY TO SMALLER URBAN CENTRES

Time and effort spent in assisting local authorities in smaller urban centres in the supervision of milk supplies has been curtailed somewhat because of pressure of other duties. This is unfortunate, as the supervision of milk supplies could profitably be extended to other areas in the province. It is a regrettable fact that many towns and villages in the province have little or no milk inspection service.

SUPERVISION OF MILK SUPPLIES TO SUMMER RESORTS

Sincere efforts were made to maintain the services of the past in supervising milk supplies to summer resorts. A tendency toward the increased use of pasteurized milk was noted in resorts bordering on Lake Winnipeg and in the Riding Mountain National Park. This is all to the good, although there are still too many people believing that because milk at a summer resort comes from a nearby farm, it is necessarily safe. Unless the supply is under supervision, this may be far from the truth, as the possibility exists that the cattle may be unhealthy or dirty, premises insanitary, and proper methods not used in producing and handling the milk.

MILK PASTEURIZATION PLANTS

There are now 22 pasteurization plants in the province, located at the following points:

Greater Winnipeg	13	
Brandon	2	
Portage la Prairie	2	
Dauphin	1	
The Pas	1	
Flin Flon	1	
St. George	1	
Transcona	1	
		22

The plant in Minnedosa ceased operations during the year. One plant in Greater Winnipeg was closed down, but its place was taken by the establishment of a new plant.

Some difficulty has been experienced in the supervision of pasteurization plants during the past year. This has been partly due to the increased demands placed on some plants for milk for the Army and Air Force, and the tendency of some plants to take in milk from uninspected sources. Considerable time has been spent on this necessary work, though it must be admitted that the full time of a qualified inspector is necessary to provide proper supervision. The Army and Air Force both require their fresh milk supply to be pasteurized and meet other set standards. Our time has been freely given to co-operating with the proper authorities in supervising the milk supplies for His Majesty's Forces.

SANITARY SUPERVISION OF MILK SUPPLIES TO PASTEURIZATION PLANTS IN GREATER WINNIPEG

This work still continues to occupy an important place in the activities of the Division, taking up the full time of one field inspector and one technician. Efforts to maintain and improve the quality of milk entering the plants were made difficult, due to:

(1) Abnormally hot weather in June and the early part of July.

(2) An alleged shortage of milk in the latter part of the summer. The plants made this an excuse to take in milk from uninspected sources.

During the late summer and fall months, a sharp increase in requests for permits, necessitating inspection of prospective shippers' premises, interfered to some extent with routine inspections. This was brought about partly by a number of shippers selling their herds and quotas to new shippers, and the activities of certain plants endeavoring to secure a greater supply of milk. In spite of these difficulties, however, improvement in the sanitary condition of premises can be reported. Cancellations of permits because of insanitary premises, or shipping milk of unsatisfactory quality, were found necessary in several instances. Exact figures are not given, as in some instances shippers were given an opportunity to dispose of their herd and quota before cancellation.

Milk Producers' Permits:

Permits issued during year	815
Permits cancelled during year	65
Permits in force at end of year	750

Laboratory Tests of Shippers' Milk:

A rough classification of the results obtained is shown in the following table:

	1936	1937	1938	1939	1940	1941
Shippers producing good milk	29%	43%	51%	57%	61%	66%
Shippers producing fair milk	62%	46%	38%	26%	25%	23%
Shippers producing poor milk	9%	11%	11%	17%	14%	11%

The number of shippers in the poor and fair class is still too high, partially due to the hot weather in the early summer, milk being received from uninspected sources, and the difficulty of securing suitable help on dairy farms.

A laboratory for testing milk samples was established in the Health and Public Welfare Building, Sherbrook Street, Winnipeg, in December. The use of the laboratory should enable the work to be carried on more efficiently.

CERTIFIED MILK

Parrish Farms — Parkdale — discontinued the production of certified milk in September. At present no milk of this grade is being produced in the province.

Appreciation of the generous assistance given by Professor R. W. Brown, Dairy Division, University of Manitoba, and his staff in the use of their laboratory, and advice freely given, is acknowledged. Mention must also be made of the faithful service rendered by inspectors of this division, and the Division of Sanitation, in carrying out the duties imposed on them.

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 1941.

During the past year this Division has continued its policy of co-operation with other Departments of the Provincial Government of rendering service in Health Education. These Departments include, the Department of Education, Department of Agriculture Extension Service, the Dominion-Provincial Youth Training and the Faculty of Education of the University of Manitoba.

A complete physical examination, including Schick, Wassermann and tuberculin tests, urinalysis and hemoglobin, is carried out on each Normal School student at the Winnipeg and Brandon Normal Schools, as well as at the Faculty of Education of the University of Manitoba. This examination is absolutely compulsory. Students are advised regarding any physical defects and are required to have treatment carried on as soon as possible before proceeding with the course. Any defect which might interfere with the student's ability as a teacher, after graduation from the Normal School, bars the student from taking the course. A summary of the biological reactions together with the number of other defects appears in Table I.

"Health Education" remains a compulsory course at the Winnipeg Normal School, and a nurse with normal school training, loaned from the Nursing Division, gives her full time to this. 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 under her supervision.

No course in Health Education was given at Summer School this year, but at the Gimli Camp as part of the citizenship course, health was stressed. These students too, were given a complete physical examination—results of which are given in Table I. The health course given was partly review and partly additional new material on teaching methods of Health Education, particularly for rural school students. Those attending camp worked out suggested courses, which should be of practical value. Fewer defects were found among these students than among those going in for Normal School. Fifty-five percent of the students at Gimli Camp had had previous examinations by physicians of our staff at Normal School, sometime during the past three years.

TABLE I.

SUMMARY OF NUMBER OF PHYSICAL DEFECTS AND BIOLOGICAL REACTIONS IN NORMAL SCHOOLS AND GIMLI CAMP—1941.

			DEFECTS			WASSERMANNS				TUBERCULINS					SCHICKS				
	Number of Students	Average Age of Students	Students Having No Defects	Students Having Defects	Number of Defects	Positive	Negative	Not Obtained or Not Done	Total	Positive	Known Previous Positive—Test Not Repeated	Negative	Not Done	Total	Positive	Negative	Non-Interpretable	Not Done	Total
Gimli Camp, 1941	101	23.7	17	84	152	0	101	0	101	16	17	68	0	101	31	63	5	2	101
Winnipeg Normal School, 1941 Girls	188	20.3	77	111	145	0	186	2	188	30	12	143	3	188	52	117	17	2	188
Boys	42	20.3	19	23	25	0	41	1	42	6	2	33	1	42	9	28	4	1	42
Brandon Normal School, 1941	51	19.3	13	38	61	0	50	1	51	15	0	36	0	51	18	33	0	0	51
Faculty of Education, 1941	36	23.5	15	21	27	0	35	1	36	11	1	23	1	36	26	7	2	1	36
Total	418	21.4	141	277	410	0	413	5	418	78	32	303	5	418	136	248	28	6	418

TABLE II.

SUMMARY OF PHYSICAL DEFECTS AND BIOLOGICAL REACTIONS IN YOUTH TRAINING CENTRES—1941

CENTRES	No. of Centres	Number of Students Examined	Average Age of Students	DEFECTS FOUND			WASSERMANNS					TUBERCULINS					
				Students Having No Defects	Students Having Defects	Number of Defects	Positive	Negative	Doubtful	Not Obtained	Total	Positive	Known Previous Positive—Test Not Repeated	Negative	Not Read	Not Done	Total
Girls' Home Making Schools, January-March, 1941	12	273	19.6	86	187	341	1	268	1	3	273	47	0	225	0	1	273
Boys' Agriculture Centres, January-March, 1941	5	112	19.6	35	77	128	0	112	0	0	112	11	0	101	0	0	112
Girls' Home Making Schools, October-December, 1941	6	121	19.7	19	102	198	0	116	0	5	121	29	2	88	2	0	121
Total	23	506	19.6	140	366	667	1	496	1	8	506	87	2	414	2	1	506

The Dominion-Provincial Youth Training programme has had somewhat decreased numbers during the past year. Home Making Schools for girls were carried on during the Spring and Fall months of 1941. Agricultural Centres for boys were carried on in the Spring only. The number of centres and the students examined, together with the list of students having defects and the biological records appear in Table II.

In the Home Making Schools, the course in health scheduled for twenty hours, is usually taught by local physicians and nurses, but in four schools where there was no one in the community to carry on this work a nurse was loaned from our Department to teach this course. The series consists of lectures, demonstrations, and films are used wherever possible. Not all areas, of course, have hydro electric power, and it is impossible to use the sound projector in all centres.

In the month of May 1941, a School Health Survey was conducted. The students in a group of four rural high schools were given a complete physical and dental examination. In two of the schools the pupils were chiefly of Anglo-Saxon origin, in one Dutch and in the other, Ukrainian. The purpose of the survey was to obtain a cross-section of the physical findings in a group of teen age students. Previous surveys in Manitoba have been on older age groups.

The following table shows the schools examined, the number and sex of the students in each.

	Boys	Girls	Total
Selkirk	48	95	143
Steinbach	36	40	76
Stonewall	40	49	89
Teulon	25	30	55
Total	149	214	363

Physical defects—not including dental—may be summarized as follows:

	Boys	Girls
Number of students having no defects	70	61
Number of students having remediable defects	70	149
Number of students having non-remediable defects	9	4
Total	149	214

Dental Reports:

Of 150 boys examined, only three had perfect teeth.

Of 205 girls examined, thirteen did not require dental attention.

The discrepancy in totals between number of students having physical examinations and those having dental examinations is due to the fact that it was not always possible to do medical and dental examinations the same day.

As an experiment in curriculum building a project on "Tuberculosis" was undertaken in a large rural high school. Before the work was started the local doctors, the school board and certain voluntary agencies in the town were given outlines of the intended project. The high school teachers all co-operated and did an excellent job of teaching, relating subject both to the community needs and to the other subjects of the curriculum. Many field trips to hospitals, Sanatorium, Provincial Laboratory, X-ray department of the Winnipeg General Hospital, were undertaken.

The whole programme took about three months time, at the end of which time a town meeting was planned, sponsored by a local women's organization. The parents of the collegiate students and other interested adults were invited. Four hundred came to this meeting and listened with apparent interest to a programme on "Tuberculosis," which included two talks by specialists in this field, two movies from the Tuberculosis Association and an excellent discussion by the high school students themselves on the subject. As a result of this, all these high school students were given tuberculin tests. Of this all positive reactors were plated. No cases of active tuberculosis were found.

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	761
Number of centres	10
Number of classes held	43

Achievement day programmes at the end of the course are always well attended by the entire district, there being as many as two hundred 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.

Radio:

Over Radio Station CKY, Winnipeg, a weekly radio talk is given. The series this year has been called "Keep Fit for Freedom" and has dealt with the various aspects of physical fitness in relation to the war effort. Nutrition has been particularly stressed, as well as immunization and the early correction of any physical defect.

Total number of talks given	23
Total number of speakers	29

Projector and Films:

During the year, the Division added to its equipment a 16mm. sound projector. To date we have bought three sound films of our own:

"With These Weapons"
"Clocking a Champion"
"They Do Come Back"

We borrowed five films from the Canadian Tuberculosis Association, and twenty-two from the Division of Visual Education, Department of Education.

There were films shown to approximately one hundred groups at the Summer Fairs, Gimli Camp, Achievement Day Programmes of Women's Institutes, Schools of Nursing, Home Making Schools and other organized groups. The projector has proved to be a most valuable asset to our programme and use is made of it wherever possible.

The Division has also obtained from the Kellogg Foundation a set of twenty kodachrome slides on school lunch projects. These are most useful for teaching in our rural schools, as they portray the preparation of various types of school lunches under varying conditions.

From the Metropolitan Life Insurance Company, two copies of a thirty-five millimetre film "The Proof of the Pudding," were borrowed and have been shown in practically all the Winnipeg theatres, in connection with a nutrition course sponsored by a voluntary organization.

Exhibits:

Eight exhibits were prepared during 1941. These exhibits were shown at:

The Provincial Exhibition at Brandon
Carman Fair
Portage la Prairie Fair
Miniota Fair
Manitoba Association of Registered Nurses Convention
Manitoba Teachers' Convention
The Manitoba Adult Education Association
The Canadian Medical Association Annual Convention

At Brandon, as well as having an exhibit, Nutrition Quiz forms were printed and widespread interest was shown by visitors at the fair, in answering the questions. In addition, at the Brandon and Portage Fairs, films were shown.

Publications:

During the past year "The Manitoba Baby" was completely revised and 10,000 copies reprinted, using a new series of illustrations. Reprints were also made of other departmental publications.

Don't Take Chances with Communicable Diseases	10,000
Immunization Posters	1,000
Venereal Disease Posters	1,000
Toxoid Prevents Diphtheria	20,000
Milk Pamphlets	2,000
Nutrition Quiz	2,000

Health literature obtained from other organizations:

Canadian Tuberculosis Association	7,688	pamphlets
Canadian Welfare Council	28,090	"
Department of Pensions and National Health	4,730	"
Metropolitan Life Insurance Company	36,832	"
Other Agencies	5,300	"
Total	82,640	"

Bulletins mimeographed for distribution	295,297
Bulletins mimeographed for other divisions of the Department	118,812
Total amount of mimeographing	414,109

Posters:

Work done by our staff artist is steadily increasing in volume and this year more posters than formerly were made. They have been made to keep up with the modern trend in advertising so that the posters are attractive and timely as well as giving useful information.

Number of posters and charts loaned	416
Number of posters, signs, illustrations, graphs and other demonstration material prepared for exhibits, child conferences and group teaching	222

Literature Distributed:

Total amount of literature distributed	543,706

Library:

A review of the Library work for the year, appears as a separate report by Miss Wells.

I have the honour to be, Sir,

Your obedient servant,

A. MARGUERITE SWAN, M.D.,

Medical Director of Health Education.

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 honor to submit the report of the Library for the year ending December 31, 1941.

During the past year, considerable progress has been made in the development of library facilities. As a result, there has been a marked increase in the use of the Library.

In March, 1941, a Library Committee, composed of seven members of the Department, was formed as an Advisory Board in carrying out the purpose of the Library to provide information in the field of health and social welfare.

The Library now consists of 634 books, about 2,000 pamphlets, and 89 bulletins and journals. The nature of these is as follows:

1. Standard texts to provide technical information on health and social subjects and their allied fields.
2. Reports of studies, surveys, and other activities to supply facts regarding health and social problems, and the progress of public welfare services.
3. Journals, pamphlets and clippings to furnish current ideas and facts concerning human welfare.
4. Popular material in the form of books, pamphlets and periodicals to provide information in non-technical language for the layman, and for those who require references for interpreting scientific information in simple and interesting ways.

ACCESSIONS

During 1941, many new publications have been acquired to fill the need for suitable modern reading matter.

Books:	purchased	87	
	donated and complimentary	77	
			164
Journals:	purchased subscriptions	17	
	complimentary subscriptions	61	
	complete volumes donated	185	
			263
Pamphlets:	purchased	301	
	donated and complimentary	1,003	
			1,304
Reports:	complimentary		28
	Total		1,759

The cataloguing of books and pamphlets undertaken in 1940 has not yet been completed. However, an indexed guide to the current literature in the Library has been compiled quarterly during the year in the form of a bulletin entitled "Library News Notes", which has been found useful by health and social workers as a time-saving reference to sources of information.

LIBRARY SERVICE

The Library provides facilities to readers through the Reference Library in the Reading Room, the loan of publications, and by advising and assisting enquirers in search of information.

In the Reading Room the collection of library material is arranged according to subject so as to be readily accessible to readers. During the year, the Reading Room was used by 256 readers in search of special references.

In the circulation of library material, loans were made to individuals as follows:

Books	1,304	
Pamphlets	3,117	
Journals	2,945	
		7,366
Inter-library loans		72

In addition to the members of the staff, lending privileges are extended to physicians, nurses, teachers, students, and other interested individuals; as well as to study groups, organizations and classes at the Summer School for Teachers, Normal Schools and Schools of Nursing to provide special reading references in connection with instruction and activities.

In spite of efforts to meet all requests of readers, many requests could not be filled on account of the limited resources of the Library. In an endeavour to meet this difficulty, inter-library loans were made from other libraries for members of the staff; and others have been referred to libraries where the desired publications could be obtained. Similarly, other libraries have referred readers for special references.

Answering requests for information and assistance has become a major part of library service. Searches for special information were made to the number of 123, and 27 bibliographies prepared for instructors and leaders of study groups. Lists of recommended publications were also compiled as requested; and other information has been prepared or secured to meet the varied needs of readers.

Among the subjects of frequent enquiry are the health and social problems of national defence. Information as to sources for references on these and other questions of current interest has been collected to aid readers in further study.

Throughout the year the work of the Library has been greatly facilitated by many contributors of publications; by the assistance of Librarians in the Provincial Library, the Department of Education, the Medical College Library and the Manitoba Association of Registered Nurses; and by the co-operation of the members of the Department and other agencies, whose interest has made possible the effectiveness of the Library as a source of information.

Respectfully submitted,

ANNA E. WELLS, R.N.,

Librarian.

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, 1941.

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, so far as is possible, the development of silicosis among workmen in industry. At the same time it does find the occasional case of tuberculosis and get it under treatment if required.

Again we wish to draw to your attention that there are other industries in Manitoba where silicosis is also a definite hazard, namely, foundries, steel mills, quarries, etc., and any place where sand blasting is used. 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 early and earnest consideration.

During 1941 one hundred and thirty-eight men were examined in Winnipeg prior to their entrance or return to the mines; of these, six were refused certificates. This is an increase of fifty-four over the number examined in Winnipeg in 1940. This system is working out very well as it assures that new men will not travel in to the mines looking for work unless they have a certificate, and it also takes care of men out on holiday at the time our clinic visits their mine.

During the summer and autumn, all the mining centres in the province were visited by Dr. D. L. Scott, of the Silicosis Board, or his substitute Dr. R. A. MacPherson, 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, under a new agreement made with them and the Workmen's Compensation Board, the physical examinations were made by Dr. P. D. Guttormson, director of their medical service and the X-ray films were taken by his X-ray technician. Dr. Scott then reviewed the films and the record of examination before certifying the miners. Re-examinations were handled in the same way and this system will be continued in future as it is much more satisfactory than the system up to this year.

At this mine 768 new examinations were made and 341 re-examined from former years. None were refused.

A total of 1,982 men have been examined by this Department during 1941. This number is nearly double that done in 1940. This is partly due to the change of system at the Hudson Bay Mining & Smelting Co., and also to a very marked increase in

turn over of labor at all mines. Men have enlisted from the mines, necessitating taking on new men. Some of the mines have increased their operations. Table (A) shows the work of the Silicosis Survey in 1941. Table (B) shows a comparison of work done in the past five years. The marked increase in 1941 is quite evident. The number refused shows no increase and is evidence of satisfactory findings. Men refused are advised of the reasons for this and are advised regarding safe occupations for them.

TABLE (A)

SUMMARY OF SILICOSIS SURVEY—MANITOBA, 1941.

Mine	No. of Men examined not for 1st time	No. of Men examined for 1st time	Total No. of Men examined	No. of Certs. granted	No. of Certs. refused
God's Lake	77	60	137	134	3
Gunnar	82	23	105	98	7
San Antonio	106	69	175	173	2
Sherritt-Gordon	217	101	318	314	4
Flin Flon	341	768	1,109	1,109	0
Examined in Winnipeg	22	116	138	132	6
Totals	845	1,137	1,982	1,960	22

TABLE (B)

COMPARISON OF SILICOSIS SURVEYS—MANITOBA 1937-1941.

Year	No. of Men examined not for 1st time	No. of Men examined for 1st time	Total No. of Men examined	No. of Certs. granted	No. of Certs. refused
1937	0	1,431	1,431	1,413	18
1938	397	586	983	959	24
1939	659	407	1,066	1.030	36
1940	685	317	1,002	981	21
1941	845	1,137	1,982	1,960	22

As in past years, the Division of Industrial Hygiene has continued to give co-operation to the Department of Labor in the investigation of Hazards in Industry. Aeroplane Plants and Munition Manufacturing Plants have been visited.

Co-operation with the Dominion Division of Industrial Hygiene has been continued and many thousands of pamphlets giving information on various industrial processes and health hazards distributed. These were sent to operators of plants, to doctors and also to school principals for use in teaching. The school children of today are the workers of tomorrow. New regulations were added under "The Manitoba Factories Act" making compulsory the labelling of products containing "Benzol" with the words "Contains Benzol"; also making it compulsory for physicians to report cases or suspected cases of Industrial Diseases to the Director of Industrial Hygiene.

We consider these to be a marked forward step toward prevention and control of industrial diseases.

As you know, there is no special staff to carry on the Industrial Hygiene work. This work is done by the Epidemiologist with the assistance of the Division of Sanitation and Dr. Scott of the Central Tuberculosis Clinic. These people already find their time fully occupied with their duties and consequently cannot give the necessary time and effort which should be given to Industrial Hygiene. Considering the great increase in industry in Manitoba during the past two years, may I recommend that a full time staff be obtained for this Division? It would no doubt be very worth while in the prevention and control of industrial diseases.

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Epidemiologist.

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 1941.

During the past year, in co-operation with the Nursing Division, a great deal of literature on pre-natal care and the care of the baby has been distributed through the Province. Well-Baby Clinics give ample opportunity for educational work along this line and every advantage is taken of it.

The following statistical reports on maternal and infant deaths are preliminary, using figures as available December 31, 1941.

Total Live Births—1941:

White	13,825
Indian	522
Total	14,347

Infant Death Rate, 1941—(per 1,000 live births):

White	49.8
Indian	241.4

Still Birth Rate, 1941—(per 100 live births):

White	2.6
Indian	3.4

TABLE I.

INFANT DEATHS AND STILL BIRTHS—1941

(As reported till December 31st, 1941)

	White				Indian			
Age at Death	*Pre-Viable	Viable	Total Number	Deaths %	*Pre-Viable	Viable	Total Number	Deaths %
Still Born	....	359	359	.....	....	17	17	.....
Live Births:								
Less than 24 hrs.	48	130	178	25.9	....	7	7	5.6
24 hrs. to 14 days	....	166	166	24.1	....	29	29	23.0
15 days to 1 year	....	344	344	50.0	....	90	90	71.4
Total	48	640	688	100.00	....	126	126	100.00

*The term previable is used here as meaning "less than 28 weeks gestation".

This table has been prepared in order to indicate the age at which babies die. Approximately a quarter of the infant deaths occur in the first 24 hours of life, another quarter before two weeks of age and the remaining half after that time. In the first two weeks of life only 28.6% of the Indian infant deaths occur, the bulk of the deaths take place after the neonatal period.

Total Maternal Deaths—1941	40
Rate per 1,000 live births	2.8

I have the honour to be, Sir,

Your obedient servant,

A. MARGUERITE SWAN, M.D.,

Medical Director, Maternal and Child Hygiene.

Provincial Bacteriological Laboratory

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

Sir:

Herewith I beg to submit a report of the work carried out during the period from January 1st, 1941 to December 31st, 1941 at the Provincial Bacteriological Laboratory:

	Number of Specimens
Bacteriological examinations of water and ice for drinking purposes: bacterial count; cultures for coliform organisms. Number of specimens	3,438
Examinations of milk for fat content, total solids, number of bacteria per c.c., etc. Number of specimens	496
Examinations of cultures prepared from swabs from patients and contacts for the presence of the diphtheria bacillus	3,197
Positive 308 Negative 2,889	
Examinations of swabs for hemolytic streptococci (scarlet fever)	200
Positive 12 Negative 188	
Examinations of swabs for meningococci	354
Wassermann tests for syphilis on blood and cerebrospinal fluid specimens	35,653
Positive 1,674 Negative 33,979	
Examinations of pus for the gonococci	753
Positive 79 Negative 674	
Cultures for the gonococci	308
Positive 71 Negative 237	
Examinations of sputum for the tubercle bacilli	137
Positive 7 Negative 130	
Widal agglutination tests for typhoid fever	191
Positive 15 Negative 176	
Living Culture Antigen agglutination tests	155
"H" Antigen agglutination tests	55
"O" Antigen agglutination tests	55
Agglutination tests for paratyphoid A. fever	72
Agglutination tests for paratyphoid B. fever	72
Agglutination tests for Brucella abortus and Brucella melitensis—Undulant fever	63
Examinations of cerebrospinal fluid for meningococci; also the mastic and globulin tests and cell counts	115

	Number of Specimens
Special examinations, transudates and exudates; gastric contents, pleural fluids	23
Special examinations for ringworm, anthrax, glanders, rabies, tularemia, blastomycosis, etc.	1,103
Examinations for Vincent's Disease	56
Agglutination tests for heterophile antibody content of blood for mononucleosis	22
Examinations of urine for gonococci, tubercle bacilli, etc.	177
Examinations of faeces for amebae, etc.	36
Blood cultures and special examinations of blood specimens	38
Special examinations for typhoid of urine, bile, faeces, milk, and food products	201
Examinations of tissue specimens for cancer, etc.	141
Virulence and special animal tests	145
Sputum for culture and typing for pneumococci	73
Special examinations of dishes, dressings, food, chocolate drinks, etc.	1,168
Amount of media prepared during the year	225,000 c.c.

The laboratory also prepared the reagents used in the serological tests.

During the year, in the laboratory, eighty thousand cubic centimetres of blood were withdrawn from poliomyelitis convalescents. From this blood, thirty-eight thousand cubic centimetres of serum was prepared and put up in vials for the treatment of poliomyelitis (infantile paralysis).

This laboratory is doing the major part of the bacteriological work for the armed forces in Manitoba. This work, together with the work entailed by epidemics, has thrown a severe strain on the limited number of technicians on the laboratory staff. For three months in the summer the average time put in by the individual technicians was fourteen hours daily, including Sundays and holidays.

As a result of the war, bacteriological technicians are in great demand. Their number is limited; it takes years of training to develop a qualified technician. During the year, five technicians have left the service of the Provincial Laboraories here and at Brandon.

Appended is the report of the work carried out during 1941 in the laboratory of the Brandon Hospital for Mental Diseases, and in the laboratory of the Manitoba School for Mental Defectives.

Respectfully submitted,

FRED CADHAM, M.D.,

Director of Laboratory.

Brandon Hospital for Mental Diseases

Dr. Fred Cadham,
Provincial Bacteriologist,
Department of Health and Public Welfare,
Medical College,
Winnipeg, Manitoba.

Sir:

I beg to submit to you the Annual Report for the calendar year ended December 31, 1941 of work done in the Laboratory of the Brandon Hospital for Mental Diseases for the armed forces and for the Public Health services of Brandon and district.

As you are aware, there is also considerable laboratory work done for the hospital proper which is not included here but may be found in my report to the Provincial Psychiatrist.

Milk Samples	481	
Cultures	1,435	
Phosphatase est.	51	
Butter Fat est.	2	
Swabs and washings from milk cans	27	
Cultures	60	
Water Samples	353	
Cultures	1,109	
Ice Samples	1	
Cultures	3	
Sewage Samples	1	
Cultures	7	
Chemical Tests	15	
Throat Swabs	558	
Cultures	167	
Direct Smears	408	
Nose Swabs and Smears	23	
Cultures	28	
Various Smears including those for Vincent's Angina Fungi		
From eye, mouth, etc.	68	
Cultures	66	
Urogenital Smears	1,257	
Cultures	496	
Blood for culture—		
Specimens	17	
Cultures	84	
Urine—cultures	163	
Faeces—specimens	42	
Cultures	430	
Urine Samples	178	
Chemical Analysis	741	tests
Faeces for blood and amoeba—		
Specimens	3	

Blood Chemistry Estimations	131	
including:		
Blood sugar	34	
Blood Urea Nitrogen	38	
Non-Protein Nitrogen	1	
Calcium	5	
Phosphorous	5	
Carbon Monoxide	2	
Cholesterol	2	
Uric Acid	1	
Icterus Indices	16	
Van-den-burg	7	
Erythrocyte Sedimentation Rate	17	
Red Cell Fragility	2	
Sugar Tolerance	1	
Wassermann Reaction Blood	1,633	
Kahn Reaction Blood	955	
Kline Precipitation Test	1,522	
Laughlin Precipitation Test	46	
C. S. Fluid:		
Wassermann Reaction	48	
Kahn Reaction	31	
Kline Precipitation	47	
Cell Counts	183	
Globulin Est.	182	
Takata Ara Reaction	56	
Colloidal Gold Reaction	58	
Colloidal Mastic	21	
Total Protein Est.	64	
Differential Counts	26	
Sugar Est.	2	
Chloride Est.	2	
Dagenan Est.	1	
Cultures	17	
Blood Counts received and taken	171	specimens
including:		
W.B.C.	105	
R.B.C.	104	
Hgbs. and Color Indices	104	
Differential Counts	145	
Platelet Counts	11	
Malarial Parasites	6	
Trichinella	1	
Sputa for T.B.—		
Specimens	150	
Smears stained and examined	308	
Fractional Gastric Analyses	19	
Chemical Tests	199	
Basal Metabolism Est.	4	
Sputa Typed for Pneumococci	8	specimens
Blood Typed and Matched for Transfusions	14	specimens
Dark Field Exam. for Spirochaeta Pallida	14	
Fontana's Silver Stain for Spirochaeta Pallida	15	

Surgicals—	
Tissue Blocks Embedded	47
Sections Cut	297
Sections Stained	124
X-Ray Plates taken and developed	31
Guinea Pigs Inoculated	9
Tissue blocks embedded	7
Sections cut	28
Sections stained	21
Widals—macroscopic	325
including:	
Typhoid	44
Para A.	44
Para B.	44
B. Melitensis	45
B. Abortus (Bovine)	128
Pleural Fluid—Specs.	2
Smears	9
Cultures	4
Fluid exam. for tumor cells	1
Urine for renal calculus	1
Chemical tests	3

From 25 post-encephalitic soldiers, 50 samples of blood taken, serum separated, packed and shipped to the Rockefeller Institute, New York.

Yours sincerely,

T. A. PINCOCK, M.D.,

Medical Superintendent.

Manitoba School for Mentally Defective Persons

PORTAGE LA PRAIRIE, MANITOBA

Dr. Fred T. Cadham,
Provincial Bacteriologist,
Medical College, Bannatyne Ave.,
Winnipeg, Manitoba.

Sir:—

I have the honour of presenting to you the Annual Report of the Laboratory at the Manitoba School for Mentally Defective Persons, Portage la Prairie, for the year 1941.

The regular Laboratory Technician, Mr. Andrew Blackwell, M.T., has been on leave of absence while serving with His Majesty's Forces since June 21, 1940. This position was temporarily filled by Miss Helen M. Marcroft until January 7, 1941, and since then Miss Jeanne Crittenden has been the temporary Technician.

As in former years all specimens for Wassermann examination have been sent to the Provincial Laboratory.

There were done four post mortem examinations.

The number of general laboratory procedures, such as blood examinations including blood chemistry, urine examinations, gastric analyses, and miscellaneous tests, has not shown great change from previous years.

During the year there has been a request from the Health Department of the city of Portage la Prairie for examination of milk samples, and the number of examinations of milk has shown a sharp increase over 1940.

The number of throat cultures done has also shown a large increase. This is partly accounted for by the outbreak of Scarlet Fever in this area, including the institution, in December 1940, and continuing for some weeks into 1941.

The examinations which have caused the greatest increase in total numbers are those used in the diagnosis of Gonorrhoea. The Laboratory gives service to the Portage Provincial Gaol, the physicians of the area, and more recently and as requested to the local Military Training Centre. The number of G.C. smears increased approximately 100% in 1941 over 1940. Early in 1941 it was considered necessary to add facilities for the cultural diagnosis of Gonorrhoea, and the venture has apparently been successful. A detailed statement of the procedures done is shown below.

Blood Examinations:

Complete Blood Counts	290
Red Cell and Hemoglobin	41
White Cell and Differential	32
Bleeding and Clotting Time	2
Platelet Counts	3
Reticulocyte Counts	7
Cell Sedimentation Rates	128

Blood Chemistry:

Blood Dagenan or Sulfathiazole	23
Blood Urea Nitrogen	2
Blood Sugar	15
Blood Sugar Tolerance	1
Icterus Index	11

Urine Examinations:

Routine Urinalysis	260
24 hour Specimens	2
Urinalysis re-bile	8

Faeces Examinations:

Occult Blood	20
Intestinal Worms	7
Foreign Bodies	2

Gastric Analysis:

Fractional Analysis	3
Examination of contents re T. B.	13

Smears:

Urethral	1,414
Cervical	1,305
Sputum	43
Throat	18
Urine	24
Eyes	7
Pus from sores etc.	16

Cultures:

Blood	5
Nose and Throat	100
Milk	52
Body fluids, glands and incisions	12
Gonococci — Urethral	160
Gonococci — Cervical	155

Body Fluids:

C.S. Fluids	17
Gland and Pleural Fluids	5

Miscellaneous:

Hair for Ringworm	3
Skin Scales for Ringworm	4
Skin Scales for Scabies	3
Swabs for Trichomonas	20
Purulent Fluid for Actinomycosis	7

Post Mortems	4

During the year there were received as stock from the Provincial Laboratory 49 vials of Antipoliomyelitis Serum. 41 vials were issued for the use of physicians of this area. There were in stock as at December 31, 1941, eight vials of serum.

I desire to express my thanks for the assistance given this institution by the Provincial Laboratory in the performance of tests and examinations not done in the institutional laboratory.

I have the honour to be, Sir,

Your obedient servant,

M. E. BRISTOW,

Acting Medical Superintendent.

Provincial Psychiatrist

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 of the activities of the Division of Psychiatry for the year ending December 31st, 1941.

In the appending table, movement of patients refers only to Mental Hospitals. The work of Manitoba School being of a different character, is referred to separately.

GENERAL STATISTICS

	Men	Women	Total	Prev. Year
Number remaining in hospital Dec. 31, 1940	1,335	1,036	2,371	2,341
On parole, or otherwise absent	45	50	95	103
Total on register December 31st, 1940	1,380	1,086	2,466	2,444
Admitted: January 1st to December 31, 1941 (Transfers not included)	317	268	585	555
Total under treatment	1,697	1,354	3,051	2,999
Discharged: January 1st to December 31, 1941 (Transfers and deaths omitted)	236	220	456	385
As "recovered"	44	33	77	99
As "much improved"	19	28	47	47
As "improved"	80	64	144	158
As "Not Insane"	13	12	25	21
As "unimproved"	26	23	49	54
Transfers between hospitals	66	70	136	260
Deaths	71	60	131	145
Elopements	3	1	4	0
% discharged of number treated	13.9	16.25	14.9	12.8
% discharged of number admitted	74.45	82.47	79.5	69.37
% died of number treated	4.19	4.43	4.29	4.83
Remaining in hospital December 31, 1941	1,379	1,073	2,452	2,371

As pointed out in previous reports this one makes no attempt to give more than a general picture and this for several reasons, viz., (1) conservation of time and material; (2) understandable lack of interest in details in those for whom the report is intended.

We finished the year with 81 more patients in hospital than at the corresponding time last year. We are back at the level of annual increments that prevailed prior to the initiation of "shock" treatment. There is no doubt now that the initial results of treatment were viewed too optimistically. This is not to be taken as condemning shock therapy. It definitely has value but with increasing experience the indications are being more sharply defined and the number of cases considered as suitable has decreased.

As pointed out in last year's report the proportion of aged patients is slowly but steadily rising. These are coming to occupy an increasing proportion of available accommodation, and the proportion will increase. Some comparative figures available for the first time seem to indicate however that disability incident to old age is more often physical than mental. I repeat that this problem is one of the most urgent and serious now being faced by Social Medicine.

There were more admissions in this year than last, but fewer died. The number in residence rose sharply as has been noted. As before, the Psychopathic Hospital was to a large extent prevented from serving its purpose by reason of a large proportion, sometimes over 50%, of patients whose condition warranted care elsewhere but who could not be transferred because of lack of accommodation. The bad results of this need not be mentioned again. They have been detailed year after year with no result. The figures given indicate that the number of transfers was much reduced.

The proportion of those improved by hospital care was reduced partly no doubt because a large number were organically deteriorated when received, partly too, because recovery and improvement rates invariably move inversely to the proportion of overcrowding.

There was a slight, possibly not very significant, fall in the mortality rate. The institutional rates were Brandon 3.13; Selkirk 4.75; Psychopathic 2.25.

Among the causes of death Cardiovascular disease has outstripped Respiratory Disease—evidence of increasing number who are in the Cardiovascular age group and also of the positive results of improved hygienic measures in the control of Respiratory disease.

Three suicides occurred at Brandon.

The number of accidental injuries was less than last year.

With the exception of an outbreak of measles affecting both staff and patients at Brandon, there was no serious outbreak of disease. Tuberculosis, as has been noted, has shown a considerable decline.

MEDICAL WORK

The medical work of the institutions has been maintained with difficulty. There was further depletion in medical nursing and attendant staffs. Service accounted for part of the loss but dissatisfaction accounted for both loss and a degree of discontent that certainly was not conducive to the best work. It seems all but impossible to have the latter problem met in any realistic way. The seriousness of the situation is obviously not grasped.

The Occupational Departments, Laboratories and Dental Departments have been very busy as will be seen in their several departmental reports.

THE MANITOBA SCHOOL

With increased population and depleted staff this institution has done exceedingly creditable work during the year. The burden on the administrative staff has been very heavy and unfortunately there is no immediate prospect of lightening this.

The year as a whole has, I think I may safely say, been the most trying one in the past twenty-five. Burdens have increased, means of meeting them have decreased

and one wonders how long such a process can or will be expected to go on. Some of the difficulties are at present insurmountable but this is not so of all, and I must end this report with a plea that those in whose hands the responsibilities rest may see their way to at least a partial solution of difficulties, that if allowed to continue, can result in nothing but confusion, and in fact, calamity.

I have the honor 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 for the year ending December 31st, 1941.

STATISTICAL SUMMARY

	Men	Women	Total	Prev. Year
Remaining in hospital December 31st, 1940	14	17	31	29
On parole or otherwise absent	0	0	0	0
Total on register December 31st, 1941	14	17	31	29
Admissions: January 1st to December 31st, 1941	166	148	314	317
First Admissions	118	109	227	216
Re-admissions	48	39	87	101
General Admissions	79	97	176	195
Voluntary	9	2	11	18
By Commitment	75	45	120	101
Retaken from Probation	3	3	6	1
Transfer from Portage Gaol	0	1	1	...
Total patients under care	180	165	345	348
Average daily population	...	...	33.05	31.51
Rated capacity	16	16	32	...
Percent overcrowding	...	...	+3.28	—1.5
Average duration of stay		(days)	33.05	33.06
Discharges: January 1st to December 31st, 1941	163	148	311	317
As "recovered"	19	10	29	36
As "much improved"	6	12	18	13
As "improved"	45	40	85	91
As "Not Insane"	9	3	12	7
As "unimproved"	79	80	159	163
Deportations	0	0	0	0
Transfers	66	70	136	128
To Selkirk	51	49	100	89
To Brandon	14	19	33	39
To Manitoba School	1	2	3	4
To relatives	47	56	103	106
To relatives against advice	8	7	15	16
To Own control	22	2	24	30
To Hospice Tache	1	2	3	0
To Convalescent Hospital	4	4	8	10
To Winnipeg General Hospital	5	4	9	10
To Police	4	0	4	2
Escaped	1	0	1	0

Deaths	5	3	8	7
Percent deaths of total admission	.....	.....	2.55	2.21
Percent deaths of total under treatment	.....	.....	2.25	2.01
Percent discharged of number under treatment (bettered by hospital treatment)	.....	.....	40.50	43.96
Percent discharged of number admitted (bettered by hospital treatment)	.....	.....	45.86	45.58
Percent discharged as "recovered"	.....	.....	8.47	11.35
Remaining in hospital December 31st, 1941	17	17	34	31

ADMISSIONS

There were three fewer patients admitted than in the previous year and that year showed seventeen fewer than the year before. If this represented a decrease in applications for admission, one would be pleased and satisfied. This unfortunately is not the explanation. The real reason is that because of great overcrowding in the Provincial Hospitals, it has been necessary to retain patients here who should have been transferred. The list of patients awaiting admission has been more extensive than for many years, and this is what one would expect. The fact is inescapable that year by year we are getting into greater and greater difficulties in the matter of accommodation. This point has been stressed year after year with no visible result and slowly but surely the situation grows worse, and as it does, the difficulties of those charged with accommodating and treating patients, grow more onerous. Since they are accessible, they receive the burden of the abuse arising from relatives, physicians and police who having patients requiring care, cannot have them admitted. The legislature in whose hands the real responsibility lies, should understand that the situation is critical and the present inadequacy is costly. The care for which the Province is supposed to have provided is not available to the extent it should be. The wear and tear on those struggling to meet the situation is all but intolerable, and the possibility of tragedy is very real.

The great delay in affecting admission results in loss of valuable time and as has been pointed out many times, time is as important in the treatment of mental disease as it is in the treatment of Tuberculosis. In either case delay in initiating treatment may mean a chronic incurable patient, instead of a curable one.

The proportion of re-admissions is again too high and is, no doubt, again attributable to premature discharge. The necessity for caring for the acute case makes discharge of some other possibly incompletely recovered case inevitable, and some of these are bound to need care again.

The proportion admitted by Magistrate's Commitment was above that of last year and is too high. Many cases are brought to hospital with commitment warrants where such a step is entirely unnecessary and is resorted to as a means of compelling us to accept the patient simply because someone wants to be rid of the responsibility of care. The idea that this is a hospital with limited accommodation seems to mean little to some magistrates and some police officers. To them, the prior right of others who have been patiently awaiting admission, is a matter of no concern. We should be prepared to accept any and every patient that needs care and we would be spared the very unpleasant business of arguing with, and being abused by these people, if this were possible.

The average daily population of 33.05 gave a degree of overcrowding of 3.28%. This does not seem at all bad when compared with the other institutions, but our available space is small, patients cannot move about freely if there are too many and the difficulties resulting from any considerable overcrowding are great. Nursing is

more difficult, friction arises between patients and recovery is delayed. This has been the universally experienced result of overcrowding.

The average hospital residence was 33.05 days, practically identical with last year's figure.

There were fewer admissions, and therefore, fewer discharges, proportionately slightly fewer than in last year. 40.50% showed improvement on discharge as compared with 43.96% last year. Such a drop is probably significant. Patients admitted either were of a less hopeful type than in the previous year, which is not likely, or, care was not of the same standard, and this may be the explanation. With the medical staff reduced by 50% it is impossible to give the close individual attention so definitely needed in the treatment of mental patients.

There was almost double the number discharged as "Not Insane". I scarcely think any valuable conclusion can be drawn since the total number concerned was small and in any case yearly fluctuation is common.

One patient escaped, was subsequently retaken in Regina and returned to Brandon where it had been intended to place him anyway.

The transfers to other institutions increased considerably over last year and represents the number it was possible to transfer, not the number that should have been transferred had there been accommodation available. More than last year went to Selkirk, and fewer to Brandon. Many times in the year over 50% of our accommodation at the Phychopathic Hospital was taken up by patients who really belonged elsewhere. As has been repeatedly pointed out, this is exceedingly wasteful from the standpoints of both money and facilities.

Once again, fewer patients were discharged "to relatives against advice" and as pointed out last year this may well be due to increasing unwillingness to accept responsibility for care on the part of relatives. What was once considered to be a family burden to be willingly borne is no less a burden but evidently no longer looked upon as a personal one.

The mortality rate showed a slight and possibly insignificant increase. There were eight deaths and in half of these the actual mental state or conditions related to it might be considered as responsible. The others might have occurred without an accompanying psychosis.

No suicides occurred.

CLASSIFICATION

The distribution as between "urban" and "rural" residents was practically identical with last year. In each case approximately 65% were "urban" dwellers. It would not do to assume that this represented the relative incidence of mental disease. Many factors, chiefly accessibility, make it inevitablle that we should receive a preponderance of "urban" patients. 6.4% were 20 years of age or under, as compared with 5.35% last year, and 7.65% the year before.

30.22% were over 50, as compared with 31.54% in this group last year and 27.44% the year before. It is interesting to note that this proportion of 50 year old or older people is much lower than for the similar group in the public wards of the General Hospital. We are quite aware that a very definite aging of the general population is going on and in the coming years an increasing proportion of patients are going to be past middle life. From the comparison just mentioned, one might wonder if the physical mechanism is really more vulnerable than the mental.

The occupational classification showed no significant change other than the reappearance of the "soldier" group. The actual number of these has so far been small. Some have already been overseas and have been returned; others are cases that have come to light during the initial training period. In none so far could it be said that Service was the sole and critical factor. With no attempt being made to detect prospective patients among those being accepted in the Services, we confidently expect that many more cases will subsequently come to our attention. They will require care, and we are absolutely without the facilities to give this. Plenty of warning has been given of the development of this problem, but nothing has been done to meet it. The relative proportion in the various clinical groups showed no significant change.

CLINICAL SERVICE

The medical staff suffered still further loss by reason of Doctor G. L. Adamson joining the Air Force. We were fortunate in being able to secure the services of Doctor Gordon Stephens who, in former years, had had considerable experience both in this hospital and Brandon. Latterly he had been associated with the Child Guidance Clinic in Baltimore and had gained wide experience in that type of work. He had been anticipating work with the Winnipeg School Board but there had been delays in getting the work started. Very shortly after Doctor Stephens' return, however, the difficulties of the service were resolved and we were obliged to release Doctor Stephens for part time work in the schools. This means that with the same volume of work our staff has been reduced by at least 50%. The result should be plain—the work cannot be maintained either in quantity or quality no matter how strenuous an attempt be made.

The appended table gives some idea of the work of the Out Patient Department. It is a valuable type of service and has gone on now for twenty years without any appropriation. In this year as in last, it has been necessary to curtail the time devoted to it by 50% in order that the work with patients in hospital may be carried on.

OUT PATIENT DEPARTMENT, January 1st to December 31st, 1941

New cases examined	350

Sources:

Children's Aid	46
Children's Bureau	17
Child Welfare Division	34
Jewish Aid	2
Municipal Schools	1
Winnipeg Schools	7
Family Bureau	6
City of Winnipeg—H. & P. W. Depts.	19
City Police	5
Winnipeg General Hospital O.P.D.	74
St. Boniface Hospital O.P.D.	11
Children's Hospital O.P.D.	7
Juvenile Court	50
Unspecified	21
Private physicians	31
Repeated intelligence tests	19

(From March 20th to December 31st, 1941)

Prescriptions repeated	379
Interviews repeated	488
Intelligence tests	166
Reports sent	310
Case discussions	212
Interviews with parents or relatives	185

Shock treatment has been utilized in selected cases throughout the year, again with variable results. It does appear to be valuable in certain cases but the earlier results recorded by some have not been confirmed.

NURSING SERVICE

Throughout the year the arrangement with the Winnipeg General Hospital Training School has continued but time formerly devoted to instruction by lectures, has had to be sharply reduced.

One of our charge nurses—Miss Chalmers—was obliged to leave the service temporarily for reasons of health.

SOCIAL SERVICE

282 interviews, visits and investigations were undertaken during the year.

OCCUPATIONAL DEPARTMENT

188 patients, 99 men and 89 women, were assigned to work in this department. Had there been more accommodation available, there could have been more. However, many of the disturbed chronic cases that we have had to retain for want of space elsewhere, are unsuitable for this type of work. The value of the work is beyond question. 75 articles were completed and numerous small repair tasks undertaken.

EDUCATIONAL WORK

This has proceeded as before except that the time spent by medical students as Clinical Clerks has been increased by one-third. This was at the students' own request and no doubt indicates an increasing interest.

GENERAL

As in the past twenty-three years, our great trouble has been lack of accommodation. As has been repeatedly pointed out, we could manage the newly arising problems fairly well if only we could utilize space devoted to patients whose state indicates that they should be elsewhere. The whole situation is wasteful and imposes an unwarranted burden on those who are trying to do the work. No matter how enthusiastic and willing workmen may be, their accomplishments are impaired when only inadequate or deficient facilities are available.

In spite of the difficulties, the staff has never failed in their efforts.

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 submit the Annual Report of the Brandon Hospital for Mental Diseases for the calendar year 1941.

Movement of Patients: On December 31, 1940 there were 1,490 patients in residence and 58 on parole. The year ended with 1,538 in residence and 77 on parole, a further increase of 48 in residence, owing to an increase of admissions by 25, a decrease in discharges by 9, and a decrease in deaths of 19.

Admissions: There were 266 admissions, including 167 first admissions, 62 readmissions and 37 by transfer from the Winnipeg Psychopathic Hospital.

Age Distribution:

Under 15 years	3	40 - 49 years	47
15 - 19 years	12	50 - 59 years	37
20 - 29 years	53	60 - 69 years	33
30 - 39 years	42	70 and over	39

It will be noted that the percentage of patients in the older age groups again shows a substantial increase.

Nativity of all Admissions:

Canada	62.40%	United Kingdom and Eire	16.20%
United States	1.51%	Poland	8.28%
Miscellaneous, chiefly European	11.61%		

Psychoses of First Admissions:

Schizophrenia	30.54%
Senile psychoses	20.35%
Cerebral arteriosclerosis	10.18%
Mental Deficiency with psychoses	3.59%
Manic-depressive psychoses	9.58%
Paranoid conditions	3.59%
Psychoneuroses	3.59%
Without psychosis	8.38%

Remaining conditons accounted for insignificant figures.

Average Daily Patient Population, 1931-1941:

1931-32	1,186		
1932-33	1,190	increase	4
1933-34	1,220	"	30
1934-35	1,278	"	58
1935-36	1,313	"	35

1936-37	1,384	increase	71	
1937-	1,433	"	49	(8 months)
1938-	1,467	"	34	
1939-	1,461	decrease	6	
1940-	1.473	increase	12	
1941-	1,514	"	41	

Discharges:

118 patients, 55 men and 63 women.

Condition on discharge:

Recovered	37	Unimproved	16
Much improved	25	Not psychotic	11
Improved	29		

Deaths:—The death rate based upon the number of patients coming under treatment was 4.13%. The decline from 34 to 12 deaths due to pulmonary disease and other infections is surprising and can possibly be accounted for by the general practice adopted during the past year of administering the sulphonamide drugs, particularly in respiratory infections.

There were three suicides. One patient on a walking party threw himself in front of a passing automobile. Another died eight hours after an attempt to hang herself, from a fractured cervical vertebra, and the third, a man, strangled himself while under infirmary observation. A complete investigation by the hospital authorities and coroner was instituted in each case.

It is to be noted that the number of deaths from malignant growths and tuberculosis showed a definite decrease but no conclusions are warranted on this score.

Accidents:—The total number of serious accidents was less. There were six fractures of the femur due to accidental falls. In two cases the accident was followed shortly by death and should be given as the main contributing cause. There was one fracture of the humerus and one case of fractured ribs leading to pneumothorax. Both these were entirely accidental. The latter occurred when a fellow-patient upset another from a wheel chair while intent on assisting him.

General Health:—An epidemic of measles was widespread among staff and patients. No serious complications arose. The disease was in mild form and coincident with an epidemic among the armed forces.

There were three deaths from pulmonary tuberculosis among patients, and the number isolated continues to decline. One new and early case with a minor lesion was discovered in a pupil nurse who is now undergoing Sanatorium care. New quarters for the care of women patients suffering from tuberculosis have been provided in the space previously accommodating the women's infirmary. The infirmary was removed to the ground floor in much improved and more readily accessible quarters, comparatively free from fire hazard, and all women patients on the upper floor are ambulant or could be considered so in case of fire. Continued attention is being given to routine checking of patients and staff by tuberculin tests and X-ray plating. Much care and thought is being given to improvements in technique and detection of possible sources of infection.

Clinical Work:—Our whole service has suffered seriously from reduced medical staff, loss of attendants to the Army, Navy and Air Force, and the great turn-over in

nursing staff occasioned largely by resignations to be married and some by dissatisfaction over remuneration provided.

To say that standards of care have suffered would be a gross understatement of the situation. The selection and training of medical and nursing personnel for psychiatric service is difficult in normal times. One can endure losses to essential war services with equanimity and even encourage enlistment for such purpose, but the loss of intelligent and experienced staff because of justifiable dissatisfaction over working conditions is difficult to condone.

In spite of these difficult circumstances the work has been carried on and much credit is due the physicians and supervising staff for their unflagging zeal.

INSULIN AND CONVULSIVE SHOCK THERAPY

The value of these forms of therapy is, in our opinion, so great that they must be considered as essential services to be discontinued only when medical and nursing staff is reduced to the point where adequate safeguards cannot be maintained in their administration. Dr. Little has presented the following survey of results obtained:

Treatments

Insulin alone		Insulin and C. S. T.		C. S. T. alone	
Male	104	Male	35	Male	23
Female	81	Female	36	Female	21
Total	185	Total	71	Total	44

Discharges

Insulin alone		Insulin and C. S. T.		C. S. T. alone	
Male	72	Male	15	Male	16
Female	56	Female	20	Female	18
Total	128	Total	35	Total	34

Returned		Died	
First hundred	12	First hundred	1
Second hundred	12	Second hundred	3
Third hundred	10	Third hundred	1
Total	34	Total	5

Two of these deaths were not attributable to the Shock Therapy.

Summarizing the results in three hundred cases, then, we find:

Total number treated	300	Re-admitted	34
Discharged	197	Total still out	163
Died	5		

"Further analysis indicates that the recovery and discharge rate has varied little since the beginning of shock therapy. The discharge rate is being maintained at approximately 65% and the readmission rate remains fairly constant, amounting to

approximately 13% of the discharges. As mentioned in our report of last year, certain modifications in the treatment have resulted, aimed at reducing the incidence of complications and fatalities. We can now, I think, safely claim that this aim has been achieved. We have had no cases of status since 1938 and after-shock is a very rare occurrence. One will probably never be able to completely eliminate all risks, and undoubtedly fatalities will always be a possibility. Nevertheless we feel satisfied that our risks have been reduced to the lowest minimum compatible with good therapeutic results.

"Concerning Convulsive Shock Therapy, there are two recent developments of interest, namely the introduction of the electrical method of inducing the convulsion and the hyperextension method for reducing traumatic complications.

"Electric Shock Therapy is now being used widely in the Eastern States and is being greeted with much enthusiasm. I made a special point of seeing as much of it as possible, and after being satisfied of its advantages over the Metrazol method I recommended to you the purchasing of the necessary apparatus. With your approval the apparatus was obtained and arrived yesterday. Naturally we cannot speak from our own results, but from the observations I made on my trip I feel it is considerably superior to the Metrazol method. Chief advantage is the absence of fear reaction. It is also much simpler in operation and there will be a considerable financial saving, the cost of operation being practically nil.

"The hyperextension method for prevention of traumatic complications consists of placing the patient on a hard mattress with fracture board underneath and hyperextending the thoracic spine by means of a sandbag placed under the small of the back. All investigations to date seem to indicate that it is of real value in reducing the incidence of spinal fractures.

"I might also mention the investigations of Dr. Simburg and myself in the past year into the value of B-erythroidine hydrochloride for preventing traumatic complications. We found it quite efficacious in this respect and the seizure was markedly modified. There were, however, certain disadvantages, namely the depressing effect on the respiration and the fact that it was rather cumbersome and time-consuming to carry out. If the hyperextension method lives up to expectations I believe it should be preferable to B-erythroidine."

ADULT AND OUT-PATIENT CLINIC

We are pleased to be able to report progress in this division of our organization. The continuation and increase in volume of our out-patient work, in spite of the losses in staff above referred to, is another evidence of loyal co-operation on the part of all staff physicians. Much overtime and night consultations have been necessary to meet the demand. Dr. Little's report of work outlines the year's activities satisfactorily and is quoted hereunder:

"A total of seventy-seven new cases as compared with fifty-one in the previous year was seen. There was also a substantial increase in the follow-up care, repeat visits and other contacts, totalling seventy-eight as compared with sixty-one in the previous year. A substantial portion of this increase may be attributed to the consultation service we have established with the Military Forces.

"Twenty of these cases were admitted to hospital for treatment. Of these, nine were discharged within the year and four are progressing satisfactorily and discharge

may be expected shortly. One, an elderly arteriosclerotic, was treated for two years on the outside and eventually admitted in a terminal state and died a few days after coming into hospital. The remaining six are still in hospital. As will be seen from the above, there is still a considerable group of patients who received material benefit from our services without hospitalization becoming necessary, and in some cases there is no doubt that the necessity for admission was avoided by prompt and early treatment. It is most gratifying to see our out-patient service developing in this way and it is to be hoped that it will continue to do so. The mental hospital can best fulfill its function to the community by extending its benefits without the institutional walls, and this can most effectively be done by active out-patient services.

"During the year a paper was given at one of the District Meetings of the Brandon and District Medical Society, reviewing the results and findings in one hundred consecutive Adult Out-Patient examinations. It was shown in this survey that approximately half our cases come from the city of Brandon, the remainder from widely scattered points embracing the western half of the province. The age of incidence ranged from adolescence to the senium. Diagnosis covered an extremely wide field, substantiating the belief already held that in a clinic of this nature we see a much wider variety of cases than if our work was confined to the hospital alone. Further analysis showed that close to sixty percent of cases were referred by the family physician. Slightly over twenty percent came voluntarily. In connection with the latter point, we had on more than one occasion during the past year the gratifying experience of being told by the patient or accompanying relative that their visit to us was on the recommendation of some other family in the district who had previously obtained our help. It is most pleasing to note such tangible evidences of the breaking down of the old fears and prejudices towards mental institutions formerly so prevalent in the public mind.

"Our examinations were in the main carried out by the Unit physicians but a substantial group of cases were seen by yourself and the physicians on the chronic services. In all such instances our wishes regarding uniformity in methods of examination, filing, etc., were scrupulously observed, with the result that the clinic operated most smoothly from the administrative standpoint. For this co-operation we are most grateful.

"In looking back over the three years since this Clinic was reorganized we are well pleased with the manner in which it has developed. For the future we are content to continue along the same lines, namely thorough examinations and conscientious application of such psychiatric knowledge as we have at our command. Publicity methods are, we feel not to be desired, particularly in view of the satisfactory growth already shown. We are anxious that the Clinic evolves to meet the public demand rather than vice versa, in the belief that growth of this sort rests on sounder foundations. We sincerely hope that such expectations will be met."

CHILD GUIDANCE CLINIC

The clinic was again directed by Dr. Stuart Schultz assisted by Dr. Brian Bird who reports as follows:

"The work of this clinic, owing to shortage of staff, was carried on under difficulties, but on the whole I think the work was carried on in a satisfactory manner.

"There was one change in personnel during the year, Miss Eileen Metcalfe resigned on Sept. 15, 1941, and since that time her place has been very capably filled by Miss Nancy James, a graduate of our own hospital.

"In the year 1941, 198 children were examined and 43 were seen for the second time, making a total of 241, as compared to 99 cases seen in 1940.

BRANDON

"The work in the city may be divided into examination of children in the schools, which is to a great extent done by Miss James, and to the weekly clinic in Brandon which is carried out by the medical staff.

"The work in the schools received the co-operation of the teachers and members of the School Board. In all, 540 psychometric examinations were carried out. This work assisted the teachers in placing children in the proper grades.

"In the Clinic proper 87 new cases and 15 old cases were examined by the medical staff, making a total of 102. Sixteen cases were re-examined for the second time.

Summary:—Behaviour problems	46
Mentally retarded	22
Mental defectives	5
Epileptics	5
Speech defects	5
Mongolian idiots	4
Miscellaneous	15
Total	102

80 psychometric examinations were taken at the clinic.

"As a result of our examinations we were able to tender advice to parents, teachers, Children's Aid Society and Juvenile Court. In some cases by co-operation of all agencies beneficial results were attained.

"Medication was supplied to 6 children who were epileptics. In several cases the introduction of Dilantin had a beneficial effect.

DAUPHIN CLINIC—May and October, 1941

"Dr. Bird, assisted by Miss Metcalfe, conducted a clinic on May 28-29, 1941. Dr. Schultz, assisted by Miss James, conducted a similar clinic on Oct. 23-24, 1941. The results of our examinations and suggestions were incorporated in letters to the School Principals and to the Public Health Nurses.

"At these clinics there were 40 new cases and 24 old cases, making a total of 64 cases. Sixteen cases were also seen for the second time.

Summary:—Behaviour problems	22
Mentally retarded	19
Mental defectives	11
Epileptics	3
Speech defects	3
Mongolian idiots	2
Miscellaneous	4
Total	64

59 psychometric examinations were done at the Dauphin Clinics.

VIRDEN CLINIC, October, 1941

"At this clinic there were 19 new cases and 13 old cases making a total of 32. Eleven other cases were seen for the second time.

Summary:—Behaviour problems		6
	Mentally retarded	15
	Mental defectives	5
	Miscellaneous	6
	Total	32

22 psychometric examinations were carried out."

OCCUPATIONAL AND RECREATIONAL ACTIVITIES

This department increases annually in value as a therapeutic agent and in general it may safely be said that the primary objectives of such a department are not being lost sight of, and to quote the director of this division, Dr. Schultz:—

"The department has endeavoured to provide activity therapy in an attractive form, to aid in the recovery of the mentally ill patients.

"Class A.

"This class showed improvement in the quality of workmanship and values of articles produced. Cash sales showed an increase of $74.00 for the year. There was also an increase in printing to the extent of 36,000 forms. The purchase of new type has facilitated the work in this department.

"Class B. and D.

"There was one change in personnel during the year. Miss Pauline Matietz, in charge of the female class in the Unit, resigned on July 6, 1941. Miss Matietz was a therapist of outstanding ability. All articles produced in this class showed artistic workmanship and high economic value. Miss Johnston, a graduate of our own institution has carried on in a very efficient manner for the past five months. Class D consisting of disturbed female patients, exhibited excellent work. The total sales of these classes increased $100.00.

"Class C.

"This class had a very successful year. There was an increase of $56.00 in the sales for the year. We regret that Mrs. McIlvride will be retiring on Jan. 31st. We wish to pay tribute for the very excellent services she has rendered our department and to the institution.

"Class F.

"The tailor shop under the direction of Mr. Watkins has done very good work. There has been a marked improvement in the design of white coats, smocks and overalls. During the past year 2,020 articles were made.

"Class G.

"The instalment of a telephone service has greatly expedited the filling of orders. Many of the patients showed an improvement in their manual work and the whole atmosphere is one of bustling activity. This class showed an increase in sales of $570.00 over the previous year.

"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 $224.00.

"Class I.

"This class consists of patients only and is under the supervision of a patient. The work performed is painting toys and furniture. There has been a marked improvement in the quality of work performed."

Divine service was held each Sunday afternoon by protestant denominations in rotation and special Masses were conducted on special feasts. The usual program of dances, concert parties, picnic parties, picture shows, were carried on and much appreciated. The summer Fair outing continues to be a great attraction to hundreds of the older patients. Our thanks are tendered to the Brandon Fair Board and the MacArthur Transportation Company for their generosity in making this annual outing possible.

LABORATORY AND X-RAY DIVISIONS

Miss Reta McCulloch continues to direct our laboratory as Senior Supervising Technician in the absence of a staff pathologist. Dr. S. J. S. Peirce has as always given invaluable help as consulting pathologist. A recent change in policy has been effected in regard to the Public Health activities of our laboratory and we welcome the advice and counsel of Dr. Fred Cadham, Provincial Bacteriologist. As you are familiar with this change in policy I need not go into detail except to say that as much of the work from Military Camps as can wisely be done in the central laboratory in Winnipeg is to be forwarded there, including all samples for Wassermann test, while the work of the City of Brandon and the institution will be given prior consideration. This policy is dictated in large measure by shortage of technical staff. The Public Health work has been summarized in a report already submitted to Dr. Cadham and will appear under the report of Laboratory Division. I submit here the usual summary of work done during the year. Full details and numerous minor tests are omitted.

Milk samples	999	Sputa for T.B.	259
cultures	3,517	cultures	37
Water samples	564	smears	517
cultures	1,838	Gastric analysis	52
Throat swabs	645	B.M.R.	35
cultures	833	Blood matching and grouping	31
direct smears	450	Dark field for S. Pallida	15
Urogenital smears	1,513	Preparation of solution for intravenous use (c.c.)	173,875
cultures	531	Agglutination test	621
Blood cultures	125	Mantoux tests	716
Urine cultures	197	Dick tests	113
Faeces cultures	688	Schick tests	113
Urinalyses	10,917	X-ray plates	1,382
Erythrocyte sedimentation	138	Autopsies	15
Blood chemistry	144	Sections cut	181
Wassermann reaction blood	2,020	Sections stained	79
Kahn	1,243	Surgical sections cut	360
Kline	2,040	Surgical sections stained	211
C.S.F.	262		
Blood counts	1,445		

TRAINING SCHOOL

The establishment of the training school numbers 108 including 15 supervisory nurses, 18 graduate ward nurses, 14 seniors, 20 intermediates, 31 juniors and 9 student nurse-attendants.

The group of nurse-attendants is a new venture. These employees are taking the same course of lectures as the male attendants and will be eligible for the certificate in mental nursing. It is proposed to build up this group to approximately one-fifth of the total nursing establishment. Owing to war conditions and rapid turn-over in staff the number of pupil nurses receiving intensive training is disproportionately high, with the result that the wards are often insufficiently covered.

It must be emphasized that the policy of instructing all employees who have the direct supervision or care of patients has not in any sense been abandoned.

Seventeen pupil nurses qualified for the diploma in mental nursing and five attendants for the certificate in mental nursing on May 29, 1941.

Male apprentice attendants: 17 first year, 10 second year. There is no class at present in the third year.

There are 35 employees on leave of absence in His Majesty's Forces.

VENEREAL DISEASE CLINIC

This work has decreased during the year. Very few inmates of the Provincial Gaol have required treatment. The number of infected persons and those detained for examination under the Public Health Act is small and largely seasonal when the summer military camps are in full operation. It is hoped that these duties will be eventually taken over by the Gaol physician.

CONSTRUCTION, ALTERATIONS AND REPAIRS

The mechanical staff has given excellent service. Many new installations and renovations have been completed through the kind co-operation of the Building Superintendent and our Chief Engineer. The chief items completed were:

New quarters for Women's Infirmary.

Renovation of old infirmary for isolation of women suffering from tuberculosis.

Provision of linoleum to five service rooms and kitchenettes.

Installation of two Kelvinators in infirmaries.

Installation of new electric sterilizer and still in laboratory.

Installation of new pasteurizing vat.

Purchase of new mechanical refrigeration for Reception Unit (not installed).

Painting of all staff cottages, barns and miscellaneous outside buildings.

Painting of laundry, inside and out.

Oiling of driveways.

Considerable renewal and extension of fire hose.

Laying of cement sidewalk to Nurses' Home.

Considerable thought and attention have been given to the remote possibility of enemy air raids and the basement of the Main Building is being thoroughly cleaned, white washed and properly illuminated so that the patients from the upper floors could be accommodated there for a short emergency period.

EXPENDITURES

The Bursar's report for the fiscal year ended April 30, 1941, is attached. The daily average population for that period was 1,481. The daily per capita cost exclusive of operation of the farm was 87.10 cents as compared to 84.81 cents for the year previous. Reference to Schedule "B" of Mr. Bull's report will reveal the detail of the per capita per diem costs, and it is difficult to see where further economies could be effected without reducing the service to the patient unwarrantably.

We wish to tender our appreciation of the valuable services rendered by Mr. A. Long and Mrs. Hart, both of whom were superannuated after many years of faithful and efficient service to the Government.

We have received very glowing reports from many sources, chiefly from the officers commanding medical services in which members of our attendant staff have enlisted, pointing out the splendid quality of their work. Many are acting as non-commissioned officers in small R.C.A.F. hospitals, naval base hospitals, hospital ships and corvettes on convoy, while others are attached to the R.C.A.M.C. We are proud of the record of these men and trust they may be spared to return to the service.

I desire to express to my medical confreres and to all loyal members of the staff, my great appreciation of their assistance in the administration of the hospital, and I am deeply indebted to you, Sir, as always, for continued advice and direction. Kindly convey to the Honourable the Minister of Health and Public Welfare, Mr. McLenaghen and to his Deputy, Dr. Jackson, my gratitude for their consideration of our many problems.

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 1, 1941 to December 31, 1941

	Male	Female	Total
Remaining under treatment at December 31, 1940	810	680	1,490
On Parole or otherwise absent	24	34	58
Total	834	714	1,548

	Male	Female	Total			
First Admissions:—						
General admissions	57	43	100			
Voluntary admissions	4	0	4			
Other sources	37	26	63			
Re-admissions:—						
General admissions	13	19	32			
Voluntary admissions	1	1	2			
Other sources	15	13	28			
(from probation, 9 males, 6 females)						
Transferred:—						
From Psychopathic Hospital, Winnipeg	18	19	37			
	145	121	266	145	121	266
Total number Treated				979	835	1,814
Discharged:—						
As recovered	16	21	37			
As much improved	11	14	25			
As improved	17	12	29			
As unimproved	7	9	16			
As not psychotic	4	7	11			
	55	63	118			
Transferred:—						
To Manitoba School, Portage la Prairie	1	1	2			
Eloped	2	1	3			
Deported	1	0	1			
Died	42	33	75			
Total number Discharged, Transferred and Died during the Year	101	98	199	101	98	199
Remaining under Treatment December 31, 1941	835	703	1,538			
On Parole or otherwise absent	43	34	77			
TOTAL	878	737	1,615	878	737	1,615

Selkirk Hospital for Mental Diseases

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

Sir:

I have the honour to submit the report of the Hospital for Mental Diseases, Selkirk, for the year ending December 31st, 1941.

A summary of the Statistical Tables appended to the Report gives the following information:

MOVEMENT OF POPULATION

On the books of the Hospital at the beginning of the year were 532 males and 355 females (total 887), of whom 511 males and 339 females (total 850) were in residence, and 21 males and 16 females (total 37) were on probation. At the end of the year there were on the books 545 males and 375 females (total 920) of whom 527 males and 353 females (total 880) were in residence and 18 males and 22 females (total 40) were on probation. The net residential increase was 30 and the probation increase 3. The total number under treatment during the year was 1,025, as compared with 1,010 in the prior year. The lowest number in residence was 849 and the highest number 881. The daily average (excluding probations) was 866.33 as compared with 851.98 for 1940,—an increase of 14.35.

Admissions—

72 males and 66 females (total 138) were admitted during the year. 35 males and 33 females (total 68) were **First Admissions**, and 37 males and 33 females (total 70) were **Re-admissions.** Of the total admissions, 42 (24 males and 18 females) were direct to the Hospital, the remainder, 96, being transferred from the Psychopathic Hospital, Winnipeg.

Re-admissions—

60 patients (37 men and 33 women) had prior admissions to Mental Hospitals. Of the total, 41 or 58.57% were classified as Schizophrenics and 13 or 18.57% as Manic Depressive. The respective percentages for 1940 were 66% and 12.77%.

Discharges—

Discharges totalled 57,—35 men and 22 women.

The condition on discharge was as follows:

	1941		1940	
Recovered	11	19.30%	20	26.00%
Much improved	4	7.00%	9	11.70%
Improved	30	52.63%	38	50.00%
Unimproved	10	17.50%	7	9.00%
Not Insane	2	3.50%	3	3.90%

Transfers, Elopements and Deportations—

None.

Deaths—

48 patients died during the year, equally divided between the sexes. The mortality rate, based on the total number under treatment was 4.75%, as compared with 4.35% for 1940.

14 deaths (29.16%) occurred in patients over 70 years of age,—practically the same as last year.

Respiratory diseases accounted for 11 deaths (23%) as against 43% last year. The same number, 6, died from Tuberculosis of the Lungs, as in 1940, the percentage of the total deaths being slightly lower this year.

Cardiovascular diseases caused 11 deaths,—approximately 23%,—just double that of 1940.

GENERAL HEALTH

The general health of both patients and staff has been uniformly good throughout the year.

There were no new discoveries of tuberculosis among the patients. All known active cases are segregated, as also are suspects as far as our accommodation will permit. Two active cases of Pulmonary Tuberculosis were admitted during the year.

Four members of the female nursing staff were referred to the Central Tuberculosis Clinic as a result of suspicious X-ray plates. One was retained under care and observation for two months and then returned for duty. One was checked and returned to duty but "observation" to be continued. Two are still under Sanatorium care.

We are deeply indebted to the Medical Staff of the Sanatorium Board for their valuable assistance in our efforts to limit the incidence of Tuberculosis in the Hospital.

ACCIDENTS

Only one serious accident occurred during the year. A female patient suffered an impacted fracture of the hip resulting from a fall while engaged in a physical encounter with a fellow patient. As this accident only occurred on December 22nd, it is too early to report on the ultimate result.

MEDICAL WORK

The enlistment in the Canadian Army Medical Service of Dr. J. Matas early in the year necessitated a rearrangement of medical duties of the remaining medical officers of the hospital. This was done without any sacrifice of the medical care of the patients but it has not been possible to maintain as extensively as heretofore the case records, especially of continued care patients. The records of acute cases are fully maintained.

Pharmacological Shock Therapy continues in the forefront of our treatment efforts, especially in the cases suffering from Schizophrenia. Since the last report the total number of patients treated by this method, since its inception in this Hospital,

has risen to 258. During this year approximately sixty new cases completed their treatment, the results being comparable to those obtained in earlier groups and on the whole as encouraging.

This treatment had a fatal issue in one case, the third in five years' experience with Shock Therapy,—a mortality percentage of 1.16 of total patients treated. Permission for autopsy was not granted, but it was the opinion of the physicians that death was due to Hypoglycaemia.

DENTAL SERVICE

This report is being made direct to the Department of Health and Public Welfare.

X-RAY SERVICE

The Technician made 765 Radiographic examinations during the year,—distributed as follows:

Chest	712	Barium series	3
Pelvis	2	Dental	28
Extremities	16	Head	2
Spine	2		

LABORATORY REPORT

The Technician reports the following work done:

Blood (all examinations and tests)	925
Urine (all examinations and tests)	276
Cerebrospinal fluid (all examinations and tests)	65
Sputum examinations	18
Gastric Analysis	1
Smears and Cultures	46
Vaccines (autogenous)	3

Autopsy specimens:

Blocks embedded	17
Sections stained	33

Teeth:

Blocks embedded	48
Sections stained	523
Normal saline prepared	c.c. 39000
Glucose solution 25% prepared	c.c. 34000
Metrazol solution 10% prepared	c.c. 1000
Citrate solution prepared	c.c 800

As in the past the Provincial Laboratory has done all our Wassermann Tests. 164 Blood Wassermanns were done, 149 negative, 11 positive, 4 doubtful. 11 Cerebrospinal fluid Wassermanns were done, 4 negative, 5 positive, 2 doubtful.

INOCULATIONS

(Patients and Staff)

Typhoid Vaccine	142
Smallpox Vaccine	145
Diphtheria Toxoid	67
Schick Test	144

74 positive. 65 negative. 2 comb. 3 not read.

SCHOOL OF NURSING

As at the date of this report the number of Nurses in Training is 35,—3rd year 5, 2nd year 12, 1st year 18. In addition there are 7 Nurse Attendants in Training.

Increasing difficulty is being found in securing suitable young women with the necessary qualifications for the Training School. Even by lowering the standard to some extent our needs are far from met and the staff is continuously short. This unsatisfactory condition is, of course, due to the demands of war and there is little hope of betterment as long as the war continues.

The same difficulty is met in making replacements in our Male Ward Staff.

The Graduation Exercises of the Training School for Nurses were held on June 5th, 1941, The Honourable J. O. McLenaghen, Minister of Health and Public Welfare, being in the Chair. Dr. Ross Mitchell of Winnipeg was the guest speaker for the occasion.

The Graduating Class receiving Diplomas in Mental Nursing were:

Edith Emily Bain
Catherine Boyle Chambers Cochrane
Margaret Rose Danyluk
Martha Jane Dickie
Edith Merle Fraser
Alma Elizabeth McGregor
Doris Catherine Ogden
Mary Rempel
Norah Louise Riding
Lucille Evelyn Scoville
Elsie Elizabeth Serafin
Rose Mary Barbara Shebeski
Minnie Steski

OCCUPATIONAL THERAPY

Occupation, as a therapeutic measure, finds its place both in classrooms and in all departments of the hospital. Congenial employment for patients is one of the most potent agents in aiding in the improvement and recovery of patients. This is never lost sight of in planning the care and treatment of the individual patient. Without the many avenues of occupation for patients, acute and chronic, the Hospital would be seriously handicapped in fulfilling its duty to the very large number entrusted to its care.

RELIGIOUS SERVICES, ENTERTAINMENTS

The local clergymen of Selkirk provide Divine Services regularly throughout the year.

Regular weekly dances are arranged for during the fall and winter. During the summer such form of recreation is not necessary or appreciated. Evenings in the open, possible for a large number of patients, are more healthful and enjoyable.

The Christmas Concert for the patients was provided by members of the Nursing Staff, male and female joining forces for a very excellent programme.

STAFF CHANGES

Resignations—

Miss Alice Gibson, Night Supervisor, resigned to be married. Miss Gibson's services extended from June 21st, 1940, to November 1st, 1941.

Miss Gladys Cassan, Unit Supervisor. Miss Cassan entered the service February 1st, 1933, as a Pupil Nurse, graduated in 1936, and occupied posts of responsibility until her resignation, effective September 26th, 1941.

Mr. Kornelius Schouten, Assistant Dairyman, appointed November 1st, 1938, resigned November 1st, 1941, to accept a responsible position in British Columbia.

Retirement—

Mr. William Monk, Ward Supervisor, was retired, owing to ill-health, on November 30th, 1941, after over twenty-two years loyal and faithful service.

Leave of Absence—

Leave for Service with His Majesty's Forces was granted to the following:

Attendant Ronald Dion

Attendant Ralph Smith

Attendant Gordon Miller

Relief Engineer, Earl Dewar (Department of Public Works)

Physician Dr. Jack Matas, for service with the Canadian Army Medical Corps.

At the date of this report Dr. Matas is on loan to the Royal Army Medical Corps and is in England.

Appointments—

As yet it has not been possible to fill the vacancy occasioned by Miss Gibson's resignation.

Miss Laura Thordarson, appointed May 1st, 1941, as Surgical Nurse, replacing Miss Olive McCauley, who resigned October 31st, 1940.

CONSTRUCTION, ALTERATIONS AND REPAIRS

1. The bathrooms of the reorganized tuberculosis wards were completely overhauled and modern equipment installed.

2. During the summer the outside painting of the buildings, begun in 1940, was completed.

RECOMMENDATIONS

1. I must again draw to your attention the very pressing need for improvement and enlargement of the toilet facilities in all wards of the Main Building. The condition of insufficient and insanitary equipment presently available should not be allowed

to continue. With an increase of the patient population each year the necessity for immediate attention to this matter becomes even more imperative.

2. During the year twenty additional beds were placed in service on space already overcrowded to an unwarranted degree. These were rapidly filled and we are again at the point where an empty bed is a rarity, in fact, two and three more extra beds have been pressed into service. It is quite obvious that in the year ahead we shall be compelled to place extra beds in the corridors,—a condition highly inimical to the proper care and supervision of the sick, to say nothing of the increased hazards thus created.

There seems little or no likelihood of any increase in accommodation for this Hospital in the near future, possibly for the duration of the war. This simply means that we can only admit as vacancies occur and then only the most urgent cases. During recent years there has been a very noticeable increase in patients of the senile and allied types committed to hospital. A not negligible number of these, especially bed cases, could be cared for in institutions devoted to the care of the aged, provided their nursing personnel was increased to afford the necessary observation and protection. In this way more beds would be available for the acutely psychotic and for whom provision must be made, and with the least possible delay.

The Farms Manager's Report is being submitted directly to the Department. I wish, however, to record here the understanding co-operation given the hospital staff by Mr. Crawford and his staff in the placing of patients in employment and the watchful, encouraging care exercised at all times.

Financially the farm has had a very successful year, and, of more importance, plentifully supplied the hospital with milk, eggs, vegetables and pork products.

In concluding this brief report I desire to express my appreciation and tender my thanks to you and all officials of the Department having relations with the Hospital for their counsel and assistance during the year.

To all ranks of the Hospital staff I am deeply indebted for their faithful service, and especially do I desire to commend to your consideration the Nursing Staff, both male and female, who have served loyally and well under the difficult circumstances created by a continuous shortage of ward staff.

I have the honour to be, Sir,

Your obedient servant,

E. C. BARNES, M.D.,

Medical Superintendent.

Manitoba School for Mentally Defective Persons

Dr. A. T. Mathers,
Provincial Psychiatrist,
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 1941. During this period Dr. Atkinson, Medical Superintendent, has been serving as a Captain in the R.C.A.M.C. During the year nine men have enlisted in His Majesty's Forces from this Institution. As at December 31st, 1941, a total of twenty-five men have enlisted from the Department of Health and Public Welfare staff of this institution, since the present war commenced, six of these being from the temporary staff. One man from the permanent staff was discharged from the Army as medically unfit, and resumed his duties at the institution on June 15, 1941. To the best of my knowledge at this time all members of staff in the armed services from this institution are alive and well, and it is our very earnest hope and prayer that we will be able to say the same a year hence. The men from this Institution who have enlisted as at December 31st, 1941, during the calendar year are as follows:

John Pitchell	John Prosnyck	James Lyall
Gordon Hutchinson	J. Roderick Morgan	Arthur Bradley
Harold McMann	Maurice Kuppers	Harold Owens

I have been delighted to receive and to read letters sent to staff members from a number of the men who are on duty in England, and I have appreciated and enjoyed courteous and friendly visits from several of the men prior to their leaving Canada for overseas service.

Christmas greetings and remembrances were sent to all enlisted staff by the Welfare Club of the institution.

It would seem possible that there will be a need for the services of a further number of the younger male staff, both permanent and temporary, for duty in the armed forces. As much as one will regret the loss of the service of these men, one is distinctly conscious of the necessity for the best possible use to be made of the capabilities and capacities of all Canadians to promote the vigorous and successful prosecution of the war.

I believe the obligations of the institution to the patients have been satisfactorily maintained. Improvements in the operation of the institution and some additions to equipment and improvement of the physical properties have been made.

On December 1st, following a request from the institution, Mr. R. A. Stewart, Deputy Minister of Labor, and Mr. H. E. Puttee, Fire Commissioner, visited the institution and made a survey of the fire hazard situation. A report incorporating their recommendations was made to the Executive Offices.

Some consideration has been given at the institution to steps necessary for the

protection of patients and staff in the event of air raids. Through the Executive offices of the Department the institution is being kept informed of Air Raid Precautions as these are formulated in this province.

THE WAR

Probably due largely to the effects of the war, both direct and indirect, there has continued to be an unusually high turnover of staff. Contrary to what had been thought likely there has seemed to be greater difficulty at this institution in obtaining and retaining suitable female staff than has been the case with male staff. The causes for the turnover in female staff are varied but include, matrimony, leaving to take other positions in similar or different work, and the seemingly great demand for nursing service both private and institutional. One might expect that there will in the future be an increased need for and resultant turnover of the younger female staff for service in the Auxiliary Military forces in various capacities. Judging from one's experience in obtaining male staff, one would think it possible that as increasing numbers of women are examined for military service, a certain proportion will be found medically unfit and will be available for civilian employment.

The large turnover of our graduates has been both disappointing and gratifying. As a general policy it is felt that if it is worthwhile to have suitable young women on the under-graduate staff for three years, it is equally worth while and desirable to retain for the service and benefit of the institution as many of them after graduation as it is possible to do. One is gratified and encouraged by the demonstration that the academic and practical training in nursing given here, as symbolized by the granting of a Diploma in Mental Nursing by the Province of Manitoba, is recognized in a tangible way by hospitals and institutions elsewhere in Canada. One has been conscious of the possibility or probability of the necessity of again including in the female nursing staff a group of young women who would be designated as nurse attendants, and who would not receive the regular three-year course of instruction. As at December 31st this policy has not yet been adopted at this institution, one reason being that there has been a dearth of suitable applications. It is quite probable that the policy will be put into effect in the comparatively near future.

As a result of there being a Basic Military Training Centre in Portage la Prairie, one has been pleased that the Laboratory has been called upon to give assistance to the military medical service. This call has been met to the best of our ability, and the additional work has been cheerfully done by the temporary Laboratory Technician.

Presumably owing to the excellence of the service afforded the institution by the X-ray Department, there has developed a demand which is increasing, by the military Training Centre, for X-ray services. An earnest endeavour has been made to provide a technically satisfactory and a prompt service, which has seemed to have been well accepted.

Psychiatric service, including psychometric examinations, has been given the Army as asked for, and it is hoped that it has been of practical value.

The above services have been given willingly and cheerfully, and it is our hope that they have been considered of sufficient value to warrant our being entrusted with further similar work. I believe it is of distinct importance and value to the institution that as much as possible it should take part in and contribute in concrete ways to a whole-hearted promotion of the war effort.

A resume of the movement of patient population follows: There has been an increase in the total number of patients in residence since the end of 1940. The year commenced with 449 patients in residence, 179 males and 270 females. The total under treatment during the year was 479; 197 males and 282 females. The lowest number in residence was 446 (Jan. 1, 1941) and the highest number was 467 (Dec. 31, 1941). The total average for the period was 455.35.

Admissions:—Admissions totalled 30 patients, 18 males and 12 females. Of this number 24 were **First Admissions**, 15 being males and 9 females; 1 male patient was a **Re-admission**; and 5 were **Admissions by Transfer** from other institutions, 1 male and 2 females being transferred from the Psychopathic Hospital, and 1 male and 1 female being transferred from the Brandon Mental Hospital. Of the first admissions 17% or 4 patients were classified as Idiots, 58% or 14 patients were classified as Imbeciles, and 25% or 6 patients were classified as Morons.

The Racial Origin showed the following classification in order of frequency:—English 9, Irish 5, Slavonic 4, Scandinavian 3, Scotch 2, French 2, Mixed 2, German 1, Welsh 1.

Ages as shown by the table are:—3 (5-9 years); 8 (10-14 years); 4 (15-19 years); 5 (20-24 years); 2 (25-29 years); 3 (35-39 years); 1 (45-49 years); 3 (50-70 years).

Marital Status shows 3 first admissions to be married and 26 to be single.

Economic Status is as follows:—Dependent 18, Marginal 11.

The **Environment Table** shows that 11 were urban dwellers and 18 rural.

The **Degree of Education** attained was 23 illiterate and 6 read and write.

Discharges occurred to a total of 1 male patient, whose condition was unimproved.

Deaths totalled 8, 1 male and 7 females. The death rate based on the total under treatment during the year was 1.67%.

Nativity of Admissions:—Canada 83.33%; U.S.A. 6.67%; Poland 3.33%; Ireland 3.33%; Iceland 3.34%.

MEDICAL DEPARTMENT

During the year there have been two physicians on the medical staff. The service of Dr. Leitch to the institution has been eminently satisfactory, and I desire to record my regard for her hard work and steady support.

Dr. Stuart Schultz, Assistant Medical Superintendent at the Hospital for Mental Diseases at Brandon, was acting Medical Superintendent at this institution for the month of June, while the undersigned was on vacation. Dr. Schultz proved himself to be a popular senior officer, and while here, successfully organized a very enjoyable Sport's Day for the patients.

The general health of the patients and staff for the year has for the most part been good. The late 1940 outbreak of Scarlet Fever and German Measles amongst patients and staff continued for some time in this year. There were altogether twenty-eight cases of Scarlet Fever reported, twenty-four patients and four staff; and there were ten cases of German Measles in staff and eighty-eight cases in patients. On January 1st, with the approval of the Deputy Minister, use was made of Residence

No. 1 (from which Dr. and Mrs. Atkinson had recently moved) as a temporary isolation hospital for staff ill with infectious disease. The building was used for this purpose until January 29th. Much appreciation was felt for the promptness and vigor of the support of the Department in this situation.

The institution was in quarantine for Scarlet Fever for one week. This disease was checked after some weeks with the assistance of active immunization of susceptible persons, and the last case was reported on March 30, 1941. The placards were left in position as a warning to the public until April 24th, when they were removed by permission of the Medical Officer of Health of the city of Portage la Prairie.

German Measles unfortunately were more difficult to check, and the last case was taken out of isolation on June 30th.

There were eight cases of Erysipelas.

Chicken Pox was found on September 5th, but the outbreak was not extensive, there being a total of sixteen cases.

There was one death from these infectious diseases, this being in a low grade female patient, death being due to Scarlet Fever complicated by Pneumonia.

Three new cases of Tuberculosis were found, all in patients. One of these was in an elderly female patient, epileptic and insane, who at post mortem showed Tuberculous Salpengitis and Peritonitis. During life the findings had been those of an atypical pernicious anaemia. The second case was pulmonary tuberculosis in a low grade patient of twenty-one years, who for many years had suffered from Diabetes Insipidus, and who had refused a diet other than certain fluids. Her disease was detected by X-ray comparatively early, but her decline was rapid. The third case found was also pulmonary, and found by X-ray in a low grade male epileptic patient. He was placed in segregation but has not been critically ill.

There were altogether eight deaths during the year:—one Scarlet Fever and Pneumonia, one Status Epilepticus, one Subacute Bacterial Endocarditis, one Lipoid Pneumonia, one Carcinoma of body of Uterus, two pulmonary Tuberculosis, one Tuberculous Salpengitis and Peritonitis.

There were four dislocations:—two shoulder, one jaw and one elbow. Of these the jaw was dislocated by yawning, the elbow was dislocated by the patient falling on a wet bathroom floor, one shoulder was dislocated by a male patient reaching for his cap, one shoulder the cause of which was not accurately determined but no evidence of wilful injury by patients or staff was found.

There were twelve cases of fracture:—nose 2, femur 2, ribs 1, phalanges 3, jaw 1, clavicle 1, multiple 2 cases (fragilitas ossium). Concerning those fractures of importance whether because of the nature of the injury or circumstances, detailed reports have previously been made to yourself.

We are conscious of our good fortune in the freedom from Tuberculosis in staff, and among the most likely explanations would seem to be the excellent X-ray facilities available and made use of reasonably freely. In this connection one feels that because of the war this service is of even greater importance than in peace time, because medically fit personnel for the armed services, both male and female, are drawn from the civilian population. The X-ray Technician has continued to give regular assistance at the monthly Clinics in Portage conducted by the Manitoba Sanatorium.

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. During the year it was necessary to send two patients into Winnipeg, one for surgical relief of a volvulus, and the other for treatment of uterine malignancy.

Some of the details of the work done in the various departments are as follows: The reports of the Dentist and of the Laboratory are being made individually and directly to the Executive Offices, and the Provincial Laboratory respectively, as instructed by the Deputy Minister.

TABLE No. 1.

SUMMARY OF WORK DONE BY PORTABLE X-RAY UNIT OF DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Type of X-Ray Examinations Made	Manitoba School, Portage la Prairie	Hospital for Mental Diseases, Selkirk	Silicosis Survey
Chest	793	712	820
Extremities	81	16	.....
Spine	32	2	.....
Barium Series	5	3	.....
Pelvis	12	2	.....
Head	46	2	.....
Dental	14	28	.....
Totals	983	765	820

12 chest films were made by the Technician of ex-Sanatorium patients on the Silicosis Survey for the Sanatorium Board.

280 photos were made of miners on the Silicosis Survey.

271 radiographic examinations were made by the Technician for the Sanatorium Board at the Portage Monthly Travelling Clinic. (9 clinics were taken.)

53 chest films were made of soldiers for the 100th C.A. (B) T.C. Military Camp hospital at Portage la Prairie.

A Grand Total of 2,851 radiographic examinations were made by the Technician.

TABLE No. 2.

SUMMARY OF WORK DONE AT VENEREAL DISEASE CLINIC AT PORTAGE PROVINCIAL GAOL

Smears for Gonorrhea	1,024
Wassermann Tests	244
Spinal Punctures	12
Cultures for Gonnorrhea	272
Arsenical Treatments	298
Bismuthic Treatments	374
Gonorrhea Treatments	3,831

This service was given as usual until May 31st. Since then medical service by institutional physicians has been discontinued, but laboratory service has been continued, including culture diagnosis of Gonorrhoea, a new laboratory venture in the year.

TABLE No. 3.

SUMMARY OF WORK DONE IN SURGERY

Ultra-Violet Lamp Treatments	110
General Procedures	2,690
Minor Operations	32
Major Operations	0
General Anaesthetics	4
Spinal Punctures	7
Local Anaesthetics	30

TABLE No. 4.

SUMMARY OF WORK DONE IN BIOLOGICS

	Patients	Staff	
Smallpox Vaccinations	25	19	
Diphtheria Toxoid	18	.....	
Typhoid Fever Inoculations	80	122	
Dick Tests	648	74	
Scarlet Fever Inoculations	199	51	
Schick Tests	194	.....	
Mantoux Tuberculin Tests	25	105	
Total number of Prescriptions filled in Dispensary			278

The Nurses' Training School has continued to operate satisfactorily under the direction of Miss Hornibrook, and latterly under Miss Dorothy MacKay. During the year the practice of having all incoming junior nurses enter the training school as pupil nurses was continued. As has been already stated however, it is quite probable that necessity will oblige deviation from this policy. In any event the best possiblle care and training of the patients will continue to be given.

Again during this year it has not been considered feasible at this institution to give formal nursing instruction to the male staff. One feels, however, that as soon as practicable, this should be resumed, as the men under normal conditions are permanent employees and are interested and anxious to be given instruction. This should be followed by a still greater efficiency in the training and care of male patients.

The third annual Nurses' Graduation Exercises at the institution were held on May 16th, when seven young ladies received their Diplomas. To all who assisted, the gratitude of the institution is expressed. One is happy to acknowledge continued assistance in the lecture courses from Dr. G. H. Hamlin of Portage la Prairie. The help previously given by Dr. F. E. Lundy was of necessity discontinued, as he joined the R.C.A.F.

LAUNDRY

This department has been further improved, and there are tentative plans to

further add to working space as soon as circumstances permit. After this move one would consider that all space available in this site will have been put into use.

STORES

The stores-keeper, Mr. M. F. McKay, was retired due to ill health on pension on June 30th. His replacement has been made on a temporary basis.

It is felt that the provision of additional refrigeration facilities would be of definite advantage, including enlarged accommodation for meat storage.

DIETETICS AND HOUSEKEEPING

This department continues to function smoothly under the direction of Miss Grace Torrie, Dietitian-Housekeeper. Tentative plans have been formulated to provide additional kitchen space in the main building from space at present largely unused. These plans await a suitable time to be put into effect. One has still been unable to find in the institution a suitable space in which to install facilities for the teaching of dietetics to undergraduate nurses, and for the training of suitable female patients in simple cookery.

FINANCE

The per capita cost has been somewhat reduced, which would seem to be satisfactory in view of the rising costs of operation. However, because of the fundamental reasons for the comparatively high cost per capita, which reasons remain essentially as were stated in previous reports, it is difficult to see how the per capita cost can be substantially lowered if the present standard of care supplied the patient is to be maintained. It is felt that the ratio of staff to patients is not greater than is required to provide a safe service. It is becoming evident that the appointment of at least one additional attendant will be necessary very shortly, this because of the increase in the male patient population. Illness in staff requiring them to be off duty quickly results in noticeable difficulty in the care and supervision of patients.

One is acutely conscious of the necessity of avoiding all 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 continue to be rigidly maintained. The per capita cost has been reduced from $1.178 to $1.09.

PATIENT PROGRAM

The general operation of the patients' activities is not greatly changed.

The formal school room continues to operate satisfactorily in itself, and quite apart from this, is of very definite value in the orderly operation of the wards during the day, by providing organized activity for a group of patients off the wards, of both sexes. The value of the school to the patient and the institution is thus by no means confined to the inculcation and exhibition of academic subjects and pursuits, which is perhaps among the least important of its functions. The school teacher also has the necessary training and experience enabling her to do the rountine psychometric and similar tests of intelligence in patients. As has been stated previously her services as a psychometrist are available and have been used as requested by the local military authorities.

The other departments of the institution continue to function steadily in the training and employment of patients, and with little difficulty. The various occupation classes are busy in their respective endeavours, and all concerned are heartened and stimulated by the tangible evidence of the still increasing demand for the products of the various handicrafts. Those patients who are employed at tasks which do not result in the production of articles which have commercial value, are nevertheless of practical assistance in doing the day's work.

The recreational activities such as concerts and entertainments, picture shows, out-door sports, and radio broadcasts are being continued. Probably the most generally and consistently popular form of group entertainment has been and continues to be the talking motion picture. The reels of 8 mm. film showing the activities of patients and others, to the patients, were enjoyed vociferously. Religious services are conducted by local ministers each Sunday, except during the summer vacation period.

IMPROVEMENTS AND ALTERATIONS

Due to the great need for an increased number of beds for male patients, alterations and improvements in the main building were made during the year to provide an additional twenty-five beds. As a part of these changes it was considered advisable to convert Residence No. 1 into quarters for male staff. This was effected with a minimum of structural change on May 8th, eleven beds being set up. This allowed the previous accommodation for male staff on the main floor of this Main Building to be converted into quarters for the medical staff and officers' dining room. In turn the previous officers' dining room and medical quarters were used as dormitories for suitable male patients. It was possible in these changes to provide for hospital treatment of male patients an excellent room, which has an attached bathroom. As at December 31st fifteen of these twenty-five new beds have been filled by new male patients.

It was also considered advisable to install in available space and without structural change eight new beds for female patients.

Much other work to improve the physical property was undertaken, a great part of this being achieved through active interest and assistance of the Building Superintendent and his staff, and ably directed on the job by the Chief Engineer of the institution. The more important projects undertaken and completed are shown below.

MAIN BUILDING

Main Floor—

1. Additional male patient beds obtained at site of former senior staff dining room and Technician's quarters.

2. Visitors' room and Chief Attendant's office improved by building in necessary cloak-room and cupboard facilities. Lighting improved and some plastering and re-decoration.

3. School room—minor plaster repairs and re-decoration.

4. Lecture room—re-plastered and re-decorated.

5. West end dumb-waiter removed from basement to top floor. It was unused and if retained would require expenditure to make it more fire resistant.

6. Craft Room—overhauled and enlarged by removal of some partitions. Provided with attached toilet facilities. Some plastering and re-decoration.

7. Nurses' station—plumbing overhauled. Plastering and re-decoration.

8. Attendants' station provided in space formerly attached to Technician's quarters.

9. Former attendants' quarters converted to senior staff dining room, Technician's quarters, and a physician's suite with private bathroom.

10. East elevator fronts on all floors closed in to prevent interference by patients with locking of elevator gates.

Male Wards—Second Floor:

Ward 1—

1. Facilities for care of chronic non-infectious bed patients enlarged and re-decorated.

2. Plumbing in bathrooms completely overhauled, plastering repaired and re-decorated.

3. Tuberculosis Segregation—new ward office space provided after removal of an old unused stairway between this and the floor above.

4. Bathroom—plumbing completely overhauled, plaster and floor repairs, and re-decoration.

5. A new hospital room provided in space formerly physician's quarters, and after removal of stairway from main floor, with a complete attached bathroom provided.

6. A new stairway built from adjacent corridor to corridor of main floor below.

Male Wards—Third Floor:

Ward 2—

1. Clothing room enlarged, new shelving built, and re-decorated.

2. Two single rooms made into one large room, gaining one bed.

3. Doorways cut into two dormitories, giving direct access from main corridor, and better supervision.

4. Bathrooms—plumbing overhauled and plaster repaired.

Basement:

1. New cement floor laid in Laboratory.

2. Male patients' dining room re-floored, with linoleum covering, and re-decorated.

3. Kitchen—a copper canopy installed over line of steam kettles with exhaust fan to outside.

4. Soap storage room moved across corridor.

5. Laundry enlarged by inclusion of former soap storage space, and connected with mangle and ironing room. Two new ironing boards installed.

6. New starch cooker installed in laundry.

Female Wards—West Wing:

1. Entrance doors to wards and frames made fire resistant by metal coverings at all three levels.
2. Ward A. office re-decorated.
3. Ward C—a dormitory on this level connected by doorway with main part of ward to allow better exit in case of fire, through a clothes room. A new clothes room built in day room.
4. An iron fire ladder installed on north outside wall from ground, giving additional access to all levels in case of fire.
5. Roof of main building repaired in some areas.

Residence No. 1—converted with minor changes to use as male staff residence, and eleven beds installed, with suitable facilities.

Residence No. 2—an unfinished room re-floored and re-decorated and heating facilities installed, for maid's room.

Residence on Farm Property—partially re-decorated inside.

Greenhouse—new plant tables inside, and a new cold frame with glass covering outside, provided.

ACKNOWLEDGMENTS

I wish to gratefully acknowledge much assistance received from many persons.

Mr. W. R. Leslie, Superintendent of the Experimental Station at Morden, has given desired assistance with all courtesy, and his kindness in providing us with further bushes and shrubs from his station will increasingly add to the beauty of the properties.

To the Portage la Prairie "Graphic", and to Mr. Peakin, local correspondent of a Winnipeg newspaper, I would express appreciation for pleasing and accurate descriptions of the Nurses' Graduation Exercises. The Graduates were honored by their group picture appearing in the Winnipeg paper.

To Dr. Pincock of Brandon, and to Dr. Barnes of Selkirk, I am indebted for courteous and helpful assistance and advice.

I wish to thank Dr. D. L. Scott of the Central Tuberculosis Clinic and his staff, for continued consultations and advice in problems connected with Tuberculosis.

To the Welfare Club of the institution, I wish on behalf of the patients to express appreciation for entertainments and pleasures received by the kindness of the Club.

The Canadian National Railways, per Mr. Foxton of Portage la Prairie, kindly lent motion picture films, and the Eastman Photographic Supply Co. of Winnipeg, without charge lent a motion picture projector, which added to the Christmas entertainment for the patients.

To the staff of the institution, who by their loyalty and devotion to the interests of the patients and the institution, have in large part made possible the progress accomplished, I wish 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 wish to acknowledge my indebtedness for steady and kindly support and encouragement.

I have the honour to be, Sir,

Your obedient servant,

M. E. BRISTOW, M.D.,

Acting Medical Superintendent.

MOVEMENT OF PATIENT POPULATION

	Male	Female	Total
Remaining under Treatment January 1, 1941	179	270	449
First Admissions for year ending December 31, 1941:			
	Male	Female	Total
1. From Municipalities	14	8	22
2. Government Patients	1	1	2
3. Private Patients	....	....	....
	15	9	24
Admissions by Transfer from other Institutions for year ending December 31, 1941:			
	Male	Female	Total
1. From Municipalities	2	3	5
2. Government Patients	....	....	....
3. Private Patients	....	....	....
	2	3	5
Re-admissions for year ending December 31, 1941: (Exclusive of Re-admissions from Probation)			
	Male	Female	Total
1. From Municipalities	1	....	1
2. Government Patients	....	....	....
3. Private Patients	....	....	....
	1	....	1
Total Admissions for year ending December 31, 1941	18	12	30
Total under Treatment during the year	197	282	479
Discharges during the year:			
	Male	Female	Total
(a) Recovered	....	....	....
(b) Much Improved	....	....	....
(c) Improved	....	....	....
(d) Unimproved	1	....	1
	1	....	1
Transferred Out	....	....	....
	....	....	....
Deaths	1	7	8
	1	7	8
Total Discharged, Transferred or Died	2	7	9
Total on Institutional Register as at December 31, 1941 (Including Patients still on Probation)	195	275	470
	Male	Female	Total
Total Patients taken out on Probation and returned during the year	....	10	10
	Male	Female	Total
Total Patients still on Probation as at December 31, 1941	2	1	3

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, 1941.

The statistical report for the fiscal year ending April 30th, 1941, is attached hereto. It includes 45 hospitals, which is the same group as was the basis of last year's report.

TOTAL BED CAPACITY AND COMPLEMENT

	Capacity	% of Total	Complement	% of Total
General	3,610	75%	3,344	74%
Tuberculosis	802	17%	764	17%
Other Infectious Diseases	406	8%	406	9%
Total	4,818		4,514	

The total Capacity has increased 53 beds and the total Complement has increased 33 beds since the last report.

SIZE CLASSIFICATION OF HOSPITALS (See Table I)

	100 Beds or over	50 to 99 Beds	Less than 50 Beds	Total
General	10	4	25	39
Tuberculosis	3	1	....	4
Other Infectious Diseases	2	..	....	2
Convalescent	....	1	....	1

(Note—Municipal Hospitals included under both Tuberculosis and Other Infectious Diseases.)

NURSES' TRAINING SCHOOLS (See Form I)

Nurses' Training Schools are carried on in the following hospitals:

Brandon General	Portage la Prairie General
Carman General	Selkirk General
Children's	Souris and Glenwood Memorial
Dauphin General	St. Anthony's
Freemasons'	St. Boniface General
Grace	St. Joseph's
Misericordia	Victoria
Neepawa General	Winnipeg General

St. Roch's and the Municipal Hospitals are affiliated with the above institutions with regard to communicable diseases.

OUT-PATIENT DEPARTMENTS (See Form I)

Four General Hospitals, all in Winnipeg, operate out-patient departments. During the year 35,578 patients attended, receiving 116,015 treatments. Clinics are also held by the Manitoba Sanatorium and Central Tuberculosis Clinic, 8,097 patients being examined.

HOSPITAL PATIENTS (See Form II)

Year Ending	Adults	Newborns	Total
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
1941	72,919	10,136	83,055

The increasing number of infants born in hospitals is interesting. It represents one of the most widespread trends in hospitalization.

HOSPITAL BEDS AND PATIENTS TREATED, 1932-1941

Year Ending	Population		Hospital Patients		Hospital Beds		Patients Adm. per 1,000 of Population
	Number	% of 1932 Figure	Number	% of 1932 Figure	Number	% of 1932 Figure	
1932	700,139	100.0	59,185	100.	3,890	100.	84
1933	702,322	100.3	59,243	100.	3,942	101.	84
1934	704,505	100.6	57,904	97.	3,973	102.	82
1935	706,688	100.9	67,360	113.	4,087	105.	95
1936	708,871	101.2	71,578	120.	4,150	106.	100
1937	711,056	101.5	77,462	130.	4,303	110.	108
1938	713,241	101.8	69,629	117.	4,435	113.	97
1939	715,426	102.1	72,652	123.	4,598	118.	101
1940	717,611	102.4	78,411	132.	4,765	122.	109
1941	719,043	102.7	83,055	140.	4,818	124.	115

HOSPITAL PATIENT DAYS (See Form II and Table I and II)

Hospital Days—1932-1941:

Year Ending	Number	% of 1932
1932	897,204	100.
1933	892,224	99.
1934	874,582	97.
1935	976,812	107.
1936	1,048,454	117.
1937	1,073,834	120.
1938	1,037,162	116.
1939	1,094,872	122.
1940	1,159,523	129.
1941	1,184,118	132.

AVERAGE DAYS' STAY (See Form II)

The average number of days each patient stays varies widely in the general hospitals.

Average number of Days' Stay in General Hospitals:

Days	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
General Hospitals	2	2	5	9	9	4	2	1	4	1

BED OCCUPANCY (See Form II)

Tuberculosis Sanatoria averaged 87%, 92% and 98% of Capacity.

Infectious Disease Hospitals averaged 51% and 55% of Capacity.

General Hospitals		%	Bed Complement	% of Gen. Hospital Beds	Hospital Days	% of Gen. Hospital Days
	1. Winnipeg General	92				
	2. St. Boniface General	88				
Over 75%	3. P. la Prairie Gen.	82				
	4. Brandon General	76				
			1,361	41%	430,696	50%
	5. Children's	75				
	6. Grace	73				
	7. Victoria	70				
	8. Deloraine Memorial	68				
	9. Misericordia	67				
	10. St. Joseph's	66				
	11. Selkirk General	62				
	12. Bethesda	62				
51% to	13. St. Mary's	60				
75%	14. Bethel	57				
	15. Dauphin General	57				
	16. St. Anthony's	57				
	17. Sacred Heart	57				
	18. Pine Falls	56				
	19. Lady Minto	56				
	20. Freemasons'	56				
	21. Ste Rose	55				
	22. Vita General	55				
			1,492	44%	357,919	41%
	23. Concordia	50				
	24. Hamiota General	49				
	25. Carman General	48				
	26. Neepawa General	48				
	27. Flin Flon General	47				
	28. Gladstone	46				
	29. Souris & Glen. Mem.	45				
50% and	30. Swan River	45				
less	31. Virden	45				
	32. Crerar	43				
	33. Shoal Lake Mun.	41.5				
	34. E. M. Crowe Mem.	41.5				
	35. Bethania	39				
	36. Grandview	38.5				
	37. Hunter	32				
	38. Johnson Memorial	31				
	39. Ethelbert General	30				
			512	15%	80,440	9%

Seventeen hospitals were operated at less than 51% capacity. The operation of a hospital at less than 50% to 60% capacity is said to be uneconomical. Only 5 of the 17 in this group, however, reported deficits.

DEATHS (See Form II)

The total number of deaths in all public hospitals was 2,855.

RESIDENCE OF PATIENTS ADMITTED DURING THE YEAR

	Number	% of Total
Residents of Organized Territory of Manitoba	63,261	91%
Residents of Unorganized Territory of Manitoba	3,621	5%
Non-Residents of Manitoba	2,954	4%
Total admissions during the year	69,836	

MAINTENANCE INCOME OF ALL PUBLIC HOSPITALS (See Forms IV and V)

	Amount	% of Total Income
Charges to Patients	$2,277,978.05	58%
Municipal Grants	1,077,783.74	28%
Provincial Government Grants	434,822.08	11%
Special Revenue	107,935.58	3%
Maintenance Income	3,898,519.45	
Non-operating Income	282,972.14	
Total Income	4,181,491.59	
Less Uncollectible—written Off	864,934.19	22%
Net Income	$3,316,557.00	

CURRENT OPERATING COST (See Form III and Table III)

The total maintenance expenditure reported by all hospitals, not including depreciation, was $3,413,600.23, which was equivalent to $2.68 per patient day. This is an increase of 3c per day over the previous year.

STATUTORY GRANT

Under Section 3, subsections (1) and (3) of Part I of The Hospital Aid Act, 40c per day is paid for each adult public ward patient day and 50c per day when the condition under treatment is a communicable disease, while 20c per day is paid for newborn infants. The total grant this year was $426,056.00—$16,000.00 more than last year and the largest amount paid to date.

Under Section 3, subsection (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, 1941:

Brandon General Hospital	32 days
Grace Hospital	146 days
Portage la Prairie General Hospital	514 days
Sacred Heart Hospital	70 days
Selkirk General Hospital	14 days
St. Roch's Hospital	2,395 days
Ste. Rose Hospital	23 days
Vita General Hospital	365 days
Total	3,559 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 the agreement of 1939.

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 Table IV.)

Per diem maintenance paid by this Department was:

	Total	Tuberculosis	Other Diseases
From Unorganized Territory	$101,596.96	$52,492.37	$49,104.59
Non-Residents, etc.	20,767.07	5,515.39	15,251.68
	$122,364.03	$58,007.76	$64,356.27

Respectfully submitted,

C. R. DONOVAN, M.D.,

Medical Director,
Division of Hospitalization.

FORM I.

MANITOBA HOSPITALS

GENERAL INFORMATION RE ACCOMMODATION AND SERVICES PROVIDED

Fiscal Year Ending April 30, 1941.

Hospital	Location	Character of Service	Bed Capacity	Bed Complement	Nurses			Out-Patient Dept.	Medical Staff	Clinical Lab.	Ward Service				Contagious Disease Beds
					Graduate	Student	Internes				X-Ray	Private	Semi-Private	Public	
Bethania	Altona	General	27	26	3	....	....	....	.....	.....	.....	.....	Yes	Yes	.....
Bethel	Winkler	General	28	28	4	....	....	....	.....	.....	Av.	Yes	Yes	Yes	.....
Bethesda	Steinbach	General	48	38	7	....	....	....	.....	.....	Org.	Yes	.....	Yes	.....
Brandon	Brandon	General	222	176	11	66	2	....	Yes	Yes	Org.	Yes	Yes	Yes	30
Carman	Carman	General	53	53	4	10	....	....	.....	Yes	Av.	Yes	Yes	Yes	2
Central T.B. Clinic	Winnipeg	Tuberculosis	50	47	7	....	....	Yes	Yes	Yes	Org.	.....	.....	Yes	.....
Children's	Winnipeg	Children	135	125	22	29	4	Yes	Yes	Yes	Org.	Yes	Yes	Yes	.....
Concordia	Winnipeg	General	60	47	5	....	....	....	.....	Yes	Org.	Yes	Yes	Yes	.....
Convalescent	Winnipeg	Convalescent	50	48	2	....	....	....	.....	.....	.....	.....	.....	Yes	.....
Crerar	Winnipegosis	General	26	22	1	....	....	....	.....	.....	Org.	Yes	.....	Yes	4
Dauphin	Dauphin	General	110	106	16	26	....	....	Yes	Yes	Org.	Yes	Yes	Yes	3
Deloraine Memorial	Deloraine	General	19	22	5	....	....	....	.....	.....	Org.	Yes	Yes	Yes	.....
E. M. Crowe Memorial	Eriksdale	General	26	25	4	....	....	....	.....	.....	.....	.....	.....	Yes	3
Ethelbert General	Ethelbert	General	23	18	2	....	....	....	.....	.....	.....	.....	.....	Yes	.....
Flin Flon	Flin Flon	General	50	50	9	....	....	....	.....	Yes	Av.	Yes	Yes	Yes	4
Freemasons'	Morden	General	38	36	4	12	....	....	.....	Yes	Org.	Yes	Yes	Yes	.....
Gladstone	Gladstone	General	21	21	3	....	....	....	.....	.....	.....	Yes	Yes	Yes	.....
Grace	Winnipeg	General	271	267	15	66	3	Yes	Yes	Yes	Org.	Yes	Yes	Yes	.....
Grandview	Grandview	General	18	15	2	....	....	....	.....	.....	.....	Yes	Yes	Yes	.....
Hamiota	Hamiota	General	15	13	2	....	....	....	.....	.....	Av.	Yes	.....	Yes	.....
Hunter	Teulon	General	45	35	4	....	....	....	.....	.....	Av.	Yes	.....	Yes	8
Johnson Memorial	Gimli	General	48	40	2	....	....	....	.....	.....	Org.	Yes	Yes	Yes	.....
Lady Minto	Minnedosa	General	18	18	3	....	....	....	.....	.....	.....	Yes	Yes	Yes	.....
Manitoba Sanatorium	Ninette	Tuberculosis	289	289	24	....	....	Yes	Yes	Yes	Org.	.....	.....	Yes	.....

Misericordia	Winnipeg	General	299	296	15	110	6	....	Yes	Yes	Org.	Yes	Yes	Yes	....
Municipal	Winnipeg	Contag. Dis.													
		Tuberculosis	370	370	35	29	3	....	Yes	Yes	Org.	Yes	Yes	Yes	230
Neepawa General	Neepawa	General	40	40	3	14	....	....	.....	Yes	.....	Yes	Yes	Yes	.....
Pine Falls	Pine Falls	General	28	28	4	....	....	....	Yes	Yes	Av.	Yes	Yes	Yes	2
Portage la Prairie Gen.	P. la Prairie	General	90	81	6	22	....	....	Yes	Yes	Org.	Yes	Yes	Yes	7
Sacred Heart	Russell	General	56	44	8	....	....	....	.....	Yes	Org.	Yes	Yes	Yes	.....
Selkirk General	Selkirk	General	72	60	3	16	....	....	Yes	.....	Av.	Yes	Yes	Yes	.....
Shoal Lake Municipal	Shoal Lake	General	22	21	3	....	....	....	.....	.....	Av.	Yes	Yes	Yes	.....
Souris and Glenwood M.	Souris	General	41	34	4	9	....	....	.....	.....	Av.	Yes	Yes	Yes	.....
Swan River	Swan River	General	31	25	3	....	....	....	.....	.....	Av.	Yes	Yes	Yes	.....
St. Anthony's	The Pas	General	110	88	8	15	....	....	Yes	Yes	Av.	Yes	Yes	Yes	4
St. Boniface General	St. Boniface	General	525	500	63	180	20	Yes	Yes	Yes	Org.	Yes	Yes	Yes	.....
St. Boniface Sanatorium	St. Vital	Tuberculosis	323	288	18	....	1	Aff.	Yes	Yes	Org.	Yes	Yes	Yes	.....
St. Joseph's	Winnipeg	General	130	118	11	30	3	....	Yes	Yes	Org.	Yes	Yes	Yes	.....
St. Mary's	Birtle	General	16	16	1	....	....	....	.....	.....	Org.	Yes	Yes	Yes	.....
St. Roch's	St. Boniface	Contag. Dis.													
		Venerology	107	107	8	10	1	Aff.	Yes	Yes	Av.	Yes	Yes	Yes	107
Ste. Rose	Ste. R. du Lac	General	45	45	6	....	....	....	.....	Yes	Av.	Yes	Yes	Yes	1
Victoria	Winnipeg	General	130	130	10	43	2	....	Yes	Yes	Org.	Yes	Yes	Yes	.....
Virden	Virden	General	27	27	8	....	....	....	.....	.....	Av.	Yes	Yes	Yes	.....
Vita	Vita	General	35	27	4	....	....	....	.....	.....	Av.	.....	Yes	Yes	1
Winnipeg General	Winnipeg	General	631	604	108	200	32	Yes	Yes	Yes	Org.	Yes	Yes	Yes	.....
			4,818	4,514	490	887	77								406

NOTE: "Org."—Organized; "Av."—Available; "Aff."—Affiliated.

FORM II. MANITOBA HOSPITALS—STATISTICS FOR FISCAL YEAR ENDING APRIL 30, 1941.

HOSPITAL	Bed Complement	Number of Patients Treated			HOSPITAL DAYS					Av. Days' Stay of Discharged Patients	Av. No. of Patients in Hospital Daily	% Bed Occupancy	No. of Deaths During Year	Death Rate
					Adult		Infant							
		Adult	Infant	Total	Private	Public	Private	Public	Total					
Bethania	26	318	108	426	.....	2,542	.....	1,148	3,690	8.78	10.11	38.88	7	1.64
Bethel	28	550	184	734	41	4,168	17	1,630	5,856	7.98	16.04	57.29	8	1.09
Bethesda	38	717	270	987	414	5,778	63	2,401	8,656	9.12	23.72	62.42	16	1.62
Brandon General	176	2,883	313	3,196	15,014	29,461	1,057	3,572	49,104	13.98	134.53	76.43	134	4.19
Carman General	53	780	140	920	1,850	5,970	290	1,220	9,330	9.66	25.56	48.23	25	2.72
Central T.B. Clinic	47	368	.....	368	.....	15,795	.....	.....	15,795	39.93	43.27	92.06	18	4.89
Children's	125	2,357	.....	2,357	929	33,155	.....	.....	34,084	13.4	93.38	74.7	59	2.5
Concordia	47	804	147	951	4,488	2,741	861	522	8,612	7.04	23.59	50.19	19	1.99
Convalescent	48	191	.....	191	.....	12,093	.....	.....	12,093	57.16	33.13	69.02	1	.52
Crerar	22	183	53	236	1,082	1,823	.....	527	3,432	14.48	9.4	42.73	6	2.54
Dauphin General	106	2,231	292	2,523	2,411	17,255	453	1,962	22,081	8.32	60.5	57.08	54	2.14
Deloraine Memorial	22	668	87	755	53	4,636	.....	825	5,514	7.43	15.11	68.68	20	2.65
E. M. Crowe Memorial	25	345	99	444	.....	2,835	.....	952	3,787	8.49	10.38	41.52	6	1.35
Ethelbert General	18	162	51	213	.....	1,488	.....	500	1,988	10.52	5.45	30.28	5	2.78
Flin Flon General	50	979	249	1,228	1,644	758	4,789	1,414	8,605	5.96	23.58	47.16	16	1.3
Freemasons'	36	601	70	671	647	6,088	81	598	7,414	10.37	20.31	56.42	14	2.09
Gladstone	21	363	45	408	134	2,975	.....	447	3,556	8.87	9.74	46.38	7	1.72
Grace	267	3,791	1,309	5,100	9,694	49,186	3,505	8,785	71,170	13.79	194.99	73.03	140	2.75
Grandview	15	317	62	379	226	1,455	.....	427	2,108	5.59	5.78	38.53	12	3.17
Hamiota General	13	174	55	229	231	1,606	20	487	2,344	10.44	6.42	49.38	6	2.62
Hunter	35	402	57	459	52	3,534	.....	556	4,142	8.86	11.35	32.43	8	1.74
Johnson Memorial	40	473	75	548	55	3,637	.....	841	4,533	8.2	12.42	31.05	21	3.83
Lady Minto	18	308	100	408	155	2,520	85	904	3,664	9.08	10.04	55.78	6	1.47
Manitoba Sanatorium	289	543	.....	543	.....	103,432	.....	.....	103,432	386.93	283.38	98.06	17	3.13
Misericordia	296	6,361	1,108	7,469	21,716	38,643	4,426	7,891	72,676	9.67	199.11	67.27	75	1.00
Municipal	370	2,163	.....	2,163	4,329	65,563	.....	.....	69,892	42.73	191.48	51.75	54	2.5
Neepawa General	40	625	127	752	509	5,160	70	1,234	6,973	7.57	19.1	47.75	15	1.99
Pine Falls	28	419	95	514	365	4,449	157	820	5,791	11.1	15.87	56.68	11	2.14

Portage la Prairie Gen.	81	1,479	330	1,809	3,104	12,147	536	2,460	18,247	9.82	49.99	81.72	80	4.42
Sacred Heart	44	921	136	1,057	559	7,242	96	1,328	9,225	9.54	25.27	57.43	30	2.83
Selkirk General	60	1,725	282	2,007	1,843	9,346	278	2,175	13,642	6.79	37.38	62.3	67	3.34
Shoal Lake Municipal	21	278	70	348	146	2,340	.....	696	3,182	8.98	8.72	41.52	10	2.87
Souris & Glenwood M.	34	712	85	797	370	4,339	108	744	5,561	6.94	15.24	44.82	12	1.51
Swan River	25	400	49	449	24	3,695	10	423	4,152	9.74	11.38	45.52	20	4.45
St. Anthony's	88	1,139	122	1,261	472	16,462	180	1,406	18,520	12.87	50.74	57.66	40	3.17
St. Boniface General	500	12,417	1,653	14,070	20,179	122,972	1,115	14,334	158,600	11.7	434.52	86.9	429	3.05
St. Boniface San.	288	544	3	547	.....	91,812	.....	404	92,216	305.18	252.65	87.73	53	9.69
St. Joseph's	118	2,737	517	3,254	4,304	19,784	481	3,952	28,521	9.23	78.14	66.22	80	2.46
St. Mary's	16	313	55	368	36	2,836	.....	607	3,479	9.42	9.53	59.56	6	1.63
St. Roch's	107	855	19	874	1,744	18,946	.....	945	21,635	27.56	59.27	55.39	15	1.72
Ste. Rose	45	1,016	125	1,141	542	7,550	43	903	9,038	7.16	24.76	55.02	46	4.03
Victoria	130	3,336	382	3,718	5,806	22,000	425	4,892	33,123	8.9	90.75	69.81	94	2.53
Virden	27	384	75	459	381	3,268	86	710	4,445	9.52	12.18	45.11	24	5.23
Vita General	27	556	121	677	.....	4,267	.....	1,198	5,465	8.22	14.97	55.44	13	1.92
Winnipeg General	604	14,031	1,016	15,047	64,141	130,478	5,269	4,857	204,745	13.97	560.94	92.87	1,056	7.02
	4,514	72,919	10,136	83,055	169,690	908,230	24,501	81,697	1,184,118					

FORM III.

MANITOBA HOSPITALS—ANNUAL STATEMENT OF EXPENDITURES FOR YEAR ENDING APRIL 30, 1941

Hospital	Salaries	Dietary	Other Supplies	Purchased Services	Taxes, Insurance Interest	Miscellaneous	Repairs and Minor Replacements	Total Maintenance Expenditure	Depreciation	Total Expenditure
Bethania	$ 3,044.27	$ 1,166.84	$ 1,053.57	$ 425.35	$ 42.17	$ 145.50	$ 765.49	$ 6,643.19	$ 715.09	$ 7,358.28
Bethel	4,061.38	1,433.32	2,406.83	505.51	33.56	.....	538.34	8,978.94	753.94	9,732.88
Bethesda	4,826.88	1,790.58	1,868.65	721.15	217.47	286.27	509.21	10,220.21	1,471.78	11,691.99
Brandon General	35,011.58	20,727.02	26,986.15	4,891.29	18,116.84	.....	6,624.18	112,357.06	12,043.72	124,400.78
Carman General	8,148.15	6,035.36	8,619.34	1,237.71	145.00	186.25	1,390.62	25,762.43	2,200.00	27,962.43
Central T.B. Clinic	21,052.10	6,782.95	9,623.37	2,271.94	278.26	184.20	398.72	40,591.54	.....	40,591.54
Children's	76,272.92	20,305.55	30,450.10	5,981.59	6,059.63	.....	2,400.11	141,469.90	7,550.88	149,020.78
Concordia	6,638.42	2,525.06	3,954.94	1,196.53	809.45	111.77	553.65	15,789.82	1,087.46	16,877.28
Convalescent	2,797.95	2,945.45	1,925.58	802.49	101.27	1,920.49	353.06	10,846.29	423.66	11,269.95
Crerar	1,780.00	1,914.77	1,825.52	290.94	1,193.36	33.70	231.34	7,269.63	.....	7,269.63
Dauphin Gen.	18,935.71	7,902.30	10,227.00	4,006.78	511.46	372.18	1,550.10	43,505.53	3,882.30	47,387.83
Deloraine Mem.	5,111.24	2,913.77	5,388.90	523.46	300.99	10.00	1,177.88	15,426.24	.....	15,426.24
E. M. Crowe Mem.	3,999.01	1,801.24	1,379.50	795.35	.....	.....	399.11	8,374.21	563.74	8,937.95
Ethelbert Gen.	4,326.75	1,214.33	1,149.88	120.81	.....	16.00	95.86	6,923.63	.....	6,923.63
Flin Flon Gen.	11,163.73	3,972.73	5,193.68	1,396.49	2,314.47	195.88	470.21	24,707.19	3,477.63	28,184.82
Freemasons'	7,507.50	4,444.91	4,865.78	1,587.45	378.74	309.67	636.02	19,730.07	1,157.00	20,887.07
Gladstone	2,609.25	1,130.67	1,341.90	513.00	35.85	.....	868.86	6,499.53	501.25	7,000.78
Grace	41,325.45	15,252.03	21,122.56	6,366.34	9,022.58	4,059.46	21,657.54	118,805.96	1,684.82	120,490.78
Grandview	1,162.55	558.62	1,068.26	220.41	6.07	320.00	118.66	3,454.57	300.00	3,754.57
Hamiota Gen.	2,134.40	724.15	802.81	305.74	30.00	2.00	726.80	4,725.90	.....	4,725.90
Hunter	6,514.06	2,119.84	1,686.14	604.68	153.01	163.17	763.44	12,004.34	235.00	12,239.34
Johnson Mem.	1,104.60	1,023.98	3,467.40	687.41	1,910.82	46.50	127.52	8,368.23	.....	8,368.23
Lady Minto	3,166.50	1,068.55	2,155.41	429.27	82.58	10.00	.....	6,912.31	606.32	7,518.63
Manitoba San.	95,714.03	46,851.46	35,158.47	3,992.22	14,209.54	720.48	9,064.64	205,710.84	.....	205,710.84
Misericordia	93,623.83	35,971.26	56,504.47	9,434.63	17,467.84	.....	4,357.33	217,359.36	21,389.50	238,748.86
Municipal	141,466.63	36,593.48	32,507.77	11,627.53	76,661.98	1,045.35	24,486.21	324,388.95	82,239.09	406,628.04
Neepawa Gen.	6,106.85	3,140.58	3,801.19	1,246.58	662.71	885.25	928.12	16,771.28	1,375.00	18,146.28

Pine Falls	7,584.17	3,722.50	3,497.71	5,392.66	183.38	21.85	336.41	20,738.68	.....	20,738.68
P. la Prairie	15,980.66	7,015.48	10,983.01	3,310.51	1,259.56	1,216.64	1,801.02	41,566.88	7,671.74	49,238.62
Sacred Heart	5,357.50	3,037.02	4,493.11	981.93	846.36	75.60	1,030.92	15,822.44	350.00	16,172.44
Selkirk Gen.	7,921.07	4,473.14	7,458.93	2,211.71	608.57	.....	2,501.36	25,174.78	2,825.92	28,000.70
Shoal Lake Mun.	3,819.12	1,133.87	1,174.83	317.62	126.74	.....	256.86	6,829.04	879.19	7,708.23
Souris & Glen. M.	4,908.00	2,875.00	4,182.00	2,183.00	307.00	40.00	606.00	15,101.00	1,000.00	16,101.00
Swan River	4,256.25	1,638.90	1,658.32	400.19	454.25	1,410.00	166.10	9,984.01	.....	9,984.01
St. Anthony's	17,210.31	5,511.68	6,590.82	1,872.30	11,857.99	245.16	333.17	43,621.43	7,307.94	50,929.37
St. Boniface Gen.	185,822.64	77,930.17	85,378.72	11,997.04	27,659.59	1,156.69	35,334.19	425,279.04	37,984.28	463,263.32
St. Boniface San.	72,071.99	38,846.13	27,254.34	7,734.46	30,889.02	1,388.44	13,256.13	191,440.51	20,805.89	212,246.40
St. Joseph's	32,201.42	11,140.89	14,658.76	5,732.00	4,924.27	269.06	1,185.47	70,011.88	7,111.09	77,222.97
St. Mary's	1,593.03	1,460.19	1,615.79	265.07	161.44	619.03	45.95	5,760.50	48.00	5,808.50
St. Roch's	19,177.36	8,680.87	9,426.20	1,958.83	4,985.76	225.01	2,027.04	46,481.07	5,463.66	51,944.73
Ste. Rose	11,330.72	3,536.49	3,257.61	1,291.30	3,531.00	253.97	735.94	23,937.03	2,834.44	26,771.47
Victoria	19,466.40	13,669.68	24,840.95	4,963.39	1,809.11	167.45	2,034.83	66,951.81	5,150.17	72,101.98
Virden	5,170.42	2,160.86	2,767.31	557.31	103.25	60.06	379.38	11,198.59	640.00	11,838 59
Vita Gen.	9,263.95	1,456.62	1,289.47	581.41	.....	1,242.76	1,508.52	15,342.73	.....	15,342.73
Winnipeg Gen.	341,628.81	114,439.73	150,519.25	29,501.97	43,027.97	4,724.46	27,088.97	710,931.16	.....	710,931.16
	$1,374,369.57	$535,040.02	$637,582.30	$143,435.35	$283,480.91	$24,140.30	$171,821.28	$3,169,869.73	$243,730.50	$3,413,600.23

FORM IV.

MANITOBA HOSPITALS—ANNUAL STATEMENT OF INCOME FOR YEAR ENDING APRIL 30, 1941.

Hospital	Charged to Private Funds			Charged to Public Funds							
	Private and Semi-Private	Public Ward	Special Services	Prov. Gov't. Grants	Municipal Grants	Special Revenue	Out-Patient	Total Maintenance Income	Amounts Written Off as Uncollectible	Special Non-Operating Revenue	Total Income
Bethania	$	$ 3,459.48	$ 993.58	$ 1,058.80	$ 1,131.50	$	$	$ 6,643.36	$ 513.19	$ 908.96	$ 7,039.13
Bethel	112.75	5,365.50	2,256.17	1,993.20	1,628.50			11,356.12	1,413.25	350.97	10,293.84
Bethesda	828.04	5,453.88	2,441.43	3,341.20	1,986.96			14,051.51	825.06	1,401.66	14,628.11
Brandon Gen.	23,476.41	72,705.73	10,913.11	12,765.10	28,302.70			148,163.05	23,944.00	1,087.34	125,306.39
Carman Gen.	5,372.00	10,088.20	6,166.59	3,141.40	2,700.00			27,468.19		1,498.68	28,966.87
Central T.B. Clin.		8,386.27		11,696.50	20,442.33			40,525.10	7,141.67		33,383.43
Children's	2,983.50	35,771.46	27,463.71	14,826.80	28,954.31		2,690.90	112,690.68	24,663.72	58,978.47	147,005.43
Concordia	7,466.75	4,733.68	4,630.13					16,830.56	574.39	951.76	17,207.93
Convalescent		1,027.35		4,371.30	6,827.90			12,226.55		65.00	12,291.55
Crerar	2,705.00	1,921.25		1,001.70	510.00			6,137.95	80.00	1,780.00	7,837.95
Dauphin Gen.	6,635.75	6,264.71	9,601.13	7,020.70	21,373.84			50,896.13	3,000.00	347.33	48,243.46
Deloraine Mem.	176.00	7,097.15	4,248.80	2,019.40	4,415.85			17,957.20	1,690.30	532.06	16,798.96
E. M. Crowe Mem.		3,681.14	253.18	750.00	1,058.61			5,742.93	975.00	9,029.30	13,797.23
Ethelbert Gen.		1,405.85	380.82	629.50	1,089.00			3,505.17	815.75	5,206.81	7,896.23
Flin Flon Gen.	6,212.50	11,758.87	6,192.68	321.00	1,197.65	2,503.80		28,186.50	4,130.15	6,523.76	30,580.11
Freemasons'	2,239.50	6,766.75	4,517.40	2,785.80	4,240.75			20,550.20	1,808.78	400.35	19,141.77
Gladstone	336.50	3,460.23	1,167.94	1,655.10	1,602.02			8,221.79	559.65	444.15	8,106.29
Grace	28,630.00	34,595.33	30,875.95	18,449.85	21,955.02		1,575.00	136,081.15	30,789.31	19,146.10	124,437.94
Grandview	455.00	1,862.25	848.47	226.80	620.50			4,013.02	516.90		3,496.12
Hamiota Gen.	799.84	1,479.83	1,198.00	300.00	1,207.40			4,985.07		34.49	5,019.56
Hunter	149.00	3,735.94	304.82	1,686.70	5,264.21			11,140.67	1,508.08	3,309.40	12,941.99
Johnson Mem.	472.00	3,375.70	3,059.69	418.00	1,683.25			9,008.64	522.48	440.00	8,926.16
Lady Minto	677.50	3,482.55	1,176.44	1,314.60	1,518.20			8,169.29	2,022.76	519.53	6,666.06
Manitoba San.		61,796.80		61,129.92	126,903.10		396.50	250,226.32	52,485.70	7,262.14	205,002.76
Misericordia	82,591.76	57,098.80	75,241.68	17,061.20	27,164.36	3,028.30		262,186.10	44,275.92	6,974.30	224,884.48
Municipal	15,491.50	112,321.00	17,964.51	36,842.70	276,664.71		70.50	459,354.92	109,176.42	56,449.54	406,628.04
Neepawa Gen.	1,662.25	3,459.35	2,670.05	2,313.50	7,072.46			17,177.61	100.00	56.41	17,134.02

Pine Falls	1,200.50	12,335.16	3,753.64	5,400.00				22,689.30	6,767.90		15,921.40
P. la Prairie	7,642.25	10,054.76	7,730.86	5,679.30	13,009.49			44,116.66	1,031.71	2,634.63	45,719.58
Sacred Heart	2,709.50	11,228.75	4,754.16	3,141.10				21,833.51	3,813.40	2,885.00	20,905.11
Selkirk Gen.	4,506.50	4,420.62	6,848.40	4,539.40	11,339.13			31,654.05	2,762.66	742.54	29,633.93
Shoal Lake Mun.	494.00	2,875.20	1,957.00	1,128.00	712.80			7,167.00	666.34	39.07	6,539.73
Souris & Glen. M.	1,427.00	7,206.00	3,237.00	2,012.00	1,800.00			15,682.00		612.00	16,294.00
Swan River	190.00	4,144.68	815.99	1,579.50	3,282.95			10,013.12	1,124.01	1,171.60	10,060.71
St. Anthony's	2,274.40	19,835.14	7,703.65	10,000.00	904.25	2,456.70		43,174.14	13,862.59	20,383.93	49,695.48
St. Boniface Gen.	71,611.04	65,413.55	208,934.53	52,055.60	130,156.85		30,012.30	558,183.87	158,404.64	14,179.31	413,958.54
St. Boniface San.		17,694.80	32,242.55	45,991.00	116,842.13			212,770.48	35,252.55	9,783.08	187,301.01
St. Joseph's	13,722.60	12,928.25	25,192.05	8,704.00	20,786.00			81,332.90	20,152.89	14,906.67	76,086.68
St. Mary's	178.00	2,942.46	959.03	906.60	1,196.27			6,182.36	923.23	1,050.00	6,309.13
St. Roch's	4,788.75	4,856.52	6,671.26	8,163.31	22,765.72			47,245.56	6,269.14	1,080.00	42,056.42
Ste. Rose	1,963.50	5,850.35	6,962.30	3,243.00	6,824.15			24,843.30	3,116.06	1,278.37	23,005.61
Victoria	34,517.56	8,576.35	9,819.36	11,379.80	24,039.43			88,332.50	15,279.14	1,119.50	74,172.86
Virden	1,220.50	3,006.75	1,897.00	1,424.20	3,125.50			10,673.95	719.57	1,093.45	11,047.83
Vita General		8,631.60	259.05	2,053.60	2,237.55			13,181.80		10,346.82	23,528.62
Winnipeg Gen.	227,653.69	65,286.51	428,258.10	58,300.90	121,246.39	65,201.58		965,947.17	281,255.88	15,967.66	700,658.95
	$565,573.34	$739,842.50	$972,562.21	$434,822.08	$1,077,783.74	$73,190.38	$34,745.20	$3,898,519.45	$864,934.19	$282,972.14	$3,316,557.40

FORM V.

MANITOBA HOSPITALS—FINANCIAL STATEMENT FOR FISCAL YEAR ENDING APRIL 30, 1941.

Hospital	Location	Total Income	Total Expenditure	Net Profit	Net Loss
Bethania	Altona	$ 7,039.13	$ 7,358.28	$	$ 319.15
Bethel	Winkler	10,293.84	9,732.88	560.96	
Bethesda	Steinbach	14,628.11	11,691.99	2,936.12	
Brandon General	Brandon	125,306.39	124,400.78	905.61	
Carman General	Carman	28,966.87	27,962.43	1,004.44	
Central T.B. Clinic	Winnipeg	33,383.43	40,591.54		7,208.11
Children's	Winnipeg	147,005.43	149,020.78		2,015.35
Concordia	Winnipeg	17,207.93	16,877.28	330.65	
Convalescent	Winnipeg	12,291.55	11,269.95	1,021.60	
Crerar	Winnipegosis	7,837.95	7,269.63	568.32	
Dauphin General	Dauphin	48,243.46	47,387.83	855.63	
Deloraine Memorial	Deloraine	16,798.96	15,426.24	1,372.72	
Elizabeth M. Crowe Memorial	Eriksdale	13,797.23	8,937.95	4,859.28	
Ethelbert General	Ethelbert	7,896.23	6,923.63	972.60	
Flin Flon General	Flin Flon	30,580.11	28,184.82	2,395.29	
Freemasons'	Morden	19,141.77	20,887.07		1,745.30
Gladstone	Gladstone	8,106.29	7,000.78	1,105.51	
Grace	Winnipeg	124,437.94	120,490.78	3,947.16	
Grandview	Grandview	3,496.12	3,754.57		258.45
Hamiota General	Hamiota	5,019.56	4,725.90	293.66	
Hunter	Teulon	12,941.99	12,239.34	702.65	
Johnson Memorial	Gimli	8,926.16	8,368.23	557.93	
Lady Minto	Minnedosa	6,666.06	7,518.63		852.57
Manitoba Sanatorium	Ninette	205,002.76	205,710.84		708.08
Misericordia	Winnipeg	224,884.48	238,748.86		13,864.38
*Municipal	Winnipeg	406,628.04	406,628.04		
Neepawa General	Neepawa	17,134.02	18,146.28		1,012.26
Pine Falls	Pine Falls	15,921.40	20,738.68		4,817.28
Portage la Prairie General	Portage la Prairie	45,719.58	49,238.62		3,519.04
Sacred Heart	Russell	20,905.11	16,172.44	4,732.67	

Selkirk General	Selkirk	29,633.93	28,000.70	1,633.23	
Shoal Lake Municipal	Shoal Lake	6,539.73	7,708.23		1,168.50
Souris and Glenwood Memorial	Souris	16,294.00	16,101.00	193.00	
Swan River	Swan River	10,060.71	9,984.01	76.70	
St. Anthony's	The Pas	49,695.48	50,929.37		1,233.89
St. Boniface General	St. Boniface	413,958.54	463,263.32		49,304.78
St. Boniface Sanatorium	St. Vital	187,301.01	212,246.40		24,945.39
St. Joseph's	Winnipeg	76,086.68	77,222.97		1,136.29
St. Mary's	Birtle	6,309.13	5,808.50	500.63	
St. Roch's	St. Boniface	42,056.42	51,944.73		9,888.31
Ste. Rose	Ste. Rose du Lac	23,005.61	26,771.47		3,765.86
Victoria	Winnipeg	74,172.86	72,101.98	2,070.88	
Virden	Virden	11,047.83	11,838.59		790.76
Vita General	Vita	23,528.62	15,342.73	8,185.89	
Winnipeg General	Winnipeg	700,658.95	710,931.16		10,272.21
		$3,316,557.40	$3,413,600.23	$41,783.13	$138,825.96

* No loss shown for Municipal Hospitals as City of Winnipeg makes up any deficit.

TABLE No. I.

Year	Total Patients Treated	Hospital Days			Public Ward Days % of Total
		Public	Private	Total	
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
1941	83,055	989,927	194,191	1,184,118	83.6

TABLE No. II.

Hospital	1937 Days	%	1938 Days	%	1939 Days	%	1940 Days	%	1941 Days	%
Isolation	112,059	10.4	82,451	8.	47,467	4.3	55,524	4.8	42,869	3.6
T.B. San.	202,860	18.9	193,383	18.6	251,417	23.	262,294	22.6	260,101	22.
General	758,915	70.7	761,328	73.4	795,988	72.7	841,705	72.6	881,148	74.4
	1,073,834		1,037,162		1,094,872		1,159,523		1,184,118	

TABLE No. III.

OPERATING COST PER PATIENT DAY FOR ALL HOSPITALS

1937	(Salaries 46.6%	Food 18.8% ($2.36)	Supplies and Sundries 34.6%)
1938	(Salaries 45.4%	Food 19.1% ($2.50)	Supplies and Sundries 35.5%)
1939	(Salaries 48.6%	Food 17.7% ($2.59)	Supplies and Sundries 33.7%)
1940	(Salaries 43.5%	Food 17.2% ($2.65)	Supplies and Sundries 39.3%)
1941	(Salaries 43.3%	Food 16.9% ($2.68)	Supplies and Sundries 39.8%)

TABLE No. IV.

DIVISION OF HOSPITALIZATION

PER CAPITA COST FOR RESIDENTS OF UNORGANIZED TERRITORY

For Fiscal Year Ending April 30th, 1941

Area	Estimated Population	Tuberculosis		Other Diseases		
		Total Expenditure	Per Cap. Cost	Total Expenditure	Per Cap. Cost	Total per Capita Cost
1. Northern Manitoba, north of the 45th township	4,000	$11,165.75	2.79	$ 8,432.99	2.11	4.90
2. South of the 45th township to Duck Mountain Reserve and West of Lake Winnipegosis	6,473	7,287.87	1.13	8,818.80	1.36	2.49
3. West of Lake Manitoba	3,212	13,061.35	4.07	3,655.95	1.14	5.21
4. Between the Lakes, south of Fairford River	2,360	2,214.90	.94	3,196.90	1.35	2.29
5. Between the Lakes, north of Fairford River	1,392	5,171.05	3.71	1,103.55	.79	4.50
6. Disorganized Municipality of Fisher Branch	2,016	3,124.60	1.55	3,603.55	1.79	3.34
7. Disorganized Municipalities of Chatfield and Armstrong	3,715	3,079.60	.83	4,520.75	1.22	2.05
8. Disorganized Municipality of Kreuzberg	4,032	5,869.37	1.46	3,771.60	.94	2.40
9. Area along the west shore of Lake Winnipeg	1,559	2,492.10	1.60	1,542.95	.99	2.59
10. Pine Falls area, east of Lake Winnipeg and north of the 16th township	2,251	3,306.75	1.47	6,404.84	2.85	4.32
11. East to the Ontario Boundary between the 7th and 16th townships	3,685	1,424.90	.39	5,299.80	1.44	1.83
12. Disorganized Municipalities of Stuartburn and Sprague, and south of the 7th township	7,689	8,214.70	1.07	6,929.70	.90	1.97
13. Riding Mountain Park area	2,550	1,635.30	.64	1,812.05	.71	1.35
	44,934	$68,048.24	1.51	$59,093.43	1.32	2.83

Note:—Population based on 1936 census.

Report of Private Hospitals

F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Building,
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, 1941.

Licenses were issued to nine Hospitals, this being two less than the previous year. Four Hospitals which were licensed during 1940 did not operate during 1941. Two new Hospitals were granted licenses during 1941—namely: one operated by Dr. C. W. Johnston, at Elkhorn, Manitoba, and one operated by Dr. John M. McEachern and Dr. M. R. MacCharles for Defence Industries Limited at Transcona.

In Table No. 1 there is outlined the names of the Hospitals, with their bed accommodation and the number of patients treated during the year.

Respectfully submitted,

C. R. DONOVAN, M.D.,
Director.

TABLE No. I.

PRIVATE HOSPITALS, BED ACCOMMODATION AND PATIENTS TREATED IN MANITOBA—1941.

Hospital	Address	Bed Accommodation	Patients Treated During 1941
Mrs. L. C. Allan	Holland	4	60
Mrs. T. Ruby Couch	211 Mayfair Avenue, Winnipeg	20	80
Miss L. Fowler, Operated for the Committee of the Morris Community Hospital.	Morris	9	283
Dr. P. B. Guttormsson, at Hudson Bay Mining and Smelting Co.	Flin Flon	14	801
Miss Mae Lambkin	Roblin	8	296
Dr. C. W. Johnston	Elkhorn	9	250
Dr. A. E. McGregor, At Sherritt Gordon Mines Limited.	Sherridon	11	202
Dr. Jno. M. McEachern and Dr. M. R. MacCharles (at Defence Industries Ltd., Transcona)	215 Medical Arts, Winnipeg	16	82
Dr. John Swan, at San Antonio Gold Mines Limited.	Bissett	5	16
Total—9 Hospitals		96	2,070

Care of the Aged and Infirm

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

Sir:

I beg to submit the following report in connection with the care of aged and infirm 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, 1941, to December 31st, 1941.

During the twelve months under review, there were 325 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	247
" placed on Waiting List	55
" held pending further investigation	11
" refused	12
	325

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, 1941, was 808, made up as follows:—

Patients remaining in institutions and private boarding homes as at December 31st, 1940	516
Patients accepted immediately from the 1941 applications	247
Patients accepted from the 1941 Waiting List	26
Patients accepted from the 1940 Waiting List	19
Total number of patients under care during 1941	808
Patients discharged or deceased during 1941	252
Patients remaining in the various institutions and nursing homes as at December 31st, 1941	556

TABLE No. I.

PATIENTS REMAINING IN INSTITUTIONS AND HOMES FOR WHOM GRANT IS PAID, AS AT DECEMBER 31st, 1941, AND AMOUNT OF GRANT PAID BETWEEN JANUARY 1st, 1941, AND DECEMBER 31st, 1941.

Institution or Home	From Winnipeg	From Other Municipalities	Government	Total Number Patients	Amount of Grant Paid
St. Boniface Home for Aged and Infirm, St. Boniface, Man.	103	186	40	329	$41,117.80
Sunset Lodge, West Kildonan, Man.	7	4	1	12	1,308.16
Eventide Home, Brandon, Man.	3	7	3	13	1,962.45
Middlechurch, Old Folks' Home, West St. Paul, Man.	3	....	....	3	471.25
Private Boarding Homes and Other Private Institutions	115	73	11	199	20,062.81
Total	231	270	55	556	$64,922.47

There were 206 patients transferred directly from general hospitals to institutions or homes suitable for the care of aged or infirm patients. This is an increase of 56 over the transfers during the previous year.

Respectfully submitted,

C. R. DONOVAN, M.D.,
Director.

WELFARE

WELFARE SUPERVISION BOARD

Grants to Charitable Institutions

DIVISION OF SOCIAL ASSISTANCE IN UNORGANIZED TERRITORY

CHILD WELFARE BOARD

DIVISION OF CHILD WELFARE

Mothers' Allowance

Child Care and Protection

Legal Supervision

Welfare Supervision Board

The Honourable James McLenaghen, K.C.,
Minister of Health and Public Welfare,
Legislative Building,
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, 1941. 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
Mr. John Spalding
Mr. M. D. Grant
Mr. Wm. English

During the year the Board has visited a number of charitable institutions, and has made recommendations to the Minister with respect to grants-in-aid. The Board has completed its study of methods by which grants-in-aid to charitable organizations are made and has submitted to the Minister its report recommending the establishment of a basis for future grants. The Board is of the opinion that in the past there was no reasonable basis for variations in the amounts of grants to organizations. A grant had been for a certain amount at the beginning—therefore, subject to economy measures, it should remain the same. Other grants seem to have had their basis on the importance of the delegation which made the request. It is suggested that the proposed method is sound and just from the economic and institutional point of view.

Complaints are still coming to the Board concerning the increase in Juvenile Delinquency in Winnipeg and the Board continues to be interested in the problem. The Board wishes to draw attention to the fact that in May, 1935, it submitted a critical and constructive report on Juvenile Delinquency and also submitted a supplementary report in 1939. Recommendations made in these reports, if carried out, might have been and could still be the basis for dealing with these complaints.

At the request of the Honourable the Attorney-General, a study was made of the Manitoba Home for Girls. A report with recommendations was filed with him. It was apparent that officers of this institution had not been instructed in the terms respecting such institutions nor the regulations governing them.

The Board was also asked to consider the request for an increase in the grant to the Victorian Order of Nurses to $2,000 in order that that organization may take over the work of free bedside nursing in Greater Winnipeg which, up to the present, has been performed by the Margaret Scott Nursing Mission. This amalgamation of the work is proposed by Dr. Buck in his survey of Public Health Activities in Winnipeg which was made this year. It is anticipated that the recommendation of the Board with respect to this will be forwarded to the Minister early in the New Year.

GRANTS TO CHARITABLE INSTITUTIONS, 1941-1942.

The Welfare Supervision Board recommended that the following grants be made for the Fiscal Year ending April 30th, 1942, and these grants were subsequently paid by the Provincial Government.

Children's Aid Society of St. Adelard	$ 275.00
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, West Kildonan	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 Home	675.00
Salvation Army, Winnipeg	900.00
Victorian Order of Nurses	585.00
Last Post Fund	360.00
Canadian Foundation of Preventive Dentistry, Man. Div.	500.00
Sir Hugh John MacDonald Hostel	500.00
Canadian Red Cross Society	2,160.00
	$30,795.00

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

Respectfully submitted,

E. S. MOORHEAD, M.D.,
Chairman.

NELLIE McNICHOL SANDERS,
Secretary.

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, 1941.

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 Unmarried mothers;

vi Old people under seventy years of age, and those over seventy who are not eligible for Old Age Pension because they are not naturalized, or have not been long enough in this country, or are unable to submit proof of age.

Since the last War it has been rather difficult to obtain certificates in some parts of Europe, especially in south-eastern Poland and south-western Russia, as in many places the records were destroyed by War activities.

vii Cases of total and permanent disability and mental defectives, who are being kept in private homes because of lack of room and facilities in the Manitoba School for Mentally Defective Persons, at Portage la Prairie.

These cases come to our notice in various ways. Some of them apply direct to this office. Others are referred by neighbors, doctors, clergymen, nurses, police, etc.

The Tax Collectors in Unorganized Territory act as our investigators in some instances. They are:

Geo. C. Sommerville, Hadashville
F. E. Carson, Fraserwood
Geo. LaFortune, Vassar
C. W. Oberlin, Dauphin
J. R. Armit, Alonsa
Wm. Hryciuk, Chatfield

In districts where the distance is too far for an Inspector to make a call, we have a working arrangement with a local man to act as our investigator. These men are usually recommended by some reputable citizen of the district and are absolutely impartial.

When an investigator sends his report on the form provided by the office, which shows assets and liabilities of the family, the relief is placed according to the assets. Most of these people, especially of the Slavonic race have a cow and a garden, and even those who are quite crippled will make a garden each year, the seeds being provided by this Division. To a certain extent we guide ourselves by the budget of the Welfare Department of the City of Winnipeg. The list of groceries which appears on the reverse side of our order form was made by the dietitian of the Manitoba Agricultural College, and is as follows:

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

When an order is placed, we do not insert the name of the storekeeper. The family is allowed to deal with any storekeeper in the district. Our experience in the past shows that the storekeepers were jealous, and we were accused of showing partiality to some storekeepers. The storekeeper must send us his account in triplicate with the recipient's signature affixed thereto. These accounts are checked in the office, and articles purchased, which are not on the list and are considered non-essentials, are deleted from the bill. Some of the cases are receiving relief in cash (by cheque). These are cases where we are certain they know how to handle money, and it is to their advantage to have cash.

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 Public Welfare, 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, one in Birch River, supervised by Dr. Boon, and the Norway House Hospital (Dominion Government). According to the Hospital Aid 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 confinements 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 Government of Manitoba.

We particularly wish to express our appreciation to the Manitoba Division of the Canadian Red Cross Society for their splendid co-operation, and to the Imperial Order of the 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 Public Health 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 Ward of the Winnipeg General Hospital, St. Boniface Hospital 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.

All of which is respectfully submitted,

I have the honour to be, Sir,

Your obedient servant,

B. ZEGLINSKI,

Supervisor, Social Assistance,
Unorganized Territory.

TABLE I.

SOCIAL ASSISTANCE—UNORGANIZED TERRITORY

DEPARTMENT OF HEALTH AND PUBLIC WELFARE

NUMBER OF CASES RECEIVING RELIEF, JANUARY 1st, 1941 to DECEMBER 31st, 1941.

	Anglo-Saxon	French	H. Breed	Ukrainian	Polish	German	Other Nationalities	Total
Number of cases with dependents	39	37	108	119	21	5	26	355
Number of cases without dependents	44	23	32	115	27	7	32	280
Number of dependents under sixteen	81	73	247	216	28	....	53	698
Number of dependents over sixteen	14	3	31	29	7	9	3	96

Number of cases on relief, Jan. 1st, 1941	492
Number of new cases, Jan. 1st, 1941 to Dec. 31st, 1941	143
Number of cases on Relief, Jan. 1st, 1941 to Dec. 31st, 1941	635
Number of cases discontinued, Jan. 1st, 1941 to Dec. 31st, 1941	145
Number of cases carried over to 1942	490

The 145 cases discontinued during year were as follows:

6	cases transferred to Public Works Department
25	cases transferred to Old Age Pension Board
12	cases transferred to Child Welfare Division
10	cases died
92	cases closed

The following nationalities are represented in the column above, listed as "Other Nationalities":

Swedish	10	Hungarian	4	American	10
Icelandic	2	Belgian	1	Lithuanian	2
Czechoslovakian	5	Norwegian	9	Finnish	1
Danish	1	Russian	10	Dutch	1
Italian	2				

TABLE II.

CLASSIFIED SUMMARY OF EXPENDITURE, JANUARY 1st, 1941 to DECEMBER 31st, 1941.

Food, Fuel, Clothing, Medical Fees, Transportation, Burial, Nursing and Miscellaneous Expenditure	$89,093.09

The above is divided into the following:

Food, Rent, Fuel, etc.	$68,729.04
Clothing	9,476.61
Inspections ($600.00 to Dept. P. W.)	1,684.24
Medical Fees, Transportation, Burial of Indigent Persons Nursing and Miscellaneous Expenditure	9,203.20

Clothing on Hand	$1,847.20
Refund on Relief during year of 1941	969.03

Child Welfare Board

Honourable James McLenaghen, K.C.,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith the report of the Child Welfare Board for the year 1941.

The Child Welfare Board appointed by the Lieutenant-Governor-in-Council under Part 1, 7 (1) and (2) of "The Child Welfare Act" has continued to perform the duties as provided for in Part III of the Act.

The Board met monthly to consider:

(1) Enrolment of applicants for allowance.

(2) Adjustments in the amount of allowances due to changes in income and circumstances of enrolled families.

(3) Cancellation and suspension of allowances due to ineligibility or for other causes under the Order-in-Council "Regulations and Conditions Governing Payment of Allowances."

There were no changes in the policy whereby allocations are made from earnings to the family budget. Where mothers received assigned pay from sons in the Armed forces, and, in some instances, were accepted as dependents and provided for by the Dependents' Allowance Board, all circumstances of the family were taken into consideration and deductions made accordingly. The general policy was to allow the mother to retain 50% of the Assigned Pay, and when she receives Dependents' Allowance to consider the budget for the children only. Earnings and other income was, in many instances, allocated for education and maintenance of over-age children in the home, for additional household equipment, dentures, glasses, surgical supplies and other requirements.

During the year decisions were made on 164 applications, 134 of which were granted, and 37 withdrawn or refused. Of the 37, eight were withdrawn, because of adequate resources; the others were found to be ineligible when the complete information was obtained.

The question of increases in the allowance on the basis of the increased cost of living was carefully gone into, and the information gathered was forwarded to the Minister with a recommendation for an increase. While the Board, under Part III, 15 (1), of "The Child Welfare Act" is charged with the responsibility of drafting and submitting a schedule of allowances, their recommendations are subject to the approval of the Lieutenant-Governor-in-Council. This recommendation has not as yet been acted upon by the Government.

It may be noted that a 10% increase in the food allowance was made commencing with January, 1940, but the increased cost of clothing and other commodities has not as yet been provided for.

At the request of the Minister, Dr. Carl Buck of the American Public Health Association, who was in Winnipeg during 1941 making a study of Public Health activities, also made a study of the **Welfare** activities and made certain recommendations regarding the place of the Child Welfare Board in the proposed provincial welfare re-organization.

ATTENDANCE AT CONFERENCE ON SOCIAL WORK

In accordance with the policy of having the Board keep in touch with Social Work, a member of the Board and the Secretary were privileged in attending the National Conference on Social Work held in Atlantic City in May.

TOPICS OF NATIONAL INTEREST

Particular attention was drawn to the necessity of provision for the adequate supply of food, both as to quantity and nutritional content for everyone.

Adequate housing was another topic of national interest.

Respectfully submitted,

HARLEY M. HUGHES,
Chairman,

GERTRUDE CHILDS,
Secretary.

Child Welfare Division

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

Sir:

I have the honour to submit herewith the report of the Division of Child Welfare for the calendar year 1941.

HISTORY OF MOTHERS' ALLOWANCE IN MANITOBA FOR 25 YEARS 1916-1941

Twenty-five years ago, on March 10th, 1916, the people of Manitoba passed the Mothers' Allowance Act and set up a commission to administer it. This was the first legislation of its kind in Canada. It was based on the principle enunciated at the first White House Conference in the year 1909 as follows: "Home life is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it, except for urgent and compelling reasons. Children of parents of worthy character, suffering from temporary misfortune and children of reasonably efficient and deserving mothers who are without the support of the normal breadwinner should, as a rule, be kept with their parents, such aid being given as may be necessary to maintain suitable homes for the rearing of the children. . . . Except in unusual circumstances, the home should not be broken up for reason of poverty but only for consideration of inefficiency or immorality."

As social legislation is usually the result of public opinion expressed in representations to the legislators, you will be interested in the background of the Mothers' Allowance Act, passed in Manitoba in 1916.

In 1910, the Mothers' Association of Winnipeg, gave a cash allowance to a mother known to them through her placement of the children in the Day Nursery, to enable her to stay at home and look after the children. At the end of one year she remarried.

In March, 1913, G. B. Clarke, a worker in the Associated Charities, a service organization, and later, Executive Secretary of the Associated Charities, secured permission from the Board of Trustees to make a special appeal to citizens for a monthly cash allowance for a widow with children in his district. At this time and until 1916, the City Relief Officer issued relief, chiefly to married men, on direct application at his office in the City Hall. There were six items: Flour, sugar, beans, cheese, tea and lard. Meat and milk were only supplied through the churches and the Margaret Scott Mission. The money was raised with difficulty, mostly from Sunday School classes.

At the suggestion of the Associated Charities, the Mothers' Association in April, 1914, appointed a special committee under the Chairmanship of Mrs. John Dick, to raise money for this widow and as many others as possible. This Committee also undertook the responsibility for supervision of the mothers. They continued to do so until May, 1916, and also found it difficult to raise the money for three families.

As the Mothers' Association planned to seek legislation at the 1916 session for this purpose, the Social Workers' Club of Winnipeg, during the Summer and Fall of 1915, made an exhaustive study of Mothers' Pension Laws and their administration in twenty-three of the United States and of the circumstances of 124 widows known to the Associated Charities. A questionnaire was sent to all municipalities for information as to widows whom they had found it necessary to assist. The study was published in a pamphlet called "State Salaries for Mothers," and a copy sent to all members of the Legislature.

In November, 1915, the "Convention of Manitoba Municipalities" meeting, at Stonewall, endorsed the 'principle' of Mothers' Allowances.

In March, 1916, an Act entitled "The Mothers' Allowance Act," introduced as a Government measure, was assented to, and on April 18th, a Commission of 5 members was appointed by Order-in-Council, to administer the Act.

The Commission consisted of two men and two women, members of the Mothers' Association and Mr. F. H. T. Falk, Executive Secretary of the Associated Charities of Winnipeg, who was appointed Secretary of the Commission. This Commission, under Mr. Falk's direction, prepared a schedule of allowances based on the cost of living, and consisting of provision for food, clothing, shelter, light, water, cooking fuel, recreation and cleaning supplies, the allowance to be the deficit between the family resources including assistance from relatives, and the schedule.

The Act provided for children fourteen years of age or under and over fourteen and under eighteen, if mentally or physically incapacitated, whose father was dead, in a mental hospital, or totally and permanently disabled, or confined in a penal institution.

The Commission decided to consider applications from widows and mothers, with two or more children, whose husbands were in mental hospitals, first, and it wasn't until 1927 that an appropriation was made to provide for disability cases. The clause providing "where the father was in a penal institution" was deleted in 1924.

The appropriation was $30,000.00 for the first year, 50% of which came from municipal taxation, on the basis that if the municipalities were making a definite contribution, they would recommend only cases actually in need. Residence was defined as the municipality in which the family had lived for 12 consecutive months. The first regulations passed by Order-in-Council defined residence requirements of two years immediately prior to death, or disability and Canadian citizenship.

Applications were taken by the Municipal committee, on a form supplied by the Government. Supervision was left to Municipal committees, and monthly reports, as to progress required.

In September, 1917, a worker was employed as Investigator and Supervisor under the Commission. In September, 1919, the Government took over the supervision of all families, and three additional workers were engaged, and a full-time Secretary appointed. At the same time, it was decided that $300,000.00 would be required for the following year.

Eligibility was altered, from time to time, on the basis of information obtained, but there has been no change made in the age "14 years or under," which is in accordance with the School Attendance Act, and partly because, in Manitoba, an agricultural Province, many children in farm homes, have been required to assist

at home, leaving school when 15, and Provincial Legislation is, of necessity, on the same basis for all parts of the Province.

In Greater Winnipeg, since 1931, provision has been made through the unemployment administration for over-age children, in families receiving Military Pension or Mothers' Allowance, between the ages of 15 and 18, on the basis of a food voucher given to the mother monthly; clothing through the Clothing Department, and, latterly, a housing voucher of $4.33 monthly.

In many instances, children over 15, outside Greater Winnipeg, attend school through assistance from family resources, such as earnings of older children, relatives, allocations of pensions, trust funds, etc. Other sources have been used for business courses, where it was considered advisable.

CHANGES IN RESIDENCE REQUIREMENTS FOR ELIGIBILITY

While the first legislation required two consecutive years' residence in the Province, immediately prior to death, disability or confinement in a mental hospital, this has been broadened to provide for the family who left the Province, but had not lived in another Province a sufficient length of time to be eligible for assistance there, or who had not lived elsewhere long enough to be eligible and the father had a previous two years' residence here.

While the nine Provinces granting allowance have residential qualifications, Manitoba found it particularly necessary, as Saskatchewan, the adjoining province, makes only a small cash grant to a mother, to supplement relief or family resources, and mothers were bringing their children into Manitoba, and applying here. It is logical to expect a mother to take advantage of better opportunities for her children, but one has to consider the taxpayer, and if more money is available, it could be used for extension of allowances for Manitoba residents.

In 1917, the Public Welfare Association recommended the consolidation of all Child Welfare legislation, the establishment of a Public Welfare Department within which there would be a Child Welfare Branch and a Director. The Child Welfare Act, passed in 1922, was proclaimed in 1924, and the provision of allowances became Part III of the Act.

The first meeting of the Child Welfare **Board**, appointed by Order-in-Council No. 4234, was held on September 22nd, 1924. According to the minutes—"The Board was advisory to the Director in administrating the provisions of the Act and to assist him in any matter he might submit regarding the detailed services of staff, within the authority of the Lieutenant-Governor-in-Council, or the Minister of Public Welfare." The amount of the allowance, up to 1928 was determined by the Director.

In 1928, a Royal Commission was appointed, to enquire into the administration of the Child Welfare Act.

Included in the recommendations were decentralization of staff with a Branch office in Dauphin, the appointment of a Supervisor, and increased staff to provide for more adequate investigation and supervision. These were acted upon.

In August, 1929, the Minister requested the Child Welfare Board to accept the responsibility of determining the amount of the allowance within the schedule maximum approved by Order-in-Council.

The schedule was based on the cost of living according to the Department of Labor in Ottawa, and it was charted yearly until the Key was changed in 1939.

Manitoba is the only Province granting allowances on a budget basis, with provision for winter fuel; the others making a grant of a set amount for the mother and first child, with an additional amount for each other child, with a set maximum. While the budget system is considered more satisfactory than the flat rate, its success depends upon adequate staff for supervision and adjustment of allowance up and down with the cost of living, the allowance being the deficit between the income and earnings of each family and the budget. An increase of 10% on the food allowance was given, commencing with January, 1940.

While it is necessary to have policies applying in all cases, circumstances must also be taken into consideration.

DEDUCTIONS FOR EARNINGS

In 1929, earnings were dealt with on the basis of a deduction of 100% of the earnings of the child under 18; 80% where 19 to 20; 70% when 21 or over, the child being allowed $11.00 for food and $18.00 for clothing and other requirements. Deductions were made for expected earnings of the mother, where there were 2 or 3 children, on the basis of $5.00 per month as each child obtained school age.

Since 1931 an earning child has been allowed the first $35.00, out of which he or she pays the cost of food into the home. The balance is considered as family income. If the earnings are in excess of $70.00, an additional amount is allowed the child. In all cases, consideration may be given to additional expenses, such as Night School courses, medical or dental care, and the allocation to the budget is reduced accordingly.

A mother is allowed to earn, providing adequate provision is made for the children during her absence, and is allowed the first $10.00 of her earnings. Consideration is given to the need for carfare and extra clothing that may be required, and the Board then rules as to the amount allocated for maintenance of the family, from the amount in excess of $10.00. Many of the younger mothers are desirous of taking advantage of the present exceptional employment opportunities. Particularly in Winnipeg, they get part-time employment where they worked before marriage.

DEPENDENTS' ALLOWANCE AND ASSIGNED PAY

Where a mother is receiving assigned pay from an enlisted son, she is allowed 50% of it. Where Dependents' Allowance is granted, it is allocated towards her maintenance, and the budget made up for the children only.

War allowances and Old Age Pensions are considered as income, and the deficit granted.

Allocations may be made from any cash income for dentures, dental work, glasses, higher education, repairs to homes, household equipment, washing machines, surgical belts and other requirements.

While the Act was intended to provide for children in their homes, in the care of their mothers, children without parents, or whose surviving parent is in a mental hospital, sanatorium, or nursing home, have been provided for. Where there is a

home, a housekeeper has been secured. Where there is no home, and on the basis of giving the child the care as near as possible to that in its own home, the policy is to arrange boarding home care. Where a mother has tuberculosis, and sanatorium care is recommended, provision is made only if she remains in the sanatorium while infectious. Children so placed may require more supervision than children under the care of their own mother, and where both parents are dead, guardianship may also be indicated.

As a recognition of thrift, provision is made for the retaining of cash or property assets, exclusive of household furniture and equipment, up to $1200.00. If the assets are in cash, it is turned in and held in trust, and is subject to releases by the Child Welfare Board, on the same basis as allocation of earnings and other income. Any amount in excess of $1200.00 is returned in the form of an allowance.

If cash assets are unwisely spent, the amount that may be retained, may be reduced accordingly.

These funds are invested, and a statement of same submitted to the Board at regular intervals. The interest is considered income and is allocated to the allowance.

Where assets are property, a lien is registered to prevent it being sold without our knowledge, and to protect the children's interests. If the property value is in excess of the maximum that may be retained, a refund is required, if and when the property is disposed of. Taxes and interest within the schedule maximum are allowed in lieu of rent. Where principal payments are considered advisable, the amount paid is on a refund basis. In some instances, these have been refunded by the children when earning, so that the mother may have clear title to the property.

INVESTIGATION AND SUPERVISION

The Province is districted — two Workers in Dauphin, one in Brandon, one in Flin Flon; two do the work in Greater Winnipeg, and seven work out from Winnipeg.

Applications for allowances are usually made to the Child Welfare Committees of the Municipalities, appointed by the Board as provided for in the Act. The application form, supplied by the Division, when completed, signed by the applicant, and three Committee members, with a brief history of the family, is forwarded to us and a recommendation from the Committee as to enrolment and the amount of the allowance. The Committee members are kept informed as to requirements for enrolment, and forms are usually completed only when the applicant qualifies in so far as can be determined at that time. Where possible, certificates of death, marriage, naturalization of the parents and births of the children, are sent in with the application. Verification of these, except naturalization, when there are no certificates, is made by Search forms, sent to the Vital Statistics Divisions in Manitoba, or other Provinces, and are provided without fee.

The Worker then visits the home, and sees home conditions including sleeping accommodations, household equipment and cleanliness. She inquires regarding the health of the children, school attendance, occupation and earnings of any older children, and secures detailed information as to assets and resources, including property, life insurance, war allowances, old age pensions, earnings of children, income from roomers and any other sources — in the country districts, farm stock and equipment, income from cream, fowl, grain, wood and other farm produce. The report of the findings is presented to the Child Welfare Board with the recommendation of the Worker

and the Committee. The decision as to the amount is made by the Board, on the information submitted.

Where the mother is illiterate, or has no experience in handling money, or has proven herself incapable of doing so, the allowance may be administered. The Worker may arrange credit for food, arrange for purchase of clothing on the Division D.A. account, pay rent on receipt of the account, or the services of a Committee member may be secured to supervise the expenditure, sending in the receipts for same. When it appears that the mother can handle the money, the cheque is sent to her. These accounts are audited regularly by the Comptroller's Department.

Male roomers or boarders are prohibited except on written permission of the Board.

A mother is expected to be of good moral character, capable of bringing up her children as good citizens, and is expected to live in the Municipality where she has residence at the time of enrolment.

ALLOWANCES GRANTED

Up to December 1941, 4769 applications have been received.

Some re-applications have been dealt with due to changes in circumstances following cancellation. We commenced with 129 in July, 1916 to July, 1917, reaching a peak of 1141 families and 3271 enrolled children from May 1936 to April 1937, with a gradual decline from 1938, leaving 946 families on allowance in 1941, with 2816 enrolled children. The extension of Workmen's Compensation has a bearing on the reduction.

SIZE OF FAMILIES

At no time has the average number of enrolled children per family reached 4. The largest family had 17 children, the oldest 22, the youngest just born and 10 under 13 years of age. The mother was then only 35 years of age. The allowance was granted due to the disability of the father who had a heart condition making him unfit to work.

There are many problems in the homes where the fathers are disabled and at home. In some instances, the mother is already overburdened with the care of small children, and the family still increases. The husband expects care and sympathy and is often irritable. Regardless of difficulties and troubles, deserting mothers are few. To many of them, the Worker's visit is welcomed, as an opportunity to unburden.

We very seldom have any mothers die, but we lost one last year.

CANCELLATIONS IN 1941

Of the 194 cancellations, 68 were due to ineligibility, the mother being in good health and having only one child under 15. Fifteen mothers who had been ill, had regained their health; and eleven fathers recovered sufficiently to work. Largely due to Assigned Pay and Dependents' Allowance for sons in the Armed forces, twenty-six families became self-supporting. Twenty-four mothers remarried, partly due, no doubt, to having smaller families; such mothers have more opportunity to re-marry.

CAUSES

Tuberculosis is always the leading cause of death and disability, eighty families being under care because of death from tuberculosis, and fifty-two fathers being in sanatoria because of tuberculosis.

In fifty-two cases, the father died of pneumonia.

Eighty-eight families are on allowance following the death of the father by accidents, not coming under Workmen's Compensation. Many of these were killed by automobiles or trucks, the owners carrying little or no insurance.

We have already reaped some of the harvest of the encephalitis epidemic.

NATIONALITIES

Children of English and Welsh fathers, 156 in number, and of Ukrainian, 152, head the list of 26 nationalities, with 108 of Scottish parentage next.

Actually, we deal with children apart from nationality, creed or religion, our aim being to see that the children have an opportunity to live a normal, family life, to have adequate food, clothing and shelter, educational and religious opportunity and suitable employment.

Manitoba has provided approximately $9,900,000.00 in the 25 years that allowances have been granted. Many of the fathers died of diseases that might have been prevented, and of accidents partly due to carelessness. The wages of these fathers have been replaced by money taken from Provincial taxes and resources. Would it not appear to be most important to

(1) Use preventive health measures.

(2) Enforce laws for the protection of persons walking or riding our highways.

(3) Provide adequate food, clothing and shelter for children, so that they may have a chance to be physically fit. (This would require more than just money, because many people do not know how to make the best use of money, — what food to buy, or how to prepare it — to the best advantage.)

A nutritionist on the staff would be of great value in giving advice, both to staff members and beneficiaries, and in the preparation of budgets.

The Child Welfare Board has met each month during the year, and has made decisions as to enrolment and the amount of the allowance in 134 cases.

Thirty-seven applications dealt with, were found to be ineligible under the provisions of the Act.

We would like to express our appreciation of the co-operation received from other Government Departments, from hospitals for medical reports of beneficiaries examined in hospitals, and from doctors all over the Province; to the staff who visit the family regardless of weather, bad roads, or inaccessibility of the home.

THE TOTAL PICTURE

During the year this Division dealt with a total of 2907 cases. Services in these cases involved many telephone calls, letters, visits, summaries and recording. It includes the work of our three district offices at Flin Flon, Dauphin and Brandon. The division of cases was as follows:

Part III —Number of families involving bereaved and dependent children	946
Part IV —Family cases where the children are being supervised in their own homes because of danger of neglect	507
Part IV —Wards of the Director	295
Part V —Children born out of wedlock	302
Part VIII—Adoptions	399
Cases open for collection	292
Overseas Children	166
Total	2907

In addition to the above, there were 568 cases requiring incidental services such as referrals to other agencies or departments, out of town enquiries and investigations for other agencies.

CO-OPERATIVE TRAVELLING IN THE NORTH

The far north reports an interesting experiment in cooperative travelling at reduced costs. The Bishop, the Rural Dean and his wife, the Public Health Nurse and the Social Worker, accompanied by two Indian guides, went up the Saskatchewan river to the Summerberry River, then to Moose Lake and by canoe to Cedar Lake. At points of stop, the Bishop attended to confirmation, the Nurse to health examinations and calls on the sick, the Social Worker to securing agreements for children born out of wedlock and arranging legal adoption.

See following pages for tables and statistics — Part III.

CHILD WELFARE ACT—PART III

For Year Ending December 31st, 1941.

Month		Applications Received	Applications Granted	Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families under Allowance
Deferred from previous year		46					
Jan.—	New	11	15	2	31	2,410	832
	Re-applications	2	3	1	—	.....	.....
Feb.—	New	10	14	1	8	2,433	839
	Re-applications	4	1	1	...	.....	.....
Mar.—	New	15	5	5	13	2,409	832
	Re-applications	1	1	1	...	.....	.....
April—	New	12	9	...	15	2,388	829
	Re-applications	...	3	...	...	.....	.....
May—	New	15	11	1	20	2,397	821
	Re-applications	5	1	...	...	.....	.....
June—	New	19	7	3	13	2,380	817
	Re-applications	2	2	...	...	.....	.....
July—	New	3	10	7	18	2,374	812
	Re-applications	4	3	1	...	.....	.....
Aug.—	New	9	12	3	14	2,386	812
	Re-applications	4	2	1	...	.....	.....
Sept.—	New	6	8	2	17	2,357	804
	Re-applications	...	1	...	...	.....	.....
Oct.—	New	15	8	3	17	2,327	797
	Re-applications	3	2	1	...	.....	.....
Nov.—	New	8	6	...	17	2,316	789
	Re-applications	3	3	1	...	.....	.....
Dec.—	New	12	6	1	11	2,293	785
	Re-applications	1	1	2	...	.....	.....
		164	134	37	194	.....	.....
Applications carried over to next year		38	...	...	...	.....	.....
Families under allowance during year							946
Number of children assisted during year							2,816

DISTRIBUTION OF FAMILIES

Cities	Families	Children
Brandon	17	48
Portage la Prairie	11	27
St. Boniface	19	54
Winnipeg	191	485
23 Towns	73	197
13 Villages	26	85
1 Municipal District	1	4
106 Rural Municipalities	496	1,549
Unorganized Territory	112	367
	946	2,816

CAUSES OF CANCELLATION

(a)	Resources sufficient	26
(b)	Only one child under fifteen	68
(c)	No children under fifteen	9
(d)	Only one child — Mother regained health	15
(e)	Father not totally and permanently incapacitated	11
(f)	Father not in an institution	6
(g)	Mother re-married	24
(h)	Non-compliance with regulations	21
(i)	Mother immoral	1
(j)	Received allowance from other funds	3
(k)	Left the Province	5
(l)	Mother died — only one dependent child	1
(m)	Unsatisfactory home conditions	4
	Total	194

CAUSES OF REFUSAL

(a)	Resources sufficient	8
(b)	Only one child under fifteen	4
(c)	Only one child	3
(d)	Father not totally and permanently incapacitated	3
(e)	Residence qualifications not fulfilled	---
(f)	Non-compliance with regulations	1
(g)	Mother immoral	1
(h)	Unsatisfactory home conditions	6
(i)	Mother not naturalized and children not born in Canada	---
(j)	Desertion	---
(k)	Father not in an institution	1
(l)	No children under fifteen	---
(m)	Cause of death or disability arose out of Province	2
		29
	Applications withdrawn	8
	Total	37

CAUSES OF DEATH

1. Infectious Diseases:

(a)	Tuberculosis	80	
(b)	Venereal Disease	6	
(c)	Influenza	3	
(d)	Typhoid Fever	8	
(e)	Erysipelas	---	
(f)	Other causes	4	
			101

2.	Diseases of Nervous System:		
	(a) Cerebral Hemorrhage	18	
	(b) Meningitis	11	
	(c) Apoplexy	3	
	(d) Tumor or Abscess of Brain	12	
	(e) Other causes	16	
			60
3.	Diseases of Respiratory System:		
	(a) Pneumonia	52	
	(b) Bronchitis	3	
	(c) Pleurisy	1	
	(d) Asthma	3	
	(e) Other causes	21	
			80
4.	Diseases of Digestive System:		
	(a) Appendicitis	10	
	(b) Peritonitis	14	
	(c) Ulcers of Stomach and Duodenum	13	
	(d) Disease of Liver	6	
	(e) Other causes	12	
			55
5.	Diseases of Circulatory System		138
6.	Diseases of Blood		10
7.	Diseases of Kidney, Bladder and Urinary Passages		24
8.	Diseases of Skin		---
9.	Diseases of Bones and Joints		1
10.	Cancer		90
11.	External Causes:		
	(a) Accident	88	
	(b) Suicide	31	
	(c) Murder	2	
	(d) Other Sudden Deaths	9	
			130
12.	Other causes		33
13.	Presumed Dead		---
	Total		722

CAUSES OF DISABILITY

1.	Infectious Diseases:		
	(a) Tuberculosis	52	
	(b) Venereal Disease	5	
			57
2.	Diseases of Nervous System:		
	(a) Paralysis	12	
	(b) Sleeping Sickness	3	
	(c) Multiple Sclerosis	4	
	(d) Other causes	20	
			39

3.	Disease of Respiratory System:		
	(a) Chronic Bronchitis	2	
	(b) Asthma	9	
	(c) Other causes	2	
			13
4.	Diseases of Digestive System		5
5.	Diseases of Circulatory System		38
6.	Diseases of Blood		1
7.	Diseases of Kidney, Bladder and Urinary Passages		4
8.	Diseases of Skin		1
9.	Diseases of Bones and Joints		25
10.	Mental Diseases — in Hospital		41
	Total		224

PART IV CHILD WELFARE ACT—Neglected Children

During war each new life takes on special importance to a nation and those who are working now for the wise development of childhood are building lives, not to fight in this war but to win the peace which will follow. Our failure of eighteen to twenty-one years ago rises up to condemn us in figures showing such a large proportion of men (once children) unfit for war service. There can be no cessation in child welfare activities.

During the year 607 families involving 1339 children were dealt with under this section. The workers, with the help and sometimes with the resistance of the parents, attempted to overcome the difficulties which threatened the family breakdown. Realizing that the family is the elementary unit of society and that breakdowns in family life are expensive in human and money values, every effort has been made to preserve home life.

In 16 families involving 18 children, it was necessary to apply to the court for guardianship. 10 were committed temporarily and 8 permanently to the Director of Child Welfare. The major causes in these 16 families were as follows:

1. Children born out of wedlock; mother immoral and irresponsible.
2. Death of both parents; unsatisfactory step-mother.
3. Imprisonment of father; lack of control by mother with resultant incorrigibility of child.
4. Abandonment of child born out of wedlock.
5. Child born out of wedlock; immorality and irresponsibility of mother.
6. Immorality of mother resulting in delinquency of child.
7. Desertion of mother; negligence and immorality of father.
8. Desertion of father and immorality of mother.
9. Child born out of wedlock to feeble-minded mother.
10. Feeble-mindedness of mother; desertion of father.
11. Father overseas and infirmity of mother.

12. Death of both parents; child in need of a guardian.

13. Child born out of wedlock and death of mother.

14. Death of both parents; child in need of guardian.

15. Death of both parents.

16. Child born out of wedlock to a feeble-minded mother.

Of these 18 children, seven were born out of wedlock. In two instances the unmarried mothers were committed to an institution for the feeble-minded. In another case the mother, with the mentality of a four year old child, had become pregnant. A forced marriage was arranged and later she gave birth to a second child. She of course was incapable of managing a home or caring for the children, in fact she played with them like another child. The father was irresponsible and the two children had to be taken under care and the mother committed to an institution. In these three cases involving four children, earlier detention of the mother would no doubt have prevented the tragedy of these children being denied a normal home.

In four cases the death of parents was the only reason for guardianship being taken. In one of these cases the father overseas is paying for his two children and in another an older brother in the Navy is supporting his brother. The residence of these committed children was as follows: Town of Stonewall — Flin Flon — Teulon — Rosser — Lac du Bonnet — Morris Town — Selkirk Town — and unorganized territory.

WARDS OF THE DIRECTOR

At the opening of the year, the Division had 277 wards under care, 51 who had been committed temporarily and 226 permanently. With the additional 18 received during the year, it made a total of 295 wards dealt with. During the year, however, 20 temporary wards were discharged to their parents, the home conditions having convinced the court that this action was justifiable; 26 became of age, 5 girls were married and 4 absolutely adopted, leaving 240 under care as at December 31st, 1941. 38 were temporary and 202 permanent wards. 11 of our boys are on active military service as well as a great number of our former wards. It is interesting that our boys who have had the state as their guardian, have in true filial fashion responded to the parents' needs.

OVERSEAS CHILDREN

The annual report concerning overseas children in Canada under the Government plan is mainly the story of the children settling down in their new environment and adjusting themselves to life in Canada. The plan of sending children to Canada, which was terminated after the loss of the S.S. City of Benares on September 17th, 1940, has not yet been reopened and, therefore, the number in Manitoba was not increased; in fact it has been reduced from 166 to 164 by reason of the transfer of two boys to the care of relatives in Ontario.

The matter of guardianship has been settled by the passing by the Government of the United Kingdom of the Temporary Migration of Children (Guardianship) Act, 1941. Under the United Kingdom Act, the High Commissioner for the United King-

dom, (The Honourable Malcolm Macdonald), was appointed guardian of the children and he has in turn delegated his authority, in the case of Manitoba, to the Director of Child Welfare. The practice continues, however, of consulting with the parents, wherever possible, before any unusual action is taken concerning an overseas child.

It has been a source of satisfaction to note the small incidence of illness among C.O.R.B. children. Although an epidemic of poliomyelitis took a heavy toll in the province this year, only one C.O.R.B. child was affected. He has fully recovered and has no paralysis. A number of tonsillectomies have been performed, the surgeons doing the work without charge. The weight and height of each child has increased more rapidly than for the average Canadian child and the general health is extremely good.

It has been necessary to make some replacements and the cause of these fall into four categories — (1) Problems within the child which make adjustment to the home impossible; (2) A home satisfactory within itself, but which is inadequate to the needs of the particular child; (3) Illness in the home, particularly of the foster mother; (4) Changes in circumstances such as finances, position, housing accommodation, etc. These replacements have brought out the value of close supervision to smooth out difficulties and avoid emergencies. It has been less easy to find homes for children needing a change because the people do not realize that the failure of one home to deal with a child does not mean that he or she is likely to be difficult, but simply that one of the above reasons makes the change necessary.

The free exchange of cables each month between parents and children and the monthly broadcasts continue, and are greatly appreciated by all concerned.

The highlight of the year was the visit to Winnipeg in September of Mr. Geoffrey Shakespeare, M.P. from Great Britain, who is the chairman of the C.O.R.B., and of Mrs. Phyllis Snow, the representative in Canada of the C.O.R.B. A reception was held at the Legislative Building to which all the C.O.R.B. children and their foster parents were invited. This afforded an opportunity for Mr. Shakespeare to express the gratitude of those in Great Britain to the foster parents for all that they are doing and also for him to learn at first hand what is being done to enable him to report back to the parents at home.

Some of the older boys are very anxious to join the armed forces and, while they are still too young, efforts are being made by Mr. Shakespeare to enable them to return to Great Britain where the age for apprentices is younger than in Canada.

The assistance of the various Children's Aid Societies in the Province in the care and supervision of the children and the unsung work from day to day of the foster parents with the children is much appreciated both by this Department and by the parents and the Government of the United Kingdom.

PART V CHILD WELFARE ACT—Children of Unmarried Parents

The record of children born out of wedlock in Manitoba during the calendar year of 1941 stands at 499, as compared with 542 during the previous year. The decrease may be due to the fact that this report goes forward earlier than usual and the final date for 1941 returns of Vital Statistics is May 1st 1942. Another important factor is a large number of marriages of necessity where the alleged father is a member of the Army, Navy or Air Force, coupled with an increasing knowledge of contra-

ceptive methods on the part of the more intelligent members of society. For purposes of comparison, the record of children born out of wedlock since 1938 is as follows:

1938	507	1940	542
1939	496	1941	499

A survey of this record discloses the following interesting facts:

25 per cent of the unmarried mothers were 18 years of age and under. This is the same as last year.

23 of the number were married women where there is a strong presumption of illegitimacy.

23 of the number were registered as married women but the investigation is incomplete to establish legitimacy or otherwise.

About 50 per cent of the number are domestics. Why? Perhaps because they are unsophisticated girls who come in from the country and are untutored in contraceptive methods. They have little opportunity for legitimate recreation and find their amusement by going, unaccompanied, to public dance halls, depending on "pick-ups" for masculine company. Many of them would be classed intellectually as "dull normals".

Extra-provincial cases dealt with during 1941:

24 Ontario	7 Alberta
20 Saskatchewan	1 British Columbia

The plan of decentralization of services to unmarried mothers and children born out of wedlock, from the Provincial Department to the Children's Aid Societies, has not been in operation long enough to draw more than tentative conclusions:

It would appear that the trend is sound, since the problem is tied up with the community program as a whole. There is an increased emphasis on planning for the mother and child. More than 50 per cent of the children born out of wedlock are absorbed back into the home of the mother or her relatives.

Record of Orders of Filiation and Maintenance Agreements obtained during the year and Children involved in Cases referred during the year:

	Children	Cases	Filiation Orders	Maintenance Agreements
Winnipeg Children's Aid Society	279	270	36	13
Western Manitoba Children's Aid Society	62	62	1	5
Dauphin Children's Aid Society	31	31	3	3
Central Manitoba Children's Aid Society	45	45	1	4
Residue of territory covered by Child Welfare Division	190	187	13	18
	607	595	54	43

Receipts from Filiation Orders and Maintenance Agreements collected by the Division during the year amounted to $12,369.12.

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

To Mothers	$ 6,537.34
" Maternal Grandmothers	1,238.78
" Boarding Homes	869.70
" Lying-in Expenses	847.31
" Costs	84.00
" Institutions and Children's Aid Societies	614.36
" Municipal Relief Departments	311.67
" Miscellaneous	371.56
Total	$10,874.72

The basic problem of the unmarried mother goes much deeper than numbers, filiation orders or re-adjustment into the community. It is one involving a rediscovery of the standards of decency and the development of an inner discipline that is necessary in every phase of life, if the democratic way of living is to survive. This is definitely a community and home problem. The need is obvious in every community. The next step is to realize that "an ounce of prevention is worth a pound of cure" and to commence without delay to tackle **the basic problem** courageously. The problem can be solved if enough people care enough to work on it.

PART VIII—CHILD WELFARE ACT—Adoptions.

The adoption work has not as yet been decentralized and continues to be one of the most constructive pieces of work being done by the Government. According to our records, there are more superior Protestant homes available for adopted children than there are suitable children for placement. There is still a need of more homes for the placement of Roman Catholic children.

While statistics do not begin to measure the value of adoption work, the following figures are of interest:

Number of applications of children for adoption received	247
Number of applications from foster homes received	267
Number of contracts approved	156
Number of adoption decrees obtained	141
Number of visits made in Greater Winnipeg	335
Number of visits made in Rural Manitoba	367

A nominal fee is charged for legal services in connection with adoptions and fees received from this source totalled $567.00.

In addition to the placement of children, a great deal of work has been done during the year with regard to adoption papers for children already in homes, such as step-children, relatives, etc. In many cases, these children have been in the homes for a number of years but it is only when a birth certificate, or proof of dependency for military purposes, is required that the value of legal adoption papers is realized.

(These figures do not include any adoptions of wards of Children's Aid Societies.)

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.

ADMINISTRATIVE OFFICES

EXECUTIVE OFFICER'S REPORT

ADMINISTRATION OF THE ESTATES OF THE MENTALLY INCOMPETENT

FISCAL SUPERVISION OF PUBLIC INSTITUTIONS

FARMS MANAGER

STATISTICS AND RECORDS

LABORATORIES

- **Director of Laboratories**
- **Laboratory at Brandon Hospital for Mental Diseases**
- **Laboratory at Manitoba School for Mentally Defective Persons, Portage la Prairie**

HEALTH AND WELFARE EDUCATION

- **Health and Welfare Library**

Report of Executive Officer

Honourable Mr. McLenaghen, K.C.
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit the attached report for the Department of Health and Public Welfare for the Calendar Year 1942.

The year just passed has been an extremely busy one in all Divisions of the Department. Despite the handicap of loss of staff as a result of the War, particularly as it applies to technical personnel, we have continued to carry on all the activities of previous years as well as inaugurate certain new programs which have a direct bearing on the War effort. The following is a summary of the work of the various Divisions.

EXECUTIVE OFFICES

Following the report of Doctor Buck on "Public Health in Manitoba" made in the year 1941, we have tried to carry out some of the recommendations contained therein. The first of these had to do with the re-organization of the Department and a re-alignment of various activities. Following the recommendation, we now have the Department set up according to the recommendation of Dr. Buck.

For the purposes of preparing estimates we have made three main divisions: first, the Executive Offices, which include not only the office of the Minister, the Deputy Minister, and the Accountant, but also the Fiscal Supervisor of Public Institutions, the Administrator of Estates of the Mentally Incompetent, and the other subdivisions or bureaus within the Department whose work may apply to the Department as a whole, and these include the Bureau of Statistics, the Laboratories, Health Education, and Research. The second main division is Health, including Psychiatry and Hospitalization, and the third, Welfare.

Health Education:

Amongst the general recommendations included in Doctor Buck's report was one to the effect that greater emphasis should be placed on Health and Welfare Education and that all the educational effort in this field in the Province should be co-ordinated by the establishment of an Advisory Council on Health and Welfare Education. This Council has been established and consists of representatives from all the various agencies in the Province which have in the past been carrying on Education efforts in either Health or Welfare. The Council is being divided up into several small committees, such as radio publicity, newspaper publicity, and a Health and Welfare study group. We hope within the course of the coming year to establish some permanent policy for future activities in these fields.

Laboratories:

As a result of the War the work done at the Provincial Laboratory has continued to increase. The establishment of the policy of blood Wassermanns for recruits in the Royal Canadian Air Force has meant a tremendous increase in the total blood

samples examined, an increase of approximately twenty thousand. There is practically the same percentage of increase in bacteriological examinations of water and milk samples. As a result of this increased amount of work, it was found necessary to increase the technical staff at the laboratory in Winnipeg.

With the general increase in laboratory personnel required as a result of increased work in laboratories across Canada, it is becoming exceedingly difficult to obtain the required trained technicians to carry on the work and it would look as if the number of persons available in this field has now been completely exhausted. Doctor Cadham has also found it almost impossible to get some of the necessary replacements of equipment, etcetera, as most of this scientific apparatus is off the market for the duration.

Research:

The Research program on encephalitis during 1942 was in two parts:

(1) An immunization program to ascertain whether or not we had a vaccine which might be of value in preventing the disease. Our first year's study of the vaccine indicates that it would appear to be at least 65% effective in producing neutralizing antibodies in persons receiving it. There does not seem to be any danger in its use and very little reaction to the injections. It is intended to carry on this year another immunization program, probably on a smaller scale than last year. We would like at this time to express our appreciation of the assistance received from Dr. C. A. Mitchell, Acting Dominion Animal Pathologist, at Hull, Quebec, and Doctor G. D. W. Cameron, and his staff, in the Laboratory of Hygiene, at Ottawa, for their assistance in the program.

(2) The second part of the program had to do with trying to gather some information on the way the disease is spread. The main efforts were directed towards the gathering, tabulating and testing of mosquitoes as considerable evidence is to hand that at least some varieties of mosquitoes can carry and transmit the disease. To date the work in this connection has not yielded any positive results but specimens obtained during the summer are still being tested. The laboratory space and many other facilities for this work have been supplied by the City Health Department and the Children's Hospital of Winnipeg. Studies in respect to mosquitoes and other possible insect vectors will be continued during 1943.

It was decided during the past year that the research work in the coming year would be turned over to the Provincial Laboratory and would function there as a separate division on virus study under the direct supervision of Doctor McKim, Dr. Cadham's assistant.

Statistics:

The impact of the War on this Division has increased the amount of work required for His Majesty's Forces and the civilian population in respect to birth certificates, marriage licenses, etcetera. The requirement of a birth certificate for enlistment and for entrance into defence industries, Civil Service, and many types of work in private industry entails a great deal of work. The Dependents' Allowance Board through an arrangement with the Department has searches made of the records of families of all soldiers from the Province who make application for Dependents' Allowance. These searches require the obtaining and giving of information in respect to marriage records and birth certificates.

It has not been possible as yet, as recommended in Doctor Buck's report on Public Health in Manitoba, 1941, to include under the work of the Division of Statistics the

statistical work now being done in other Divisions of the Department such as Child Welfare, Hospitalization and Communicable Disease Control, and with the present shortage of trained staff it is likely that this will have to be left until after the War.

Fiscal Supervisor of Public Institutions, and Administrator of Estates of the Mentally Incompetent:

Collections by these Divisions continue to increase and in the year 1942 collections reached the highest point in the history of the Department. This, of course, is in part due to better economic conditions of the general population but a large measure of the success must go to the consistent work of the members of this Division, particularly as it applies to the collection of old long-standing accounts.

Institution Farms:

The farms in connection with our Institutions at Brandon, Selkirk and Portage had a very successful year. The total revenue for the year was nearly $80,000; being an increase of $11,000 over the preceding year. The operating surplus for the year was over $20,000; approximately five dollars an acre of land owned. The inventory on the farms at the close of the year, exclusive of land and buildings, was $107,809.00.

DIVISION OF HEALTH

Psychiatry:

During the year, following the resignation of Doctor A. T. Mathers, Doctor T. A. Pincock, Medical Superintendent of the Hospital for Mental Diseases, at Brandon, was brought into Winnipeg and placed on a full-time basis as Provincial Psychiatrist and Acting Superintendent of the Psychopathic Hospital. Since 1918, Doctor Mathers has served the Province of Manitoba faithfully and well. One has only to compare conditions under which mental disease was treated in 1918 with present day activities to realize the tremendous contribution Dr. Mathers has made.

The greatest handicap, at the present time in the operation of this Division is the lack of accommodation for persons suffering from mental defect. Although there was a considerable waiting list at the Psychopathic Hospital at the beginning of the year for persons suffering from mental disease, a survey of the institutions at Brandon and Selkirk, together with the removal of the medical staff to cottages outside of the institutions, made available a considerable number of beds. The increase in the beds available has made it possible for the Provincial Psychiatrist to pretty well wipe out the waiting list for the Psychopathic Hospital. The increase of beds at the Institutions unfortunately has not made the problem of over-crowding any better. The waiting list for the Manitoba School for Mentally Defective Persons at Portage la Prairie still runs around two hundred, and approximately one-third of this number are really urgent cases. It is hoped that some remodelling now being carried out at Portage will make available within the course of the next few months fifty to sixty more beds. Unfortunately, most of these will be for female patients and our greatest requirement now is for beds for boys, particularly for those in the twelve to eighteen year old groups.

It is essential that from two hundred to two hundred and fifty beds be made available for mental defectives at the earliest possible moment, and we trust that this will be one of the first projects given consideration on the cessation of hostilities. Possibly some of the buildings owned by the Province and at present used by His Majesty's Forces can be utilized for this purpose after the War.

We should immediately plan to put into operation a Province-wide scheme of

mental health so that early cases of mental derangement may be studied and plans made, where possible, to keep these people in their own communities as useful citizens instead of waiting for complete breakdown and the necessity for institutional care. We hope to make a start in this direction during 1943.

Hospitalization

In last year's appropriations a sum of money was set aside for the purpose of carrying on a complete study of hospitalization in Manitoba, and the Welfare Supervision Board was asked to set up a committee for this purpose. This study has been in progress now for a period of some six months and it is hoped that the report of the Commission will be available for study by the Government within the course of the next three or four months.

We have been exceedingly fortunate in having Mr. Graham Davis, one of the foremost hospital experts in the United States, as a consultant in this connection and his services have been made available through the generosity of the Kellogg Foundation. The American College of Surgeons has been very kind in assisting us through the loan of their Associate Director of Hospital Activities in the person of Dr. E. W. Williamson. He is at present in Manitoba going over the reports submitted by hospitals and will visit both City and Country Hospitals and give the Commission the benefit of his advice.

It is hoped that as a result of this study that Hospitalization in Manitoba will be put on a sound foundation so that all the hospital needs of the people may be provided and the grants to hospitals so allotted as to assist in making their financing more satisfactory.

Environmental Sanitation—Industrial Hygiene

The Division of Environmental Sanitation was augmented during the year by the addition of a Bureau of Industrial Hygiene. This was made possible through assistance obtained by means of a grant from the Rockefeller Foundation. Although the Division did not get into operation until August of this year, it is already filling a very vital part in the activities of the whole Department, particularly as these apply to a contribution by the Government to Canada's War effort. The necessary laboratory has been established at the Health and Welfare Building, 320 Sherbrooke Street, and is now in full operation, although as yet some of the required equipment has not been secured due to the necessity of a high priority rating. However, it is hoped that through the auspices of the Royal Canadian Air Force, for whom we are doing considerable work, that all the equipment we require will be available in the course of the next couple of months.

The work of this Division has particularly to do with those industries which are in receipt of Government War contracts and in which there may appear to be hazards to the employees. Surveys have already been carried out in a good many of these industries and an improvement in conditions has already been noted.

Sanitation and Food Control

There has been an increasing load thrown on the Bureaus of Sanitation and Food Control due to the increase in the personnel of His Majesty's Armed Forces. It will be remembered that the Department took on the responsibility of supervising the milk and water supplies of all His Majesty's Forces stationed in Manitoba. The apparent shrinkage of fluid milk has made the question of milk supervision exceedingly difficult. However, up to the present we have been able to make certain that the milk

supply to the Armed Forces is of a reasonably good quality and, in view of the fact that it is all pasteurized, is safe for human consumption.

Preventive Medical Services

In the 1941 summary of the Annual Report, we intimated that in that year we had had very severe epidemics of poliomyelitis and encephalitis, totalling altogether nearly fifteen hundred cases, and with some one hundred deaths, and probably one hundred and fifty persons showing residual paralysis following poliomyelitis. We fully expected that in the year 1942 we would have a recurrence of both diseases, not to the same extent as in 1941, but in some substantial numbers. Fortunately for everyone concerned, our fears did not materialize. We had reported during the year only sixty-nine cases of poliomyelitis with one death; and forty-two cases of encephalitis with seventeen deaths.

During the year just passed we have continued to have the usual other communicable diseases in our midst, and it is very disturbing to note that despite the fact that we have apparently a one hundred per cent perfect immunizing agent against diphtheria, we still continue to have far too many cases and deaths from this disease. Records for 1942 show that there were two hundred and sixty-five cases and eight deaths from diphtheria. It is to be hoped that a more determined effort will be put on by all municipal authorities to increase the total percentage of persons immunized with diphtheria toxoid, particularly those children in the age groups from one to six years. If every child on reaching one year of age could be immunized it would only be a matter of a few years before diphtheria would be vanquished.

Venereal Disease Control

In respect to the above subject, Dr. Donovan, Director of Health, reports as follows:

"Venereal diseases. There were 696 cases of syphilis and 1,257 cases of gonorrhoea reported during 1942. This is an increase over previous years and represents mainly an improvement in the case finding efforts rather than an absolute increase in the incidence of the disease. The increase in reported cases of gonorrhoea was confined entirely to the whole age group below thirty years. Reported cases among persons over thirty years of age were actually less than in 1941. On the other hand the increase of the reported cases of syphilis was distributed fairly evenly among all the age groups.

It may be noted that in the young age group below eighteen years the increase in gonorrhoea and syphilis was seventy-four per cent and sixty-eight per cent respectively over the previous year.

One hundred and fifty-one persons were examined on the Minister's order and seventy-seven or fifty-one per cent were positive for either gonorrhoea or syphilis.

Five hundred and ninety-four individuals were under investigation as contacts or sources of the disease. 401 of these were brought in for examination either by correspondence or through personal interview by the public health nurses working in the division, and 220 were found to be infected with either disease."

The increasing number of young people suffering from Venereal Disease is something which should give all of us considerable concern and it would seem that some responsibility for this undesirable situation must rest with the social agencies of our communities.

We would like at this time to express the appreciation of the Department for the complete co-operation we have received from the Armed Forces in reporting cases and sources of infection to us; and from both the City of Winnipeg Police Department and the Royal Canadian Mounted Police in assisting us in locating reported sources of infection, and having them brought in for examination.

Local Health Services

During the past year a new Bureau was set up in the section of Preventive Medical Services known as the bureau of Local Health Services. The function of the new program will be to improve the present very inadequate local Health Services and to assist local part-time Health Officers in providing a reasonable minimum standard of health facilities in their respective areas. The establishment of this new venture again was made possible through the generosity of the Rockefeller Foundation.

In December, 1942, at the convention of the Union of Manitoba Municipalities a minimum standard of Public Health Services for rural areas was presented and the Union by resolution requested the Department to proceed during 1943 to have it implemented in as many municipalities as possible. We are convinced that the program as outlined will go a long way to improve the general standard of health of our rural people, particularly those in the younger age groups.

WELFARE

We have grouped under this heading — Child Welfare, Social Assistance in Unorganized Territory, Grants to Charitable Institutions, the Care of the Aged and Infirm, and the maintenance of females in Refuge Homes.

Child Welfare

With the loaning of Miss Lawson, the Assistant Director of Child Welfare, to Ottawa, we are finding it exceedingly difficult to give any supervision to the work of the Children's Aid Societies, and it would seem imperative that some means be taken to give to these organizations the assistance in this connection that they desire and which would help them in the War emergency to keep their work up to an approved standard. We anticipated that Miss Lawson might be returned to us from Ottawa during the course of the last six months but unfortunately they have decided that they require her for at least the duration of the War.

The provision of Mothers' Allowance continues very satisfactorily and practically no complaints are received in respect to the work of the Child Welfare Board. Due to increased employment and to many individuals going into His Majesty's Armed Forces, there has been a steady reduction in the number of families on Allowance since the beginning of the War, as well as a reduction in the amount of many allowances due to contributions being made by members of the family who have joined the Services. However, there has been an increase in the cost-of-living and it was found necessary during the past year to request Cabinet-in-Council to make an increase of ten per cent in the allowances being granted. This was done and seems to be working out very satisfactorily. At the end of the year we have on Allowance, 707 families, with 2102 children being assisted.

We would like to emphasize the fact that probably thirty-five per cent of this expenditure for Mothers' Allowance has to be made because the breadwinner died or is incapacitated from some preventable illness. This indicates the great necessity of increasing to the maximum our efforts in the preventive field.

Social Assistance in Unorganized Territory

We rather anticipated that there might be a reduction in the amount of money required for this particular phase of the Welfare activities of the Department. However, due to the increased cost-of-living, it would seem as if our expenditures for the assistance and relief of unemployable persons in Unorganized Territory will be as high if not somewhat higher than during the previous year. Most of the cases in this category are very hard to supervise as they live far from the central office in remote parts of unorganized territory. We believe that there might be some considerable saving made if we had a larger inspectoral staff so that these cases could be interviewed in their homes oftener, and plans made for their rehabilitation whereever this is possible. This is a problem which we should be giving consideration to now, looking to the years following the War when personnel for this work may be available.

Care of the Aged and Infirm

With the general aging of our population, requirements in connection with the care of aged and infirm persons continues to mount year by year. At the present time, all our institutions are completely filled and all private homes available for the care of these cases also seem to be fully occupied. A good many of the cases we have to take care of are the result of preventable disease conditions which have occurred during the early life of the individual. This, of course, again emphasizes the necessity of an intensive preventive program.

If we expect to take care of all applications for the care of aged and infirm persons it is going to be necessary in the course of this year to find a great many more private homes for the care of these unfortunate people. Negotiations are now under way with the City of Winnipeg Health Department with a view to having them take over the finding and the licensing of such homes in Winnipeg. We believe that with their now excellent nursing set-up they should be able to find many more homes than we have available at present.

One cannot review the work of this Department without giving consideration to the serious conditions which have arisen as a result of the War in respect to the provision of medical service in Rural Manitoba. Many municipalities which have always had more or less adequate medical care facilities are now without them. Winnipeg would seem to have ample doctors to take care of its needs and probably ten or twelve physicians could be spared from the City for country work, yet it is impossible at the present time to get doctors to practise in rural areas. We are trying to take care of the situation as best we can by supplying specially trained Public Health nurses on request so that at least emergency services will be available for the duration of the War. The closest co-operation exists between the provincial advisory committee of the Canadian Medical Procurement and Assignment Board and the Department. No doctor from rural Manitoba is accepted for military service without clearing through us; and any requests by us for deferrment of enlistment are always complied with.

And, in conclusion, Sir, may I express to you the appreciation of myself and every member of the staff for your careful consideration of the many problems we bring before you. Your kind appreciation of our work stimulates all of us to greater efforts in the various fields of our endeavour. Almost everyone on the staff is carrying on some outside activities in Canada's War effort. This is as it should be and I believe

that every member of our large personnel is giving their utmost in our common struggle without in any way interfering with the necessary activities of the Department.

All of which is respectfully submitted.

I have the honour to be, Sir,

Yours sincerely,

F. W. JACKSON,

Deputy Minister of Health and Public Welfare.

Administration of the Estates of the Mentally Incompetent

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

Dear Dr. Jackson:

I submit hereunder report for the Division of the Administrator of Estates of the Mentally Incompetent for the Province of Manitoba for the calendar year ending December 31, 1942.

I may say that there has been a considerable expansion in most of the phases of this Division during the year as will be noted hereunder.

At the end of 1942 there were six hundred and sixty-five (665) active estates under administration and at least one hundred and sixty (160) more of a non-active nature, with of course, necessary work being done in connection with the affairs of many other patients that could hardly be called estates.

As at December 31, 1942, there were one hundred and six (106) farms under administration comprising at least one hundred and seventy (170) quarter sections of land, and eighty-seven (87) urban properties in the various cities, towns, and villages in Manitoba. There were also eighty-nine (89) mortgages and agreements receivable and payable under administration.

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

Wheat	41,731 bushels
Oats	34,240 bushels
Barley	33,232 bushels
Flax	579 bushels
Rye	1,610 bushels
Hay and other Fodder Crops	39 tons

In addition to the grains above set forth there would be considerably more of which as yet we have not received the returns; and, on at least two farms as we received cash rental there would be an equivalent amount of grain that would have been handled had these farms been rented on a crop share basis instead of a cash rental basis. The general policy, of course, has been continued of leasing farms belonging to our patients on a crop share basis and for the most part these have been on a one-third share basis. We have taken advantage of the Wheat Acreage Reduction bonus wherever the estate as Landlord was entitled to same.

It will be noted that there was about fifty per cent more in coarse grains harvested from farms under administration than in the previous year. This was due to better growing weather during the summer and to the Dominion of Canada policy under the Wheat Acreage Reduction Act, 1942, which continued this policy forward from 1941, of encouraging farmers to grow coarse grains on lands formerly seeded to wheat. The wheat harvested in 1942 was about the same as in 1941, but actually

represents a reduction in acreage as there were more farms under administration and the yield was greater than in 1941.

Under the Wheat Acreage Reduction Act, 1942, the Dominion paid a bonus of $2.00 for each acre in summerfallow in 1942 in excess of 1940; $2.00 for each acre seeded to coarse grains and/or grass crops in 1942, in excess of 1940; the bonus was also paid for each acre seeded to rye in 1942, in excess of 1940. In addition the Dominion by means of the quota system whereby only a certain number of bushels per authorized acre could be delivered to grain elevators, has caused a large amount of wheat to be held on the farms. If this policy is continued into 1943, as it most likely will be, it will have the effect of reducing the wheat acreage seeded and increasing the acreage seeded to coarse grains, rye and grass crops in 1943. It will also have the effect of cleaning acreage through increased summerfallow.

The summerfallowing that was done in 1941 together with the good growing weather we had in 1942, has as you will note, increased the yield of coarse grains very considerably. Of course, there was some reduction in grade during harvesting as we had considerable rain in the late summer and fall of the year, but generally the coarse grains graded better than in 1941. There was a marked increase in price of all grains in 1942 over that of 1941, both those obtained on the open market for coarse grains, and, of course, the higher price set by the Canadian Wheat Board for wheat. Practically all grains harvested that were sold, except to the tenants for feed or seed, were sold through the Canadian Wheat Board.

Of course, it will be noted in the Fiscal Supervisor's report that the maintenance paid to the Province of Manitoba from the estates under administration in 1942, has increased consideraby more than seven thousand dollars ($7,000) over that paid on maintenance from the estates in 1941, and this of course is due at least in part, to the increased crops harvested on the farms under administration. The increased price and yield have made it possible to make reductions in many of the mortgages outstanding against some of the farms.

Considerable difficulty was experienced on some of the farms during 1942 in obtaining storage space. On some of the better farms permanent storage structures were erected, and on others, temporary bins were constructed. Generally speaking we were able to store the grain satisfactorily. However, considerable of our grain is still in storage on the farms due to the fact that same is only permitted to be marketed in accordance with Dominion quota regulations. The practice of allowing the tenant the first quota in order that he could pay his help has been followed. In some instances we have received settlement in full for our patient's share of the grain, in others, part of the share is still stored on the farm.

REAL ESTATE SALES

During 1942 fifteen (15) different properties were sold. More properties could have been sold and in one or two instances would have been sold had it not been for the restrictions placed on the sale of housing and commercial accommodation properties by the Maximum Rentals Regulations order made by the Wartime Prices and Trade Board of the Dominion of Canada, whereby three months' notice, within the term of the lease, had to be given the tenant before the tenant would have to vacate commercial or housing accommodation premises. As this provision was extended to twelve months' notice to the tenant after December 9th, 1942, fewer sales of housing accommodation properties under administration can be expected in 1943. Properties sold are as follows:

Lot 37, Block 12, Pt. Lots 8A, and 9A, St. John

Lot 18, Block 2, Plan 35, St. James

Lot 2, D.G.S. 12, Plan 3706, St. James

S. W. ¼ 14-2-19 West

S. E. ¼ 11-16-17 West

Lot 6, Block 10, Pt. Lot 10B, Winnipeg Land Titles Office, 750

Lot 44, Block 2, D.G.S. Lots 8B and 9B, St. John, Plan 774

S. ½ Lot 4, Block 10, Treherne, Manitoba

N. E. ¼ 8-12-18

Lot 15, Block 28, Plan 598, Flin Flon, Manitoba.

W. ½ 36, and E. ½ 35-9-22 West

Lots 15 and 16, Block 2, Grand Beach

E. ½ Lot 3, Block 31, D.G.S. Boissevain, Plan 413

Lot 43, Block 2, D.G.S. Pt. Section 7-11-3 East, Plan 2161

Lot 8, Block 2, D.G.S. 11A, St. John, Plan 758

These sales were all properties belonging to the estates of either deceased persons or patients who were likely to remain in hospital and were sold either because the price obtained was very good or after I was advised there was little or no possibility of recovery of the patient. The practice was continued of cooperating with the relatives and the hospital authorities and the sales were made in the best interests of the particular estates concerned. The properties sold included seven (7) houses or cottages in Greater Winnipeg; four (4) farms in various parts of Manitoba; a small housing accommodation in Treherne, Manitoba; a house in Flin Flon, Manitoba; four (4) small cottages at Grand Beach; and a small house in Boissevain, Manitoba. Of course, besides these actual sales there were many instances where I was called upon to give a consent to transfer or to release where there was no equity, in practically all of which a nominal consideration was obtained on behalf of the estate of the patient interested.

PERSONAL PROPERTY SALES

During 1942 a number of sales of farm stock and equipment were held on farms under administration at various points throughout Manitoba. In all cases involving a sale of farm stock and equipment the sales were conducted by licensed auctioneers. It is of interest to note that after having advertised a sale of stock and equipment on a farm under administration, four miles north of Rivers, Manitoba, for March 31st, last, a very heavy snow storm forced a postponement of the sale. However, we were able to notify the public of the postponement by broadcasting over radio station CKX Brandon. The sale was subsequently held a week later without any ill effects either in attendance or price. Sales were also held of household furniture and other effects. In most instances, however, the furniture and other chattels for sale have been removed to auction rooms and sales conducted on the auctioneers' premises. The usual practice was followed of consultation with the physicians at the institutions and relatives wherever possible. Where we were advised either by the superintendents of the institutions or by the relatives that sales of personal property would have an ill

effect on the health of the patients concerned, or where it was ascertained that the hospitalization might not be of a lengthy duration, contemplated sales have not been held, where it was found financially and physically possible to retain same.

RENTALS

Housing accommodation premises being rented have not varied in number to any great extent during the last three years. At the end of 1940 there were thirty (30) of these; in 1941 thirty-three (33), and at the end of 1942, thirty four (34). The average rent received during the year from these housing accommodations amounted to approximately seven hundred and twelve dollars ($712.00) per month. This is an increase of approximately one hundred and fifty-two dollars ($152.00) per month over last year's average. A number of factors contributed to the increase as follows: a few houses were brought under administration carrying a higher rental value; some were sold during the year that had been bringing a lowered rental income; in one instance, a house on Polson Avenue, Winnipeg, an incoming, we were able to increase the rental income most materially after having carried out extensive structural repairs costing upwards of five hundred dollars ($500.00); in another case we were able to increase the rent five dollars ($5.00) per month where the rent was out of line with other rentals on the same street, but only after an appeal to a County Court Judge under Order No. 74 of the Wartime Prices and Trade Board. It is noted that in the case of the Polson Avenue house it was necessary to file a statement with the Rentals Administration Division of the Wartime Prices and Trade Board as this house had never been rented before. This is a new regulation brought about by war conditions.

The practice has been continued of paying taxes, repairs, mortgage interest and principal, as quickly as possible after revenues are received. Wherever possible, and always in Greater Winnipeg, inspections are made at reasonable intervals. The houses are kept in reasonable state of repair as a result thereof and as justified by the revenue received from same. I believe that rentals being received are reasonable, if anything, on the low side. The houses being rented are situated in all parts of Manitoba.

LIFE INSURANCE

At the end of 1942 there were one hundred and ninety (190) life insurance policies held in this office for patients, of which forty-two (42) contained disability clauses. The practice was continued of paying the premiums on the policies for the benefit of the patient owning same. Whenever moneys with which to pay premiums were not available advantage was taken as the policy would allow, of paid-up and extended insurance clauses in the policies. In some instances cash surrender values were taken where it was found the policies were of the endowment type, and had matured, or in order to protect the estate of the particular patient concerned. In all cases I found as I did last year, that the insurance companies with whom I have frequently to deal in connection with policies owned by patients of whose estates I have acted as committee, have been kind and courteous and willing to give me all information asked, as well as to cooperate and help in figuring out what is the best course to pursue for the benefit of the patient concerned. This, of course, is a great help especially where the policies are not on file in this office and where at times we are not too certain that there is insurance at all.

BONDS

At the end of December, 1942, I held as committee of the estates of and in trust for various patients, bonds of a par value of two hundred and forty-eight thousand,

six hundred and forty-seven dollars and fifty cents ($248,647.50). This represents an increase of twenty-three thousand, five hundred and twenty-two dollars and fifty cents ($23,522.50) over bonds held at the end of 1941, which was also an increase of almost thirty-five hundred dollars ($3,500.00) over 1940. These bonds are all lodged with the Provincial Treasurer of Manitoba for safe-keeping.

The practice of purchasing Dominion Government bonds with surplus moneys belonging to the various estates under administration has been continued. The practice has also been continued of buying bonds for each particular estate and not in block. We were able to support both of the Victory Loan drives held in 1942. In the second Victory Loan drive held in February, 1942, twenty-five thousand, two hundred dollars ($25,200) face value bonds were purchased, and in the third Victory Loan drive held in October, 1942, thirty-one thousand, five hundred dollars ($31,500) face value bonds were purchased. In addition, of course, bonds were purchased during the year as surplus moneys were available. Besides bonds held for patients whose estates are under administration, we have stocks of a nominal value of fifty-five thousand and fifty-seven dollars and thirty-five cents ($55,057.35).

INSPECTIONS

The following is a statement showing the admissions and discharges of patients during the years 1941 and 1942.

	Incomings		Outgoings	
	1941	1942	1941	1942
Manitoba School for Mental Defectives	43	48	24	35
Selkirk Hospital for Mental Diseases	158	148	126	137
Brandon Hospital for Mental Diseases	281	238	234	234
Psychopathic Hospital, Winnipeg	314	291	311	296

It will be noted that three hundred and eighty-six (386 patients were admitted to Brandon and Selkirk Hospitals for Mental Diseases and three hundred and seventy-one (371) were discharged during the year. Fifteen (15) more patients were admitted than were discharged. In 1941 the increase of admissions over discharges was considerably greater, being seventy-nine (79) patients. It will also be noted that the numbers of patients in these two institutions have increased from year to year. The following is a statement of the patients in the two institutions above referred to, at the end of the years 1939 to 1942 inclusive.

Brandon		Selkirk	
1939	1468	1939	842
1940	1490	1940	850
1941	1538	1941	880
1942	1549	1942	891

It is noted that each year there is an increase in the number of patients. This means each year an increased number of inspections as each patient represents a potential estate. Incoming reports are examined carefully; a financial statement is sent to the next of kin of each patient for those patients residing ouside of the metropolitan area of Winnipeg, as he or she is admitted to one of the institutions. These are followed up by inspections and the estate is taken under administration as quickly as possible thereafter. In the metropolitan area of Winnipeg all incoming reports are followed up by personal inspections. During the year we continued the practice of using the services of solicitors practising in rural areas as well as secretaries of municipalities at various points throughout the province. This has been found to be satisfactory.

A concerted effort was made during the year by this Division to wait until we had a number of inspections in a particular area before sending an inspector out in order to conserve gasoline and tires, as required by the Dominion Government. Personal inspections, of course were made during the year in the Brandon area although financial report forms are sent to next of kin living in that area in the first instance. I do not think that if it is at all possible to continue personal inspections that same should be curtailed as it is of great help in taking over the administration of an estate to have an inspector call personally and discuss the matter with the next-of-kin, who otherwise may show antipathy towards the public administration of his relative's affairs. In very few instances are we not able to overcome this antipathy after a personal inspection.

MAINTENANCE

Hereunder set forth is a comparative statement covering the years 1939 to 1942 inclusive, of the moneys that were paid by the Administrator of the Estates of the Mentally Incompetent to the Provincial Treasurer through the Division of the Fiscal Supervisor of Public Institutions to apply on maintenance of patients whose estates were under administration.

	1939	1940	1941	1942
Brandon Hospital for Mental Diseases	$31,621.41	$35,473.11	$32,838.65	$33,983.49
Selkirk Hospital for Mental Diseases	21,654.42	20,548.17	20,798.38	25,227.63
Manitoba School for Mental Defectives	603.29	765.08	1,120.62	1,479.00
Psychopathic Hospital	1,515.53	762.42	576.16	2,008.55
	$55,394.65	$57,548.78	$55,333.81	$62,698.67

It will be noted that there has been an increase in the maintenance so paid, with the exception of the year 1941 when there was a small reduction. The increase from 1939 to 1942 has been somewhat over seven thousand three hundred dollars ($7,300.00) as was the increase this year over last year. The increase from 1938 to 1942 was considerably more than thirteen thousand dollars ($13,000.00). This total of moneys paid over, of sixty-two thousand, six hundred and ninety-eight dollars and sixty-seven cents ($62,698.67) constitutes a new high for moneys turned over to the Provincial Treasurer for maintenance from the estates under administration.

The practice has been continued of protecting patients' estates as far as has been possible before turning over moneys for maintenance. In all cases where it has been considered at all possible to continue the operation of an estate, same has been so continued, even if it has meant the temporary postponement of the paying of maintenance. This, as was stated in last year's report, is based on the policy that it is in the interest of the patient and of the province for the patient to be able to re-establish himself on discharge. If he is able to re-establish himself it makes the chance that much less of his being readmitted as a patient, and is of therapeutic value in the fact that he is relieved of the burden of worry and strain of financing. Of course, before an estate is allowed to revert to the management of the patient or his relatives, unless the maintenance has been paid, in practically all cases a lien is filed under the Mental Diseases Act, by The Honourable, the Minister of Health and Public Welfare, through the Fiscal Supervisor of Public Institutions in the particular Land

Titles Office in whose district the estate is situated, for the protection of the province in that regard. I may say that at the end of 1942 there were more than seven hundred and twenty-five (725) liens filed in various Land Titles Offices throughout the province under the Mental Diseases Act.

I continued the practice of passing accounts under "The Trustee Act" at the close of my committeeship, where there was a surplus, unless I obtained permission waiving the passing of accounts. I may say that during the year accounts were drawn and passed in eleven (11) different estates. The total administration fees having been allowed by the Judge and collected amounted to twelve hundred and sixty dollars ($1,260.00).

Attached hereto is a financial statement setting forth the assets and liabilities of the estates under administration as at December 31, 1942. It will be noted that the total of the assets at the end of 1942 of over seven hundred and eighty thousand dollars ($780,000) represents an increase of more than fifty-two thousand dollars ($52,000) over the previous year, and the surplus of assets over liabilities at the end of 1942 of seven hundred and seven thousand, two hundred and six dollars and forty-five cents ($707,206.45) also represents an increase over the surplus at the end of 1941 of more than fifty-three thousand dollars ($53,000). The increase in these respective figures for the year 1941 over those of 1940, was more than thirty-three thousand dollars ($33,000).

In closing may I extend my thanks to The Honourable, the Minister of Health and Public Welfare and yourself and to the staff of this Division, for the help and cooperation that I have received at all times during the past year.

Yours respectfully,
F. G. RITCHIE,

Deputy pro tem of the Administrator of the Estates
of the Mentally Incompetent

GOVERNMENT OF THE PROVINCE OF MANITOBA

The Administrator of Estates of the Mentally Incompetent

Statement of Estates under Administration as at December 31, 1942.

ASSETS		
Cash on hand and in The Royal Bank of Canada		$ 45,731.63
Government, Municipal and other Bonds, being part of the corpus of specific Estates at par value		248,647.50
Shares of the Capital Stock of various Companies, at nominal valuation		55,057.35
Disability and Annuity Contracts (Maturity Value)		26,205.12
Accounts Receivable		7,333.65
Rentals Receivable		751.50
Notes Receivable: Principal	$6,725.20	
Interest	716.37	
		7,441.57
Mortgages and Agreements Receivable:		
Principal	$38,295.81	
Interest	4,165.55	
		42,461.36
Chattels		26,774.39
Real Estate		319,669.55
TOTAL		$780,073.62

LIABILITIES		
Accounts Payable		$ 5,968.03
Notes Payable—Principal:	$ 4,913.41	
Interest:	155.69	
		5,069.10
Province of Manitoba:		
Advances for the Conservation of Estates:		
Principal:	$ 636.37	
Interest:	151.51	
		787.88
Mortgages and Agreements Payable:		
Principal:	$58,726.94	
Interest:	2,315.22	
		61,042.16
Total Liabilities of Estates		$ 72,867.17
Estates under administration:		
Assets over Liabilities	$707,100.07	
Surplus interest, unallocated	106.38	
		$707,206.45
TOTAL		$780,073.62

Fiscal Supervision of Public Institutions

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

Sir:

I beg to submit the report for the Division of the Fiscal Supervisor of Public Institutions for the year ending December 31st, 1942.

GENERAL COLLECTIONS

The total revenue collected during the year 1942 showed an increase over that collected in 1941 of twenty-six thousand, one hundred and ninety-five dollars and eighty-nine cents ($26,195.89). The 1941 income showed an increase over the previous year of five thousand, two hundred and twenty-one dollars and fifty-three cents $5,221.53) which in turn showed an increase of more than twenty-three thousand dollars ($23,000) over the previous year. In so far as the moneys collected from the Administrator of the Estates of the Mentally Incompetent are concerned, the reasons for the increase during 1942 are set forth in my report in that regard. In so far as the increase from the revenue from the Manitoba School for Mental Defectives is concerned, it will be noted that from 1941 to 1942 this amounted to something over two thousand dollars ($2,000.00) and I think for the most part is accounted for by the increased number of patients.

The increase in collections at the end of 1942, over 1941, is as follows:

Brandon	$5,537.30	Manitoba School	2,248.93
Selkirk	7,313.47	Psychopathic	3,731.33
	Estates	$7,364.86	

There is no question but what increased employment and more money being in circulation in 1942 than in 1941 contributed to these increased collections, but we took advantage of the situation. Special letters were written to those liable or their next-of-kin in all cases during 1942, except those patients who were definitely marked as a government responsibility. During 1942 an extra effort was made through personal inspections and letters for the purpose of endeavouring to increase the collections. I believe that the efforts in this regard have been reasonably fruitful.

We have continued the policy where it was considered expedient so to do of compromising accounts, and this has been done in a great many cases where the person making the compromise has not himself been liable and where the patient would not be in a position to pay the full amount of the account. In all cases, of course, permission has been obtained before making the compromise.

MUNICIPAL COLLECTIONS

There are a number of municipalities in the Province of Manitoba who are behind in the payment of maintenance for which they are liable under Section 25 of the Mental Deficiency Act, for patients in The Manitoba School for Mental Defectives.

Some difficulty was experienced during the year, as it was during 1941, due to some municipalities disputing their liability for the payment of maintenance of patients in The Manitoba School who were resident in such municipalities. A favorable ruling was obtained from the Honourable Minister of Municipal Affairs sitting as a Commissioner, to the effect that the patient takes the residence of the municipality in which he was resident at the time he was admitted to the institution, until such time as he has been discharged and a new residence acquired, irrespective of the residence that his parents might acquire during the hospitalization. As it was thought that it was possible this ruling might not be upheld should the question come before the Court, I made a recommendation that an amendment to the Residence Rules of the Municipal Act be presented to the legislature in conformity with the ruling as to residence already made by the Honourable the Municipal Commissioner.

RATES

During the year an Order-in-Council was approved which raised the rate under Section 32 of The Mental Diseases Act for patients in the Psychopathic Ward of the Winnipeg General Hospital, from three dollars ($3.00) to three dollars and twenty-five cents ($3.25) per day. However, as due to instructions the increase did not become effective until December 1st, 1942, it had little if any bearing on increased psychopathic collections above referred to. A further Order-in-Council was approved in December, 1942, which had the effect of authorizing the payment by the Province at the rate of eighty-five cents (85c) per day for maintenance of patients boarded out in private boarding houses made temporary hospitals under The Mental Diseases Act. There are five (5) of these private boarding houses authorized by Order-in-Council. three of which were authorized in 1942.

A detailed statement of the maintenance collected during the year from all sources, is attached hereto.

I wish to thank the Honourable Minister of Health and Public Welfare and yourself, for the helpful direction and supervision again given to me during 1942. I also wish to say that I found the members of the staff of the Division of the Fiscal Supervisor of Public Institutions loyal and co-operative as heretofore.

Yours respectfully,

F. G. RITCHIE,

Acting Fiscal Supervisor of Public Institutions.

MAINTENANCE ACCOUNT

12 Months' Period ending December 31, 1942

	Provincial & Private Patients	Indian Patients	Soldiers	Insane Convicts	Municipal Patients	Collection Receipts	Estate Receipts	Total Receipts
Brandon Hospital for Mental Diseases	$ 57,991.55	$3,773.60	$	$	$	$ 61,765.15	$33,983.49	$ 95,748.64
Selkirk Hospital for Mental Diseases	38,676.21	5,092.24	16,042.07	863.30		60,673.82	25,227.63	85,901.45
The Manitoba School, Portage la Prairie	3,648.49				72,614.91	76,263.40	1,479.00	77,742.40
Psychopathic Ward, General Hospital, Winnipeg	10,177.19					10,177.19	2,008.55	12,185.74
	$110,493.44	$8,865.84	$16,042.07	$863.30	$72,614.91	$208,879.56	$62,698.67	$271,578.23

REVENUE ACCOUNT

12 Months' Period ending December 31, 1942.

	Farm Account	Sundry Revenue	Occupational Therapy	Total Revenue
Brandon Hospital for Mental Diseases	$56,058.48	$106.92	$3,880.00	$ 60,045.40
Selkirk Hospital for Mental Diseases	24,308.65	185.16	84.65	24,578.46
The Manitoba School, Portage la Prairie	18,619.45	24.40	588.10	19,231.95
	$98,986.58	$316.48	$4,552.75	$103,855.81

Total Revenue received on Maintenance Account	$271,578.23
Total Revenue received on Farm Account	98,986.58
Total Revenue received on Sundry Revenue	316.48
Total Revenue received on Occupational Therapy	4,552.75
Total Revenue received on Refunds to Appropriation	2,477.84
Grand Total	$377,911.88

Farms Manager

Dr. 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, for the calendar year ending December 31st, 1942, on the Department of Health and Public Welfare farms under my management.

The farms are operated as departments of the Hospital for Mental Diseases, Brandon; Hospital for Mental Diseases, Selkirk; and the Manitoba School for Mentally Defective Persons, Portage la Prairie. They have continued to provide occupational labor for patients; certain foodstuffs such as milk, pork, vegetables and part of the beef, veal and eggs used in the Institutions, and have also distributed a number of Holstein-Friesian cattle and Yorkshire hogs to farmer producers and on the market.

The total revenue from the farms, for the calendar year, was $79,380.21, an increase of $11,204.28 over the preceding year. Part of this increase, amounting to $3,509.63, was revenue from the South Farm, Portage la Prairie, (previously known as the Manitoba Home for Boys) and was for the period May 1st to December 31st. Prior to May 1st, 1942 this farm was operated under the Department of Education, as a department of the "Manitoba Home for Boys". The "Home for Boys" is now situated at Carman so the operating of the "South Farm" was transferred to the Department of Health and Public Welfare and is now operated as a branch of the Manitoba School for Mentally Defective Persons, Portage la Prairie. The revenue of the "South Farm" from January 1st, 1942 to April 30th, 1942, the period prior to its being taken over by the "Manitoba School", was $5,325.73. This amount is not included in the above total.

STATEMENT OF OPERATIONS—January 1st to December 31st, 1942.

Revenue—

	Brandon	Selkirk	Portage	TOTAL
Value of produce supplied to the Instiutions	$28,415.41	$15,708.25	$13,004.61	
Sales of animals, produce etc.	7,362.68	9,005.65	2,373.98	
South Farm— 8 months' period only			3,509.63	
	$35,778.09	$24,713.90	$18,888.22	$79,380.21
Expenses—				
Salaries—(farm)	$11,503.86	$10,960.00	$ 8,357.64	
Operating expenses	15,759.81	6,024.82	6,759.42	
	$27,263.67	$16,984.82	$15,117.06	59,365.55
Total Operating Surplus				$20,014.66

TOTAL INVENTORY—As at December 31st, 1942.

(Not including Buildings or Land)

	Brandon	Selkirk	Portage	TOTAL
Vegetables, Grain and Fodder, Livestock, Machinery, etc.	$40,327.80	$30,062.61	$24,369.72 (North Farm) 13,049.71 (South Farm)	
			$37,419.43	
				$107,809.84

TOTAL FARM ACREAGES

	Brandon	Selkirk	Portage	ACREAGE TOTAL
			492 (South Farm)	
Total land cultivated in 1942	1,429	800	733 (North Farm) 1,225	3,454 acres
Land taken over by Military Authorities (approx.)	.....	.....	40 (South Farm)	40 acres
Hospital Grounds, farm yards, bush, roads, etc.	165	461	25 (South Farm) 44 (North Farm)	695 acres
			777 (North Farm)	
TOTAL LAND HELD—			557 (South Farm)	
December 31, 1942	1,594	1,261	1,334	4,189 acres

The total cultivated acreage, exclusive of grounds and gardens, was used to produce cereal, hay, silage and pasture crops for livestock feed. Several lots of seed oats and barley were sold to farmers. A shipment of 450 bushels of Registered O.A.C. Barley was shipped to Ontario. The restrictions on deliveries of commercial grain to elevators prevented the sale of surplus grain. The inventories show larger stocks of grain on hand than in former years, and as much as possible of this grain will be fed to livestock.

The transfer of the land, comprising 577 acres, to the Manitoba School for Mentally Defective Persons, (now known as the "South Farm"), was made on May 1st. This is an exceptionally good block of land and will, under normal growing seasons, produce surplus livestock and grain for sale.

The 310 acres purchased at Brandon in May, 1941 produced over 100 tons of hay and pastured around ninety head of cows and heifers during the summer months. There has been no cultural work done on this farm as yet.

FIELD CROPS

The growing season of 1942 was most suitable for crop production. Large crops of grain, hay, vegetables were produced. The harvest was delayed due to wet weather and several nights of heavy frost during the third week in September caused loss to certain crops, particularly potatoes. A large percentage of tubers were frosted

and left in the field. There was an abnormal shrinkage of this crop after being put into storage.

Grain and Fodder Crops Produced were as follows:—

	Brandon	Selkirk	Portage	Total Produced
Oats—bus.	12,300	8,594	14,768	35,662
Barley—bus.	.....	2,527	15,546	16,073
Corn & Sorghum (silage) ton	420	98	125	643
Oat Sheaves—ton	10	30	61	101
Hay—ton	315	332	137	784
Roots—lbs.	.....	90,000	.....	90,000
Clover Seed—lbs.	.....	3,040	.....	3,040
Sugar Beets	.....	.....	21,000	21,000
Field Peas—bus.	.....	25	.....	25
Wheat—bus.	.....	.....	2,605	2,605
Returns from SALE OF GRAIN	$	$331.95	$1,586.14	$1,918.09

Vegetables Supplied to the Institutions were as follows:—

	Brandon	Selkirk	Portage	TOTALS
	$4,434.55	$2,834.57	$2,255.71	$9,524.83
Returns from SALE OF VEGETABLES	.....	1,441.17	506.86	1,948.03
				$11,472.86

Low grade and undersized vegetables, namely potatoes, carrots, parsnips, beets, turnips, cabbage and cabbage leaves, etcetera, are fed to the live stock.

GROUNDS

The growth of shrubs, fruit trees and lawns was luxurious due to heavy rainfall. The planting and transplanting of shrubs was continued. The fruit trees planted a few years ago yielded a large amount of good quality fruit.

LIVE STOCK

Cattle—The herds of Holstein Friesian cattle are maintained at each Institution to produce milk and cream for Institutional use. The natural increase in the herds made it necessary to reduce them by private and public auction sales. An arrangement was entered into with the Manitoba Dairy Cattle Breeders' Association to hold a joint sale at the Union Stock Yards, St. Boniface, in September. Forty head of cows, heifers, heifer calves and four young bulls were sold from the Brandon Hospital for Mental Diseases, and the Selkirk Hospital for Mental Diseases herds, for a total of $4,924.80. Total receipts for cattle from both private and auction sales were $10,665.85.

Nine head of purebred heifers were purchased at the Alberta Cattle Breeders' Sale in October. Two young herd bulls were brought in from the Colony Farm, Essondale, B.C., to replace herd bulls that had been sold.

The total milk production at the three Institutions was 2,226,586.2 lbs., an increase of 76,240.0 lbs., over 1941. Of the total amount produced 1,955,553.2 lbs. were used in the Institutions and 271,033.0 lbs. fed to live stock.

The policy of purchasing feeder cattle for the Manitoba School for Mentally Defective Persons was continued. These cattle were fed on pasture and grain and slaughtered for use during the fall and winter months.

The total number of cattle on hand, as at December 31st, 1942, was 494 head, an increase of four over the previous year.

Produce supplied to the Institutions was as follows—

	Brandon	Selkirk	Portage	TOTAL Amount	TOTAL Value
Milk and Cream	1,044,465.	565,962.2	345,126.	1,955,553.2	$34,378.91
Beef, Veal, Liver	5,819.	115.	20,985	26,919	3,351.25
					$37,730.16
Returns from **Sales of Cattle and Hides:**			343.52 (S. Farm)		
	6,225.92	3,759.32	570.74 (N. Farm)		10,899.50
					$48,629.66

INVENTORY

Cattle on hand, December 31st, 1942:

	Brandon	Selkirk	Portage	TOTAL Amount	TOTAL Value
Number of head	253	120	121	494	
Total value	$20,310.00	$10,835.00	$5,865.00 (N. Farm) 2,125.00 (S. Farm)		$39,135.00

Hogs—Yorkshire hogs are kept at the farms to produce fresh and cured pork, and pork products, for institutional use. Surplus hogs are sold for breeding purposes and on the market. A total of 286 surplus hogs were marketed.

Pork supplied to Institutions, as follows—

	Brandon	Selkirk	Portage	TOTAL Amount	TOTAL Value
Pork—lbs.	40,477	18,995	15,568	75,040	$ 9,316.71
Returns from **Sales of Hogs**	$1,116.76	3,313.09	416.74 (N. Farm) 2,459.61 (S. Farm)		7,306.20
					$16,622.91

INVENTORY

Hogs on hand — December 31st, 1942:

			140 (N. Farm)		
	240	162	132 (S. Farm)	674 hogs	
Number head			2,403.00 (N. Farm)		
Total value	$4,465.00	3,564.00	2,540.00 (S. Farm)		$12,972.00

Horses—Horses are maintained at each Institution for farm and Institutional use —

	Brandon	Selkirk	Portage	Amount	TOTAL Value
Returns from Sale of Horses	.....	16.00	.....	2	$ 16.00

INVENTORY

Horses on hand, December 31st, 1942:

Number on hand	29	20	13 (N. Farm) 70 8 (S. Farm)	
Total value	$1,555.00	1,000.00	1,025.00 (N. Farm) 480.00 (S. Farm)	$4,060.00

Poultry—A laying flock is maintained, as in previous years, at the Hospital for Mental Diseases, Selkirk only, there being no accommodation for poultry at the other Institutions.

The practice of purchasing partially grown pullets during the summer was continued.

Eggs supplied to the Institution, were as follows:

	Brandon	Selkirk	Portage	Amount	TOTAL Value
Eggs—dozen	.....	2,780	.....	2,780	$ 556.06
Returns from Sale of Poultry	.....	191 hens	.....	191	144.12
					$700.18

INVENTORY

Poultry on hand — December 31, 1942:

Number of Head and value	229	.....	229	$171.75

MACHINERY

The farm machinery is maintained in good repair. New machines are purchased for replacement purposes, in order to keep the standard on an equitable basis from year to year. Good use could be made of a small tractor at Selkirk.

Returns from	Brandon	Selkirk	Portage	Value
Sale of Machinery	$ 20.00	.....	.....	$20.00

INVENTORY

Machinery on hand—December 31st, 1942:

	Brandon	Selkirk	Portage	Value
Total value	$5,964.50	5,993.00	5,489.70 (N. Farm) 2,303.50 (S. Farm)	$19,750.70

BUILDINGS

There was very little repair work or painting done on the farm buildings in 1942. The Horse Barn, Piggery and Implement Shed at Selkirk Hospital for Mental Diseases, and the Barns and Granary at the Manitoba School for Mentally Defective Persons, and the Piggery and surrounding Colony Houses at Brandon Hospital for Mental Diseases, should be painted without delay.

STAFF

There were several changes in the farm staffs due to enlistments in His Majesty's Forces. The replacements secured to fill the positions vacated by the men have for the most part been satisfactory. The farm staffs had a busy year and all co-operated and took an interest in their work. I appreciate this attitude on the part of the staff. I wish to express my appreciation to the Administrative personnel at each Institution, and to you, Sir, and the Minister, for the interest taken in matters pertaining to the farms.

Respectfully submitted.

J. E. CRAWFORD, B. Sc. A.

Farms Manager.

Division of Vital Statistics

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 the Preliminary statistical report of the Division of Vital Statistics for the year 1942.

The number of live births registered as occurring in 1942 was 15,719, of marriages 8,383, of deaths 6,398, and of stillbirths 356. Assuming a population of 729,744, these figures give an annual rate of 21.5 births, 11.5 marriages and 8.8 deaths per thousand population. The birth rate was the highest since 1928; the marriage rate and the death rate are the same as 1941.

TABLE I.

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

Manitoba, 1941 and 1942.

		1942		*1941	
		Number	Rate	Number	Rate
Live births—	White	15,058	21.0	13,931	19.5
	Indian	661	46.6	881	62.2
	All	15,719	21.5	14,812	20.5
Marriages—	White	8,282	11.6	8,198	11.6
	Indian (on Reserves)	101	7.1	107	7.5
	All	8,383	11.5	8,305	11.5
Deaths—	White	6,019	8.4	6,507	8.6
	Indian	379	26.7	438	30.9
	All	6,398	8.8	6,495	9.0

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

Registration of birth has been used primarily as a means of personal identification, i.e., a legal record to establish the fact of birth. A birth certificate determines among other things, a citizen's right to attend school, to secure industrial and other employment, to hold public office, to receive pensions and to establish elegibility for military duty. These refer to the "legal aspects" of birth registration which establish the date and place of birth and the parentage.

From the statistical aspect, birth data are of interest mainly in ascertaining the quantitative measurement of population growth. An excess of births over deaths for any period measures the "National increase" in a Community.

Deaths, in so far as completeness of registration is concerned, have very few defects. Failure to register is at a minimum.

The facts of death of an individual are provided from two distinct sources:—

(a) Personal particulars by the immediate family, and

(b) The nature of dying (Medical Certificate) by the last attending physician or the coroner.

TABLE II.

DEATHS IN MANITOBA BY AGE, SEX AND RACE

(The total at each age compared with that of 1941)

	White		Indian		All	
	M.	F.	M.	F.	1942	1941 D.B.S.
Under 1	366	310	74	47	797	788
1 - 4	63	51	25	22	161	150
5 - 14	59	39	33	17	148	168
15 - 24	137	61	25	29	252	281
25 - 44	272	252	21	20	565	581
45 - 64	951	600	12	11	1,574	1,685
65 - 79	1,121	788	21	10	1,940	1,865
80 and over	491	457	4	8	960	976
Not stated	1	.....	.....	.....	1	1
	3,461	2,558	215	164	6,398	6,495

DEATHS FROM CERTAIN CAUSES

In the table of deaths from certain causes, diseases of the heart ranked first. Cancer was the second ranking cause of death in 1942. "Cancer" is a general term used to designate all malignant growths, and includes carcinoma and sarcoma. It must be remembered, however, that cancer is primarily a disease of adult life, although it is found as the cause of death in the first ten years of life. The advancing age of the population is no doubt bound to increase the death rates from cancer.

Accidents ranked third, cerebral haemorrhage and thrombosis, fourth, and pneumonia, fifth, among certain causes of death.

Tuberculosis in all its forms ranked sixth. Pulmonary infection claims by far the highest percentage of tuberculosis deaths each year.

Nephritis in all its forms ranked seventh among certain causes of death, arteriosclerosis, eighth and premature birth ranked ninth and diabetes mellitus, tenth.

TABLE III.

DEATHS FROM CERTAIN CAUSES

With deaths per 100,000 population, Manitoba, 1942.

Whites and Indians with rates of previous years.

	Whites, inc. H.B., 1942		Indians 1942		Provincial Rates		
Cause	No.	Rate	No.	Rate	1936-40	1941	1942
Influenza	65	9.1	13	91.8	28.4	14.7	10.8
Tuberculosis	188	26.3	145	1,035.7	53.6	45.5	45.7

Cause	Whites, inc. H.B., 1942 No.	Whites, inc. H.B., 1942 Rate	Indians 1942 No.	Indians 1942 Rate	Provincial Rates 1936-40	Provincial Rates 1941	Provincial Rates 1942
Syphilis	74	10.4	3	21.2	5.1	7.9	10.6
Other infectious diseases	96	13.5	10	70.6	24.2	25.3	14.7
Cancer	866	121.1	8	57.1	109.5	119.5	119.9
Rheumatism	27	3.8	1	7.1	5.4	6.4	3.9
Diabetes mellitus	113	15.9	....	.....	11.9	15.8	15.6
Thyroid disease	23	3.2	....	.....	3.7	3.0	3.2
Pernicious anaemia	15	2.1	....	.....	5.1	4.0	2.1
Cerebral haem. and thrombosis	527	74.4	2	14.1	12.9	69.5	73.2
Psychosis	13	1.8	1	7.1	4.5	2.4	1.9
Heart Disease	1,554	219.4	9	63.5	140.7	203.2	216.3
Arteriosclerosis	189	26.7	1	7.1	62.6	23.1	26.3
High blood pressure	8	1.1	....	....	15.7	1.5	1.1
Pneumonia	286	40.4	70	494.1	57.2	46.3	49.3
Bronchitis and Asthma	58	8.2	4	28.2	8.3	8.3	8.6
Gastric and duodenal ulcer	53	7.5	....	....	6.8	6.1	7.3
Diarrhoea and enteritis (under two years)	62	8.7	14	98.8	14.5	11.9	10.5
Appendicitis	36	5.1	3	21.2	9.6	6.6	5.4
Hernia and intestinal obstruction	53	7.5	2	14.1	9.6	6.5	7.6
Nephritis	205	28.9	1	7.1	30.4	36.8	28.5
Prostatic Disease	49	6.9	....	....	11.1	9.6	6.8
Maternal Causes	33	4.6	6	42.3	7.4	6.4	5.4
Premature Birth	148	20.9	4	28.2	26.9	22.7	21.0
Old Age	72	10.2	5	35.3	11.8	12.2	10.6
Suicide	60	8.5	....	.....	10.9	9.0	8.3
Homicide	9	1.3	....	.....	1.2	1.1	1.2
Accident	400	56.5	13	91.8	46.5	57.5	57.2
All Causes	6,019	849.8	379	2,675.2	851.5	899.6	885.7
Premature birth, deaths per 1,000 live births					14.3	11.1	9.7
Maternal Causes, deaths per 1,000 live births					4.0	3.1	2.5

INFANT MORTALITY

Infant Mortality in the public health sense means the death of children under one year of age. The ratio commonly expressed is that of the number of deaths under one year to every 1,000 live births occurring in a community and during any period under review.

Among the most important focal points in the Infant Mortality reduction program are concentration upon:—

(1) the preventable diseases;

(2) the prenatal care of mothers;

(3) an improvement in infant feeding and infant care;

(4) an extension of hospital and clinical care;

(5) better housing;

(6) isolation for infantile diarrhoea, the acute respiratory infections and the communicable diseases, and

(7) the extension of public health nursing.

However, a most encouraging general decrease is observed from year to year.

For purposes of statistical analysis, stillbirths are not included with live births and, therefore, do not enter in the calculations of "Infant Mortality".

TABLE IV

DEATHS OF CHILDREN UNDER ONE YEAR OF AGE

By Cause and Age — Manitoba, 1942.

Whites:	Under 15 Days	15 Days to 1 Month	1 Month to 1 Year	Under one Year
Bronchitis, pneumonia and influenza	13	14	108	135
Diarrhoea and enteritis	5	7	45	57
*Other communicable diseases	2	2	32	36
Congenital heart disease	22	5	6	33
Other congenital malformations	23	7	20	50
Congenital debility	17	1	5	23
Premature birth	132	11	5	148
Injury at birth	61	3	2	66
Other diseases	52	11	47	110
Accident (two homicide incl.)	5	----	13	18
	332	61	283	676

*Including otitis media.

Indians:				
Bronchitis, pneumonia and influenza	5	3	44	52
Diarrhoea and enteritis	----	----	11	11
Other communicable diseases	----	----	15	15
Congenital Debility	1	2	2	5
Premature birth	4	----	----	4
Injury at birth	7	----	----	7
Other diseases	13	3	10	26
Accident	----	----	1	1
	30	8	83	121
All	362	69	366	797

MATERNAL MORTALITY

Deaths during the pregnancy period are accidental in character, being due to infections, injuries or some abnormal condition in the mother. Maternal wastage is usually measured by the ratio of deaths from puerperal causes to every 1,000 children born alive each year. The Maternal death rate in Manitoba for the year 1942 is 2.5, the lowest rate we have had to date.

TABLE V.

CAUSES OF MATERNAL DEATHS

Manitoba — 1940, 1941 and 1942.

	1940	1941	1942		
	All	All	White and H. B.	Indian	All
Abortion	11	8	7	....	7
Haemorrhage	7	12	6	....	6
Infection	13	7	5	5	10
Toxaemia	14	10	11	....	11
Other	6	9	4	1	5
	51	46	33	6	39
Number per 1,000 births	3.4	3.1	2.2	9.1	2.5

TABLE VI.

DEATHS DUE TO CANCER — SHOWING MAIN SITES

Manitoba — 1942.

Site	Under 45	45-64	65 and over	M.	F.	All
Stomach	6	83	124	131	82	213
Rectum	2	21	25	31	17	48
Other parts digestive tract	13	82	111	114	92	206
Respiratory system	3	35	22	44	16	60
Female genital system	3	15	10	.....	28	28
Male genital organs	2	4	34	40	....	40
Breast	15	44	18	2	75	77
Other	33	90	79	89	113	202
	77	374	423	451	423	874

TABLE VII.

DEATHS FROM TUBERCULOSIS

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

Manitoba — 1942.

	Under 24		25 - 46		65 and over		
Whites:	M.	F.	M.	F.	M.	F.	All
Respiratory	6	15	54	47	14	6	142
Other	9	8	4	7	2	2	32
Half-Breeds:							
Respiratory	5	2	1	1	....	1	10
Other	1	2	1	....	....	....	4
Indians:							
Respiratory	33	36	18	13	7	3	110
Other	24	7	1	2	1	....	35
	78	70	79	70	24	12	333

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,

L. E. STEWART, R.N.

Acting Recorder, Division of Statistics.

PROVINCIAL RATES — 1942 (Preliminary)

	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Canada
Live births per 1,000 population	22.7	26.6	27.9	28.6	20.8	21.7	20.4	23.0	20.7	23.8
Deaths per 1,000 population	10.2	10.9	11.6	10.1	10.4	8.8	6.9	7.7	10.9	9.9
Marriages per 1,000 population	8.3	12.0	10.9	10.2	12.1	11.6	8.1	11.5	13.4	11.2
Deaths of children under 1 year per 1,000 L.B.	49.6	57.0	77.2	69.7	40.1	51.5	43.0	38.4	35.4	53.6
Deaths of children under 1 mon. per 1,000 L.B.	23.4	25.2	32.2	34.6	24.6	27.7	22.7	21.5	20.1	28.1
Maternal deaths per 1,000 L. B.	4.2	2.6	4.5	3.2	2.6	2.5	3.2	2.4	2.4	2.9
Illegitimate live births per 100 L. B.	4.5	6.7	3.7	3.1	4.8	3.6	3.1	4.2	4.4	4.0
Stillbirths per 100 total births	2.7	2.7	2.4	3.0	2.7	2.3	2.0	1.8	1.8	2.6

Provincial Bacteriological Laboratory

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

Sir:

Herewith I beg to submit a summarized report of the work carried out during the period from January 1st 1942 to December 31st 1942 at the Provincial Bacteriological Laboratory:

				Number
Bacteriological examinations of water and ice for drinking purposes: bacterial count; cultures for coliform organisms, etc. Number of specimens				3,488
Cultures			8,100	
Examinations of milk for fat content, total solids, number of bacteria per c.c., lactose, coliform tests, etc. Number of specimens				803
Cultures			1,500	
Butterfat			825	
Phosphatase			520	
Examinations of swabs from patients and contacts for the presence of the diphtheria bacillus				2,661
Positive	132	Negative	2529	
Examinations of swabs for hemolytic streptococci (scarlet fever) and typing, grouping and precipitin test				131
Examinations, by culture, for meningococci				153
Wassermann tests for syphilis. Blood and cerebrospinal fluid specimens. Number of specimens				54,860
Positive	2,009	Negative	52,851	
Examinations of pus for gonococci				1,367
Positive	99	Negative	1,268	
Cultures for gonococci				315
Positive	61	Negative	254	
Examinations, microscopic and culture, of sputum for tubercle bacilli				142
Positive	6	Negative	136	
Examinations, microscopic and culture, of urine and exudates for tubercle bacilli				96
Positive	8	Negative	88	
Agglutination tests "H" and "O" for typhoid fever				162
Agglutination	38	Negative	124	
Agglutination tests for paratyphoid A and B fever				268
Agglutination	15	Negative	253	
Agglutination tests for Brucella abortus and Brucella melitensis — Undulant fever and Malta fever				132
Agglutination	8	Negative	124	
Cultures for typhoid of feces, urine, etc.				350
Positive	54	Negative	296	
Cultures			2,352	

	Number
Cultures for paratyphoid, dysentery, etc.	108
Positive 36 Negative 72	
Cultures 670	
Examinations of cerebrospinal fluid for mastic and globulin tests and cell counts	164
Examinations of cerebrospinal fluid for meningococci. Smears and cultures	14
Typing for pneumococci	25
Special examinations for ringworm, anthrax, glanders, rabies, tularemia, amebae, blastomycosis, etc.	223
Examinations for Vincent's Disease	65
Agglutination test for heterophile antibody content of blood for mononucleosis	26
Positive 7 Negative 19	
Examinations of urine for gonococci, etc.	110
Blood cultures and special examinations of blood specimens	49
Examinations of specimens of tissue for cancer, etc.	179
Sections cut 537	
Special examinations, transudates, and exudates, gastric contents, pleural fluids, etc.	210
Virulence and special animal tests	168

The bacteriological laboratory carries out the major part of the bacteriological work required by the Armed Forces in this district.

At present the laboratories are confronted with a real difficulty, that of retaining and that of obtaining qualified personnel.

Appended, are the reports on the Public Health Bacteriological work carried out at Brandon Hospital for Mental Diseases and the Manitoba School for Mentally Defective Persons, Portage la Prairie.

Respectfully submitted,

FRED CADHAM, M.D.

Director of Laboratory

Brandon Hospital for Mental Diseases

Dr. F. Cadham,
Provincial Bacteriologist,
Manitoba Medical College,
Winnipeg, Man.

Dear Doctor Cadham:

I beg to submit the following report which is the total amount of work done by our Laboratory at the Brandon Hospital for Mental Diseases for the Active Forces and for the Brandon and District Public Health Department for the period from January 1, 1942 to December 31, 1942, inclusive.

Milk Samples	510
Cultures	2,038
Phosphatase Est.	237
Butter Fat Est.	217
Water Samples	623
Cultures	2,003
Ice Samples	15
Cultures	181
Sewage Samples	10
Cultures	66
Chemical Tests	6
Nose and Throat swabs and smears	887
Cultures	1,525
Miscellaneous Smears	33
Cultures	46
Urogenital Smears	317
Cultures	330
Oxydase Reactions	330
Blood for Culture, specs.	28
Cultures	114
Urine, specimens	30
Cultures	45
Faeces, specimens	19
Cultures	105
Faeces examined for blood, specimens	2
Chemical tests	2
Microscopic examinations	2
Examined for parasites	2
Blood Chemistry estimations	73
Blood Urea Nitrogen	24
Blood Sugar Estimations	22
Glucose Tolerance tests	1
Phosphorus estimation	1
Calcium estimation	1
Icterus Indices	11
Non-protein Nitrogen	1
Sulfa Drug estimations	12

Bleeding Time	1	
Clot Retraction Time	2	
Red Cell Fragility Test	1	
Erythrocyte Sedimentation Rate	1	
Wassermann Reaction, blood	266	
Kahn Reaction, blood	145	
Kline Reaction, blood,	263	
Wassermann Reaction, C.S.F.	6	
Kahn Reaction, C.S.F.	14	
Kline Reaction, C.S.F.	16	
Cell Counts	46	
Globulin estimations	47	
Takata Ara Reactions	16	
Colloidal Gold reactions	19	
Cultures	37	
Smears	50	
Complement Fixation reactions for G. C.	12	
Dark Field exam. for S. Pallida	24	
Fontana Silver stain for S. Pallida	12	
Blood Counts	4	including
R. B. C. counts	2	
W. B. C. counts	1	
Haemoglobin estimations	2	
Color Index	2	
Differential counts	3	
Platelet counts	1	
Urinalyses, specimens	15	
Chemical Tests	83	
Tests for Albumin	14	
Tests for Sugar	14	
Tests for Acetone	1	
Tests for Diacetic acid	1	
Tests for Bile	3	
Quantatative Sugar	4	
Urobilenogen	1	
Sulfa Drugs est.	1	
P. H. reaction	14	
Specific Gravity	14	
Microscopic examinations	16	
Pleural Fluid examinations, specimens	11	
Cultures	82	
Chemical Tests	10	
Direct Smears	12	
Sputa typed for Pneumococci	1	
Sputa Typings	10	
Sputa for T. B., specimens	126	
Smears stained and examined	564	
Cultures for T. B.	14	
Basal Metabolism estimations	8	
Blood matched and grouped for transfusions	16	
Macroscopic Agglutinations	232	including
Typhoid	46	
Para A	43	

Para B	46	
B. Melitensis (Human)	48	
B. Abortus (Bovine)	49	
Microscopic Agglutinations	4	including
Typhoid	1	
Para A.	1	
Para B.	1	
B. Melitensis	1	
X-Ray plates taken and developed	2	
Surgicals (Biopsy) Specs.	26	
Tissue blocks embedded	46	
Sections cut	249	
Sections stained	101	
Guinea Pigs inoculated	8	
Guinea Pigs autopsied	11	
Tissue blocks embedded	68	
Sections cut	248	
Sections stained	152	

Yours sincerely,

R. McCULLOCH, M.T.

Senior Technologist,
Brandon Hospital for Mental Diseases.

Manitoba School for Mentally Defective Persons

Dr. Fred T. Cadham,
Provincial Bacteriologist,
Medical College, Bannatyne Ave.,
Winnipeg, Manitoba.

Sir:—

I have the honour of presenting to you the Annual Report of the Laboratory at the Manitoba School for Mentally Defective Persons, Portage la Prairie, for the Calendar Year 1942.

Mr. A. Blackwell, M.T., is still on leave of absence while serving in His Majesty's Forces. His position was temporarily filled by Miss Jeanne Crittenden until August 14, 1942, when she resigned to accept another position. Upon request, and to oblige the institution, Mrs. W. S. Allison occupied the post from August 26th to October 31st, 1942. Since then Miss Grace Crawford has been the temporary technician.

The number of general laboratory procedures such as gastric analyses, blood examinations, urine examinations etc. shows a decrease as compared with 1941. This, I think, is due largely to the fact that there was an incomplete medical staff for part of the year 1942, with the result that rapid clinical appraisal of sick patients was necessary, with the minimum time spent on detailed studies. Perhaps there should also be considered the technician changes involving re-orientation and some loss of time.

There was not the necessity for many nose and throat cultures due to comparative freedom from diseases calling for this examination.

The number of Gonorrheal smears shows a sharp decline in 1942, whereas there was an increase in the number of Gonorrheal cultures done in this year. The number of these examinations done depends quite largely on the demands for this service from outside the institution, notably the Portage Provincial Gaol.

As in former years all specimens for Wassermann examinations were sent in to the Provincial Laboratory. All tissues for microscopic examination were sent to the Provincial Laboratory.

This institution continues to give laboratory service within its scope to the outside profession, including the Armed Services.

During the year six post mortem examinations were done. A detailed statement of the procedures done is shown below.

Blood Examinations

Complete Blood Counts	205
White Cell and Differential	18
Red Cell and Hemoglobin	1
Bleeding and Clotting Time	1
Platelet Counts	1
Reticulocyte Count	1
Cell Sedimentation Rates	65

Urine Examinations

Routine Urinalysis	327
24-hour specimens	1
Urinalysis re T.B.	2
Urinalysis re Urobilin	1
Urinalysis for Quantitative Albumin	1

Blood Chemistry

Blood Urea Nitrogen	1
Blood Sugar	20
Blood Sulfathiazole	3
Icterus Index	1

Faeces Examinations

Occult Blood	16
Foreign Bodies	1

Smears

Urethral and Cervical	581
Sputum	20
Throat	6
Pus from Sores etc.	11
Eyes	1

Gastric Analysis

Fractional	7
Exam. of contents re T.B.	5

Cultures

Blood	1
Nose and Throat	21
Milk	14
Eyes	1
Gonococci—Urethral & Cervical	322
Cerebrospinal Fluids	3

Body Fluids

G. S. Fluids	20

Miscellaneous

Swabs for Trichomonas	2
Post Mortems	6

As at January 1, 1942 there remained in stock from the previous year 8 vials of antipoliomyelitis serum. Of this old stock one vial was issued in 1942, and the remaining vials were returned to the Provincial Laboratory. There were received during the year 8 vials of fresh serum. Of this number 6 vials were issued, leaving in stock as at Dec. 31, 1942, two vials of new serum.

I desire to express our appreciation for courtesies and assistance extended to this institution by the Provincial Laboratory and by yourself.

Yours very truly,

M. E. BRISTOW, M.D.

Acting Medical Superintendent.

Division of Health Education

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 of the Division of Health and Welfare Education for the year 1942.

During the past year it has been decided to adopt the name Division of Health and Welfare Education, in place of Division of Health Education, which had been the name of this division hitherto. This was done in accordance with a suggestion made by Dr. Carl Buck in his survey of Manitoba health conditions, carried on under the auspices of the American Public Health Association in 1941, when he emphasized the need for broadening the scope of the educational division of the Department. The Library has been included in the Division of Health and Welfare Education and is known as the Health and Welfare Library.

A further suggestion made in the survey directed by Dr. Buck to the effect that a council of health and welfare education be set up, has been carried out. Members of this Council are representatives from various organizations inciuding:

Department of Health and Public Welfare
City of Winnipeg Health Department
City of St. Boniface Health Department
Sanatorium Board of Manitoba
Manitoba Association of Registered Nurses
Two voluntary health agencies
Manitoba Nutrition Committee
Department of Education
Manitoba Trustees' Association
Manitoba Home Economics Association
Children's Aid Societies of Rural Manitoba
Council of Social Agencies of Greater Winnipeg
Union of Manitoba Municipalities
Women's Institutes
Board of Trade
Canadian Legion
Canadian Weekly Newspapers Association

Although the formation of this Council is still in its early stages, and no report of its functions is available at the present time, it might be stated that a chairman and secretary have been chosen and three sub-committees set up — press publicity. radio publicity and a study committee. These committees will be commencing various projects in the near future and will be in a position to report progress.

In March, 1942, another committee was set up, as the result of a proposal made by the Department of Pensions and National Health through its Nutrition Services. This committee is known as the Manitoba Nutrition Committee and is made up of

ten members drawn from professional, voluntary and lay organizations interested in the field of nutrition. Organizations represented are:

Department of Health and Public Welfare
Manitoba Federation of Agriculture
Manitoba Association of Registered Nurses
Manitoba Medical Association
Department of Education
Women's Institutes
Manitoba Dairy Association
Manitoba Home Economics Association
Central Council of Social Agencies
Faculty of Home Economics.

This Committee, co-operating with a business committee, known as the Manitoba Nutrition Publicity Committee, will start an intensive campaign in the field of nutrition, early in the New Year.

In March, 1942, the Minister of the Department of Health and Public Welfare asked the municipalities to co-operate in a scheme under which high school students would receive a medical examination. This group was chosen because they represent the people who will be contributing to essential War Programmes in the course of the next year or two. They are the people who will be going into the armed services or into essential industry and who necessarily must be physically fit. The municipality was asked to pay for the doctors' services and the Department of Health and Public Welfare supplied public health nurses to assist in the examination. The Department also did all the tabulating of results and returned to the doctors all cards of the students who were examined as well as a letter to be signed by the doctor and sent to the parents regarding the correction of defects. Cards belonging to students who were examined under this plan are still coming in and the following report is based on 2,221 examinations only.

Number of incorporated towns or villages co-operating in the plan	21
Number of municipalities co-operating in the plan	36
Number of doctors co-operating in the plan	55
Total number of students examined	3,450

Report based on 2,221 examinations

Number of Defects	
Students with 0 defects	24.3%
Students with 1 defect	34.9%
Students with 2 defects	26.0%
Students with 3 defects	11.3%
Students with more than 3 defects	3.5%
	100.00

Classification of Students	
A	71%
B	22%
C	4%
D	3%

The number of defects corrected is not known, of course, but some municipalities have organized dental clinics and have made arrangements to have visual defects corrected.

The policy of carrying on physical examinations of students in Normal School, at the Faculty of Education in the University of Manitoba and the Department of Education's summer Camp at Gimli, Manitoba has been continued. A group of students

who attended Normal School for a short course during the summer were also examined. The physical examination included Schick, Wassermann and tuberculin tests, with those showing a positive tuberculin reaction having X-ray plates taken at the Central Tuberculosis Clinic. Vaccination against smallpox was done on all students not having a previous successful "take" as well as on those whose last vaccination was done more than five years previously. Positive reactors to the Schick test were given three doses of toxoid. Haemoglobins and urinalyses are done routinely.

High Bluff Project

A special undertaking in connection with Health Education was started in February, 1942. A group of elementary schools as well as a high school in and surrounding High Bluff were chosen as a unit in which to do some experimental work regarding the health curriculum. The students in these schools were given medical examinations and defects were pointed out to the parents and teachers and an effort was made to build up a health programme. The school itself and its surroundings were carefully inspected and certain recommendations made where necessary, to bring about more healthful conditions. It was realized that a health programme could not be carried on in unhealthy surroundings. The programme was built on the health needs of the children themselves and on the health needs of the school environment. It has been carried on very quietly but with a certain amount of success.

A summary of the results of the examinations follows:

Number Examined		Average Age	
Boys	44	Boys	12.5
Girls	43	Girls	11.2
Total	87		

Total number of defects	90
Students with no defects	30
Students with defects	57

Family Health Course

The Family Health Course, consisting of five lessons on Prevention of Accidents, Disease Prevention, and some simple home remedies, was given again this year under the group leadership method of study. The centres were organized by the Extension Service of the Department of Agriculture at:

Inglis, Rossburn, Angusville, Erickson, McCreary, Plumas, Glenella, Laurier, Ste Rose and Ochre River.

Total number of groups enrolled	59
Total membership	635

Achievement Day Programmes, in the form of open community meetings were held at each centre, to complete the course. These meetings were well attended. An address on Tuberculosis with a showing of films, was given by a member of the Department of Health and an address on Milk Supply was given by a member of the Department of Agriculture at each meeting.

In October, the Family Health Course was again started in eleven centres, namely:

Rathwell, Treherne, Holland, Cypress River, Fannystelle, Haywood, St. Claude, Poplar Point, Oakville, Edrans and Glenora.

Total number of groups	51
Total membership	675

This course will be completed by the first of April.

Radio

Owing to the fact that the Radio Committee of the Manitoba Health and Welfare Education Council had not been able to meet until late in the Fall, the annual Radio Programme is to commence in January, 1943, instead of in October, 1942, as has been the case in previous years.

Films

During the year, the Division has added three films to its library:

"Let's Keep the Killer Down"
"Health is a Victory"
"Sand in the Gears"

We have borrowed eight films from the Division of Visual Education, Department of Education, one from the Central Tuberculosis Clinic, one from the Cancer Relief and Research Institute and three from General Films Limited, Regina.

Our films have been shown to various groups at the Gimli Summer School, Winnipeg Normal School, Schools of Nursing, University of Manitoba, Medical College, Milk Control Board, Army, Airforce and Navy barracks, Red Cross meetings, St. Malo Homemaking School, provincial Health Units. They are used a great deal by Public Health Nurses in rural Manitoba.

Two films in 35 mm. width — "The Proof of the Pudding", provided by the Metropolitan Life Insurance Company and "No Greater Sin" provided by the Health League of Canada, were given to the Cinema Centre for distribution in rural Manitoba. In connection with "No Greater Sin", the Medical Officers of Health, in towns where there were theatres, were asked to advise the managers of the theatres that this would be an excellent film to book. Our Division contacted the theatre managers directly regarding "The Proof of the Pudding", suggesting it as a very good film on the subject of Nutrition.

Newspaper Publicity

A new policy has been adopted by the Department in co-operation with the Manitoba Division of the Canadian Weekly Newspapers Association. Articles prepared by the Department are forwarded to them to be sent in turn to the Weekly Newspapers belonging to the Association. The series is known as "What About Health?" Approximately thirty-five out of sixty-three Newspapers use the article. This programme was begun in September and it is too early as yet to judge the response of the public.

Exhibits

Six exhibits were prepared during 1942 and were shown at:

"Health for Victory" meeting—Winnipeg Auditorium
Teachers' Convention — Royal Alexandra Hotel

Nurses' Convention — Fort Garry Hotel
Portage la Prairie Exhibition
Brandon Exhibition
Manitoba Medical Association Convention

In addition, two window displays were arranged.

Posters

Number of posters and charts sent out	1,310
Number of posters, signs, graphs and other demonstration material prepared	243

Publications

A new pamphlet on Restaurant Sanitation called "Careful Catering" has been prepared by the Department. Five thousand copies have been printed for distribution.

Two new posters — "V for Vaccination" and "In Manitoba, 3 out of 5 High school children are not Physically Fit" — were prepared and one thousand copies were printed of each.

The following publications have been revised and reprinted:

Mumps	10,000
Chickenpox	10,000
Home Care of Communicable Disease	10,000

Health literature obtained from other organizations:

Canadian Tuberculosis Association	5,500	pamphlets
Canadian Welfare Council	12,300	pamphlets
Department of Pensions and National Health	8,050	pamphlets
Metropolitan Life Insurance Company	32,000	pamphlets
Other agencies	600	pamphlets
Total	58,450	
Bulletins mimeographed for distribution	88,439	
Bulletins mimeographed for other divisions of the Department	135,880	
Total	224,319	
Printed literature distributed	79,243	
Total — printed and mimeographed	120,008	

Library

Attached herewith is a report by Miss Wells of the Health and Welfare Library.

Respectfully submitted,

A. MARGUERITE SWAN, M.D.,
Director, Health and Welfare Education.

Health and Welfare Library

A. M. Swan, M.D.,
Director, Bureau of Health and Welfare Education,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Madam:

I have the honour to submit the report of the Department of Health and Public Welfare Library for the year ending December 31, 1942.

In line with the growing demands on all libraries as direct and economical sources of information, there has been a steady increase in the use of the Library and its services by professional and lay workers throughout the province.

Wartime demands upon health and social services have intensified the problem of workers to keep abreast of current trends in these fields. The Library has been an aid in solving this difficulty by affording access to publications which are not readily available elsewhere.

Accessions:

New publications have been added to the Library collection by purchase, donation, and complimentary copies received from publishers, as follows:

Books: purchased	42	
donated and complimentary	67	
		109
Journals: purchased subscriptions	26	
complimentary subscriptions	52	
complete volumes donated	18	
		96
Pamphlets: purchased	202	
donated and complimentary	925	
		1127
Reports:		65
Total		1397

As in previous years, contributions of publications have been made by workers and agencies interested in the extension of library facilities. Among these were the members of the Board of the Margaret Scott Nursing Mission who transferred their collection to the Departmental Library for wider use among workers and students.

Library Service:

Assistance to enquirers and readers has been given in various ways as follows:—

Loans of publications:

Books	1,876	
Pamphlets	3,364	
Journals	3,281	
		8,521
Inter-library loans		128

Many readers have also made use of publications during the period of circulation to individuals, division offices, professional, student, and community study groups, classes, and other libraries. In addition to these loans, references were provided in the Reading Room to 1,026 readers.

Enquiries for information covering a wide range of subjects and questions on human welfare, have been dealt with by telephone, correspondence, and personal calls, or directed to a source for information.

Searches for information have been made as requested to the number of 197.

Reading and study aids in the form of bibliographies, book lists, outlines, and other data were prepared as requested to the number of 64.

The quarterly bulletin, "Library News Notes", has been prepared as a classified guide to the current publications in the library; but its distribution during the past year has been limited to loan copies. In view of the number of requests from workers who have needed this aid as a time saving reference to source materials, it seems advisable to resume this service to the staff when possible, at least to those outside of Winnipeg.

It is of interest to mention that information concerning the reading materials on health and social matters in other Manitoba libraries has been provided to study groups and classes to encourage greater use of available library references on these subjects. Assistance has also been given to professional and community libraries to promote better reading facilities for the study of health and social welfare. Two talks were given on library materials and services, and two book displays were held for teachers and nurses.

In this brief summary, it is significant that library services have increased in the past year, and that accessions have decreased in number. The calls for reading matter have far exceeded the means to meet them. Of these requests, the continuous requirements of the staff for current references, and the need for reading materials in the development of educational plans and to carry on programmes of study which invariably lead to further inquiry and reading — have been the chief concern of the library. In the endeavor to meet these and various other opportunities for promoting reading and study of human needs, there has been ample evidence that the Departmental Library has unlimited possibilities for usefulness in providing access to the whole field of literature on health and public welfare.

In conclusion, grateful acknowledgement is made of the generous contributions of publications from many persons and organizations, and of the assistance by other librarians whose interest and co-operation at all times have been most helpful.

Respectfully submitted,

ANNA E. WELLS

Librarian.

HEALTH

PROVINCIAL BOARD OF HEALTH

REPORT OF MEDICAL DIRECTOR OF HEALTH ON
Environmental Sanitation and Preventive Medical Service

SECTION OF ENVIRONMENTAL SANITATION

Public Health Engineering

Industrial Hygiene
(Special Report on Silicosis Hazard)

Food and Milk Control

SECTION OF PREVENTIVE MEDICAL SERVICE

Disease Control—

- Acute Communicable Diseases
- Central Tuberculosis Registry
- Venereal Diseases
- Venereal Disease Clinics

Maternal and Child Health

Public Health Nursing

SECTION OF PSYCHIATRY AND HOSPITALIZATION

Hospitalization—

- Medical Director
- Care of the Aged and Infirm
- Private Hospitals

Psychiatry—

- Provincial Psychiatrist
- Psychopathic Hospital
- Brandon Hospital for Mental Diseases
- Selkirk Hospital for Mental Diseases
- Manitoba School for Mentally Defective Persons, Portage la Prairie

Provincial Board of Health

The Honourable James McLenaghen, K.C.,
Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:—

We have the honour to submit herewith the Annual Report of the Provincial Board of Health for the calendar year 1942.

The present members of the Provincial Board of Health are as follows:

The Honourable James McLenaghen, K.C.
Dr. E. W. Montgomery, Chairman.
Dr. F. T. Cadham, Provincial Bacteriologist
Dr. M. S. Lougheed
Dr. J. R. Martin
Dr. A. F. Menzies
Mr. E. W. J. Hague
Mr. Frank Simmons
Mr. Percy Beachell
Dr. F. W. Jackson, Deputy Minister
Mr. R. M. Fisher, Secretary.

During the calendar year 1942, three meetings of the Provincial Board of Health were held as follows:—

11th day of March, 1942.
6th day of May, 1942.
10th day of September, 1942.

At the meeting held on the 11th day of March, 1942, Dr. Jackson reported to the Board that the National Foundation for Infantile Paralysis had complied most generously with the request of the Board for assistance in fighting poliomyelitis and encephalitis.

In view of the report of the Executive Officer on whooping cough, the Board suggested that the Department delay for a further period of six months the preparation and distribution of whooping cough vaccine.

The meeting was called primarily for the purpose of considering a programme of research on encephalitis for 1942. Dr. Jackson outlined a proposed plan of research. After lengthy discussion the Board approved the plan for immunization against encephalitis amongst horses in selected areas of the Province. Dr. Donovan reported to the Board on the poliomyelitis outbreak of 1941. Dr. Bruce Chown reported on residual paralysis. Dr. J. D. Adamson presented a summary of a report by himself and Dr. Sara Dubo on "Clinical Study of Poliomyelitis and Encephalitis in Manitoba, 1941." Dr. Cadham also reported on the preparation and distribution of poliomyelitis serum. After a great deal of discussion, the Board, subject to the written approval of the National Public Health Services of the United States Government as to the safety for human immunization of Western Equine Encephalitis Vaccine, approved its use. The Board also requested the Department to gather information on the value of serum for the treatment of encephalitis.

At the meeting held on the 6th of May, 1942, Dr. Jackson reported that he had received a letter from the Acting Chief of the Division of Biologics Control of the United States Public Health Services, confirming the safety of Western Equine Encephalitis Vaccine for human use.

Dr. Jackson then submitted to the Board his report on the activities of the Health Section of the Department of Health and Public Welfare for the year 1941. Certain amendments to the regulations under "The Public Health Act" were approved.

At the meeting held on the 10th day of September, 1942, the report of the Executive Officer submitted to the meeting held on the 6th day of May, 1942, was received and filed. Certain amendments to the regulations under "The Public Health Act" were approved. Dr. Jackson made a verbal report on the research work being carried on in connection with encephalitis and poliomyelitis and the Board approved the continuation of this research work. The Manitoba Medical Association was requested to give in writing to the Board

(a) its opinion of the value of convalescent serum for poliomyelitis.
(b) its recommendation as to the continuation of the production and free distribution of such serum.

All of which is respectfully submitted,

E. W. MONTGOMERY,
Chairman

R. M. FISHER,
Secretary

Report of Medical Director

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

Sir:

Herewith is submitted the annual reports for 1942 covering the Sections of Preventive Medical Services and Environmental Sanitation. A summary of these reports follows:

COMMUNICABLE DISEASES

The total number reported, excluding venereal diseases and cancer, was 14,179, compared with 12,643 during the previous year. This increase was made up largely by measles, mumps, scarlet fever and whooping cough. No unusual disease outbreaks occurred.

Anterior Poliomyelitis. Following the large outbreak of about one thousand cases during 1941 we consider that the report of only 69 cases this year is a very favorable situation and especially as no deaths have been reported.

The arrangement for three weeks' hospitalization paid by the Department was continued, in order to facilitate the investigation and treatment of patients suffering from paralysis. The following is a summary of the patients treated during 1942 under the three weeks' arrangement:

	Number of Patients	Hospital Days	Amount Paid by Department	Cost of Apparatus
Cases that developed in 1942	21	418	$ 726.25	.....
Cases that developed in 1941	69	1,378	2,233.75	$35.45
Cases from former years	6	111	194.25	5.00
Total	96	1,907	$3,154.25	$40.45

Epidemic Encephalitis. There were only 42 cases reported but 17 of these died, a very high death rate. The outbreak of the disease during 1941, which was almost entirely of the Western Equine type, created a new public health problem in this province. An encephalitis research committee was set up. A portion of the programme was to consist of the use of encephalitis vaccine among a selected group in the province in order to evolute, if possible, its efficacy as an immunizing agent. At the same time blood samples were to be obtained from a sample group of individuals to gain some idea of the proportion of the general population who showed evidence of neutralizing antibodies against Equine Encephalitis of the Western type. Arrangements had been made with the Department of Pensions and National Health to have the neutralization tests carried out in their laboratory. The writer was named chairman of sub-committee to look after this portion of the project. At a meeting of this sub-committee held on February 27th the following general recommendations were made:

1. That the vaccine be given to males of twenty-one years and over. The cases in 1941 were predominately in this sex and age group.

2. That blood samples be obtained from the volunteers immediately before the first dose of vaccine and that one and two blood samples be taken after the last dose of vaccine.

3. That the work be done in eleven municipal doctor areas and in four or five other municipalities to be definitely chosen later.

In March, Doctor Bowman visited the majority of the physicians and afterwards wrote to all those who were to co-operate in this project. Eighteen physicians in various parts of the province assisted in the work which was carried on in the following municipalities:

Argyle	Minnedosa	Saskatchewan
Blanshard	Minto	Silver Creek
Clanwilliam	Roblin	South Cypress
Daly	Rockwood	Stanley
Grandview	Rossburn	Strathclair
Harrison		

In May 1942 the work was commenced under the supervision of Doctor C. E. Mather. Approximately 2,940 individuals were given two doses of vaccine one week apart. Immediately before giving the first dose of vaccine a sample of blood was taken from roughly one thousand of these individuals. In about six weeks after the last dose of vaccine a second sample of blood was taken from 212 of those who had given a blood sample previously.

The results of the tests on the thousand pre-vaccination blood samples taken showed about twenty per cent positive. This was a fairly wide sampling of the population and the result would seem to indicate that the virus of Western Equine Encephalitis had at some time infected many more individuals than had been reported sick during 1941. The blood samples taken following the vaccine, when reported on, showed only about fifty per cent positive. This small percentage of "positives" was not expected so arrangements were made to retest 78 of those reported as negative. Twenty-seven per cent of these 78 were now reported as positive.

This work is not completed and no conclusion can be drawn as to whether or not the vaccine used here is an effective immunizing agent. Further testing of blood samples from these volunteers is planned during 1943.

Diphtheria. 265 cases were reported. This is a slight increase over the previous year. This disease still remains too prevalent because there is not enough toxoid given in the pre-school age group. The number of children in this group who were treated this year was greater than previously, but still is not sufficient.

Typhoid and Paratyphoid Fever. 39 cases reported, the lowest number in the history of the province.

Scarlet fever, septic sore throat and erysipelas have all shown a definite increase over the previous year. This increase has been noted generally throughout the continent.

Undulant fever. Eleven cases reported. This is the largest number of cases reported for any single year. Seven cases appeared to have contracted the infection through raw milk, the other four in addition to using raw milk had contact with diseased animals or engaged in butchering. The two deaths reported are the most for any single year.

Whooping cough. There were reported 702 cases with 10 known deaths. More cases this year than last, with the possibility that they will increase even further next year. The free distribution of whooping cough vaccine is being advocated.

Tuberculosis.. New cases of tuberculosis among residents of Manitoba reported to the Registry during 1942 were 658, of these 85 were reported to be Treaty Indians. This is only five less than the previous year.

484 cases reported as active tuberculosis.

401 of these cases admitted to sanatoria.

161 persons, residents of Manitoba, were reported by the Department of National Defence as rejections or discharges from the army. 103 of these have been re-examined and 27 admitted for treatment. Three others considered active are not yet in Sanatorium.

There have been unoccupied beds in the sanatoria throughout the year, yet in spite of this there are more known infectious cases outside of the sanatoria than should be. Many of these patients, for various reasons, such as open refusal to go to hospital, present a problem which cannot be adequately dealt with by our existing regulations.

Venereal Diseases. There were 696 cases of syphilis and 1,257 cases of gonorrhoea reported during 1942. This is an increase over previous years and represents mainly an improvement in the case finding efforts rather than an absolute increase in the incidence of the disease. The increase in reported cases of gonorrhoea was confined entirely to the whole age group below thirty years. Reported cases among persons over thirty years of age were actually less than in 1941. On the other hand the increase of the reported cases of syphilis was distributed fairly evenly among all the age groups.

It may be noted that in the young age group below eighteen years the increase in gonorrhoea and syphilis was seventy-four per cent and sixty-eight per cent respectively over the previous year.

One hundred and fifty-one persons were examined on the Minister's order and seventy-seven or fifty-one per cent were positive for either gonorrhoea or syphilis.

Five hundred and ninety-four individuals were under investigation as contacts or sources of the disease. 401 of these were brought in for examination either by correspondence or through personal interview by the public health nurses working in the division, and 220 were found to be infected with either disease.

The co-operation of the officers in the Armed Forces in the venereal control work continues at a high level.

The number of keidel tubes distributed free by the Department was double that for 1941 because of the larger number supplied to the Air Force for use in obtaining blood samples for routine Wassermann reactions.

PUBLIC HEALTH ENGINEERING

The usual investigations regarding nuisances, water pollution, sewage disposal, communicable diseases, etcetera, were made by the inspectors located at Winnipeg, Brandon and The Pas.

No new municipal water systems or disposal plants were erected this year.

A good deal of work was carried out in collaboration with the officers of the Armed Forces, concerning the water supplies and the disposal systems at army camps and air training centres.

Additional inspectors with headquarters outside of Winnipeg are very desirable to assist the local health officers.

FOOD AND MILK CONTROL

The usual inspections of slaughterhouses and premises of milk shippers, along with pasteurization plants, have been carried out.

It is noted that the demand for fluid milk is increasing, due in part to the increased demands from the Armed Forces. This has naturally increased the work of this bureau. It is of interest to see that the percentage of milk shippers supplying good milk has increased again this year.

The greater demand for pasteurized milk has increased the load of many of the plants and necessitates more than ever close supervision.

The increase in the reported cases of undulant fever may indicate a greater problem here in the near future. Properly pasteurized milk is a definite protection against acquiring the disease through the drinking of milk.

Properly qualified and licensed operators of pasteurization equipment are very desirable in all pasteurization plants.

Toward the end of the year one of our inspectors resigned and there may be some difficulty in obtaining replacement. It may be necessary to take on untrained personnel and train them on the job.

INDUSTRIAL HYGIENE

This bureau was expanded this year to a point where we expect to be able to deal with most of the problems which may arise in the various industrial plants. The expansion involved the addition of a physician and a chemist trained in industrial hygiene. The installation of the necessary laboratory equipment has just been completed.

Industrial hygiene work is especially necessary at the present time because the number of plants doing war work has increased many of the occupational hazards.

Since the work started in August, it is noted that twenty-two consultations have been given in fourteen different industries besides surveys in a number of other plants as to hazards connected with about thirty different chemicals or environmental conditions.

This added contact with industry and physicians doing industrial work has increased the number of the reported occupational diseases. More cases were reported during the last five months of 1942 than the total up to that time.

LOCAL MEDICAL SERVICES

No detailed report on this bureau is presented this year as Doctor Mather, who

will be in charge of this work, was with the Department only about six months when he left in October to continue post-graduate instruction under the sponsorship of the Rockefeller Foundation.

During the year several groups of municipalities were interviewed with the view of establishing full-time rural health units but so far no definite arrangements have been completed.

Improvement in local health services is necessary and to this end a minimum standard of health officer's duties has been set up and accepted by the Manitoba Health Officers Association, the Manitoba Medical Association and the Union of Municipalities. Every effort will be made to put this into operation with the municipalities during 1943. Difficulties will be encountered because of the insufficient number of rural practitioners. Some municipalities now are unable to obtain a physician to act as medical health officer.

PUBLIC HEALTH NURSING

Investigation of maternity homes, child caring homes and institutions and homes for the aged and infirm have continued as usual .

Requests for accommodation for aged and infirm persons have increased considerably. The homes under permit are full almost continually.

There is also an ever increasing demand for boarding homes for children. The employment of women in industry is partly responsible for this situation.

Aside from the generalized public health nursing services, nurses are assigned to special duties as, the teaching of the public health curriculum in the Normal School, giving the lectures on public health at the schools of nursing training in the hospitals, venereal disease control work, industrial hygiene, public health education and with the Department of Indian Affairs at Norway House to assist in a nutritional survey.

Because of the demands for nursing service from municipalities we were forced to withdraw the public health nurses from unorganized territory except at the three nursing stations at Fisher Branch, Grahamdale and Boggy Creek.

In addition to these there are fifteen nurses located in various municipalities. This is an increase of three over 1941. The scarcity of physicians has resulted in several municipalities asking for the establishment of a nursing service. These have not yet been installed. The Red Cross intends to discontinue their three nursing stations so it is anticipated that after April, 1943, the nursing division will need to carry on the work in these districts.

In order to meet these increased demands for public health nurses, at least five additional nurses should be added to the establishment.

Four nurses are on leave taking post-graduate study.

Four nurses are on leave-of-absence in the Armed Forces.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Medical Director of Health.

Public Health Engineering

Dr. C. R. Donovan, M.D., D.P.H.,
Medical Director of Health,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:—

Submitted herewith is a report of the activities of the Bureau of Public Health Engineering of the Section of Environmental Sanitation, for the year ending December 31st, 1942.

GENERAL INSPECTION AND ABATEMENT OF NUISANCES

From the Sanitary Inspectors' monthly reports there is presented in the following tables the approximate number of inspections, re-inspections and investigations made during the year.

General Routine Inspections:

Apartments	50
Auto Trailers	9
Bakeries	37
Bottling Plants	9
Cafes	198
Cemeteries	8
Creameries (Cheese factories)	43
Dairies	242
Disposal of Dead Animals	7
Dwellings	237
Fur Farms	21
Food Stores	181
Hotels	28
Hospitals	19
Institutions	25
Industrial and Construction Camps	74
Laundries	25
Lanes	332
Lodging Houses	42
Poolrooms	35
Piggeries	33
Privies	822
Plumbing and Drainage Systems	243
Storage of Waste	485
Summer Camps	34
Sewage Treatment Plants	77
Stables	304
Stores	53
Schools	43
Slaughterhouses	127
Second-hand Stores	11

Theatres	4
Typhoid Fever investigations	20
Undulant Fever investigations	2
Vacant Lots	111
Waste Disposal Grounds	34
Yards and Areas	709
	4,734

Water Supplies:

Wells	561
Surface Waters (rivers, etc.)	55
Ice	10
Reservoirs	29
Chlorinating appliances	29
Re-inspections	313
	997

Nuisances Abated:

Defective cellars	4
Dirty yards	245
Dirty and insanitary buildings	14
Disposal of dead animals	5
Discharge of sewage into public water supplies	2
Illegal occupation of cellars	1
Improper storage of food	31
Improper storage of milk	5
Improper handling of milk	18
Lanes (nuisances)	184
Improper storage and removal of manure	95
Lack of scavenging service	24
Lack of natural light	17
Lack of ventilation	16
Overcrowding	13
Plumbing defects	29
Privies	221
Stables—dilapidated and insanitary	12
Use of surface water	9
Unsound food	12
Vacant lots (nuisances)	19
Vermin	4
Waste Disposal	208
Waste Disposal Grounds	21
Defective Roof	1
	1,210

Water Supplies:

Wells—defective construction	32
Wells—disinfected, etc.	36
Surface supplies (warnings re pollution)	28
Chlorinating appliances defective	2
	98

Complaints Received:

Re Nuisances	57
Re Condition of water supplies	17
Re Condition of waste disposal	20
	94
Complaints Unfounded	12
Held in Abeyance	27
	39

Notices Served:

Statutory	64
Informal (written)	79
Verbal warnings	883
	1,026

Samples Taken:

Wells	670
Surface Supplies (rivers, etc.)	187
Other Sources	37
Ice	14
Milk	282
	1,190

Communicable Diseases:

Premises fumigated	1

ABATEMENT OF NUISANCE

The number of complaints regarding insanitary conditions was similar to that of the previous year. When action was warranted, the usual procedure in abatement was followed. We still have a large number of requests for attention where the public health is not, or very indirectly, involved. There is a general lack of knowledge as to what really may be constituted a nuisance in so far as public health is concerned. On the other hand, when investigations are necessary, other conditions much more important than the matter complained of are found, and appropriate, corrective measures adopted. Under such circumstances, opportunities are afforded to educate those involved, in the first principles of practical sanitation, a subject on which many people require a good deal of enlightenment.

WATER SUPPLIES

Municipal:

As might be expected during wartime, additional effort and care has been in evidence in the production of clean waters from municipal plants, by those responsible. In addition to the civilian population, several of the Army and Air Force units are supplied with municipal water supplies. In addition to regular sampling by the department, the Medical Officers of the various units also submit samples, for

bacteriological analyses. Results of analyses are submitted regularly, and by this additional sampling, it is possible to immediately investigate any supply which is below standard and adopt measures for correction. Since the construction period of the several air training fields, and the incidental difficulties during construction and early operation, water supplies are now adequately controlled and of satisfactory bacterial quality. There exists close co-operation between Army and Air Force authorities and the department. During 1942 the Federal Government enacted new legislation respecting the quality of waters supplied to the armed forces and war industry, and while the bacteriological standard set was quite stringent, the mere fact that the authorities at Ottawa took such action had a beneficial effect. During September, the supply of chlorine compound used for final sterilization of water became practically unobtainable owing to war's demands. This difficult situation was overcome by the use of liquid chlorine. It is imperative that there be no breakdown or discontinuance of final sterilization of public supplies. There was no new construction or alterations in any municipal water treatment works.

Private Supplies:

A large number of private water supplies were dealt with by Inspectors in the field and by correspondence, bulletins, etc. Attention to the location, construction and protection of wells is still quite unsatisfactory, particularly the shallow type, or those deriving supplies from the ground water table. Comparatively few well owners, having had service at their own request, including bacteriological analysis of water, and specific instructions as to the remedial measures necessary, ever attempt to adopt the recommendations made. Until such time as there is proper sanitary organization over smaller areas, and enforcement of the regulations respecting private supplies and other important matters, there can be no change for the better.

A total of 889 water samples for bacterial analysis were obtained by the staff during the year.

Ice:

Sampling of ice was continued in Greater Winnipeg and at a number of country points. The quality, generally, was up to standard. During the latter part of the winter or early spring, the color and quality of ice obtained from a river was brought to our attention. The condition was probably due to the discharge of industrial waste, and further investigation is proceeding. Obtaining of permits from the Medical Officers of Health to cut and store ice, as required by regulation, is not being complied with satisfactorily. This was brought forcibly to our attention when ice-cutting was found to be proceeding at a relatively short distance from a sewer outlet discharging into a river. No matter for what purpose ice may be used, it is highly desirable that it be cut from a source free, or relatively free, from sewage pollution.

SEWAGE TREATMENT AND DISPOSAL

In so far as municipal treatment works are concerned, there was no new construction. In two instances adjustments were made in connection with the final disposal of treated sewage from two air training fields. Despite the fact that the majority of these centres have been located at great distances from water courses, the question of final disposal has been overcome without a great deal of difficulty. While it is agreed that sewage should be adequately treated and disposed of in a

manner which will not render rivers odorous, or become offensive to the senses, in time of war we must of necessity do the best possible to overcome offense, but, on the other hand, must allow for the exigencies of the times.

During the latter part of the summer, there were numerous and persistent complaints regarding the presence of raw sewage in the Red River, extending between St. Norbert and Winnipeg. Investigation showed this condition to be definitely due to algae or a particular type of microscopic vegetation, which, en masse, had a distinct brownish color and may have resembled sewage. Conditions such as those are natural to all water courses, and vary with the seasons, temperature, etc. Treatment for the destruction of this vegetation is out of the question, the cost being prohibitive.

Industrial Wastes:

Further investigation of a river in respect to the effect of industrial wastes was continued—with sampling for bacteriological and chemical analyses.

PLUMBING AND DRAINAGE

Sixty-one applications for plumbing and drainage systems for rural dwellings were received and permits granted—a slight increase in the number of applications in the previous year, but much less than in previous years. This is due to the greater scarcity of plumbing fixtures, piping and fittings, and the difficulty in obtaining electrically driven pumps and other equipment. Seventeen requests were made for advice regarding proposed installations. Inspections and recommendations were made, but the work was not proceeded with.

In a number of locations, the lack of electric power is a factor which prevents modernization of rural and farm homes, in so far as plumbing is concerned. Electric water pumps delivering water under constant pressure at relatively low cost are a great saving of labour. Running water from taps, because of its immediate availability, is used in much greater quantity for general household use, from house-cleaning to dishwashing. By virtue of this increase in cleaning and cleansing power, a much higher standard of sanitation and personal hygiene follows. The benefits of plumbing, plus its intelligent use, cannot, from a public health standpoint, be measured in dollars and cents. In reference to electric power, the proposals to extend that public utility over large areas of the province will be of great general benefit. Apart from plumbing in the isolated rural home, or house in a town or village, electric power will be absolutely essential for water, sewage treatment plants, at locations where such modernization is economically sound and feasible. In several towns and municipalities, it would be much more satisfactory to install public sewerage and water supply systems, and so eliminate a multiplicity of individual septic tanks, with their disposal field, collecting tanks, and other final collecting systems.

FUMIGATION

Seven permits for the use of Hydrocyanic Acid Gas, as an insecticide, were issued, four to fumigators and three to other competent individuals. Total number of fumigations reported was three hundred and ninety-five, a reduction of one hundred and forty-two compared to the previous year. Several factors may have influenced the decrease in the annual amount of work done. Mean summer temperatures were a little lower than usual; fewer people moved from one residence to another, and owners—due to freezing or fixing of rents—were reluctant to spend money on disinfestation.

SCHOOLS

Inspections were made and reports submitted to school trustees when requested. In order to bring many rural schools to a higher sanitary standard, all of the four sanitary inspectors would be required to devote their entire time throughout the year. Improved water supplies and better lighting in classrooms, and a higher standard in the methods of waste disposal, are three of the glaring necessities. Artificial lighting in many schools is required to augment natural light in order to approach the recommended standard—an additional benefit where electricity can be made available.

INDUSTRIAL AND CONSTRUCTION CAMPS

Supervision over these camps was mainly confined to the large construction works where relatively large numbers of men are employed, and to a few lumbering and timber camps employing fifty men and over. Camp conditions have been relatively satisfactory, and co-operation between employers and this department has been excellent. Three complaints relative to trivial conditions were received and attended to. In one large military construction camp there was a little difficulty in obtaining medical services during the first month of operation, but this was finally adjusted.

COMMUNICABLE DISEASE

Investigations were made in connection with typhoid fever cases, at the request of the Bureau of Disease Control.

There are comparatively few cases of typhoid now, but those that do occur are, as always, the result of lack of understanding of the principles of personal hygiene and sanitation. During the Fall of the year one or two cases were initiated by a carrier in a certain area. Visiting amongst friends and relatives followed, and a number of secondary cases developed. General sanitary conditions at each place visited showed the same state of affairs—open privies, flies, unwashed hands, all of which provide an ideal setting for the spread of infection. While we are not concerned, to a great extent, with epidemiology or the epidemiologic aspects of the situation, it is our duty to emphasize the crying need for a general improvement in the general sanitary conditions surrounding rural and farm homes, and the enlightenment of the people affected. Typhoid, the dysenteries, etc., are known to be directly associated with insanitary conditions, and it is within the bounds of possibility that outbreaks of other diseases may also be closely associated in the same manner. The fact that this theory has not been conclusively proven is no reason why precautions such as sanitation of the environment should be neglected, or pushed aside, so that valuable time, and wonderment, should be indulged in thinking where certain diseases have their source, or what may be the route of transmission.

SUMMER RESORTS AND TOURIST CAMPS

General inspection of all established camps was continued before the date of official opening and during operation of the camps. Conditions, generally, were fairly satisfactory. Very few tourist camps were patronized, due to gasoline and tire restrictions, and consequently, fewer tourists. The Manitoba Camping Association—a body interested in camps and camping generally—held a number of meetings. These meetings were attended and every necessary assistance was given for the improvement of camps. Bulletins respecting camp sanitation were provided for distribution amongst camp leaders, supervisors, etc., and a talk regarding the proper procedures in the sanitary preparation and conducting of camps was delivered.

NORTHERN MANITOBA

Splendid work continues to be done in Northern Manitoba. Mr. Mark Flattery, our Sanitary Inspector in that area, has for nearly twelve years carried on an effective campaign for the betterment of the general sanitary conditions as they affect the residents of the North. Other areas might very well be provided with the services of a properly qualified Sanitary Inspector, for it is certain that the Medical Officers of Health, who are virtually responsible for the enforcement of the Public Health Act and the regulations, could not attend to the multiplicity of detailed work involved, in proper sanitary inspections.

GENERAL

In addition to routine work, every effort has been made to meet the many other demands for service from outside and by the other branches of the department. It is our intention to continue as best we can with a limited staff to do what is possible regarding the things in public health engineering which are really important in public health.

STAFF

During the year, Mr. C. E. van Engel, Sanitary Inspector, enlisted in the Army. His place was filled by Mr. L. J. Hunter.

In conclusion, thanks are extended to all our associates, and members of the staff, for their willing co-operation during the year.

Respectfully submitted,

J. FOGGIE,

Director of the Section of Environmental Sanitation.

Division of Industrial Hygiene

SPECIAL REPORT ON SILICOSIS HAZARD

Mr. John Foggie,
Director,
Section of Environmental Sanitation,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I respectfully submit the following special report on Silicosis Hazard for the Bureau of Industrial Hygiene for the year ending December 31, 1942.

Again in 1942 this Bureau has examined all men engaged in "prescribed occupations" in the mines of the Province, this with the purpose of preventing, insofar as is possible, the development of silicosis among them. Through this survey we also find the occasional case of tuberculosis and get it under treatment if required. The work is carried on under agreement with the Manitoba Workmen's Compensation Board.

During 1942 four hundred and forty-two men were examined in Winnipeg prior to their entrance or return to the mines; of these, sixty-two were refused certificates. This is a great increase over the number examined in Winnipeg during 1941. The increase is accounted for by three hundred and thirty men examined for the Hudson Bay Mining and Smelting Company. In former years none of these were done in Winnipeg but the demand for men was great in 1942 so to save time and transportation costs the company arranged with Dr. F. W. Jackson, Deputy Minister of Health and Public Welfare, to have the work done by this Bureau. Fifty-nine of the sixty-two refused certificates in Winnipeg were in this group, most of them on account of defective eyesight and other physical defects.

In June Dr. D. L. Scott of the Silicosis Board, accompanied by an X-ray technician and complete portable X-ray outfit visited all the mining centres in the Province. 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 Hudson Bay Mining and Smelting Company Dr. Scott reviewed the films and records of examination before certifying each miner; this under special agreement with the Workmen's Compensation Board, the mine management and the Deputy Minister. Records and films of 289 new miners and 316 old miners were reviewed at this mine. None were refused certificates.

A total of 1,760 men have been examined by this Bureau in 1942. Of these 83 were refused certificates. This seems a large increase over former years, as shown in Table (B) but is due almost entirely to the 59 examined in Winnipeg for the Hudson Bay Mining and Smelting Company and refused. In their anxiety to obtain men they sent many physically unfit for examination that in former years would not have been considered.

Table (A) shows the work of the Silicosis Survey in 1942. It is to be noted that fourteen men for the Hudson Bay Mining and Smelting Company appeared for X-ray

examination but did not return to complete their physical examination. Consequently they were neither refused nor accepted. We have the reports on their X-ray films.

Table (B) shows a comparison of work done in the past six years.

TABLE (A).

SUMMARY OF SILICOSIS SURVEY — MANITOBA, 1942

Mine	No. of new miners examined	No. of old miners examined	Total No. of miners examined	No. of certs. granted	No. of certs. refused	X-ray exams. only
Gunnar Gold	4	60	64	58	6	....
San Antonio	48	142	190	187	3	....
God's Lake	30	72	102	94	8	....
Sherritt-Gordon	112	245	357	353	4	....
H.B.M. & S. Co.	289	316	605	605	....	....
Men examined in Winnipeg:						
Already employed by some mine	98	10	108	105	3	....
Examined before employment	3	1	4	4	0	....
Examined for the H.B.M. & S. Co. before employment	309	21	330	271	59	14
Totals	893	867	1,760	1,677	83	14

TABLE (B).

COMPARISON OF SILICOSIS SURVEYS—MANITOBA 1937-1942

Year	No. of old miners examined	No. of new miners examined	Total No. of miners examined	No. of certs. granted	No. of certs. refused
1937	0	1,431	1,431	1,413	18
1938	397	586	983	959	24
1939	659	407	1,066	1,030	36
1940	685	317	1,002	981	21
1941	845	1,137	1,982	1,960	22
1942	867	893	1,760	1,677	83

The work of this Bureau has increased again in 1942 due to the expansion of industry in Manitoba. We have continued to co-operate with the Department of Labour in the investigation of hazards in industry. Aeroplane plants, munition plants, tanneries, metal plating plants, etc. have been visited and recommendations made.

In June we were fortunate to obtain the loan for a year of a qualified chemist, Mr. Wm. M. Ward, from the Department of Pensions and National Health at Ottawa. On August first Dr. G. S. Baldry joined the Department as Director of the Industrial Hygiene Bureau. Mr. L. B. English, sanitary engineer, has been appointed to the staff of the Section of Environmental Sanitation. We welcome these new members to our staff.

A fairly complete Industrial Hygiene Laboratory has been set up in the Building at 320 Sherbrook Street. This, along with the increase in staff, will enable the Bureau to do a greater amount and more efficient work in the future.

Appended you will find a report by Dr. G. S. Baldry of work done since he took over the Bureau in August 1942.

Respectfully submitted,

MAXWELL BOWMAN, M.D.

Acting Director, Division of Preventive Medical Services.

Mr. John Foggie,
Director,
Section of Environmental Sanitation,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I respectfully submit the following report on the Bureau of Industrial Hygiene for the period from August 1, 1942 to December 31, 1942.

With the advent of a full time Bureau of Industrial Hygiene, the Bureau is interesting itself in any factors concerning the health of industrial workers in the Province of Manitoba. In addition to the Director, there has been appointed to the staff Mr. W. M. Ward, Chemist on loan from the Federal Department of Pensions and National Health; Miss M. Hart, Industrial Hygiene Nurse, and Mr. L. B. English, Engineer.

CONTROL OF HEALTH HAZARDS IN WAR INDUSTRIES

Since the inception of the Bureau, the main emphasis has been placed on the control and elimination of hazards to health in war plants, also the establishment of adequate medical facilities to supply essential services. Many of the aircraft plants have been surveyed and suitable measures recommended for the control of health hazards found. Where inquiries were received from non-defense industries, these were investigated and recommendations suggested. There have been 19 Industrial Hygiene surveys on war plants, and 2 surveys on non-war plants since August 1, 1942. Prior to August 1, 1942, there had been 53 silicosis surveys at 14 mines since 1930, and one partial survey on an aircraft plant.

MEDICAL AND NURSING PROGRAMS

Adequate medical services compatible with the size of the plant and considering the hazards involved, have been advocated. The use of auxiliary nursing services has been suggested to plants which are too small to support a full time nurse. The medical and nursing services are assessed in each plant as a part of an Industrial Hygiene survey. Over 22 industrial concerns in Manitoba have medical and nursing services. Consultation services are available concerning any industrial inquiry.

NURSERY SURVEY

The Bureau was asked by the Federal Government to determine the number of mothers employed in war industry who had pre-school and school age children, and what arrangements were utilized for the care of the children. This was done to assess the present need for establishment of nurseries for the care of these children. It was found in the companies surveyed, that there were 235 mothers employed who had 97 pre-school children and 322 school age children. As far as the investigation has gone to date, it appears that the children are adequately cared for.

CO-OPERATION WITH OTHER AGENCIES

The Bureau has co-operated on many occasions with the Royal Canadian Air Force, the Army, The Workmen's Compensation Board, the Manitoba Department of Labour, the Federal Department of Pensions and National Health, and the Federal Department of Munitions and Supply. Mr. Ward has made ten visits outside of the Province of Manitoba for the Federal Department of Pensions and National Health. Monthly conferences are held with the Manitoba Department of Labour.

EDUCATIONAL ACTIVITIES

Talks concerning industrial hygiene have been given to a group of Industrial Nurses, a group of Aircraft Personnel Workers, and to the Manitoba Health Officers. Information on any phase of industrial hygiene is supplied on request to any interested responsible party.

LEGISLATION

An addition to the Regulations of the Public Health Act was made on September 10, 1942, enabling the Minister to order the medical examination of workers exposed to unusual industrial hazards where it is desirable to protect the health of the worker.

It has been suggested to the Workmen's Compensation Board that dermatitis in the aircraft industry be made compensable, after several requests have been received from companies involved. This would encourage adequate treatment early, and result in less time being lost from work. It has also been suggested that the regulations covering benzol and nitrous fume poisoning and silicosis from sandblasting, be widened to include the whole group of industries included in Compensation Schedule I. It would be desirable that poisoning by halogenated hydrocarbons be covered because these may cause diseases, including eye injuries in the aircraft and other industries.

SILICOSIS EXAMINATIONS

Dr. Bowman has indicated the work done on silicosis in his report. Additional medical assistance is very necessary in the matter of examinations, if the Bureau is to continue to examine the number of men in Winnipeg as were being examined in August and September, 1942. The time of the Director was almost completely occupied with these examinations and there was very little time available for other necessary war activities of the Bureau.

The Bureau has discussed with the Foundrymen's Branch of the Manufacturers' Association, the certification of all foundrymen working at a "prescribed occupation". This has already been started.

INDUSTRIAL HYGIENE LABORATORY

A new laboratory has been established at 320 Sherbrook Street, for the purpose of investigating industrial disease, working conditions, and testing of certain war materials. Mr. Ward spent June and July, 1942, in preparation for establishment of the laboratory. Great difficutly has been experienced in obtaining the necessary equipment, because of priorities. We have been unable to obtain delivery of all equipment ordered, but it is expected that everything essential will arrive in due course.

The laboratory is composed of a large workroom and a small dark-room. The latter is to be used for dust work and camera studies. There is a large central work bench with tables around the wall, a fume cupboard, and glass blowing table. There will be available hot and cold running water, compressed air, suction and gas at convenient outlets.

The laboratory is a necessary and integral part of a well balanced Industrial Hygiene program.

REPORTING OF OCCUPATIONAL DISEASE

The Bureau has been authorized under Regulation 10 of "The Manitoba Factories Act", to receive reports of specific or suspected specific industrial disease coming to the attention of all physicians. In the following tables, (C) and (D), the reports are classified according to industry, nature of disease, and indicate the diseases reported by physicians.

TABLE (C)

OCCUPATIONAL DISEASES REPORTED—MANITOBA, 1936 to July 31, 1942.

Cause and Condition	Cases reported by Physicians	Cases reported by other Agencies
Abnormality of temperature—Dermatitis	1	...
Drycleaning agents—Dermatitis	...	1
Foodstuffs—Dermatitis	...	1
Gas gangrene	...	1
Lead—Systematic poisoning	2	...
Mining—Arsene poisoning	1	...
Cyanide poisoning	1	...
Printing materials—Bronchitis	1	...
TOTALS	6	3

TABLE (D)

Cause and Condition	Cases reported by Physicians	Cases reported by other Agencies
Alkalies	1	...
Cement—Dermatitis	1	3
Dust, inorganic—Dermatitis	1	2
Foodstuffs	3	...
Gases—Poisoning	5	...
Oil—Dermatitis	1	...
Paints and Lacquers—Dermatitis	1	...
Exposure—Pneumonia	...	1
Wood—Dermatitis	1	...
TOTALS	14	6

CONSULTATIONS

Consultations on any phase of industrial hygiene are one of the main services of the Bureau. Since August 1, 1942, eleven consultations have been received from the Workmen's Compensation Board, seventeen from the Department of Labour, and eighteen from private physicians. The following tables (E), (F) and (G), indicate the industry concerned and the nature of the consultation. Mr. Ward assisted in the consultations in table (F).

TABLE (E)

CONSULTATIONS ON INDUSTRIAL HYGIENE—MANITOBA,

1936 to May 31, 1942.

Industry		Nature	
Aircraft	1	Spray Painting	1
Battery	1	Lead	1
Cold Storage	1	Dust	1
Drug	1	Investigation	1
Electrical	1	Spray Painting	1
Implement	1	Ventilation	1
Lumber	1	Dust	1
Printing	1	Printing materials	1
Royal Canadian Air Force	1		1
Transportation	1	Spray Painting	1
Totals	10		10

TABLE (F)

CONSULTATIONS ON INDUSTRIAL HYGIENE—MANITOBA,

June 1 to July 31, 1942.

Industry		Nature	
Agricultural	1	Sanitation	1
Aircraft	1	Spray Painting	1
Defense Industries Limited	1	Sanitation	1
Electroplating	1	Fumes	1
Natural Resources	1	Schistosome survey	1
Printing	1	Dermatitis	1
Royal Canadian Air Force	1	Investigation	1
Tannery	1	Dermatitis	1
Totals	8		8

TABLE (G)

CONSULTATIONS ON INDUSTRIAL HYGIENE—MANITOBA,

August 1 to December 31, 1942.

Industry		Nature	
Aircraft	3	Halogenated hydrocarbons	1
		Dermatitis	1
		Shift schedules	1
		Medical services	3
		Protection of dope workers	3
Automotive	1	Carbon monoxide	1
Battery	2	Lead	2
		Sanitation	1
Ceramics	1	Ventilation	1
Defense Industries Limited	1	Investigation	1
Drugs	1	Metal poisoning	1
Electrical Goods	1	Spray painting	1
		Sanitation	1
Food Industry	3	Medical service	1
		Dermatitis	2
Metal Goods	4	Chromic acid fumes	1
		Welding	1
		Gas fumes	1
		First aid services	1
Mining	1	General	1
Petroleum	1	Gas poisoning	1
Royal Canadian Air Force	1	Investigations	5
Sugar	1	Dermatitis	1
Wood	1	Dermatitis	1
Totals	22		34

There have been eighteen industrial inquiries received from physicians, some of which have not been included in the above tables.

INDUSTRIAL HYGIENE SURVEYS

An Industrial Hygiene survey includes a survey of medical and nursing services, sanitation, health hazards, protective devices, food facilities, and any factor bearing on the health of the worker.

Silicosis surveys have been conducted on fourteen mines from 1930 until July 31, 1942. The number of surveys was fifty-three.

There was a partial survey on an aircraft plant by Mr. Foggie, December, 1941.

In Table (H), the industrial hygiene surveys are listed according to industry and the nature of the actual hazard found is indicated. The number following the industry refers to the number of plants surveyed in that particular industry. The number following the hazard indicates the number of times the hazard was actually present in different plants.

TABLE (H)

INDUSTRIAL HYGIENE SURVEYS—MANITOBA,

August 1 to December 31, 1942.

Industry		
Aircraft		5
Benzol	1	
Carbon tetrachloride	1	
Dopes	1	
Dust	1	
Glue	2	
Halogenated hydrocarbons	1	
Lead	1	
Noise	1	
Radium and radon	2	
Solvents	4	
Welding	1	
Army		1
Automotive		1
Carbon monoxide	1	
Battery		1
Acid fumes	1	
General	1	
Lead	1	
Ceramics		1
Dust	1	
Electroplating		1
Excessive humidity	1	
Food		1
General	1	
Furniture		1
Dust	1	
Metal Goods		7
Dust	1	
General	1	
Solvents	1	
Spray painting	2	
Welding	2	
Petroleum		1
Royal Canadian Air Force		3
Grand Totals	31	23

INDUSTRIAL VISITS

The following is the number of industrial visits made by members of the staff between August 1 and December 31, 1942:

The Director, Industrial Hygiene Physician	26
Miss M. Hart, Industrial Hygiene Nurse	6
Mr. W. M. Ward, Industrial Hygiene Chemist	35
Mr. L. B. English, Industrial Hygiene Engineer	15

I would like to take this opportunity to extend our thanks to the Federal Department of Pensions and National Health for their kindness in placing Mr. W. M. Ward on loan to our Bureau. I appreciate very much the assistance shown the Bureau by other Sections and Bureaux in the Department of Health and Public Welfare, particularly in regard to the examination of miners.

Respectfully submitted,

GEORGE S. BALDRY, B.S. (Ch. E.), M.D., D.P.H.,
Director, Bureau of Industrial Hygiene.

Division of Food and Milk Control

J. Foggie, Esq.,
Director of the Section of Environmental Sanitation,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report of the Bureau of Food and Milk Control for the year ending December 31st, 1942.

SANITARY MEASURES RELATING TO MEATS

Slaughtering Plants:

Licenses issued during year—		
Butchers' slaughterhouses	126	
Beef Ring slaughterhouses	50	
Abattoirs	8	
Rendering Plants	1	
	——	185
Interim Permits to Slaughter:		22

Routine inspections of slaughterhouses were carried out during the year and the reports indicate that reasonably satisfactory conditions were maintained. The trend toward the greater use of meats killed under Federal supervision and inspection continued—due to a greater public demand for such meats, and the difficulty experienced by butchers in securing suitable help to assist in the slaughtering of animals. A few instances of illegal slaughtering came to our attention. Advising the alleged offenders of the regulations usually caused the practice to cease so that no prosecutions for illegal slaughtering were recommended. Investigations into the slaughter of animals alleged to be diseased were made in three instances. In two cases meat was all destroyed so that no further action was necessary. In the third case a portion of the meat had been sold for human consumption so prosecution was recommended and the offending party found guilty and a fine imposed.

Butcher Shops:

Inspections of butcher shops were largely confined to those run by operators of slaughterhouses. As a general rule, satisfactory conditions were found to exist in such shops. As pointed out in previous reports, routine inspections are not made of many butcher shops in the province, although such inspections undoubtedly would result in improved sanitary conditions in many such shops.

DISPOSAL OF DEAD AND CRIPPLED ANIMALS

(From the Union Stockyards, St. Boniface)

Cattle		Calves		Hogs		Sheep		Horses	
D.	C.	D.	C.	D.	C.	D.	C.	D.	C.
104	....	181	1	356	1	170	1	51	....

Producers' Markets:

Licenses issued during year—

Winnipeg..... 3

RESTAURANTS

In times of War adequate inspection and supervision of public eating places assumes added importance, due to the following factors:

(1) The loss of time from work through illness is of greater economic and social concern than in times of peace. Undoubtedly, many cases of illness could be traced to improperly washed and sterilized dishes, glassware and cutlery, and insanitary conditions in public eating places.

(2) In numerous cafes, restaurants, etc., difficulty is being experienced in securing and retaining satisfactory help. This has resulted in the closing of a number of hotel dining rooms throughout the Province.

(3) The Army and Air Force insist on a high standard of sanitation being maintained in their kitchens and dining rooms, and consequently are anxious that the personnel of the armed forces eat only in public eating places maintained in a proper sanitary condition.

Supervision of public eating places is properly the responsibility of local health officials. In many instances these officials have not the time nor trained staff to properly carry on such supervision. This department has therefore made an effort to assist such officials in this work upon request, particularly in areas adjacent to Army and Air Force camps. In such places active co-operation has been established between Medical Officers of the Armed Forces, the local health officers and this department, in the supervision and inspection of public eating places, with the result that a noticeable improvement in the sanitary conditions of such eating places has been effected. During the year a pamphlet dealing with the sanitation of public eating places was prepared for distribution to the local Health Officers.

SUPERVISION OF MILK SUPPLIES

War conditions increased the demand for all dairy products. Milk was no exception to this rule, and the consumption of milk in the Province increased during the year. This increase has been coincident with difficulties experienced in securing an increased supply from approved sources, due to the shortage of labor on dairy farms, competition in the prices of other farm products, and similar factors. As a result of these conditions, some deterioration in the quality of the milk supply was contemplated, but we are happy to report that this has not materialized. However, it is particularly important that adequate supervision and inspection of the public milk supply be maintained and improved, if possible. Nutritional experts are currently advising greater consumption of milk and its products to improve the general health of the people, so it is only right that every care be exercised to ensure that the milk supply be safe, clean and wholesome.

It is generally agreed that milk inspectors should endeavor to educate producers and milk handlers in the proper handling of milk. Believing this to be true, we have endeavored at all times to keep milk producers advised as to the proper methods of producing clean milk. To this end, our field inspector spent some time with interested

producers, discussing approved methods, and this office has distributed literature on the subject. During the year the University put on two Short Courses dealing with the production of milk, and invited members of this bureau to deliver lectures at these Courses, which was gladly done.

MILK SUPPLY TO THE ARMED FORCES

Both the Army and Air Force increased the allowance of milk per man during the year, which, in turn, resulted in an increased demand for pasteurized milk in the Province. I might mention here that the appreciation of the value of milk has resulted in fluid milk being served to the armed forces, whereas in World War Number One, evaporated, condensed or tinned milk was served instead of fluid milk. All fluid milk served to the armed forces must be pasteurized, have a butterfat content of at least 3.5%, and be of a sanitary quality, satisfactory to the Medical Officers. In order to ensure a satisfactory product, a plan of co-operation involving officials of the Army and Air Force, local Medical Officers of Health, and this department, was worked out early in the year. Under this plan Inspectors from the local health departments and this department collected samples of milk at the various Supply Depots weekly and submitted these samples to the Provincial Laboratory for analyses. Periodic inspections of the plants were made, in company with officials of the Army and Air Force, and the co-operation of all secured in the supervision of the supply. As a result of this plan, the Army and Air Force have consistently received milk meeting a reasonably satisfactory standard.

MILK-BORNE DISEASES

Undulant Fever:

Eleven cases of undulant fever were reported during the year. Investigation as to the probable sources of infection indicates that the consumption of raw milk was responsible for at least seven cases. The other four patients, in addition to consuming raw milk, either had contact with diseased animals or were engaged in butchering. Our opinion, expressed in last year's report, that more cases of undulant fever occur in the Province than are reported, has been strengthened by information received regarding cases that were never reported to this office.

No other report on sicknesses traceable to milk were reported.

Septic Sore Throat and Scarlet Fever:

During the year fifty-nine cases of septic sore throat and one thousand two hundred and eighty-three cases of scarlet fever occurred in the Province. None of these were reported as being milk-borne, although when we realize that these diseases are frequently milk-borne, we wonder if the source of the infection was accurately determined in many cases. Reports from the United States would indicate that milk is the vehicle of infection in many cases of septic sore throat and scarlet fever, and we are led to believe that intensive investigation of each case of septic sore throat and scarlet fever would reveal that many of these cases were traceable to the milk supply.

Bovine Tuberculosis:

As forecast in last year's report, the Health of Animals Division, Dominion Department of Agriculture, tested cattle under the restricted area plan in a number of municipalities adjacent to Winnipeg. These municipalities included West Kildonan; North Kildonan; East Kildonan; West St. Paul; East St. Paul; Transcona; Winnipeg

North and Springfield. The percentage of reactors in the initial test varied from 10.7% to over 30%. Detailed statistics may be found in reports from the Veterinary Director-General, Ottawa. The high percentage of reactors found in districts included in the Greater Winnipeg milk shed is an added reason why all cattle in this area should be tested at the earliest opportunity. Such testing makes for a safer milk supply for Winnipeg and district, for the people in the districts where the milk is produced, and for healthier cattle.

MILK SUPPLY IN THE PROVINCE

A definite shortage of milk for the fluid trade developed in certain districts in the Province toward the close of the year. This was largely due to the amount of milk required by the armed forces, and resulted in milk being shipped from Winnipeg to Portage la Prairie, Brandon and Dauphin. These shortages increased the difficulty of maintaining a satisfactory standard as some people are inclined to think that any milk is better than none at all, whereas no milk should be used for human consumption unless it is safe, clean and wholesome.

SUPERVISION OF MILK SUPPLY TO SMALLER URBAN CENTRES

Efforts were made to render assistance, upon request, to the local authorities in the smaller urban centres in the supervision of their milk supply. Owing to limited staff and increase of other duties, our efforts in this respect were somewhat limited. However, assistance was given to a number of towns and villages, including Dauphin, Selkirk, Gimli, Carman, Winkler and Souris, with gratifying results in most instances. This is a phase of the work in urgent need of further expansion, as it is an unfortunate fact that the milk supply in many centres of the Province is of questionable safety and quality. It would rather appear that little improvement will be effected until such time as more local health units are established, or one trained inspector from this department can devote a considerable portion of his time to this important work.

SUPERVISION OF MILK SUPPLIES TO SUMMER RESORTS

This important work was further extended during the year and plans made to ensure the supervision of milk supplied in future at additional resorts. At the request of the Superintendent of Riding Mountain National Park, the work carried on at that summer resort was continued, and members of the department worked in close co-operation with the Medical Officers of Health at Winnipeg Beach and Grand Beach in the supervision of the supply to these resorts. Unfortunately, the milk supply at a number of summer resorts in the Province is of questionable quality, and it is hoped, in the future, to secure the active co-operation of the Medical Officers of Health concerned so as to effect an improvement in the supply.

MILK PASTEURIZATION PLANTS

There are now 21 pasteurization plants in the Province, located at the following points.

Greater Winnipeg	12
Brandon	2
Portage la Prairie	2
Dauphin	1
The Pas	1

Flin Flon	1	
St. George	1	
Transcona	1	21

In the past, four small plants in Greater Winnipeg have operated without certificates of approval. Early in the year these plants were notified that they must meet the minimum requirements so that certificates of approval could issue. Three of the plants met the requirements and certificates of approval have been issued to them. The fourth plant decided to discontinue the pasteurization and distribution of milk. Most of the plants in the Province during the year effected some improvements, although these were limited, due to the difficulty of securing material for building and new equipment. The plants have also experienced difficulty in securing and retaining trained personnel. In spite of these difficulties, we are pleased to report that there has been a gradual improvement in the sanitary condition of the plants in the Province, and in the quality of milk distributed by them.

The demand for pasteurized milk shows a steady increase, and it was hoped that additional plants might be established in towns adjacent to army camps and air fields where there is a good demand for pasteurized milk. However, these hopes did not materialize—partly due to the difficulty of securing material for building and equipment for the plant, and to lack of any definite market for the product after the War.

SANITARY SUPERVISION OF MILK SUPPLIES TO PASTEURIZATION PLANTS IN GREATER WINNIPEG

Routine inspections were carried out on the premises of producers shipping milk to the pasteurization plants in this milk shed. Efforts were made to devote most of the time to producers whose premises were not up to a satisfactory standard, or whole milk was not of satisfactory quality. In order to carry this out effectively, an additional inspector was hired in May. After a month's efficient service, he left the employ of the department, and it was not found possible to replace him. A shortage of milk developed late in August, with the result that the pasteurization plants made an effort to secure new shippers. This resulted in a large portion of the milk inspector's time being taken up with the inspection of new premises, interfering to some extent with routine inspections. There is a gradual, noticeable improvement in the sanitary conditions of the premises, although, owing to the scarcity of building material, little work was done in the erection of new stables. The shortage of manpower on some dairy farms resulted either in the disposal of the entire dairy herd or a portion of it, so that the remaining manpower could carry on efficiently.

Milk Producers' Permits:

Permits issued during year	915
Permits cancelled during year	56
Permits in force at end of year	859

Laboratory Tests of Shippers' Milk:

A rough classification of the results obtained is shown in the following table:

	1936	1937	1938	1939	1940	1941	1942
Shippers producing good milk	29%	43%	51%	57%	61%	66%	70%
Shippers producing fair milk	62%	46%	38%	26%	25%	23%	15%
Shippers producing poor milk	9%	11%	11%	17%	14%	11%	15%

Due to the co-operation of inspectors from the Milk Control Board in the collecting of samples, and the establishment of the laboratory in the Health and Welfare Building, 320 Sherbrook Street, additional tests were run on each producer's milk during the season. This resulted in a more accurate criterion of the quality of milk entering the plants, and also enabled inspectors to ascertain the producers of poor-quality milk, with the result that the field inspector could devote more of his time to such producers. This resulted in an improvement, as shown by the number of shippers in the "good" class. The increased frequency of grading tended to show up producers who might have been considered only "fair", and resulted in them being classed as "poor". These results did not show up with much effect until August, at which time the shortage of milk developed, coincident with the advent of cooler weather and a general improvement in the quality of the milk. Because of this, permits for a number of these producers of poor-quality milk were not cancelled, although the names are being kept on file so that unless there is an improvement during the coming year, they may be dealt with early in the season. There is a general improvement in the quality of milk coming into the plants, as shown by the fact that 70% of the producers are consistently shipping milk which stands up for 6 hours or more in the Methylene Blue Reductase Test, which is the standard set by the United States Public Health Service for milk to be used in pasteurization plants.

War conditions have made for increased demands on the services of the members of this bureau, and additions to the staff are urgently needed if the work is to be carried on with the greatest efficiency. The services of the staff have been freely given in co-operating with officials of the Armed Forces, as it was felt that any effort made toward the furthering of the War effort should be given first consideration. The members of the staff of this bureau together with Inspectors from the Bureau of Sanitation, have given loyal service throughout the year in carrying out the duties imposed on them.

Respectfully submitted,

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

Chief Food Inspector.

Division of Communicable Diseases

Dr. C. R. Donovan,
Medical Director of Health,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I respectfully submit the following report on the Division of Acute Communicable Diseases for the year ending December 31, 1942.

The total number of cases of notifiable diseases reported, exclusive of cancer and venereal diseases, was 14,179. This is a slight increase over 1941, the increase being chiefly due to measles, mumps, scarlet fever and whooping cough. We were fortunate in 1942 in not having any serious epidemics. Table No. 1 shows in comparison the cases and deaths in 1941 and 1942. Table No. 2 shows in comparison the cases of thirteen communicable diseases in white persons for the past six years. As in 1941 this annual report is being prepared early in January, it will therefore not be quite so accurate as to numbers of cases as for previous years. Deaths are only reported to November 30th as statistics for December deaths do not come in from the Divisional Registrars in time for this report. These facts must be kept in mind when comparing with former years.

Of the total number of cases reported 2,003 occurred among the Armed Forces. These were as follows: poliomyelitis 1, chickenpox 61, diphtheria 25, encephalitis 1, erysipelas 2, bacillary dysentery 1, influenza 132, measles 171, German measles 135, meningococcal meningitis 4, mumps 1,004, pneumonia-lobar 7, scarlet fever 447, septic sore throat 4, trachoma 1, tuberculosis 7. This is double the number of cases of communicable diseases reported from the Armed Forces in 1941.

ANTERIOR POLIOMYELITIS. As the table below shows there were only 69 cases of poliomyelitis in 1942. This was fortunate after 1,010 in 1941. Of the sixty-nine none had died at the end of November. Slightly over half the cases were male and the majority of the cases were under the age of fifteen. This is the usual expectation.

Age Groups	0-1	1-4	5-9	10-14	15-19	20-29	30-39	40-49	50-59	Totals
Male	1	12	9	7	4	2	1	....	1	37
Female	....	6	10	6	4	4	1	1	....	32
Total	1	18	19	13	8	6	2	1	1	69

Of the sixty-nine patients twenty-one required treatment in hospital for residual paralysis. The Kenny treatment seems to be a distinct advance in the treatment of poliomyelitis. We have not found it necessary to supply even one splint for either 1941 or 1942 cases and have only provided eight special pairs of boots for the same period of time.

CHICKENPOX with 2,532 cases shows a slight increase over 1941. It is a mild disease and there was only 1 death reported.

DIPHTHERIA. There were 265 cases reported and of these only 4 were Treaty Indians. From Table No. 2 you will note that this is a definite increase over 1941 but less than in 1939 and 1940. Eight deaths were reported. Table No. 5 shows a comparison of cases, deaths and case fatality rates from 1932 to 1942, not including Treaty Indians.

This increase in cases again goes to show that not sufficient immunization has been done. Of the 146 cases occurring outside the City of Winnipeg only 6 had received three doses of diphtheria toxoid in the past five years. Complete immunizations, by age groups, for 1941 and 1942 are as follows. This breakdown into age groups was started in 1941.

	Complete Immunizations		*Augmenting Doses	
Age Group	1941	**1942	1941	**1942
1-5 years	4,356	5,393	122	228
6-16 years	8,326	7,301	2,449	3,393
Over 16 years	948	883	100	97
No age given	1,141	1,000	30	9

Notes:—*Augmenting doses are those given to persons who have been immunized several years years before but require a stimulating dose to bring their immunity back again to high level.

**Returns for 1942 not complete.

DYSENTERY

There were no cases of amoebic dysentery reported in 1942. There were 15 cases and 1 death reported of the bacillary type. This is a slight increase over 1941 but is probably due to better reporting rather than to an increase in cases.

EPIDEMIC ENCEPHALITIS

Forty-two cases and 17 deaths were reported due to this disease. This makes a case fatality rate of 40.5% which is very much higher than in 1941 when the rate was 15.3%.

Age Groups	0-1	1-4	5-9	10-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	Totals
Cases—												
Male	....	1	2	4	6	4	1	4	....	2	....	24
Female	2	2	1	1	2	3	1	2	1	2	1	18
Total	2	3	3	5	8	7	2	6	1	4	1	42

Deaths (among 1942 cases only)—

Age Groups	0-1	1-4	5-9	10-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	Totals
Male	....	....	1	4	....	1	1	2	....	2	....	11
Female	1	1	1	1	....	....	....	....	....	2	....	6
Total	1	1	2	5	....	1	1	2	....	4	....	17

The tables above show that the cases and deaths were greater among males than females, and that there were an equal number of cases under the age of twenty as

over twenty. The deaths were also almost equally divided by the age of twenty. Cases between the ages of five and fourteen and sixty and sixty-nine almost all died whereas of those between fifteen and twenty-nine only one died. This is difficult to explain as it differs from the findings in the 1941 epidemic.

Erysipelas.—Ninety-one cases and 5 deaths is slightly higher than 1941, but not much over the five year average.

Influenza with 239 cases and 70 deaths is the lowest that it has been since 1938. Research work regarding a preventive vaccine is still being carried out but at the present time there is nothing proven to advance for public use.

Measles.—4,523 cases and 7 deaths were reported in 1942. This is an advance in cases of over a thousand compared to 1941. We are probably swinging around to the cycle where we will have another epidemic year in Manitoba. We have no specific immunizing agent and until we do this disease will recur at intervals.

German Measles.—Only 266 cases were reported and no deaths.

Meningococcal Meningitis.—Twenty-seven cases reported with 5 deaths is less than half reported in 1941. We are very pleased to report this decrease as meningitis can be a serious disease during wartime.

Mumps with 3,232 is over double the number reported in 1941. There were 1,004 cases among the Armed Forces and these have to some extent accounted for the marked increase. There were only 2 deaths so it is more of a troublesome disease than a serious one. It must always be reckoned with when troops are in barracks.

Ophthalmia Neonatorum.—Four cases reported, three of these being among Treaty Indians. Silver Nitrate 1% solution has been supplied as previously and has been used in about ninety-nine per cent of births. We are striving to obtain its use one hundred per cent.

Pneumonia, Lobar.—111 cases reported with 92 deaths shows that reporting of cases is not at all adequate. The number of deaths is slightly higher than reported in 1941.

Puerperal Fever.—Five cases, three of these being in Treaty Indians, all of whom died. This is a decrease in number of cases, even to the low figure of 1941.

Scarlet Fever.—1,279 cases reported with only 4 deaths. This is over double the figure in 1941 and nearly double that in 1940. Manitoba did not suffer alone in this increase as it was general throughout Canada and the United States. Complete immunizations, by age groups, for 1941 and 1942 are as follows:

Age Groups	Complete Immunizations 1941	**1942
1 - 5 years	601	823
6 - 16 years	1,975	2,121
Over 16 years	216	155
No age given	204	290

Note:—**Returns for 1942 not complete.

Septic Sore Throat with 59 cases and 8 deaths is a marked increase over 1941. This probably goes hand in hand with the increase in scarlet fever as septic sore throat and scarlet fever do seem to be related.

Smallpox.—Again in 1942 no cases were reported. This is encouraging but vaccination and re-vaccination must be continued or it may break out again as Saskatchewan, Minnesota and North Dakota, our neighbors, all had cases in 1942. Vaccinations reported done, in age groups, for 1941 and 1942 are as follows:

	Number Vaccinated	
Age Groups	1941	**1942
1 - 5 years	3,835	5,514
6 - 16 years	8,632	8,548
Over 16 years	555	315
No age given	842	2,317

Note:—**Returns for 1942 not complete.

Tetanus.—Three cases were reported and one of these died.

Trachoma with 7 cases reported is a slight decrease in comparison with even 1941, which was very low.

Tuberculosis.—There were 658 cases reported which is less than in 1941 but of these 658 there were 85 Treaty Indians so the number of cases among whites shows a definite decrease. Included in this report you will find the detailed report of the Central Tuberculosis Registry presented by Miss Elsie J. Wilson.

In 1942 a special effort was put forth to bring all open infectious cases to sanatoria. Much success was achieved but there are still too many "spreaders" at large in the communities. This effort must be continued and even increased if we are to stop the spread of tuberculosis.

Typhoid Fever.—Only 36 cases were reported in 1942 and of these 3 died. This is a slight decrease in comparison with 1941 and is much lower than our usual rate. There were no outstanding epidemics in 1942 although there was one small outbreak in the vicinity of Portage la Prairie, which did not progress to any extent. Three new typhoid carriers were discovered during the year and put on our carrier form. Typhoid is always with us and we must continue our efforts to improve the hygiene and sanitation of the province before we can wipe it out.

There were 3 cases of paratyphoid fever in 1942.

Undulant Fever.—Eleven cases reported and of these 2 died. This is over double the number of cases reported in 1941. We suspect that many mild cases were not diagnosed and consequently not reported, as the infection of Bang's disease is quite prevalent in Manitoba. Pasteurization of all milk supplies would do a great deal to eliminate this disease in humans.

Whooping Cough with 702 cases and 10 deaths shows a definite increase over 1941, but on consulting Table No. 2 it is under the five year average. As whooping cough has been a serious disease among infants and very young children the Department has recommended to the Provincial Board of Health that whooping cough vaccine be added to the list of free biologics.

Immunization.—In 1942 we intensified our efforts in this work. A booklet of information and instructions was made up and sent out to each medical officer of health in the province. Table No. 4 shows that there was an increase in distribution of smallpox vaccine, diphtheria toxoid and scarlet fever toxin. This, in spite of the fact that the number of rural doctors has been greatly decreased owing to the war. These

men are very busy and we appreciate the fact that even so they have increased the total numbers done. The Manitoba Health Officers' Association was organized in September, 1942. We believe that under their proposed outline of duties and schedule of fees that immunization work will be carried out on a uniform basis throughout the province. This will be a decided forward step.

Cancer.—As mentioned in the 1941 report the statistics regarding this disease were passed over to the Cancer Relief and Research Institute on January 1, 1942. They will be preparing a report regarding it.

In closing I wish to express my appreciation of your co-operation, also that of Dr. Jackson, Mr. Foggie, Dr. Rigby, Miss Russell and the clerical staff of the Division of Preventive Medical Services.

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Acting Director, Division of Preventive Medical Services.

TABLE No. 1.

CASES AND DEATHS—REPORTABLE DISEASES—MANITOBA—1941 and 1942

	1941					†1942				
	Total Cases	Treaty Indian Cases	Total Deaths	Indian Deaths	Death rates per 100,000	Total Cases	Treaty Indian Cases	Total Deaths Jan. 1 to Nov. 30 only	Indian Deaths	Death rates per 100,000
Anterior Poliomyelitis	1,010	(3)	20	.....	2.8	69	.....	.....	.....	0.0
Chickenpox	2,232	(3)	2	.....	0.3	2,532	(17)	1	(1)	0.1
Diphtheria	241	(62)	7	(1)	1.0	265	(4)	8	.....	1.1
Dysentery, Bacillary	6	(3)	2	(1)	0.3	15	(1)	1	.....	0.1
Epidemic Encephalitis	520	(6)	79*	.....	10.9	42	(2)	21*	(1)	2.9
Erysipelas	75	.....	1	.....	0.1	91	.....	5	.....	0.7
Influenza	424	(108)	106	(19)	14.6	239	(11)	70	(12)	9.7
Measles	3,468	(62)	10	.....	1.4	4,523	(122)	7	(1)	1.0
German Measles	1,443	.....	1	.....	0.1	266	.....	.....	.....	0.0
Meningitis, Meningoccocal	57	(1)	8	.....	1.1	27	(2)	5	.....	0.7
Mumps	1,447	.....	2	.....	0.3	3,232	(60)	2	.....	0.3
Ophthalmia Neonatorum	3	.....	0	.....	0.0	4	(3)	.....	.....	0.0
Puerperal Fever	8	.....	3	(1)	0.4	5	(3)	3	(3)	0.4
Pneumonia, Lobar	135	(17)	86	(4)	11.9	111	(11)	92	(9)	12.7
Scarlet Fever	546	.....	6	.....	0.8	1,279	.....	4	.....	0.5
Septic Sore Throat	21	(2)	2	(2)	0.3	59	.....	8	.....	1.1
Smallpox	.....	.....	.....	.....	0.0	.....	.....	.....	.....	0.0
Tetanus	1	.....	1	.....	0.1	3	.....	1	.....	0.1
Trachoma	9	(1)	0	.....	0.0	7	(2)	.....	.....	0.0
Tuberculosis	663	(64)	328	(134)	45.4	658	(85)	287	(126)	39.7
Typhoid Fever	40	(7)	1	.....	0.1	36	(2)	3	.....	0.4
Paratyphoid Fever	1	.....	0	.....	0.0	3	.....	.....	.....	0.0
Undulant Fever	5	.....	0	.....	0.0	11	.....	2	.....	0.3
Whooping Cough	288	.....	9	(1)	1.2	702	(9)	10	.....	1.4
Totals	12,643	(339)	674	(163)	.....	14,179	(334)	530	(153)	.....
Diphtheria Carriers	32	(5)	.....	.....	0.0	45	(7)	.....	.....	0.0
Typhoid Fever Carriers	1	.....	.....	.....	0.0	3	.....	.....	.....	0.0

NOTES:—†These figures are preliminary only and will be subject to change when late reported cases and deaths come in. On account of the annual report being prepared before end of January, 1943, December deaths for 1942 are not included.

*1941 Epidemic Encephalitis deaths include 11 of cases from former years. 1942 Epidemic Encephalitis deaths include 4 of cases from former years.

Population used for 1941 and 1942—722,447.

TABLE No. 2.

REPORTED CASES OF 13 COMMUNICABLE DISEASES

MANITOBA—1937 to 1942 inclusive.

(Not including Treaty Indians)

Disease	1937	1938	1939	1940	1941	1942
Anterior Poliomyelitis	261	159	25	17	1,007	69
Chickenpox	1,816	2,582	1,437	2,113	2,229	2,515
Diphtheria	103	234	288	311	179	261
Erysipelas	91	87	99	82	75	91
Measles	2,839	749	1,100	12,172	3,406	4,401
Influenza	18,571	107	361	309	316	228
Mumps	352	2,449	1,096	694	1,447	3,172
Scarlet Fever	1,342	1,373	1,099	676	546	1,279
Smallpox	.....	36	76	.....	.....	.....
*Tuberculosis	582	538	575	559	599	573
Typhoid Fever	44	76	132	140	33	34
Paratyphoid Fever	.....	4	1	1	1	3
Whooping Cough	2,012	983	1,294	1,824	288	693

*Tuberculosis figures for 1938, 1939, 1940, 1941 and 1942 received from the Central Tuberculosis Registry.

TABLE No. 3.

BIOLOGICS DISTRIBUTED IN MANITOBA—1941 and 1942.

Material	1941	1942
Diphtheria Toxoid (Comp. Treatments)	27,530	28,891
Diphtheria Antitoxin (Units)	9,357,000	15,002,000
Schick Tests (Tests)	9,600	9,175
Smallpox Vaccine (Points)	22,154	27,827
Scarlet Fever Antitoxin (Units)	2,211,000	6,051,000
Scarlet Fever Toxin (Comp. Treatments)	5,390	9,500
Dick Tests (Tests)	4,535	2,890
Typhoid-Paratyphoid Vaccine	3,252	4,658
Tetanus Antitoxin (Units)	1,509,500	2,071,000
Silver Nitrate—Capsules	1,396	916
—1-oz. bottles	89	102
Antimeningococcus (20 cc. vials)	68	28

Insulin distributed in 1942	Zinc Crystals (Plain)			Protamine Zinc	
Units	200	400	800	400	800
No. of bottles	3,823	3,293	61	4,935	129

Total number of persons in Manitoba who received insulin all or part of 1942—384.

Besides the above number of patients receiving insulin, 11 hospitals in the Province also procured this material through the Department for administration to indigent patients while in hospital.

TABLE No. 4.

SMALLPOX VACCINE, DIPHTHERIA TOXOID AND SCARLET FEVER TOXIN DISTRIBUTED IN MANITOBA—1933-1942.

Years	Smallpox Vaccine	Diphtheria Toxoid	Scarlet Fever Toxin
1933	13,490	11,812	1,016
1934	19,568	26,333	1,610
1935	18,180	18,623	3,922
1936	12,719	10,130	5,352
1937	18,606	17,853	6,481
1938	28,849	27,170	4,937
1939	47,588	23,742	6,716
1940	30,132	26,410	5,457
1941	22,154	27,530	5,390
1942	27,827	28,891	9,500
10-year total	239,113	218,494	50,381

Note:—The figures in this table refer to complete treatments issued.

TABLE No. 5.

DIPHTHERIA IN MANITOBA, 1932-1942.

(Not including Treaty Indians)

CASES, DEATHS, CASE FATALITY RATES

Year	Cases	Deaths	Case Fatality Rates
1932	401	24	6.0
1933	405	18	4.4
1934	475	27	5.7
1935	276	17	6.2
1936	174	13	7.5
1937	103	8	7.8
1938	234	13	5.6
1939	288	12	4.2
1940	311	7	2.3
1941	179	6	3.4
1942	261	8	3.1

TABLE No. 6.

TYPHOID AND PARATYPHOID FEVER—MANITOBA, 1932-1942

(Not including Treaty Indians)

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

Year	Cases	Deaths	Case Fatality Rate	Deaths per 100,000
1932	132	14	10.6	2.0
1933	128	16	12.5	2.2
1934	92	12	13.0	1.7
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
1941	34	1	2.9	0.1
1942	37	3	8.1	0.4

Central Tuberculosis Registry

Dr. M. Bowman,
Acting Director,
Section of Preventive Medical Service,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I beg to submit the report of the Central Tuberculosis Registry for the year 1942.

During 1942 the shortage of tires and gasoline made it necessary to curtail some of the work done by Public Health Nurses in the field. For that reason the Central Tuberculosis Registry undertook to notify, by mail, all patients and contacts who were due for examination, when and where to attend chest clinics.

About one-third of the patients so notified attended clinics but as other factors have to be considered it is rather difficult to judge the value of this method of notification. Altogether, however, in 1942 the work of the Public Health Nurse in connection with tuberculosis was cut very considerably. 1,635 fewer visits were made to tuberculosis families in 1942 than in 1941.

For the second year there were beds for tuberculosis patients unoccupied in all sanatoria, an average of about 78 beds for the general population being vacant throughout the year.

Our records for tuberculous patients treated or examined in Manitoba are complete except for those Treaty Indians with tuberculosis treated or examined at the Norway House Hospital. No reports of new diagnoses of tuberculosis are received from this hospital either by the Division of Disease Prevention or by the Central Tuberculosis Registry.

A summary follows which shows the results of the year's work in tuberculosis made up from information received at the Central Tuberculosis Registry throughout the year. In this connection our thanks are due to Miss MacKay for her careful and painstaking work throughout the year.

	Whites	Reported as Treaty Indians
Tuberculous patients in Manitoba	3,784	580
Tuberculous patients in Mental Hospitals	128	.....
TOTAL	3,912	580
Primary Infection Type of Tuberculosis	82	78

	Whites	Reported as Treaty Indians
Patients in Sanatoria as at December 31st, 1942	662	77
Of these: Number belonging outside Manitoba	13	20
New Cases of Tuberculosis diagnosed in Manitoba, 1942	612	100
Number belonging to Manitoba	573	85
Of these: Number with active tuberculosis	402	82
Number admitted to Sanatoria	345	56

Primary Infection type of tuberculosis diagnosed as such for the first time	34	16
Number admitted to Sanatoria	10	8

STATIONARY AND TRAVELLING CLINIC ACTIVITIES DURING 1942

	Whites and Treaty Indians
Total Examinations at all Clinics	17,072
New Cases of Tuberculosis diagnosed	342
Primary Infection type of tuberculosis diagnosed as such for the first time	41
Old Tuberculous Patients reviewed	3,134
Pneumothorax treatment given at all Clinics	4,245

TRAVELLING CLINIC STATISTICS

	Whites	Reported as Treaty Indians
Total number of Travelling Clinics	77	9
Number of patients examined at Clinics	4,656	977
Of these:		
Number of known tuberculous patients reviewed	843	51
New cases of tuberculosis diagnosed	84	19
Primary infection type of tuberculosis diagnosed as such for the first time	9	10
Number suspect tuberculosis	24	1
Number of patients advised admission for treatment or investigation	136	24
Of these the number admitted	80	11

INSTITUTIONAL STATISTICS

	Whites	Reported as Treaty Indians
Number of patients admitted to Sanatoria during 1942	864	124
Number of Tuberculous patients admitted	730	99
First Admissions	409	71
Bacillary	190	32
Active	360	68
Re-admissions	265	19
Bacillary	137	8
Active	201	14
Reviews admitted	56	9
Number of patients discharged from Sanatoria in 1942	851	125
Number of Tuberculous patients discharged	715	101
Number with arrested tuberculosis	61	6
Number with apparently arrested tuberculosis	93	10
Number with quiescent tuberculosis	224	16
Number with improved tuberculosis	106	20
Number with unimproved tuberculosis	58	15
Number discharged dead	118	27
Number of Reviews discharged	55	7
Number of patients discharged against medical advice	36	16
Number of patients transferred from one institution to another during the year 1942	191	35

REJECTIONS AND DISCHARGES

Reported by the Department of National Defence during the year 1942.

Total number		174
Women	4	
Men	157	
From outside Manitoba	13	
	174	
Total number from Manitoba		161
No report of re-examination since rejection by army	52	
Admitted for treatment	27	
Found with active tuberculosis on re-examination but not yet admitted	3	
Found with "no evidence of tuberculosis" on re-examination	21	
Found with arrested or quiescent tuberculosis on re-examination	52	
Found to have left the Province	2	
Since accepted for service	2	
Reported as not at address given by the Army	2	
	161	

I would also add my thanks for the excellent work done by Miss Gladys McGarrol, particularly in connection with the work of the Travelling Clinics.

Respectfully submitted,

ELSIE J. WILSON, R.N.,

Supervisor.

Venereal Disease Control

Dr. Maxwell Bowman,
Acting Medical Director,
Preventive Medical Services,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I respectfully submit the following report on the Division of Venereal Disease Control, for the year ending December 31st, 1942.

Due to the enlarged and increased number of encampments of the armed services and of industrial war workers, the breaking up of family ties and influence, the shuffling of personnel in and to our Province, the responsibilities in epidemiology have been increased.

Our technique for the enforcement of both the repression and prevention of commercialized prostitution has been effective. The promiscuous girl and the casual "pick-up" have become a greater problem than the organized commercial type. Mutually supporting medical, legal and public health measures have been adopted.

Our statistics show rather a high rate of venereal disease prevalence as compared to other years. This does not reflect the true situation, for an intense campaign has been followed to have institutions and physicians, civilian and of the armed services, report every case. The Wassermann "drag-net" has been enormously increased, and case-finding has been consistently followed; the number of sources and contacts investigated and found being double that of the previous year.

Numerous cases of syphilis are reported more than once and show on our records as more than one case. The patient cannot recall his former venereal disease report number and for various reasons is reluctant to give the name of his former physician.

Due to the Sulphonamide treatment of gonorrhoea, there has been an enormous decrease in complications, hospitalization and gynecological operations. Unfortunately, the Sulphonamide still leave quite a number of cases as carriers.

Education in venereal diseases has been carried out by way of literature, lectures, clinics and radio talk. Medical students and nurses from various hospitals are availing themselves of the clinical opportunities at our Clinic. Thousands of pamphlets continue to be distributed throughout the Province.

Where there are no other facilities for "free treatment", antisyphilitic drugs continue to be supplied and a nominal fee paid to physicians for the administration of these drugs to indigent patients. 1,665 treatments were thus administered during 1942.

A conference of the four western provinces was held on October 8th and 9th, 1942, and each province, in most cases, was represented by the Minister or Deputy Minister or both, Directors of V.D. Control, Officer of Police Forces and a Medical Officer from each of the armed services. One from each of the first three branches attended from

Manitoba. The meeting was instructive and stimulating. Many resolutions were adopted. Such gatherings are of inestimable value as V.D. Control work dovetails with all the other provinces in the Dominion.

Our venereal disease control effort must be unrelenting, and intensified where possible, especially during these unsettled times.

A summary of the statistical data for the year ending December 31st, 1942, in the Province of Manitoba, is as follows:

TABLE I.

REPORTED CASES

	Syphilis	Gonorrhoea	Total
Air Force	32	189	
Army	16	219	
Navy	1	15	
	49	423	472
Civilian	647	834	1,481
TOTAL	696	1,257	1,953
Per 1,000 population	.99	1.79	

GONORRHOEA:

Number of cases reported				1,257
Sex:	Male	889		
	Female	368		
	TOTAL	1,257		
Marital State:				
Married	Male	230		
Single	Male	622		
Widowed	Male	12		
Divorced or Separated	Male	10		
			874	
Married	Female	123		
Single	Female	159		
Widowed	Female	5		
Divorced or Separated	Female	16		
			303	
Children (0-17 years)	Male	15		
	Female	65		
			80	
TOTAL				1,257

SYPHILIS:

Number of cases reported				696
Sex:	Male	409		
	Female	287		
		696		
Marital State:				
Married	Male	188		
Single	Male	172		
Widowed	Male	12		
Divorced or Separated	Male	24		
			396	
Married	Female	140		
Single	Female	83		
Widowed	Female	10		
Divorced or Separated	Female	20		
			253	
Children (0-17 years)	Male	17		
	Female	30		
			47	
TOTAL			696	

TABLE II.

GONORRHOEA—Reported Cases by Age Group—Manitoba, 1942

Age	Male	Female	Total
Under 1 year	.....	1	1
Over 1 — under 2 years	.....	2	2
2 — 5 "	.....	7	7
6 — 9 "	.....	9	9
10 — 13 "	6	4	10
14 — 17 "	9	42	51
18 — 19 "	89	66	155
20 — 24 "	311	134	445
25 — 29 "	217	55	272
30 — 34 "	100	20	120
35 — 39 "	60	9	69
40 — 44 "	41	11	52
45 — 49 "	29	3	32
50 — 64 "	25	4	29
65 years and upwards	2	1	3
TOTAL			1,257

TABLE III.

SYPHILIS—Reported Cases by Age Group—Manitoba, 1942.

Age	Male	Female	Total
Under 1 year	1	6	7
Over 1 — under 2 years	2	1	3
2 — 5 "	1	2	3
6 — 9 "	7	2	9
10 — 13 "	1	5	6
14 — 17 "	5	14	19
18 — 19 "	6	25	31
20 — 24 "	52	69	121
25 — 29 "	64	47	111
30 — 34 "	46	39	85
35 — 39 "	52	28	80
40 — 44 "	47	19	66
45 — 49 "	31	9	40
50 — 64 "	70	18	88
65 years and upwards	24	3	27
TOTAL			696

Number of patients who changed physicians 24
Number of patients who discontinued treatment and had to be followed up 108

TABLE IV.

SOURCES REPORTED AND FOLLOWED UP

GONORRHOEA				SYPHILIS				REFERRED FOR FOLLOW-UP		TOTAL
Pos.	Neg.	Not Located	TOTAL	Pos.	Neg.	Not Located	TOTAL	To other Provinces	To Armed Forces	
120	86	77	283	35	18	4	57	69	28	
			283				57	69	28	437

TABLE V.

CONTACTS REPORTED AND FOLLOWED UP

GONORRHOEA				SYPHILIS				REFERRED FOR FOLLOW-UP	TOTAL
Pos.	Neg.	Not Located	TOTAL	Pos.	Neg.	Not Located	TOTAL	To Armed Forces	
31	25	4	60	34	57	2	93	4	
			60				93	4	157

TABLE VI.

PERSONS EXAMINED ON MINISTER'S ORDER—MANITOBA, 1942

NEGATIVE	POSITIVE			
Gonorrhoea and Syphilis	Gonorrhoea	Syphilis	Gonorrhoea and Syphilis	Total
74	51	19	7	151

It is significant that venereal disease in this class of patient is slowly diminishing from year to year.

TABLE VII

GONORRHOEA: REPORTED CASES—MANITOBA, 1933-1942 INCLUSIVE

	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
Adults:										
Male	883	916	861	878	772	682	647	841	779	874
Female	242	208	204	198	188	194	205	237	219	303
Children 0-17 yrs.										
Male	3	1	....	2	4	4	....	1	8	15
Female	24	22	10	18	25	33	20	20	38	65
	1152	1147	1075	1096	989	913	872	1099	1044	1257

TABLE VIII.

SYPHILIS: REPORTED CASES — MANITOBA, 1933-1942 INCLUSIVE

Adults	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
Male	228	281	198	269	302	393	360	274	271	392
Female	136	179	152	129	139	204	212	177	167	257
Children:										
0-17 yrs.										
Male	15	7	10	4	9	3	8	7	8	17
Female	15	8	11	4	13	19	8	6	20	30
	394	475	371	406	463	619	588	464	466	696

VENEREAL DISEASE CLINICS—1942

Reports from the following Clinics:

Detention Home	West Kildonan
Home of the Good Shepherd	West Kildonan
Manitoba Home for Girls	West Kildonan
Brandon Gaol	Brandon
Portage la Prairie Gaol	Portage la Prairie
Provincial Gaol	Headingly

Manitoba Penitentiary	Stony Mountain
St. Boniface Hospital	St. Boniface

GONORRHOEA:

Number of cases treated				496
Sex	Male		230	
	Female		266	
	TOTAL		496	
Marital State:				
Married	Male		49	
Single	Male		162	
Widowed	Male		2	
Divorced or Separated	Male		9	222
Married	Female		78	
Single	Female		119	
Widowed	Female		1	
Divorced or Separated	Female		15	213
Children (0-17 yrs.)	Male		8	
	Female		53	61
	TOTAL			496

Classified as follows:

Acute		365	
Chronic		131	496

SYPHILIS:

Number of cases treated				331
Sex:	Male		181	
	Female		150	
	TOTAL		331	
Marital State:				
Married	Male		70	
Single	Male		75	
Widowed	Male		4	
Divorced or Separated	Male		21	170
Married	Female		57	
Single	Female		53	
Widowed	Female		8	
Divorced or Separated	Female		11	129
Children (0-17 yrs.)	Male		11	
	Female		21	32
				331

Classified as follows:

Primary	39	
Secondary and Early Latent	159	
Congenital	25	
Late Latent and Tertiary	108	331

TREATMENTS ADMINISTERED:

For Gonorrhoea		11,860	
For Syphilis			
Arsenical	8,487		
Bismuthic	8,637		
Mercurial			
Malarial	23	17,147	
Non-venereal		1,090	30,097

TABLE X

RESULTS OF LABORATORY EXAMINATIONS ON CLINIC PATIENTS MANITOBA—1942

Examinations	Positive	Negative	Total
Darkfield for Spirochaetae	113	160	273
Blood Wassermann	583	5282	5865
Kline	2	24	26
C.S.F.	38	139	177
Smears for Gonococci	651	5344	5995
Culture for Gonococci	128	781	909

ST. BONIFACE HOSPITAL CLINIC

Patients who were under treatment prior to December 31st, 1941, and who were carried forward for continuation of treatment, numbered 600. Of these, 471 were suffering from Syphilis and 129 from Gonorrhoea.

During the year ending December 31st, 1942, 674 patients with a venereal disease were reported by this Clinic. Of these, 271 were suffering from Syphilis and 403 were suffering from Gonorrhoea, classified as follows:

SYPHILIS:	Primary	27	
	Secondary and Early Latent	124	
	Congenital	25	
	Late Latent and Tertiary	95	271
GONORRHOEA:	Acute	332	
	Chronic	71	403

Total number of patients treated, including those carried forward and those admitted during the year numbered 1,274, of which 742 were suffering from Syphilis and 532 were suffering from Gonorrhoea.

Injections for Syphilis administered during the year at this Clinic, numbered 15,608 classified as follows:

Arsenical	7,840	
Bismuthic	7,745	
Malarial	23	15,608

Treatments for Gonorrhoea administered during the year at this Clinic, numbered 8176.

Respectfully submitted,

K. J. BACKMAN,

Director, Venereal Disease Control.

Venereal Disease Clinics in Detention Institutions

Dr. K. J. Backman,
Director, Venereal Disease Control,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Report for the year ending December 31st, 1942, of the work carried on in connection with the Venereal Disease Clinics in the following Institutions:

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

Patients who were under treatment in the Detention Homes for Girls prior to December 31st, 1941, and who were carried forward for continuation of treatment, numbered 8. Of these, 4 were suffering from Syphilis and 4 from Gonorrhoea.

During the year there were 30 new patients admitted, of which 5 were suffering from Syphilis and 25 from Gonorrhoea, classified as follows:

Syphilis:—Primary		1	
	Secondary and Early Latent	2	
	Late Latent and Tertiary	2	5
GONORRHOEA—Acute		13	
	Chronic	12	25

Total number of patients treated, including those carried forward and those admitted during the year, numbered 38, of which 9 were suffering from Syphilis and 29 from Gonorrhoea. This is an increase of 1 over the number treated during the year 1941.

Treatments:

A total of 958 treatments were administered during the year, classified as follows:

Gonorrhoea	602	
Syphilis	356	958

Doses Injected:

Arsenical	156	
Bismuthic	200	356

Laboratory Examinations:

Wassermann tests on blood for Syphilis		
Positive	6	
Negative	102	108

Examination of smears for gonococci—

Positive	28	
Negative	255	283

PROVINCIAL GAOL—HEADINGLY

Patients who were under treatment prior to December 31st, 1941, and who were carried forward for continuation of treatment, numbered 9, and all of these were suffering from Syphilis.

During the year there were 42 new patients admitted, of which 24 were suffering from Syphilis and 18 from Gonorrhoea, classified as follows:

Syphilis:	—Primary	4	
	Secondary and Early Latent	12	
	Late Latent and Tertiary	8	24
Gonorrhoea:	—Acute	11	
	Chronic	7	18

Treatments:

A total of 1,685 treatments were administered during the year, classified as follows:

Gonorrhoea	631	
Syphilis	315	
Non-venereal	739	1,685

Doses Injected:

Arsenical	172	
Bismuthic	139	311

Laboratory Examinations:

Wassermann tests on blood and Darkfield for Spirochaetae, Syphilis:		
Positive	26	
Negative	734	760
Examination of smears for gonococci:		
Positive	9	
Negative	20	29

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.

For practically five years now I have not had one case of gonorrhoeal pus tubes among the Detention girls. We use Potassium Permanganate Douches now only as a cleaning agent.

Among the new patients, we are using solely some form of the Sulphonamide group and the above figures will show that among the male prisoners, Gonorrhoea is slightly on the increase.

With a war on we might expect a greater rise in the incidence of venereal diseases, but the increase is only small, due I think to the co-operation and the close scrutiny and careful treatment set out by your Department with the different factors involved in handling venereal disease.

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 endeavoring to minimize the spread of these dreaded diseases.

Respectfully submitted,

W. R. GORRELL,

Physician in Charge.
Venereal Disease Clinics in the Detention Institutions.

Division of Maternal and Child Hygiene

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

Sir:

I have the honour to submit herewith the report of the Division of Maternal and Child Hygiene for the year 1942.

The following statistical reports on maternal and infant deaths are preliminary, using figures as available December 31st, 1942 and therefore comprise only the reports sent in from January 1st, 1942, till November 30th, 1942.

Total live births	1942
White	13,440
Indian	478
Total	13,918

Infant Death Rate—first eleven months 1942
(per 1,000 live births)

White	45.1
Indian	205.0

Still Birth Rate—first eleven months 1942
(per 100 live births)

White	2.3
Indian	1.7

TABLE I.

INFANT DEATHS AND STILL BIRTHS, BY AGE AT DEATH FOR FIRST ELEVEN MONTHS, 1942.

Age at Death	WHITE				INDIAN			
	*Previable	Viable	Total Number	Deaths %	*Previable	Viable	Total Number	Deaths %
Still Born	....	326	326	.....	....	8	8	.....
Live Births—								
Less than 24 hrs.	57	136	193	29.1%	1	3	4	4.1%
24 hrs. to 14 days	....	171	171	25.8%	....	17	17	17.2%
15 days to 1 yr.	....	299	299	45.1%	....	78	78	78.7%
TOTAL	57	606	663	100.0%	1	98	99	100.0%

* The term "previable" means "less than 28 weeks gestation."

Fifty-four decimal nine per cent of infants are lost before two weeks of age. Not all these deaths are preventable, but some are. More pre-natal care is necessary and

through our Public Health Nursing Division an effort is being made to impress on expectant mothers, the necessity of pre-natal care. Thousands of Baby Books are distributed in response to requests for information.

Looking forward to the post war period, planning must somehow include more care for mothers and infants in rural areas. One hundred and fifty-five premature babies died—80 of these were in rural Manitoba. Some means of caring for these infants and carrying them over the first few hazardous weeks is necessary. Incubators should be available, for this treatment alone would save many lives, and this has been under discussion with Department of Pensions and National Health and some tentative plans have been made.

Maternal Deaths Jan. 1-Nov. 30, 1942	37
Rate per 1,000 live births	2.6

We have reason to be proud of the low maternal death rate in this province, but more pre-natal care could decrease this figure even further.

Respectfully submitted,

A. MARGUERITE SWAN, M.D.,

Director, Maternal and Child Hygiene.

Public Health Nursing Service

Dr. C. R. Donovan,
Medical Director of Health,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Annual Report of the Bureau of Public Health Nursing for the year ending December 31, 1942.

CHILD HEALTH STATIONS

Number of health clinics held at child health stations	458
Attendance of infants and pre-school children at clinics	4,418
Attendance of mothers and children for consultation at child health stations	1,569
Number of first aid treatments given at child health stations	154

A Child Health Station has been opened during the year at Neepawa.

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

INSTITUTIONS FOR UNMARRIED MOTHERS

Church Home for Girls—A larger turnover of patients than in other years. There is more work available for women, consequently, the mothers more easily re-establish themselves and the children are being placed in boarding or adoption homes at an earlier age than six months. There were eight mothers and four babies at the end of the year.

Grace—Has been well filled during the year. The same situation applies here as in the Church Home,—namely, a shorter stay and greater turnover of patients. There were thirty-three mothers and twenty-two babies in residence at the end of the year.

Misericordia—Since October, the post-natal cases have been transferred to St. Norbert Infants' Home with their babies after the three weeks hospitalization period has been completed. There were twenty-seven mothers and eight babies in residence at the end of the year.

St. Norbert Infants' Home—There has been an increase in the number of children cared for during the year and the unmarried mothers from Misericordia have added to the number during the last three months. Twenty-five mothers can be cared for. A new pump and sprinkler system for fire purposes has been installed for the safety of the institution. There were eighty-five children and fourteen mothers in attendance at the end of the year.

INSTITUTIONS FOR CHILDREN

The Protestant Orphanage—Well conducted. The number of children remains stationary, and there is very little change in personnel. There were thirteen children in attendance at end of year.

The Oddfellows' Home—Has a few new children to replace older ones who have left. There were five children in residence at the end of the year.

The Jewish Orphanage—Has had the basement playrooms and classrooms attractively decorated. The older pre-school children attend a private kindergarten near by. There were fifty-seven children in residence.

St. Agnes Priory.—No changes in this institution. The health of the girls has been excellent and good daily routine has been carried on. There are seventy-one children in residence.

St. Joseph's Vocational School.—The Kindergarten is always filled to capacity—there is room for a few older boys. Cub and Scout groups are provided for those of suitable age. The health of the boys has been good and they seem a particularly happy group. There are one hundred and thirty-five boys in residence.

Sir Hugh John MacDonald Memorial Hostel—There is an increase in the number of younger boys being cared for, due partly to the absence of fathers on Military Service and consequent lack of discipline in their own home.

A night watchman has been engaged for the winter months, which will make for greater safety from fire.

There are eighteen boys in residence.

Knowles School for Boys—The Women's Auxiliary has furnished a basement room as a recreation centre, which was badly needed. Two City teachers carry on the school work up to Grade IX and the older lads attend City High Schools for Grades X and XI. There are fifty-one boys in residence.

The Children's Home—The two wards leased to the Children's Hospital have recently been vacated. There is now ample space for children, but the question of help is a serious problem and admissions have been curtailed on this account. There are ninety-nine children in residence.

Jarvis Avenue Day Nursery—Is carrying on its usual good work and fills a great need in the district.

Stella Avenue Day Nursery—There has been a much larger attendance this year, which has taxed the small staff. One extra helper has been engaged. Extra cribs have been put upstairs for the smaller children, but rest facilities for the older ones are not adequate.

Margaret Scott Mission Day Nursery—Serves that part of Point Douglas south of the C.P.R. Twenty-five children have enrolled,—average attendance is twenty-three. There is ample space for this number of children. They go home to lunch, except a few undernourished ones who are given a special diet. A trained Kindergarten teacher has been engaged, and voluntary workers help daily. A permanent housekeeper lives on the premises.

In November, attention was drawn to the fact that while the present regulations do not permit a baby under six months being boarded in an institution, yet the great increase of workers in War Industries has reduced the number of homes suitable for infants; therefore, as a temporary measure, permit is being given when necessary for this age child to be placed in institution.

The Child Care and Protection Survey made in Winnipeg has been recently published. Many of the recommendations contained therein confirm our past recommendations, especially regarding care of mentally defective children.

BOARDING HOMES FOR CHILDREN

	City	Rural
Number of Applications (new)	103	61
Homes approved for Permit	80	46
Homes refused Permit	5	6
Inspections not completed or forms not returned	18	9
Applications and permits cancelled due to change of residence, unemployment, adoption, no further desire to board children	125	48
Number of Permits renewed	162	187
Number of new homes receiving permits	49	42
Investigations and yearly inspections	322	291
Routine visits	1,015	529
Visits of co-operation	121	
Homes visited and no one found at home	307	
Placements arranged:		
Private placements	128	
Children's Aid Societies	42	
Child Welfare Division	27	
Office interviews re-boarding homes	501	
Telephone calls re-boarding homes	1,512	

ORPHANAGES

Annual inspections	5	4
Routine visits	30	7

MATERNITY HOMES

Annual inspections	1	30
Routine visits	16	39

DAY NURSERIES

Annual inspections	1
Routine visits	6

HOSTELS

Routine visits	2

Since the outbreak of war, there has been an ever increasing need to provide for the care of children whose mothers are employed in industry. This need has been acute in the industrial centres of Eastern Canada and the Federal Government has

undertaken to give financial assistance in the establishment of day nurseries where they are needed. In consequence, a survey of War Industries in Winnipeg was made to determine the present need for such a service. It was found that:—

235 mothers were employed
322 school-age children
97 pre-school children

419—total number of children

22 pre-school children boarded out.

EVACUEE HOMES

One yearly visit is made to all homes caring for these children with regard to the issuance of license.

Number of permits issued	137

HEALTH SUPERVISION IN SCHOOLS

July 1, 1941 to June 30, 1942

Total number of children examined	13,823
Total number of children with defects	6,550
Total number of children not vaccinated	1,712
Classification of defects:	
Defective vision	1,104
Defective hearing	167
Unsound teeth	4,078
Suspected diseased or enlarged tonsils	2,429
Nasal obstruction	221
Symptoms of enlarged glands	652
Symptoms of eye diseases	70
Symptoms of ear diseases	14
Symptoms of cardiac diseases	30
Symptoms of pulmonary diseases	17
Symptoms of malnutrition	203
Symptoms of nervous disorders	121
Symptoms of orthopedic defects	43
Symptoms of anaemia	45
Symptoms of defective thyroid	190
Suspected skin disease	178
Suspected pediculosis	266
Other conditions	403
Number of classroom inspections	1,647
Number of children re-inspected for suspect communicable diseases and other conditions	4,030
Total cases suspected communicable diseases reported	1,193
Number of first aid treatments given	4,914
Number of children weighed	3,275
Number of children found 7% or more underweight	301

Number of children re-weighed		3,374
Number of children found to have gained in weight		2,929
Number of children had eyes tested		3,203
Number of children had defective vision		593
Number of children excluded from school		1,425
For suspected communicable diseases	432	
For suspected pediculosis	370	
For suspected tuberculosis	2	
For suspected contagious skin condition	405	
For suspected contagious eye condition	45	
For other causes	171	
Number of school children referred for treatment		6,948
Total number of defects of children known to have been corrected		2,809

HEALTH TRAINING IN SCHOOLS

Number of classroom talks given	1,098
Number of Nutrition Classes	5
Attendance at Nutrition Classes	62
Number of Home Nursing Classes	45
Attendance at Home Nursing Classes	1,070
Number of First Aid Classes	44
Attendance at First Aid Classes	1,071

CLINICS

Toxoid immunization clinics were held in:

Municipalities of: Lakeview, Louise, Elton, Cornwallis, Lorne, Daly, Lawrence, Strathclair, Pipestone, Wallace, Saskatchewan, Westbourne, Fort Garry, Ethelbert, Minto, Glenwood, Oakland, Gilbert Plains, Shell River, Rockwood, MacDonald, Springfield, Rhineland, West St. Paul, East St. Paul, Swan River, South Cypress, Brokenhead, Whitehead, Chatfield, Cartier, Fisher Branch, Victoria Beach.

Villages and Towns of: Brooklands and Winnipeg Beach.

Unorganized Districts of: Berens River

Winnipeg Normal School.

Classification of services rendered:

Assisted physicians with immunization of pupils to protect them against DIPHTHERIA	32,270
Assisted physicians with immunization of pupils to protect them against SCARLET FEVER	15,719
Assisted physicians with immunization of pupils to protect them against TYPHOID FEVER	349
Assisted physicians with VACCINATION of pupils	6,817
Assisted physicians with "DICK" test for susceptibility to Scarlet Fever	453
Throats swabbed to detect and prevent spread of Diphtheria	219
Assisted physicians with the giving of TUBERCULINS	310
Assisted physicians at ENCEPHALITIS	1,310

TONSIL

Number of tonsil clinics held	3
Attendance at tonsil clinics	13

DENTAL

Number of clinics		38
Number of operating days		115
Attendance at the clinics	(approx.)	2,259

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

"Once again it is my pleasure to give the dental clinic report for 1942, although I regret to say that the totals for this year are considerably below those of 1941.

The decrease can be directly attributed to the war, in that there is a very definite shortage of dentists available for these clinics. Then again, it became necessary to increase the daily fee from each district from $15.00 to $20.00 per day and this has undoubtedly affected some clinics and postponed others. To what extent increased prosperity in rural districts has also reduced clinics is not easy to determine.

Those places which have continued to hold annual clinics are keeping up their good showing of Prevention in that the number of permanent teeth extracted is very small and the number of fillings has increased. I am glad to report that all the towns on the Hudson's Bay Railway were visited this year and an excellent piece of work done in this region, which is entirely without dental services.

In addition to our regular clinic work, a thorough dental examination was made for all the students at the Winnipeg Normal School. Out of 302 examined, only 8 were passed as requiring no dental work to be done and for the rest they require at least 575 fillings and 105 extractions. A considerable part of this work has already been done and we hope it will all soon be attended to. We hope this service will be continued and enlarged to include an X-ray examination of every student's mouth.

Owing to the gas and tire restrictions, the inspection service had to be very much curtailed. This is to be regretted as we consider this to be one of our most important features.

The co-operation of the Department of Health and Public Welfare in the organizing of these clinics and in conducting them, has been all that could be asked for and we are deeply grateful to all the officials of that Department."

HEALTH PROGRAM—WINNIPEG NORMAL SCHOOL 1941-1943, AND FACULTY OF EDUCATION 1941-1942, NORMAL SCHOOL SUMMER PROGRAM 1942

230 students enrolled at the Winnipeg Normal School for Teacher training in September 1941.

MEDICAL EXAMINATIONS—were given to all students by Dr. A. M. Swan and Dr. H. Malcolmson. This included—Schick Test, Tuberculin Test, Blood Wassermann Test, Hemaglobin Test and Urinalysis. Vision and hearing tests were given by the health teacher assisted by various members of the Provincial Nursing Division. Diphtheria toxoid was administered to all students who were positive to the Schick test; vaccina-

tion of all students who had never been vaccinated or who had not been vaccinated within a period of five years. A number of students whose five-year period would not expire until some time during their subsequent teaching year asked for vaccination and were included in the clinic. All students who showed positive reaction to the Tuberculin Test were X-rayed at the Central Tuberculosis Clinic.

DENTAL SURVEY—Under the Manitoba Foundation for Preventive Dentistry, a dental survey of the Normal School students was done early in November, and was carried out with considerable care. Each student was given individual advice and teaching with regard to his or her teeth, pointing out the need for correction in each case. It was felt by the entire Normal School Staff that this constituted an excellent block of health teaching. The dentist's thoroughness and interest in each student awakened a very definite consciousness of the importance of dental care and many corrections have already been carried through to completion. Many more are in progress. This dental survey has been linked up with classroom teaching and the direction pointed toward the need for increased remedial work in Manitoba schools.

REMEDIAL WORK—Was carried on with a marked degree of interest on the part of the students. Many of them had never before had a Medical or Dental examination and these examinations resulted in an awakening of interest in the importance of individual health.

Remedial dental work progressed very favourably throughout the year and at the end of June the correction list stood at approximately 85% to 90%. Several students have written in since that time to advise that they have completed dental corrections. This student-response to advice with regard to remedial work was very gratifying, particularly in view of the fact that the majority of them were only enabled to attend Normal School because of reduction of entrance fee and because of the many scholarships granted by the Department of Education.

This report would be incomplete without acknowledgement of appreciation for the splendid co-operation of Dentists and Physicians both in Winnipeg and in Rural Manitoba, the Staff of the Central Tuberculosis Clinic, and the Out-Patient Department of the Winnipeg General Hospital.

SCHOOL ENVIRONMENT—With the view to making the students keenly conscious of the importance of the school environment in health maintenance, survey forms were drawn up and groups of students were assigned each week to a survey of the Normal School plant. From this, we drew up during class periods throughout the school year, a survey form for assessing the school environment with regard to health, with particular reference to the rural school. Each student had a copy of this, which provided for a monthly check during the ten months of the rural school term.

SCHOOL LUNCH—To awaken an interest in the healthful school lunch, a student lunch room committee was formed, and a program arranged to be carried out in the normal school dining room. Groups of students in turn prepared something hot each day for lunch. Menus included baked potatoes, baked beans, soup, cocoa, spaghetti, etc. Milk became a favourite beverage and a "four o'clock milk bar" was organized by the students for those who participated in "Y" work after four o'clock. The students were unanimous in their agreement that a healthful lunch makes for a better afternoon program of work with less fatigue.

STUDENT INTERVIEWS—Throughout the year, the Health Education office at the Normal School was open for student group and individual conferences, with regard to individual and school health problems. A total of 1322 interviews were given during

the year. These dealt with such problems as diet, complexion, dental care, medical problems, posture, suitability of rooming and boarding places, advice to those light-housekeeping, clothing, problems of health teaching, etc. Good health habits were outlined and students referred, where necessary, to medical and dental services.

MATERIAL FROM DEPARTMENT OF HEALTH—Printed pamphlets and mimeographed sheets were supplied to all students to be attached within their health note books, this material being given out concurrently with health teaching in the classroom.

LIBRARY SERVICE—Many groups of students were referred to the Library at the Department of Health for reading material, and reports were brought back for class discussion.

CONTACT WITH OTHER GROUPS—Representative groups were assigned interviews with various Department heads at the Provincial Department of Health, the Central Tuberculosis Clinic, the Milk Control Bureau, and Cancer Research Institute. All students visited the Pumping Station, the Sherbrook Baths for observation of the Pressure Filter and hygiene of the plant, one of the local creameries and one of the large bread factories. All of these visits were correlated with health topics and projects undertaken in the classroom.

VISUAL AIDS—Considerable time was devoted to the use of effective teaching material. Many students prepared their own visual aids for use in their schools.

Assignments of critic teaching were given and this was followed by individual help where needed. Eight students taught classes in the prevention and control of respiratory diseases, with special reference to Tuberculosis, to pupils of grades 4 to 9 inclusive, in the Brooklands Schools, using one of the Tuberculosis films from the Department of Health. This was timed to coincide with a community group meeting in Brooklands school which was addressed by Dr. Scott, at which meeting the same film was shown. Mr. Krawchuk, the principal, and his teaching staff gave splendid co-operation.

THE UNIT METHOD—of study was used in the Normal School Course for much of the program in health education. This included such studies as community water supply, milk, wheat, dental care, the skin, respiratory infections and their control, smallpox, cancer and trachoma. Five trachoma cases were brought to the Normal School. Every student thus had the opportunity of seeing the disease in its various stages.

Other material dealt with and discussed in the classroom included:—

(1) Broader conception of the term "health"

(2) Importance of health—a. to the individual
b. to the teacher
c. to the community
d. to the nation.

(3) Factors which have brought the need for health education into sharper focus.

(4) Importance of healthful environment that makes possible the practice of health and the futility of attempting to teach health effectively when the environment is neglected.

(5) The importance of the health of the teacher—

a. in her work in the school
b. in giving leadership to the community.

(6) Methods of correlating and integrating health in the school program.

(7) The teacher's functions during toxoid and vaccination clinics in the school and how these clinics may be related to the social studies and health teaching programs.

(8) The teacher's relationship to other groups in the community, and the importance of securing their interest and co-operation in the field of the health of school children.

(9) Group conferences were held in sex education and venereal disease.

(10) The normal child, his potentialities for development, the need for social and emotional security within his group and the importance of developing self-confidence and self-dependence.

(11) The need for early observation of symptoms. The futility of attempting to teach children who have physical and emotional handicaps which interfere with the learning process.

(12) Prevention of accidents within the school and on the play-grounds and methods of dealing with emergencies.

(13) The teacher's functions under the School Act with regard to exclusion from and re-admission to school.

(14) The importance of periodic medical and dental examination was stressed throughout and what this would mean to the teacher in the way of efficiency in her work.

FACULTY OF EDUCATION—About 35 students were registered in the first year course in the Faculty of Education, University of Manitoba. These students were given medical examination by Dr. Swan and Dr. Malcolmson, and the health teacher had one personal health interview with each student on the basis of report of medical examiner. Vaccinations and toxoids were given as necessary and X-ray plates were taken of those found to be Tuberculin positive. Several students were referred to Doctors and Dentists for remedial work. 15 hours of health teaching were given in the classroom during the term January to April. This included:—

(1) The place of health in an educational program.

(2) Effective health teaching through knowledge and practice.

The school environment and hygiene of the school program.

The use of visual aids in the teaching of health, including the use of audio-visual machine. Several health films were used in this work.

(3) The control of communicable disease through early observation of symptoms and early exclusion.

(4) The hot lunch program and importance of nutrition.

(5) Co-operation with other individuals and groups in the community.

(6) The importance of observing physical and emotional abnormalities which would interfere with the learning process.

(7) The importance of health to the teacher and the need for periodic medical and dental examination.

(8) Methods of correlating and integrating health in the school program.

The use of the Unit method in the teaching of health.

(9) Prevention of accidents during school hours and how to handle emergencies.

This course is, of necessity, a contracted one and should be extended in order to be more meaningful and effective to the students. An extension of the course, or the employment of a full-time health teacher would make for better individual work with the students and this might be an objective for some future time.

SUMMER SCHOOL—In July, 1942, 300 students were admitted to a six-weeks' summer school course in the Normal School in order to give these students some preparation for entering the schools of Manitoba as permit teachers. This was an emergency measure taken by the Department of Education with the view to relieving the acute shortage of teachers occasioned by enlistment for war services.

Medical examinations were given to these students, Tuberculin tests were given and those who were positive were X-rayed at the Central Tuberculosis Clinic. No arrangements were made for classroom instruction, but the health teacher was on duty for one month of this time for individual and group interviews in her office. Students requiring immediate medical and dental advice were referred to dentists, physicians and clinics and as much health teaching as this type of program would permit, was given. The students were given quite a number of printed pamphlets and mimeographed material from the Department of Health.

The health records of this group of students are on file and when they return to the Normal School in September, 1943, they will continue with the regular health program of the Normal School.

CONCLUSION—Too much emphasis cannot be placed upon the preparation of the teacher for her work in the field of education. She is a key person in the health program of any community. Many students come to Normal School from areas where there has been little or no public health activity carried on and they present evidence of faulty methods of health teaching in the schools. Much time must necessarily be spent on the correction of individual health habits and attitudes and, following this, considerable time and effort are necessary in order to give the student a complete picture of what a health program could be in our Manitoba schools.. One is led to the conclusion that ten months in the Normal School are insufficient for the work to be accomplished. The problem of preparing the teacher for her work interacts with the problem of health education in our communities and there seems to be need for continued and expanded effort to reach the homes of Manitoba with sound health teaching.

PUBLIC HEALTH INSTRUCTION IN SCHOOLS OF NURSING

At the request of the Manitoba Association of Registered Nurses, classes in community health were given to senior students in the Schools of Nursing in the Province.

In the spring, classes were given in the following Schools of Nursing—Misericordia, Victoria, Grace, St. Joseph's, Selkirk General, Dauphin, Neepawa, and St. Anthony's at The Pas.

In the fall, classes were given senior students of the Schools of Nursing in Misericordia, Victoria, Grace, St. Joseph's, Carman and Brandon General. This year, classes for preliminary students were given at Brandon Mental Hospital.

The outline of teaching prepared and used in the schools last year was incorporated into the curriculum guide for Schools of Nursing in Manitoba. Whenever possible, each student spent a day in the district with a Public Health Nurse. She visited schools, attended a child health conference and made home visits. In addition, arrangements were made for visits to various clinics and other agencies at work in the community.

Students made good use of books and magazines that were available from the library of the Department of Health. Representatives from each class visited the library in order to become acquainted with sources of health material, free and otherwise. Students were then able to make suggestions as to additions to be made to the Hospital School Library. Films concerning public health problems were shown.

This year, wherever possible, the local Public Health Nurse has undertaken this teaching in the School of Nursing in her own district. In this way, it is hoped that closer coordination between hospital and community may be attained. The field observations can be more easily integrated with the class instruction and the student acquires a larger view of her responsibilities as a Nurse.

Students from the Winnipeg General Hospital have had two weeks' experience with a suburban Public Health Nurse.

Number of lectures to Student Nurses	169 hours
Attendance at lectures	2,602

WORK CARRIED ON IN THE COMMUNITY

January 1 to December 31, 1942

Total number of visits made for the purpose of giving health instruction and demonstration	16,260

Classification of service rendered in home visiting:

Total number of cases in prenatal and postnatal care	654
Total number of cases in infant welfare	2,250
Total number of birth registration cases	303
Total number of cases in the care of children of pre-school age	3,447
Total number of cases in the care of school children	9,333
Total number of cases in the care and prevention of communicable diseases	2,057
Mother's Allowance visits	31
Visits to adults	5,661
Office interviews	8,008
Number of social medical cases dealt with	267
Total number of persons, other than school children, referred for treatment	479
Total number of defects known to have been corrected, of those in the community, other than school children	60
Number of meetings attended by Nurses in connection with public health work	190

Number of interviews in connection with public health work by nurses in their respective districts	185
Number of Home Nursing and First Aid lectures	150
Attendance at Home Nursing and First Aid lectures	1,945
Number of lectures on other health topics	73

TUBERCULOSIS NURSING

Due to the shortage of tires and gasoline, it was impossible this year for nurses to do any district visiting to notify contacts and patients of chest clinics. Such notifications were therefore made by mail.

Number of chest clinics provided with nursing service	76
Attendance at chest clinics	3,513
Number of reports on patients and contacts sent to nurses	1,999
Number of reports on patients and contacts sent to Child Welfare Division	156
Number of families carried for nursing supervision	2,518
Number of visits by nurses to tuberculous families	3,491

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

The total number of cases reported in 1942 was—672. The names of 204 sources and contacts were obtained from clinic cases and 194 were located and examined.

The Venereal Disease Section of the Department of Health referred the names of 88 sources and contacts for investigation, and of these, 49 were located. In a number of cases, the information was so meagre, only the first name and indefinite address, that it was impossible to locate the person.

We wish to record our thanks to the Police forces, who have given us their continued good co-operation.

During July, St. Roch's Hospital was closed. Patients requiring treatment were transferred to other City hospitals or nursing homes until the Annex over the Out-Patient Department, St. Boniface Hospital, was complete and ready to care for these patients. St. Roch's served its purpose well, but the transfer will make possible improved facilities for the conduct of this work. The change is much appreciated by the staff and patients.

Girls' Training Homes

With very few exceptions, all girls brought into the Detention Home were given physical examinations by the doctor in charge.

All girls committed to Manitoba Home for Girls and Home of the Good Shepherd suffering from Venereal Disease were given necessary treatment and in nearly all cases were cured before being released from Homes.

Number of clinics attended by nurses	525
Number of treatments given at clinics	19,693
Number of interviews	2,847
Number of home visits	290

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

PUBLIC INSTITUTIONS

Middlechurch, St. Boniface and Jewish Old Folks' Homes

There is a long waiting list for admission to above homes.

Sunset Lodge

The new addition built during the year has increased accommodation by twelve beds and provided a large, heated sun-porch, which the residents enjoy.

Oddfellows' Home

Will also admit "selected cases" other than members of the Order.

PRIVATE INSTITUTIONS

For private cases only (men and women)	2
ambulant cases (men only)	1
blind cases only (men and women)	1
epileptic and mentally defective children	1
aged and infirm, mostly bed cases (men and women)	15

Home for the Blind, 419 Cumberland Street

Provides a home in every sense of the word for the homeless blind.

St. Amant Home, Transcona

This institution is still far from the standard looked for, yet it meets a need. Mrs. St. Amant agrees with the many suggestions for its improvement, but the matter of their not being carried out is only a question of finance. Apart from its value in case of fire, and from a sanitary standpoint, the installation of a running water system, would do much to relieve the drudgery now necessary in order to keep type of children cared for, clean and comfortable.

Last year several female adults were in residence. To-day there is but one woman and twelve children, which makes for better discipline.

There is more need for Private Institutions, especially those caring for ambulant cases, as against a definite decrease of applications to conduct them.

PRIVATE HOSPITALS

Mrs. Ruby Couch operates the only Private Hospital in Greater Winnipeg at 211 Mayfair Avenue.

Permit issued allows for care of 32 patients; medical cases only.

Additional space has been made available by the opening of a "Hospital Annex" (No. 213) during year. This more suitably houses the staff and family and provides accommodation for twelve of the thirty-two patients.

1. **APPLICATIONS** 123

Public Institutions 5
New 0
Renewals 5

Private Institutions 25
New 5
Renewals 20

Private Boarding Homes 93
New 35
Renewals 58

2. **PERMITS** 86

Public Institutions

Recommended 4
Withheld 1

Private Institutions

Recommended 26
Withheld 2

Private Boarding Homes

Recommended 56
Refused or cancelled 37

3. **Total Accommodation Available in Institutions (Public and Private) and Private Boarding Homes.**

Classification 1,053
Public Institutions 698
Private Institutions 275
Private Boarding Homes 80

4. **Total Number of Aged and Infirm Cared for in Public and Private Institutions and Private Boarding Homes**

Classification 1,634
Public Institutions 995
Private Institutions 559
Private Boarding Homes 80

5. **Total Number of Visits in Connection with Housing Aged and Infirm**

Classification 896
Public Institutions 36
Investigations 12
Routine 24

Private Institutions 408
Investigations 115
Routine 293

Private Boarding Homes		354
Investigations	220	
Routine	134	
Co-operation		98
6. PRIVATE HOSPITALS (Medical cases)		1
Permit renewals	1	
Accommodation	32	
Patients admitted	148	
Visits of Investigation	6	
7. Assisted with placement arrangements		84
8. Office Interviews		77

RURAL MANITOBA

Number of permits issued to Private Boarding Homes	32
Number of permits issued to Public Institutions	4
Number of permits issued to Private Institutions	2
Routine visits	153

PUBLIC SERVICE NURSING

In view of the definite shortage of medical practitioners due to the war, there is an increasing demand for Public Service Nursing in rural municipalities. Therefore special arrangements have been made in districts without medical services to care for the sick and yet protect the Public Health Nurse. When the Nurse is called to a case of illness, she telephones whatever physician the family wish, explaining the patient's symptoms and receives the doctor's orders regarding treatment; the municipality decides on the physician to be called for indigent patients. This is of great help to the Nurse in caring for the patient until such time as the doctor can visit.

Since 1920, the Provincial Department of Health has made a grant to the Red Cross Society to help maintain a Public Service Nurse in Rorketon, Alonsa and Greater Winnipeg Water District. The Society now wishes to be relieved of this service and arrangements are being made with the districts' representatives to install Nurses of the Provincial Staff in April 1943.

FISHER BRANCH

The living conditions of the people in this district have greatly improved. There is less need for Public Service Nursing. The reason for this lies, I think, in the fact that more people own motor cars or can pay for transportation to Winnipeg for medical treatment or hospital care. The Nurse is therefore developing a generalized plan of work. A child health clinic will be organized and an attempt will be made to have more prenatal patients come to the Nursing Station for health teaching and supervision, for many mothers still adhere to old social customs of their race with respect to childbirth.

McCREARY

On November 1st, Public Service Nursing was established at McCreary. Excellent arrangements had been made by the local Health Committee; a furnished cottage was secured for the Nurse's headquarters and she receives complete co-operation in the carrying out of her duties and the development of health measures.

	Patients seen	Number treated	Consultations	Home visits	Time spent in home visits
FISHER BRANCH	1,955	1,545	410	209	274¾ hours
GRAHAMDALE	534	257	277	326	329 "
McCREARY	300	231	74	127	137½ "
SAN CLARA	928	563	365	130	301 "

Number of Health Clinics held at GRAHAMDALE Nursing Station 49
Attendance at Health Clinics 1,093

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 506
Total time spent in Public Service Nursing (hours) 438

FAMILY HEALTH COURSE

The Family Health Course, consisting of five lessons on Prevention of Accidents, Disease Prevention, and some simple home remedies, was given in the spring under the group leadership method of study. The centres were organized by the Extension Service of the Department of Agriculture at:

Inglis
Angusville
McCreary
Glenella
Ste Rose
Rossburn
Erickson
Plumas
Laurier
Ochre River

Total number of groups enrolled 59
Total membership 635

A course in Health was given at Gimli Summer School to ninety-nine students. This course consisted of two classes each day over a period of four weeks, on Personal, School and Community Health. Individual conferences were held with each student to discuss the problems relating to their own personal health and the school and district in which they were teaching.

In October, a course on Health, Personal, Family, Prenatal and Postnatal, and Prevention of Disease was given at St. Malo Homemaking School. Twenty hours of instruction were given to the twenty-two students enrolled.

In October, the Family Health Course was started in eleven centres, namely:—

Rathwell
Holland
Fannystelle
St. Claude
Oakville
Glenora
Treherne
Cypress River
Haywood
Poplar Point
Edrans

Total number of groups 51
Total membership 675

This course will be completed by the first of April, 1943.

PROGRESS

Portage la Prairie

In December, a disastrous fire occurred which completely gutted an apartment house. Many families were rendered homeless and the Public Health Nurse was asked to work full time with the local committee in procuring and outfitting the families with clothing and bedding and securing furniture.

Neepawa

A Public Health Day was held in April. The Nurse assisted the health officers in giving Tuberculin tests to 269 students and to teachers of the Central School.

The Health Committee financed a Tonsil and Adenoid clinic for school children. The three local physicians performed the operations. Tooth brushes were also provided for indigent children.

Lions' Club took financial responsibility for eye examination and the provision of glasses for indigent children.

A Course in Home Nursing was given to the Grade XI girls of the Collegiate, also to Grade X.

In July, the Public Health Nurse accompanied the local C.G.I.T. group to summer camp. Classes in Home Nursing and First Aid were given to the girls.

Winchester

The Council granted an extra Christmas allowance of Five Dollars to relief recipients.

Deloraine

Through Women's Institute, the services of a dentist from a nearby town has been arranged for and clinics for the children are held every second week.

The local service clubs provided hampers of food for the needy and baskets of fruit to the invalids.

Brooklands

In the spring a health education programme was inaugurated at the Child Health Station for the mothers.

Home Nursing classes given to High School girls.

Junior Red Cross

Through our representative on the Provincial Committee of the Junior Red Cross, arrangements have been made that part of the funds so generously subscribed by rural children to this fund, be returned to the districts to be used to pay for correction of physical and dental defects of children, and to purchase soap, towels, drinking cups, etc., necessary for maintaining personal hygiene within the school.

Cancer Relief and Research

Nurses in all districts co-operated with our Nurse in charge of education work for the Council in the Cancer Campaign held in October. The purpose of the campaign

was to teach vital facts about Cancer to raise funds for the educational work and to assist with the cost of treatment of indigent patients.

In January, co-operation was arranged with the Manitoba Association of Registered Nurses in a plan to provide for adequate nursing service throughout the Province in case of epidemic or disaster. The plan provided for utilization of nurses already employed in the community, for contacting local married nurses and other graduates not actively engaged in nursing, for the instruction of capable lay women in simple nursing procedures, who would volunteer to work in the community under the direction of graduate nurses or could care for their own families in case of need.

The Public Health Nurses enrolled groups wherever possible and assisted with the teaching. The course of instruction consisting of eighteen two-hour periods, was planned to care for the patient with communicable disease. This afforded a wide programme of teaching in disease prevention. The equipment used was simple, such as could be found in the average home. This work has been taken over by the Manitoba Red Cross Society with an experienced Public Health Nurse in charge of developing the plan in all parts of the Province.

The St. John's Ambulance brigade are also developing a similar course of instruction throughout the Province. With this work also, the Nursing Staff will co-operate wherever possible.

It is gratifying to report three Public Health Nursing districts opened during the year—Neepawa, Piney and McCreary.

In an effort to extend Public Health Nursing services in rural Manitoba, the co-operation of the Women's Institute was sought, and two months' free demonstration of work was offered to a community without such service. This was accepted by Roland Municipality, and with the active co-operation of the health officer, municipal officials, and community leaders, a good programme was inaugurated by an experienced member of the staff.

The community was well satisfied with the work done, and a permanent service is to be established there next year.

Plans are under way for Public Service Nursing to be inaugurated in Archie Municipality and the Town of Oak Lake.

Since the Province-wide plan of Public Health Nursing was discontinued because of reduced appropriation, it has been apparent that in order to develop an accepted programme of health education and secure the desired results of our teaching and efforts, a health committee was necessary in each Nurse's district, composed of representative citizens to advise and support the Nurse in all measures for public health and take responsibility for the management and cost of maintaining the local Nursing Station. Therefore health committees have been formed in all districts receiving this service. The value to the Nurse of this plan is already apparent.

The outline and duties of such committees are as follows:

Membership:

Municipal Reeve
Municipal Councillors

Representatives of:

The Medical Association
Men's and Women's Service Clubs
Religious Denominations
School Board

Objectives:

1. To know community needs
2. To know available services
3. To assist in health education and all health measures
4. To aid health officials to maintain a high standard of service
5. To promote co-operation of all local agencies for common good
6. To arrange for volunteer assistance to the Public Health Nurse

THE VOLUNTEER WORKER

The place of the volunteer in the Public Health Community program is being brought to our notice, as a result of the increasing use of this class of worker in the United States. The concensus of opinion there is that such assistance is of definite value to the Public Health Nurse and the present seems an opportune time to develop the use of such workers in Manitoba.

Rules governing the selection and duties of such workers would be as follows:

It is good health education to use volunteer help whenever possible.

Volunteers not only can supply service, but can also widen the interest in the Health Department and the community understanding of its work.

The Nurse should take time to explain to a volunteer the purpose and health value of all procedures she may assist with.

Selection of Volunteers

Volunteers should have had Nurse's training or home nursing instruction.

There should be a willingness to serve and an interest in the service.

Under the supervision of the Public Health Nurse, volunteers may perform such duties as will free the Nurses for services that only a graduate Nurse can do.

A register should be kept of names of volunteers with date, type of work performed and hours of service.

Volunteers can assist at clinics as follows:

Child Health Station

Assist in registration and recording

Help weigh and measure

Undress and dress children and help with their care

Mind children while mothers are taking group instruction

Keep rooms tidy and supplies in order.

Chest Clinics

Assist Nurse in preparing for and cleaning up after Clinic

Keep dressing room tidy and assist patients to dress and undress if necessary.

See that patients see physician in proper order

See that patients get to X-ray room in order and assist, if necessary, with children or stay with female patients.

Volunteers can render useful service in driving patients to and from conferences and clinics.

Volunteers may be enlisted to visit chronic invalids and children with long term illnesses.

To assist Public Health Nurse in any non-technical duties.

INDUSTRIAL NURSING

Industrial nursing was included in the Bureau of Industrial Hygiene in September of this year, and the Educational Supervisor has served half time in this Bureau. It is designed to provide consultant service to industrial plants which are establishing nursing service and to assist nurses in industry.

It has been recognized for many years that the well qualified nurse in industry is essential to the reduction of loss of time due to illness and accident. Several industrial firms in Manitoba have well established nursing service, but many have no such service.

With the present need for maximum production and increased efficiency, an impetus has been given to the establishment of nursing service in industry.

Here, as elsewhere industrial nurses have worked alone and it is a part of the function of this section to bring nurses who have similar duties and similar difficulties together so that they may increase the scope of their service.

COMMUNITY SERVICE

In response to a call from the Department of Indian Affairs, in July, an experienced Nurse was sent to Norway House to assist Dr. Corrigan in conducting a Nutritional Survey and program among the Indians. This project will take at least one year to complete. According to the Nurse's report, the program is a most interesting one. A general summary of her work, July 15th to December 5th, is as follows:

Diphtheria Toxoid administered to 2,661 persons. This includes—

Norway House Reserve
Oxford House Reserve
God's Lake Reserve
Cross Lake Reserve
Island Lake Reserve

Total number of persons under observation for nutrition survey	260
Number receiving therapy	170
Total number of office interviews	429
Of these, the doctor was assisted with	248
Photographs taken	1,406
Office interviews re therapy	339
Number of home visits	249

During August and September dysentery was very prevalent. Dr. Corrigan commented that "Having the services of a Public Health Nurse helped prevent an epidemic from developing."

STAFF EDUCATION

Staff conferences were held on the last Saturday morning of each month. Lectures and reports were given by the Department Staff and visiting speakers.

FIELD SUPERVISION

Total number of visits of inspection and instruction made by the Director and Supervisors to Staff Nurses	16
Number of Nurses settled in new districts	3

DIRECTOR

Throughout the year, addresses on the development of Public Health Nursing Services have been given to groups at Lyleton, Pierson, Deloraine, McCreary, Roland, West Kildonan and in Winnipeg.

A meeting was held with the staff of Children's Aid Society of Brandon on standards and health supervision of children's boarding homes in the district.

In October, I spent a most profitable week with the State Department of Public Health Nursing of Minnesota. Arrangements were made for me to see the work in rural and urban districts.

I also attended the annual Public Health Convention at St. Louis.

Number of Nurses on the Staff, December 31st, 1941	40
Number of Nurses resigned during 1942	4
Number of Nurses on leave for Post-graduate study or on Military Service	8
Number of Nurses on the permanent staff, December 31st, 1942	34
Number of Nurses on the temporary staff, December 31st, 1942	2

Through the Federal grant to the Canadian Nurses' Association for Post-Graduate study, one member of the staff secured a bursary of $500.00, that enabled her to take the course in Public Health Nursing.

Public Health Nursing is a social necessity. We are a special group with a special opportunity for service and our teaching was never more important than at the present time. Our ranks have been depleted by war; each year, members of the staff are on leave for post-graduate study and we consequently have a number of temporary nurses without Public Health Nursing experience. All this only emphasizes the fact that it is incumbent upon us to achieve the maximum results from all our efforts.

We acknowledge gratefully the help and co-operation extended to us by the staffs of other departments within the Service; to members of the medical, dental and teaching professions, municipal officials and local service clubs, in the carrying out of our duties.

To you, Sir, we tender our sincere appreciation for your courtesy and guidance throughout the year.

Respectfully submitted,

ELIZABETH RUSSELL,

Director, Bureau of Public Health Nursing.

Division of Hospitalization

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

Dear Sir:

The report of this Division which is being submitted covers for the first time, the calendar year instead of the government fiscal year, as has been the custom in the past. This change was made largely through the recommendation of the Canadian Hospital Council, in their efforts to arrange a uniform basis throughout Canada for hospital reporting.

This report for the calendar year of 1941 covers forty-five hospitals, the same as the preceding report.

TOTAL BED CAPACITY AND BED COMPLEMENT

	Capacity	% of Total	Complement	% of Total
General	3,644	75%	3,397	75%
Tuberculosis	802	17%	764	17%
Other Infectious Diseases	399	8%	389	8%
Total	4,845		4,550	

The total Capacity has increased 27 beds and the total Complement has increased 36 beds since the last report.

SIZE CLASSIFICATION OF HOSPITALS (See Table 1)

	100 Beds or Over	50 to 99 Beds	Less than 50 Beds	Total
General	10	6	23	39
Tuberculosis	3	1	....	4
Other Infectious Diseases	1	1	....	2
Convalescent	....	1	....	1

(Note—Municipal Hospitals included under both Tuberculosis and Other Infectious Diseases).

NURSES' TRAINING SCHOOLS (See Form 1)

Nurses' Training Schools are carried on in the following hospitals:

Brandon General
Carman General
Children's
Dauphin General
Grace
Misericordia
Portage la Prairie General
St. Boniface General
St. Joseph's
Selkirk
Souris
The Pas

Morden — Victoria
Neepawa General — Winnipeg General

(Note—St. Roch's and the Municipal Hospitals are affiliated with the above institutions with regard to communicable diseases).

OUT-PATIENT DEPARTMENTS (See Form 1)

Four General Hospitals, all in Winnipeg, operate out-patient departments. During the year, 34,426 patients attended, receiving 104,388 treatments. Clinics are also held by the Manitoba Sanatorium and Central Tuberculosis Clinic, 8,593 patients being examined.

HOSPITAL PATIENTS (See Form 2)

	Year Ending	Adults	Newborns	Total
Fiscal Years	1938	62,243	7,386	69,629
	1939	64,541	8,111	72,652
	1940	69,866	8,545	78,411
	1941	72,919	10,136	83,055
Calendar Year	1941	74,494	10,504	84,998

HOSPITAL BEDS AND PATIENTS TREATED—1932-1941

	Year Ending	Population Number	Population % of 1932 Figure	Hospital Patients Number	Hospital Patients % of 1932 Figure	Hospital Beds Number	Hospital Beds % of 1932 Figure	Patients adm. per 1,000 of Population
Fiscal Year	1932	700,139	100.0	59,185	100.	3,890	100.	84
	1933	702,322	100.3	59,243	100.	3,942	101.	84
	1934	704,505	100.6	57,904	97.	3,973	102.	82
	1935	706,688	100.9	67,360	113.	4,087	105.	95
	1936	708,871	101.2	71,578	120.	4,150	106.	100
	1937	711,056	101.5	77,462	130.	4,303	110.	108
	1938	713,241	101.8	69,629	117.	4,435	113.	97
	1939	715,426	102.1	72,652	123.	4,598	118.	101
	1940	717,611	102.4	78,411	132.	4,765	122.	109
	1941	719,043	102.7	83,055	140.	4,818	124.	115
Calendar Year	1941	722,447	103.1	84,998	144.	4,845	125.	118

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

Hospital Days—1932-1941:

	Year Ending	Number	% of 1932
Fiscal Year	1932	897,204	100.
	1933	892,224	99.
	1934	874,582	97.
	1935	976,812	107.
	1936	1,048,454	117.
	1937	1,073,834	120.
	1938	1,037,162	116.
	1939	1,094,872	122.
	1940	1,159,523	129.
	1941	1,184,118	132.
Calendar Year	1941	1,200,202	134.

AVERAGE DAYS' STAY (See Form II)

The average number of days each patient stays varies widely in the general hospitals.

Average Number of Days' Stay in General Hospitals:

Days	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
General Hospitals	1	5	12	8	5	2	2	2	1	1

BED OCCUPANCY (See Form II)

Tuberculosis Sanatoria averaged 80%, 89% and 98% of capacity.

Infectious Disease Hospitals averaged 60% and 74% of capacity.

General Hospitals		Occupancy %	Bed Complement	% of Gen. Hospital Beds	Hospital Days	% of Gen. Hospital Days
	1. Winnipeg General	94				
	2. St. Boniface Gen.	89				
Over 75%	3. Grace	79				
	4. Children's	77				
			1,516	44%	478,785	55%
	5. Brandon General	74				
	6. Victoria	73				
	7. Misericordia	70				
	8. Portage la Prairie	70				
	9. Ste. Rose	67				
	10. Deloraine	67				
	11. St. Joseph's	63				
51% to	12. Winkler	63				
75 %	13. Morden	62				
	14. Vita	62				
	15. Steinbach	60				
	16. Selkirk	59				
	17. Dauphin	55				
	18. Pine Falls	54				
	19. Concordia	53				
	20. Carman	53				
	21. Souris & Glenwood	52				
	22. Virden	52				
			1,368	40%	319,972	36%

General Hospitals		Occupancy %	Bed Complement	% of Gen. Hospital Beds	Hospital Days	% of Gen. Hospital Days
	23. Hamiota Gen.	50				
	24. Birtle	49				
	25 Gladstone	46				
	26. Neepawa	43				
	27. Altona	43				
50% and	28. The Pas	42				
less	29. Flin Flon	40				
	30. Shoal Lake	40				
	31. Eriksdale	40				
	32. Swan River	39				
	33. Russell	37				
	34. Minnedosa	36				
	35. Winnipegosis	36				
	36. Gimli	32				
	37. Teulon	29				
	38. Grandview	27				
	39. Ethelbert	22	535	16%	75,922	9%

Seventeen hospitals were operated at less than 51% capacity. The operation of a hospital at less than 50% to 60% capacity is said to be uneconomical. Only 7 of the 17 in this group, however, reported deficits.

DEATHS (See Form II)

The total number of deaths in all public hospitals was 2,606.

RESIDENCE OF PATIENTS ADMITTED DURING THE YEAR

	Number	% of Total
Residents of Organized Territory of Manitoba	63,283	91%
Residents of Unorganized Territory of Manitoba	3,329	5%
Non-Residents of Manitoba	2,396	4%
Total admissions during the year	69,008	

REVENUE OF ALL PUBLIC HOSPITALS (See Forms IV and V)

	Amount	% of Total Income
Charges to Patients	$3,296,096.12	64%
Municipal Grants	1,171,061.70	23%
Provincial Government Grants	441,244.28	9%
Special Revenue	15,023.45	4%
Maintenance Income	4,923,425.55	
Non-operating Income	235,835.45	
Total Revenue	5,159,261.00	
Less Uncollectible—Written Off	1,782,031.46	34%
Net Income	$3,377,229.54	

CURRENT OPERATING COST (See Form III and Table III)

The total maintenance expenditure reported by all hospitals, not including depreciation, was $3,085,728.82, which was equivalent to $2.57 per patient day. This is a decrease of 11c. per day over the previous year.

STATUTORY GRANT (See Form VI)

Under Section 3, Subsections (1) and (3) of Part I of The Hospital Aid Act, 40c per day is paid for each adult public ward patient day and 50c per day when the condition under treatment is a communicable disease, while 20c per day is paid for newborn infants. The total grant this year was $441,880.73 — $15,824.73 more than last year, and the largest amount paid to date.

Under Section 3, Subsection (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 calendar year ending December 31st, 1941:

Ste. Rose Hospital	29 days
Selkirk General Hospital	14 days
Grace Hospital	56 days
Total	99 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 $5,400.00 per annum.

The Pas Hospital for $10,000.00 per annum.

Payments to the Flin Flon General Hospital for this year's work were arranged for in the agreement of 1939.

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:

	Total	Tuberculosis	Other Diseases
From Unorganized Territory	$ 93,180.12	$53,477.53	$39,702.59
Non-Residents, etc. (See Form VII)	19,335.22	4,309.20	15,026.02
	$112,515.34	$57,786.73	$54,728.61

Respectfully submitted,

C. R. DONOVAN, M.D.,
Director, Division of Hospitalization.

FORM I.

MANITOBA HOSPITALS

GENERAL INFORMATION RE ACCOMMODATION AND SERVICES PROVIDED

Calendar Year Ending December 31, 1941.

Hospital	Character of Service	Bed Capacity	Bed Complement	Nurses			Out-Patient Dept.	Medical Staff	Clinical Lab.	X-Ray	Ward Service			Contagious Disease Beds
				Graduate	Student	Internes					Private	Semi-Private	Public	
Altona	General	27	26	4	....	....	....	.....	.....	Av.	No	Yes	Yes	.....
Birtle	General	18	16	1	....	....	....	.....	.....	Org.	Yes	Yes	Yes	.....
Brandon	General	222	176	12	67	2	....	Yes	Org.	Org.	Yes	Yes	Yes	30
Carman	General	53	53	2	11	....	....	.....	Av.	Av.	Yes	Yes	Yes	2
Dauphin	General	108	108	11	25	....	....	Yes	Av.	Org.	Yes	Yes	Yes	3
Deloraine	General	18	22	5	....	....	....	.....	.....	Org.	Yes	Yes	Yes	.....
Eriksdale	General	25	25	4	....	....	....	.....	.....	.....	.....	.....	Yes	2
Ethelbert	General	24	18	3	....	....	....	.....	.....	.....	.....	Yes	Yes	.....
Flin Flon	General	50	50	9	....	....	....	.....	Av.	Av.	Yes	Yes	Yes	4
Gimli	General	48	40	2	....	....	....	.....	Av.	Org.	Yes	Yes	Yes	.....
Gladstone	General	26	22	3	....	....	....	.....	Av.	Av.	Yes	Yes	Yes	.....
Grandview	General	20	19	2	....	....	....	.....	.....	.....	Yes	Yes	Yes	1
Hamiota	General	15	13	2	....	....	....	.....	.....	Av.	Yes	.....	Yes	.....
Minnedosa	General	18	18	3	....	....	....	.....	.....	.....	Yes	Yes	Yes	.....
Morden	General	39	37	5	13	....	....	.....	Av.	Org.	Yes	Yes	Yes	.....
Neepawa	General	40	40	4	12	....	....	.....	Av.	.....	Yes	Yes	Yes	.....
Ninette—Manitoba San.	Tuberculosis	289	289	22	....	....	Yes	Yes	Org.	Org.	.....	.....	Yes	.....
Pine Falls	General	28	28	4	....	....	....	Yes	Av.	Av.	Yes	Yes	Yes	2
Portage la Prairie	General	90	81	8	26	....	....	Yes	Org.	Org.	Yes	Yes	Yes	8
Russell	General	63	51	8	....	....	....	.....	Org.	Org.	Yes	Yes	Yes	.....
St. Vital—St. Boniface San.	Tuberculosis	323	288	17	....	1	Aff.	Yes	Org.	Org.	Yes	Yes	Yes	.....
Ste. Rose	General	46	46	6	....	....	....	.....	Av.	Av.	Yes	Yes	Yes	1
Selkirk	General	72	64	3	15	....	....	Yes	.....	Av.	Yes	Yes	Yes	4
Shoal Lake	General	23	23	3	....	....	....	.....	.....	Av.	Yes	Yes	Yes	.....

Steinbach	General	48	38	5	....	....	....	.....	.....	Org.	Yes	No	Yes	.....
Souris and Glenwood	General	41	34	4	7	....	....	.....	.....	Av.	Yes	Yes	Yes	.....
Swan River	General	31	27	3	....	....	....	.....	.....	Av.	Yes	Yes	Yes	.....
Teulon	General	45	37	4	....	....	....	.....	.....	Av.	Yes	Yes	Yes	9
The Pas	General	110	88	8	16	....	....	Yes	Av.	Av.	Yes	Yes	Yes	4
Virden	General	30	27	8	....	....	....	.....	.....	Org.	Yes	Yes	Yes	2
Vita	General	32	28	4	....	1	....	.....	Av.	Av.	.....	Yes	Yes	1
Winkler	General	28	28	4	....	....	....	.....	Av.	Av.	Yes	Yes	Yes	.....
Winnipegosis	General	26	22	1	2	....	....	.....	.....	Org.	Yes	Yes	Yes	4
WINNIPEG:														
Central T.B. Clinic	Tuberculosis	50	47	8	....	....	Yes	Yes	Org.	Org.	.....	Yes	Yes	.....
Children's	Children	155	145	29	24	4	Yes	Yes	Org.	Org.	Yes	Yes	Yes	.....
Concordia	General	60	53	5	....	....	....	.....	Av.	Org.	Yes	Yes	Yes	.....
Convalescent	Convalescent	50	50	2	....	....	....	.....	.....	Org.	Yes	Yes	Yes	.....
Grace	General	271	267	17	59	3	Yes	Yes	Org.	Org.	Yes	Yes	Yes	.....
Misericordia	General	299	296	18	88	6	....	Yes	Org.	Org.	Yes	Yes	Yes	.....
Municipal	Contag. Dis. Tuberculosis	370	370	36	29	2	....	Yes	.....	Org.	Yes	Yes	Yes	230
St. Boniface Gen.	General	525	500	71	152	20	Yes	Yes	Org.	Org.	Yes	Yes	Yes	.....
St. Joseph's'	General	130	118	12	25	4	....	Yes	Org.	Org.	Yes	Yes	Yes	.....
St. Roch's	Contag. Dis. Venerology	97	87	7	10	1	Aff.	Yes	Av.	Av.	Yes	Yes	Yes	82
Victoria	General	131	131	10	37	3	....	Yes	Org.	Org.	Yes	Yes	Yes	.....
Winnipeg General	General	631	604	105	179	34	Yes	Yes	Org.	Org.	Yes	Yes	Yes	.....
		4,845	4,550	504	797	81								389

NOTE: "Org."—Organized; "Av."—Available; "Aff."—Affiliated.

FORM II. MANITOBA HOSPITALS—STATISTICS FOR CALENDAR YEAR ENDING DECEMBER 31, 1941

HOSPITAL	Bed Complement	Number of Patients Treated			HOSPITAL DAYS					Av. Days' Stay of Discharged Patients	Av. No. of Patients in Hospital Daily	% Bed Occupancy	No. of Deaths During Year	Death Rate
					Adult		Infant							
		Adult	Infant	Total	Private	Public	Private	Public	Total					
Altona	26	371	122	493	11	3,100	.....	1,291	4,402	8.94	12.06	42.61	10	2.07
Birtle	16	219	46	265	105	2,209	40	408	2,762	10.43	7.56	48.76	4	1.52
Brandon	176	2,878	381	3,259	8,103	34,953	1,303	3,673	48,032	14.29	131.59	73.72	142	4.55
Carman	53	730	123	853	1,807	6,364	344	913	9,428	11.17	25.83	53.30	16	1.92
Dauphin	108	2,376	268	2,644	3,365	17,045	398	1,960	22,768	8.17	62.37	54.82	78	3.01
Deloraine Memorial	22	630	93	723	154	4,235	8	874	5,271	6.95	14.33	66.80	23	3.21
Eriksdale	25	300	99	399	.....	2,619	.....	847	3,466	8.96	9.49	39.86	15	3.82
Ethelbert	18	154	48	202	9	1,218	.....	475	1,702	8.35	4.66	22.41	2	1.01
Flin Flon	50	900	233	1,133	1,539	4,404	746	1,432	8,121	7.22	22.24	40.70	13	1.16
Gimli	40	486	73	559	118	3,828	.....	785	4,731	8.23	12.96	31.79	17	3.13
Gladstone	22	327	53	380	127	2,533	.....	534	3,194	8.51	8.75	45.54	14	3.83
Grandview	19	311	71	382	6	1,563	.....	435	2,004	5.34	5.47	26.86	6	1.64
Hamiota	13	238	63	301	202	1,801	50	529	2,582	8.62	7.07	49.88	11	3.69
Minnedosa	18	233	61	294	251	1,457	73	503	2,284	8.11	6.25	35.99	16	5.65
Morden	37	615	77	692	901	6,087	116	681	7,785	10.94	21.32	61.75	21	3.12
Neepawa	40	666	121	787	531	4,522	123	1,061	6,237	7.13	17.08	43.26	18	2.34
Ninette—Manitoba San.	289	529	.....	529	1,406	102,294	.....	.....	103,700	361.76	284.10	98.30	13	5.00
Pine Falls	28	437	75	512	1,249	3,109	72	589	5,019	9.49	13.75	54.27	10	2.01
Portage la Prairie	81	1,595	343	1,938	3,051	13,928	649	2,494	20,122	9.94	55.12	70.48	99	5.25
Russell	51	748	106	854	541	5,470	133	897	7,041	8.10	19.29	36.59	30	3.60
St. Vital—St. Boniface San.	288	543	6	549	3,496	88,588	.....	297	92,381	333.36	253.09	88.52	52	16.82
Ste. Rose	46	1,160	133	1,293	1,045	8,697	55	901	10,698	8.46	29.29	66.72	44	3.48
Selkirk	64	1,631	272	1,903	2,305	8,843	294	1,899	13,341	7.00	36.55	58.73	54	2.89
Shoal Lake	23	287	73	360	218	2,442	.....	719	3,379	9.41	9.25	40.48	11	3.10
Steinbach	38	694	277	971	389	5,562	65	2,452	8,468	9.18	23.20	60.33	19	2.00
Souris	34	681	85	766	478	4,472	224	692	5,866	7.59	16.07	52.16	20	2.64
Swan River	27	402	55	457	92	3,169	.....	481	3,742	8.49	10.25	38.84	20	4.45

Teulon	37	387	51	438	137	3,190	.....	449	3,776	7.89	10.34	29.40	9	2.09
The Pas	88	1,262	111	1,373	5,583	7,025	323	797	13,728	9.72	37.61	42.12	45	3.34
Virden	27	488	60	548	571	3,754	.....	540	4,865	7.87	13.32	51.51	15	2.82
Vita	28	502	103	605	460	3,862	.....	1,100	5,422	8.20	14.74	62.32	11	1.86
Winkler	28	565	208	773	43	4,334	9	1,729	6,115	7.97	16.75	66.62	8	1.05
Winnipegosis	22	174	44	218	781	1,575	.....	415	2,771	12.57	7.59	35.85	6	2.84
WINNIPEG:														
Central T.B. Clinic	47	392	.....	392	.....	13,676	.....	.....	13,676	40.39	37.46	79.72	17	4.56
Children's	145	2,304	.....	2,304	1,319	36,687	.....	.....	38,006	15.15	104.12	77.13	55	2.51
Concordia	53	860	163	1,023	4,909	3,336	843	676	9,764	7.13	26.75	52.53	19	1.89
Convalescent	50	209	.....	209	.....	12,101	.....	.....	12,101	47.44	33.15	66.30	2	1.18
Grace	267	3,957	1,474	5,431	11,803	48,797	4,348	9,262	74,210	13.12	203.31	78.68	148	2.82
Misericordia	296	7,036	1,135	8,171	23,599	40,052	3,483	7,626	74,760	9.11	204.82	70.31	193	2.42
Municipal	370	3,049	1	3,050	8,228	72,451	.....	10	80,689	26.15	221.06	59.74	91	3.23
St. Boniface General	500	12,790	1,633	14,423	24,872	122,147	1,252	14,156	162,427	11.53	445.00	88.52	446	3.16
St. Joseph's	118	2,493	506	2,999	5,294	17,273	700	3,563	26,830	9.22	73.50	63.08	78	2.66
St. Roch's	87	1,005	21	1,026	985	21,178	.....	1,513	23,676	29.46	64.84	74.04	23	2.36
Victoria	131	3,007	478	3,485	7,507	22,473	775	3,963	34,718	9.93	95.11	73.33	115	3.19
Winnipeg General	604	13,873	1,159	15,032	69,558	122,752	4,910	6,922	204,142	13.40	559.29	94.42	547	3.77
	4,550	74,494	10,504	84,998	197,148	901,175	21,836	80,543	1,195,337					

Note:—Manitoba Sanatorium returns for 11 months only.
Central T. B. Clinic " " 11 " "
Gladstone Hospital " " 8 " "

FORM III.

MANITOBA HOSPITALS—ANNUAL STATEMENT OF EXPENDITURES FOR YEAR ENDING DECEMBER 31, 1941

Hospital	Salaries	Dietary	Other Supplies	Purchased Services	Taxes, Insurance, Interest	Miscellaneous	Repairs and Minor Replacements	Total Maintenance Expenditure	Depreciation	Total Expenditure
Altona	$ 3,066.30	$ 1,497.18	$ 1,619.56	$ 415.26	$ 99.96	$ 84.00	$ 570.51	$ 7,352.77	$ 754.43	$ 8,107.20
Birtle	1,473.80	1,010.34	1,418.90	277.53	161.04	735.89	.....	5,077.50	.....	5,077.50
Brandon	38,005.69	24,222.74	32,086.91	5,787.29	17,362.89	.....	6,582.11	124,047.63	9,378.84	133,426.47
Carman	8,014.55	6,108.08	6,178.94	2,178.73	217.20	10.50	1,372.22	24,080.22	.....	24,080.22
Dauphin	19,821.44	8,448.80	11,372.64	3,259.82	492.31	485.07	1,670.04	45,550.12	2,693.03	49,616.76
Deloraine	5,539.24	3,443.55	4,919.80	1,134.14	233.05	170.23	443.54	15,883.55	.....	15,883.55
Eriksdale	4,159.02	1,836.82	1,370.37	415.30	.....	.....	545.24	8,326.75	906.00	10,132.75
Ethelbert	5,272.00	1,123.54	1,010.07	453.42	101.55	42.56	1,569.27	9,572.41	310.00	9,882.41
Flin Flon	10,166.71	4,330.76	4,300.73	1,512.19	3,666.88	310.44	654.17	24,941.88	3,825.30	28,767.23
Gimli	1,161.60	1,109.65	1,743.65	518.47	2,345.62	2,137.00	72.85	9,088.84	.....	9,088.84
Gladstone	1,979.50	747.47	806.55	321.86	32.20	10.00	467.64	4,365.22	360.00	4,725.22
Grandview	No financial return made out.									
Hamiota	2,646.54	1,098.51	1,444.89	431.03	75.00	17.00	421.07	6,134.04	.....	6,134.04
Minnedosa	2,330.80	1,117.07	1,819.47	315.58	65.54	.....	455.85	6,104.31	.....	6,104.31
Morden	8,047.95	4,671.81	5,140.00	1,601.92	281.12	394.74	641.74	20,779.28	1,252.00	22,031.28
Neepawa	6,576.28	3,447.54	3,999.33	1,094.72	560.86	995.35	743.82	17,417.90	1,200.00	18,617.90
Ninette-Manitoba San.	96,327.82	50,921.89	32,963.38	4,166.72	11,600.40	295.59	10,427.66	206,703.46	.....	206,703.46
Pine Falls	8,356.96	3,868.98	5,936.45	4,136.39	253.08	20.67	909.15	23,481.68	.....	23,481.68
Portage la Prairie	18,610.54	9,086.88	15,353.55	3,683.82	1,070.93	206.60	282.62	48,294.94	.....	48,294.94
Russell	4,620.00	2,813.31	3,215.29	491.83	649.30	88.95	9,394.92	21,273.60	390.00	21,663.60
St. Vital-St. Boniface San.	77,109.34	43,131.60	28,608.58	8,027.79	30,912.06	2,240.08	11,276.83	201,306.28	20,805.89	222,112.17
Ste. Rose	11,638.95	4,085.04	3,949.13	1,238.55	3,249.55	263.08	781.14	25,205.44	2,910.49	28,276.83
Selkirk	9,366.62	5,075.38	7,792.77	2,292.14	527.78	.....	3,116.61	28,171.30	2,763.69	30,934.99
Shoal Lake	3,978.77	1,428.62	1,068.74	372.07	62.93	30.00	151.62	7,092.75	884.76	7,977.49
Steinbach	5,037.08	1,755.61	2,033.59	651.46	93.45	252.24	694.29	10,517.72	1,370.81	11,888.53

Souris	5,242.00	3,134.00	3,920.00	2,102.00	501.00	117.00	1,807.00	16,823.00	.....	16,823.00
Swan River	3,753.10	2,040.88	2,084.18	475.91	42.93	328.33	938.82	9,664.15	.....	9,656.32
Teulon	5,791.93	2,047.30	2,329.87	639.88	129.13	178.59	112.94	11,229.64	1,225.00	12,454.64
The Pas	20,090.67	5,674.55	6,182.85	3,539.68	9,857.57	375.41	2,167.65	47,888.38	4,821.62	52,710.00
Virden	No financial return made out.									
Vita	9,077.10	1,900.65	2,908.52	982.00	.....	600.00	.....	15,468.27	1,310.03	16,778.30
Winkler	2,980.65	1,241.23	1,972.99	259.90	32.30	.....	63.30	6,550.37	488.37	7,044.42
Winnipegosis	1,780.00	1,296.66	1,484.83	311.17	940.55	62.00	244.07	6,119.28	.....	6,119.28
WINNIPEG:										
Central T.B. Clinic	21,929.08	6,764.65	9,138.57	2,416.53	248.28	77.96	342.05	40,917.12	.....	40,917.12
Children's	77,228.92	22,284.47	23,894.10	6,482.93	5,745.59	.....	2,104.95	137,740.96	7,550.88	145,291.84
Concordia	6,955.03	2,780.49	5,137.43	1,260.23	1,293.86	109.16	490.52	18,026.72	2,760.33	20,787.05
Convalescent	3,149.51	3,295.11	2,275.91	806.36	95.43	2,003.10	741.08	12,366.50	403.14	12,769.64
Grace	36,802.75	20,166.14	28,797.71	12,063.39	8,039.53	6,251.52	27,483.84	139,604.88	1,514.50	156,251.89
Misericordia	99,318.01	38,004.92	59,584.65	10,154.38	16,430.36	1,062.00	4,487.58	229,041.90	22,142.66	251,184.56
Municipal	157,437.28	40,384.34	36,527.88	12,677.89	48,776.76	945.50	27,658.63	324,408.28	62,433.81	386,842.09
St. Boniface Gen.	198,161.98	84,665.39	88,971.36	12,368.79	29,702.87	452.06	33,274.26	447,596.71	38,484.27	458,875.12
St. Joseph's	34,493.15	13,546.67	18,509.59	6,124.91	4,798.73	277.79	3,093.62	80,844.46	719.00	87,963.46
St. Roch's	20,930.90	9,386.49	9,849.61	1,817.58	5,428.68	152.30	1,874.69	49,440.25	5,463.66	54,903.91
Victoria	19,634.33	15,253.26	23,154.67	9,003.20	1,675.05	445.19	2,782.62	71,948.32	5,040.08	76,988.40
Winnipeg General	357,147.44	123,325.21	161,348.39	30,714.78	41,600.69	4,545.54	11,160.58	729,842.63	.....	729,842.63
	$1,435,211.33	$583,573.53	$668,226.40	$158,979.54	$249,454.01	$26,773.44	$174,073.11	$3,296,291.41	$210,562.59	$3,497,213.04

NOTE: Manitoba Sanatorium returns for 11 months only.
Central T. B. Clinic " " 11 " "
Gladstone Hospital " " 8 " "

TABLE IV. MANITOBA HOSPITALS—ANNUAL STATEMENT OF

Hospital	Private and Semi-Private	Public Ward	Special Services	Prov. Gov't. Grants	Municipal Grants
Altona	$	$ 4,707.03	$ 1,474.45	$ 1,246.40	$ 1,163.50
Birtle	266.45	2,958.00	810.77	1,255.80	738.25
Brandon	34,074.62	87,166.65	18,576.91	12,603.10	24,832.14
Carman	4,938.50	9,720.25	4,664.63	2,638.90	2,850.00
Dauphin	8,795.50	29,449.55	12,001.56	6,194.80	24,259.84
Deloraine	854.75	10,235.75	3,813.67	1,843.00	4,179.75
Eriksdale	.....	4,563.75	264.90	.....	1,012.50
Ethelbert	48.50	2,236.75	586.55	698.80	918.75
Flin Flon	5,497.00	12,600.00	6,198.79	.....	805.00
Gimli	408.00	5,770.50	2,566.03	1,625.40	1,613.00
Gladstone	207.50	2,332.50	614.10	752.60	743.75
Grandview	No financial return made out.				
Hamiota	429.00	3,020.41	1,304.00	.....	73.00
Minnedosa	860.00	3,134.60	653.50	1,188.80	1,882.70
Morden	2,913.50	11,385.25	4,539.51	2,559.10	4,554.00
Neepawa	2,027.00	13,311.15	2,522.74	2,313.10	.....
Ninette (Manitoba San.)	3,538.90	182,660.60	.....	51,529.50	131,312.98
Pine Falls	3,125.50	7,948.00	4,376.13	5,400.00	350.25
Portage	9,143.30	24,300.20	9,753.80	907.60	11,979.54
Russell	2,156.50	8,440.50	3,148.30	2,367.40	250.00
St. Vital (St. Boniface San.)	14,074.30	130,501.90	30,878.97	45,760.90	125,985.00
Ste. Rose	2,606.25	14,684.50	7,894.45	5,698.10	6,785.60
Selkirk	4,477.00	15,840.50	6,645.28	4,000.75	11,618.47
Shoal Lake	763.00	4,202.25	2,134.80	1,075.20	345.00
Steinbach	537.30	8,570.10	2,508.76	2,791.40	2,639.20
Souris	1,556.00	10,094.00	2,984.00	1,885.00	2,000.00
Swan River	338.90	3,568.87	976.30	2,322.25	2,152.27
Teulon	276.25	5,241.00	944.83	1,536.00	3,624.09
The Pas	18,468.50	14,683.80	7,217.84	10,564.00	810.75
Virden	No financial returns made out.				
Vita	1,380.00	6,893.00	2,619.50	1,862.40	2,299.00
Winkler	70.00	5,003.25	1,693.55	2,099.40	488.00
Winnipegosis	1,952.50	2,679.29	7.50	860.60	1,101.25
WINNIPEG:					
Central T.B. Clinic	345.40	25,323.60	.....	10,730.00	19,456.16
Children's	5,862.00	66,087.86	19,584.52	15,182.00	28,986.01
Concordia	.....	14,858.49	6,218.33	.....	.....
Convalescent	.....	1,580.21	.....	3,805.68	6,779.03
Grace	36,752.25	61,020.75	37,246.80	21,609.00	20,589.84
Misericordia	93,586.76	87,226.05	84,158.17	17,552.90	27,741.60
Municipal	2,037.50	91,212.50	23,766.32	64,785.50	11,908.00
St. Boniface	82,768.70	198,926.63	218,928.79	51,904.60	123,338.38
St. Joseph's	16,840.60	28,148.75	25,038.70	7,621.80	14,560.12
St. Roch's	2,059.40	31,359.88	4,797.76	9,333.50	24,641.83
Victoria	36,904.23	32,941.40	11,652.92	10,377.90	33,504.19
Winnipeg General	249,914.17	321,549.57	438,662.10	50,324.10	182,828.07
	$652,855.53	$1,608,139.59	$1,014,430.53	$434,807.28	$865,700.81

NOTE: Manitoba Sanatorium returns for 11 months only.
Central T. B. Clinic " " 11 " "
Gladstone Hospital " " 8 " "

INCOME FOR YEAR ENDING DECEMBER 31, 1941.

Special Grants	Out-Patients	Total Maintenance Income	Amounts Written Off as Uncollectible	Other Revenue	Special Revenue	Capital Revenue	Total Income
$	$	$ 8,621.38	$ 1,633.72	$ 1,116.56	$	$ 280.00	$ 8,384.22
.....	.....	6,029.27	1,648.05	776.30	.....	.....	5,157.52
.....	.....	177,253.42	34,349.78	1,245.99	.....	.....	144,149.63
.....	1,159.10	25,971.38	2,169.00	1,823.08	.....	.....	25,625.46
.....	.....	80,701.25	30,325.77	204.32	.....	.....	50,579.80
.....	.....	20,926.92	6,136.00	545.51	.....	.....	15,336.43
750.00	.....	5,841.15	1,395.50	3,492.14	900.00	.....	9,587.79
.....	.....	4,489.35	4,387.54	5,247.35	968.75	.....	6,317.91
.....	.....	25,100.79	9,510.99	5,860.12	.....	.....	21,449.98
.....	.....	11,982.93	3,259.25	410.00	.....	.....	9,133.68
.....	.....	4,650.45	213.45	292.99	.....	.....	4,729.99
1,200.00	.....	6,026.41	.....	53.79	.....	.....	6,080.20
.....	.....	7,719.80	2,496.00	508.25	.....	.....	5,731.85
.....	.....	25,951.36	1,860.95	392.08	.....	.....	24,482.49
1,450.00	.....	21,623.99	4,343.47	77.29	.....	.....	17,357.81
.....	397.00	369,438.98	180,452.03	9,696.32	.....	.....	198,683.27
.....	.....	21,199.88	5,901.20	.....	.....	.....	15,298.68
5,226.50	.....	61,310.94	19,909.32	2,616.76	.....	.....	44,010.22
.....	.....	16,362.70	2,447.70	4,440.00	.....	.....	18,355.00
.....	.....	343,201.07	158,418.47	4,801.82	.....	.....	189,584.42
.....	.....	35,668.90	9,573.53	434.00	163.04	.....	26,692.41
.....	547.45	43,129.45	14,673.75	643.49	.....	.....	29,099.19
160.50	.....	8,680.75	1,153.01	36.55	.....	.....	7,564.29
.....	.....	17,046.76	4,894.96	365.28	.....	.....	12,517.08
.....	180.00	18,699.00	2,000.00	564.00	.....	.....	17,263.00
.....	.....	9,358.59	990.90	1,345.75	.....	.....	9,713.44
2,776.78	.....	14,398.95	4,124.09	321.78	.....	.....	10,596.64
.....	.....	51,744.89	16,029.46	12,981.06	2,314.38	.....	51,010.87
3,951.29	4,278.56	23,283.75	6,580.88	.....	.....	.....	16,702.87
.....	.....	9,354.20	619.35	369.87	.....	.....	9,104.72
.....	.....	6,601.14	1,061.25	1,780.00	.....	.....	7,319.89
.....	.....	55,855.16	24,918.37	.....	.....	.....	30,936.79
500.00	2,960.70	139,163.09	47,210.43	49,717.53	.....	4,293.58	145,963.77
.....	.....	21,076.82	964.13	2,231.31	.....	.....	22,344.00
.....	.....	12,164.92	.....	36.85	.....	.....	12,201.77
.....	.....	155,609.64	47,593.62	20,955.92	.....	.....	150,580.94
.....	.....	310,265.48	79,982.11	9,401.88	1,000.00	.....	240,685.25
238,630.98	9,410.90	441,751.70	101,470.19	46,560.58	.....	.....	386,842.09
.....	1,736.76	677,603.86	271,665.58	22,287.82	.....	.....	428,226.10
.....	.....	92,209.97	27,489.96	17.75	.....	14,255.94	78,993.70
.....	.....	72,192.37	29,042.48	2,543.56	.....	.....	45,693.45
.....	.....	125,380.64	36,992.66	810.22	.....	.....	89,198.20
57,130.00	.....	1,300,408.01	582,142.56	.....	9,677.28	.....	727,942.73
$311,776.05	$20,670.47	$4,444,299.56	$1,782,031.46	$217,005.93	$15,023.45	$18,829.52	$3,377,229.54

FORM V.

MANITOBA HOSPITALS—

FINANCIAL STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 1941.

Hospital	Total Income	Total Expenditure	Net Profit	Net Loss
Altona	$ 8,384.22	$ 8,107.20	$ 277.02	$
Birtle	5,157.52	5,077.50	80.02	
Brandon	144,149.63	133,426.47	10,723.16	
Carman	25,625.46	24,080.22	1,545.24	
Dauphin	50,579.80	49,616.76	963.04	
Deloraine	15,336.43	15,883.55		547.12
Eriksdale	9,587.79	10,132.75		544.96
Ethelbert	6,317.91	9,882.41		3,564.50
Flin Flon	21,449.98	28,767.23		7,317.25
Gimli	9,133.68	9,088.84	44.84	
Gladstone	4,729.99	4,725.22	4.77	
Grandview—No financial return made.				
Hamiota	6,080.20	6,134.04		53.84
Minnedosa	5,731.85	6,104.31		372.46
Morden	24,482.49	22,031.28	2,451.21	
Neepawa	17,357.81	18,617.90		1,260.09
Ninette—Manitoba Sanatorium	198,683.27	206,703.46		8,020.19
Pine Falls	15,298.68	23,481.68		8,183.00
Portage la Prairie	44,010.22	48,294.94		4,284.72
Russell	18,355.00	21,663.60		3,308.60
St. Vital—St. Boniface San.	189,584.42	222,112.17		32,527.75
Ste. Rose	26,692.41	28,276.83		1,584.42
Selkirk	29,099.19	30,934.99		1,835.80
Shoal Lake	7,564.29	7,977.49		413.20
Steinbach	12,517.00	11,888.53	628.55	
Souris	17,263.00	16,823.00	440.00	
Swan River	9,713.44	9,656.32	57.12	
Teulon	10,596.64	12,454.64		1,858.00
The Pas	51,010.87	52,710.00		1,699.13
Virden—No financial return made.				
Vita	16,702.87	16,778.30		75.43
Winkler	9,104.72	7,044.42	2,060.30	
Winnipegosis	7,319.89	6,119.28	1,200.61	
WINNIPEG:				
Central T. B. Clinic	30,936.79	40,917.12		9,980.33
Children's	145,963.77	145,291.84	671.93	
Concordia	22,344.00	20,787.05	1,556.95	

Hospital	Total Income	Total Expenditure	Net Profit	Net Loss
Convalescent	12,201.77	12,769.64		567.87
Grace	150,580.94	156,251.89		5,670.95
Misericordia	240,685.25	251,184.56		10,499.31
Municipal*	386,842.09	386,842.09		
St. Boniface General	428,226.10	486,080.98		57,854.88
St. Joseph's	78,993.70	87,963.46		8,969.76
St. Roch's	45,693.45	54,903.91		9,210.46
Victoria	89,198.20	76,988.40	12,209.80	
Winnipeg General	727,942.73	745,789.20		17,846.47
	$3,377,229.54	$3,540,365.47	$34,914.56	$198,050.49

*NOTE: No loss shown for Municipal Hospitals as City of Winnipeg makes up any deficit.
Manitoba Sanatorium returns for 11 months only.
Central T. B. Clinic " " 11 " "
Gladstone Hospital " " 8 " "

Year		Total Patients Treated	Hospital Days			Public Ward Days % of Total
			Public	Private	Total	
Fiscal Year	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
	1941	83,055	989,927	194,191	1,184,118	83.6
	*1941	84,998	981,718	218,484	1,200,202	81.79

* Calendar year.

TABLE No. II.

Hospital	(Fiscal) 1938		(Fiscal) 1939		(Fiscal) 1940		(Fiscal) 1941		(Calendar) 1941	
	Days	%	Days	%	Days	%	Days	%	Days	%
Isolation	82,451	8.	47,467	4.3	55,524	4.8	42,869	3.6	104,365	8.6
T.B. San.	193,383	18.6	251,417	23.	262,294	22.6	260,101	22.	209,757	17.4
General	761,328	73.4	795,988	72.7	841,705	72.6	881,148	74.4	886,080	73.8
	1,037,162		1,094,872		1,159,523		1,184,118		1,200,202	

TABLE No. III.

OPERATING COST PER PATIENT DAY FOR ALL HOSPITALS

Fiscal Year	1938	(Salaries 45.4%	Food 19.1% ($2.50)	Supplies and Sundries 35.5%)
	1939	(Salaries 48.6%	Food 17.7% ($2.59)	Supplies and Sundries 33.7%)
	1940	(Salaries 43.5%	Food 17.2% ($2.65)	Supplies and Sundries 39.3%)
	1941	(Salaries 43.3%	Food 16.9% ($2.68)	Supplies and Sundries 39.8%)
	*1941	(Salaries 46.8%	Food 19.6% ($2.55)	Supplies and Sundries 33.6%)

* Calendar year.

TABLE No. IV.

DIVISION OF HOSPITALIZATION

PER CAPITA COST FOR RESIDENTS OF UNORGANIZED TERRITORY

For Calendar Year ending December 31, 1941.

Area	Estimated Population	Tuberculosis		Other Diseases		
		Total Expenditure	Per Cap. Cost	Total Expenditure	Per Cap. Cost	Total per Capita Cost
1. Northern Manitoba, north of the 45th township	4,000	$12,036.65	3.09	$10,512.66	2.62	5.71
2. South of the 45th township to Duck Mountain Reserve and West of Lake Winnipegosis	6,473	6,631.20	1.02	8,600.90	1.32	2.34
3. West of Lake Manitoba	3,212	11,641.70	3.65	5,085.85	1.58	5.23
4. Between the Lakes, south of Fairford River	2,360	3,510.00	1.48	2,131.00	.90	2.38
5. Between the Lakes, north of Fairford River	1,392	3,980.00	2.85	1,065.75	.76	3.61
6. Disorganized Municipality of Fisher Branch	2,016	2,488.30	1.23	6,530.83	3.23	4.46
7. Disorganized Municipalities of Chatfield and Armstrong	3,715	3,984.90	1.07	3,825.85	1.02	2.09
8. Disorganized Municipality of Kreuzberg	4,032	3,661.50	.90	4,312.89	1.07	1.97
9. Area along the west shore of Lake Winnipeg	1,559	2,424.50	1.55	1,534.50	.98	2.53
10. Pine Falls area, east of Lake Winnipeg and north of the 16th township	2,251	3,559.60	1.58	6,400.00	2.84	4.42
11. East to the Ontario Boundary between the 7th and 16th townships	3,685	1,422.80	.41	5,207.62	1.41	1.82
12. Disorganized Municipalities of Stuartburn and Sprague, and south of the 7th township	7,689	7,471.45	.97	8,631.26	1.12	2.09
13. Riding Mountain Park area	2,550	1,995.80	.78	1,435.47	.56	1.34
	44,934	$64,808.60	1.44	$65,274.58	1.44	2.88

Note:—Population based on 1936 census.

Care of the Aged and Infirm

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

Sir:

I beg to submit the following report in connection with the care of aged and infirm 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, 1942, to December 31st, 1942.

During the twelve months under review, there were 340 applications received for admission of patients to institutions for the care of aged or infirm.

These applications were disposed of as follows:—

Applications accepted and placed immediately	306
Applications awaiting admission, December 31st, 1942	16
Applications held pending further investigation	5
Applications refused or cancelled	13
	340

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, 1942, and for whom the Department paid grant, was 883, made up as follows:—

Patients remaining in institutions and private boarding homes as at December 31st, 1941	556
Patients accepted and placed immediately from the 1942 applications	306
Patients admitted from the 1941 Waiting List	21
Total number of patients under care during 1942	883
Patients discharged or deceased during 1942	253
Patients remaining in the various institutions and nursing homes as at December 31st, 1942	630

TABLE No. I.

PATIENTS REMAINING IN INSTITUTIONS AND HOMES FOR WHOM GRANT IS PAID, AS AT DECEMBER 31st, 1942, AND AMOUNT OF GRANT PAID BETWEEN JANUARY 1st, 1942, AND DECEMBER 31st, 1942.

Institution or Home	From Winnipeg	From Other Municipalities	Government	Total Number Patients	Amount of Grant Paid
St. Boniface Home for Aged and Infirm, St. Boniface, Man.	125	188	46	359	$45,764.25
Sunset Lodge, Old Kildonan, Man.	6	6	1	13	694.35
Eventide Home, Brandon, Man.	3	13	1	17	1,724.25
Middlechurch Old Folks' Home, Middlechurch, Man.	7	....	....	7	547.50
Private Boarding Homes and other private institutions	140	80	14	234	20,803.22
Total	281	287	62	630	$69,533.57

There were 142 patients transferred directly from general hospitals to institutions or homes suitable for the care of aged or infirm patients. This is a decrease of 64 as compared with the transfers during the previous year.

During 1942, the demand for accommodation in both the large and small institutions for aged and infirm was considerably greater than in previous years. These institutions have, on some occasions, been operating at capacity and, as a consequence, during the latter half of the year, there has been a Waiting List for accommodation in the St. Boniface Home for Aged and Infirm.

Respectfully submitted,

C. R. DONOVAN, M.D.,
Director, Division of Hospitalization.

Report of Private Hospitals

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

Dear 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, 1942.

Licenses were issued to nine Hospitals, this being the same as the previous year. There were no new hospitals opened.

One of these hospitals which was licensed during 1942, discontinued operations in May. This was the institution located at Roblin, Man., and operated by Miss M. Lambkin.

In Table No. 1 is given some further details of these hospitals with regard to their bed accommodation and the number of patients treated during the year.

Respectfully submitted,

C. R. DONOVAN, M.D.,
Division of Hospitalization.

TABLE No. I.

PRIVATE HOSPITALS, BED ACCOMMODATION AND PATIENTS TREATED IN MANITOBA—1942.

Hospital	Address	Bed Accommodation	Patients Treated During 1942
Mrs. L. C. Allan	Holland, Man.	4	40
Mrs. T. Ruby Couch	209-211 Mayfair Ave., Winnipeg, Man.	20	128
Miss Anne Moffat, Operated for the Committee of the Morris Community Hospital.	Morris, Man.	10	478
Dr. P. Johnson and Dr. N. S. Stephenson, Flin Flon Clinic Hospital	Flin Flon, Man.	18	698
Dr. C. W. Johnson	Elkhorn, Man.	9	119
Dr. John M. McEachern, at Defence Industries Limited	Transcona, Man.	16	220
Dr. A. E. McGregor, at Sherritt Gordon Mines Limited,	Sherridon, Man.	11	Report not available
Dr. John Swan, at San Antonio Gold Mines Limited	Bissett, Man.	4	32
*Miss Mae Lambkin, Cottage Hospital	Roblin, Man.	10	Report not available
Total—9 Hospitals.		102	1,714

* Closed May, 1942.

Provincial Psychiatrist

Doctor F. W. Jackson, M.D., D.P.H.
Deputy Minister of Health & Public Welfare,
Legislative Building,
Winnipeg, Man.

Sir:—

I have the honor to submit herewith the Annual Report of the Division of Psychiatry for the year ending December 31st, 1942.

The table showing movement of patients in the three mental hospitals is appended. The statistics for the Manitoba School for Mental Defectives are detailed separately in the report of the Medical Superintendent of that institution.

GENERAL STATISTICS

	Men	Women	Total	Previous Year
Number remaining in hospital, December 31, 1941	1379	1073	2452	2371
On parole, or otherwise absent	61	56	117	95
Total on register December 31/41	1440	1129	2569	2466
Admitted: January 1st to December 31/42 (Transfers not included)	324	312	636	585
Total under treatment	1764	1441	3205	3051
Discharged: January 1st to December 31/42 (Transfers and deaths omitted)	240	250	490	456
As "recovered"	42	36	78	77
As "much improved"	43	37	80	47
As "improved"	62	80	142	144
As "unimproved"	24	25	49	49
As "Not Insane"	17	12	29	25
Transfers between hospitals	57	66	123	136
Deaths	81	59	140	131
Elopements	0	1	1	4
% discharged of number treated	13.6	17.3	15.28	14.9
% discharged of number admitted	74.07	80.12	77.04	79.5
% died of number treated	4.59	4.09	4.36	4.29
Remaining in hospital December 31st, 1942	1382	1081	2463	2452
On parole, or otherwise absent	59	48	107	117
Total on register December 31st, 1942	1441	1129	2570	2569

It is intended in this report to (1) comment only upon the more important features of statistical data, and, (2) to present the salient features of the clinical report; (3) to outline the problems involved in the administration of our provincial mental institutions, and, (4) to advance some suggestions for solution of these problems. The details of the year's work in each institution have been set forth by the respective Medical Superintendents and no doubt will receive your careful perusal.

STATISTICAL DATA

It is encouraging to note that the annual increment of patients remaining under treatment at the end of the year fell sharply from 81 in 1941, to 11 for 1942, and this, in spite of the fact that there were 51 more admissions for the whole Service than in 1941. It can be said, therefore, that there has been a strenuous effort to return patients to the community, and this is reflected in the increased number of patients improved by treatment and a slight increase in the percentage discharged, both for numbers admitted, and total patients under treatment.

There was a slight but insignificant rise in the percentage of deaths for total treated from 4.29% to 4.36%, with a slightly greater decline in percentage of deaths for total new patients admitted.

CLINICAL WORK

General Health of both patients and staff has been reasonably good. A mild epidemic of scarlet fever occurred at Brandon in spite of prophylactic measures to detect non immunes. Efforts at discovery and segregation of pulmonary tuberculosis among patients and staff appear to be yielding good results. Only one new discovery was made among staff at the Manitoba School. This was a minimal lesion, present prior to her admission to the Service. No new cases were discovered among patients at Selkirk, although two new active cases were admitted.

Accidents occurred with the usual frequency. The Medical Superintendents report various causes, the chief being undue congestion of wards, coupled with shortage of staff, and unusual percentage of untrained staff.

There were two suicidal deaths reported from Brandon in which both patients had made an unsuccessful attempt prior to admission.

One sudden death occurred in Selkirk which was certified by the Coroner after autopsy and investigation. While there was evidence of violence on the part of another patient, there was not considered to be sufficient physical injury to have caused death.

A further suicide occurred at the Psychopathic Hospital.

Medical Staff has been depleted by the resignations of Doctor A. T. Mathers as Provincial Psychiatrist, Doctor Gordon Stephens and Doctor L. P. Gendreau.

Doctor Mathers is now occupying a very important post in neuropsychiatry with the Department of Pensions and National Health, and while his expert advice is sorely missed by his colleagues, we are gratified to know that his great knowledge of Psychiatry and long experience will be available to this province in connection with the problems we are now facing, and will face in increasing measure in connection with the treatment and rehabilitation of soldiers who return from the stress of war service, suffering from mental disorders.

Doctor Stephens is very usefully engaged in psychiatric work with the R.C.A.F., and Doctor Gendreau anticipates an early appointment with the Army as a Psychiatrist to French speaking soldiers.

These serious losses are consequently endured with greater equanimity.

The services of three refugee physicians have been secured in cooperation with the Dominion Government through the appointment of Doctors Joseph and Elca Graf, and Doctor Kurt Anstreicher.

Doctor William Glassco, a thoroughly competent and trained psychiatrist has also been appointed.

Insulin Shock Therapy continues to obtain favourable results while an additional therapeutic aid in the form of Electric Shock, has been introduced at Brandon and the Psychopathic Hospital, and, in the near future, Selkirk will adopt this newer method, which is particularly applicable in the depressive types of psychotic reaction.

Adult Out Patient Clinics and Child Guidance Clinics have continued to expand in both Brandon and the Psychopathic Hospitals, with encouraging indications of the success of these departments shown in the demand for consultations, and appreciation of advice offered. It is noted with satisfaction that it is hoped, if present staff can be maintained to again operate the travelling Child Guidance Clinic from Brandon in the near future.

IMMEDIATE PROBLEMS

Accommodation: Overcrowding of the three institutions at Brandon, Selkirk and Portage la Prairie continues to cause concern, and it may well be asked what are some of the reasons for the steady admission rate and gradual increase in resident population, despite remedial measures of proven value.

(1) One very evident cause, and one rarely mentioned, is the high standard of medical and nursing care given the patients in Manitoba institutions, with the result that our death rate has been consistently below the average for the whole of Canada for many years. In fact, if we had the average death rate for Canada, we would now be reporting vacancies in place of overcrowding. No one would hazard the opinion that we should lower our standard of care in order to get rid of a social problem: rather, it reflects credit upon the province.

Death Rate

	Manitoba	Canada
1931	42.5	65.2
1932	55.9	68.0
1933	43.3	61.8
1934	40.3	62.1
1935	54.1	65.0
1936	50.8	64.6
1937	50.7	64.8
1938	50.6	58.0
1939	45.4	46.09
1940	43.8	45.5

(2) A second cause often overlooked, is that because of the greater expectancy for life, many more people are living to an age when mental disease due solely to organic disease of the brain, is common.

(3) The public is slowly but surely coming to the realization that the Mental Hospital has many advantages over either the private home or nursing home in the

care of mental disease, and the earlier they are placed under such care, the greater chance there is for recovery, improvement, or social and economic rehabilitation.

(4) Another factor is the lack of trained psychiatric social workers, who would act as liaison between the home and the hospital to secure information relative to the environmental causative factors; seek to remedy such irritants, and prepare the ground for the return of patients upon discharge from hospital, as well as seek opportunities for re-establishment of the patient in the home and community.

(5) The need for increased preventive measures to study and correct early neuropathic and behaviour disorders in early childhood has long been felt, and the establishment of active travelling clinics to work in cooperation with schools, social agencies and private physicians throughout the province in a coordinated plan, would, in our opinion, be in the long view, a better solution of our problem than our previous methods of allowing gross mental disease to develop. At present, it is recognized that the war precludes development of such a scheme, but I am happy to know that you and the Honorable, the Minister of Health, are favorably disposed to endorse a plan which will attack the problem at its source.

In the meantime, the Government is to be congratulated on measures taken during the past year to provide additional accommodation for patients by construction of residences for medical staff. We anticipate that this measure will provide eventually 65 beds at Brandon, 30 at Selkirk, and 30 at Portage la Prairie. Renovations at the Manitoba School at Portage la Prairie have provided an additional 10 beds for boys, and by completing a further projected plan, 28 more beds may be available. We have, therefore, reasonable assurance that in the near future we will have 125 beds available, and, we hope, a total of 163, by the end of 1943. This, while not overcoming the present overcrowding in some wards, should more than take care of the annual increase of population in our hospitals for the next year. It will not, however, provide much relief from the problem of caring for the large waiting list of feeble minded boys. Here again, we must remember the urgent demands on provincial resources in the conduct of the war, and the difficulties encountered in securing materials and labor for new construction.

STAFF SHORTAGE

To say that there have been serious difficulties in maintaining staff would be an understatement. At times the situation has been alarming. All similar public institutions are affected by loss of staff to war industry, through voluntary enlistments and calls for National War Service. No pressure has been exerted to prevent this; but it has been repeatedly emphasized that some attempt on the part of National Selective Service to publicly demonstrate the essential nature of hospital service in the national economy, would be helpful in maintaining the minimum staff required to ensure safety for the duration of the war.

THE MANITOBA SCHOOL

Reference has already been made to the need for additional accommodation at this institution. Provision of adequate space at Portage la Prairie would not only take care of urgent cases awaiting admission, but would release beds at the mental hospitals for those suffering from mental disease now occupied by feeble minded persons, without psychosis.

In plans for the future, it would be well to envision the provision of facilities for the proper segregation of patients, and the training of those of educable mental age in skills which would aim at fitting those socially adjustable, into the community. Only in this manner could the institution live up to its name as a School for the Mentally Defective Persons.

May I express my sincere appreciation of the splendid cooperation and loyal service of all administrative officials and staff in this Division, and to you Sir, and the Honourable Mr. McLenaghen, my thanks for your consideration at all times.

I have the honour to be, Sir,

T. A. PINCOCK, M.D.,

Provincial Psychiatrist.

Psychopathic Hospital

Doctor F. W. Jackson,
Deputy Minister of Health & Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:—

I have the honor to submit herewith the Annual Report of the Psychopathic Hospital for the year ending December 31st, 1942.

STATISTICAL SUMMARY

	Men	Women	Total	Previous Year
Remaining in hospital December 31st, 1941	17	17	34	29
On Parole, or otherwise absent	0	0	0	0
ADMISSIONS: January 1st to December 31/1942	139	152	291	314
First Admissions	108	115	223	227
Re-admissions	31	37	68	87
General Admissions	85	113	198	176
Voluntary	0	1	1	11
Commitments	50	35	85	120
Re-taken from Probation	1	2	3	6
Transfer from Selkirk	0	1	1	0
Removal Warrant	2	0	2	0
Returned from W. G. H. (following operation)	1	0	1	0
Total patients under care	156	169	325	345
Average daily population			32.44	33.05
Rated Capacity	19	19	38	32
Percent overcrowding			0	3.28
Average duration of stay			36.43	33.05
DISCHARGES: January 1st to December 31/1942	141	155	296	311
As "Recovered"	9	7	16	29
As "Much Improved"	17	20	37	18
As "Improved"	34	46	80	85
As "Unimproved"	68	75	143	159
As "Unchanged"	7	4	11	12
Deportations	0	0	0	0
Transfers	57	63	120	136
To Selkirk	47	39	86	100
To Brandon	9	24	33	33
To Manitoba School	1	0	1	3
To "Relatives"	50	74	124	103
To "Relatives against advice"	3	12	15	15
To "Own Control"	9	0	9	24
To "Hospice Tache"	3	0	3	3
To "Convalescent Hospital"	2	2	4	8

To "Winnipeg General Hospital"	2	0	2	9
To "Nursing Home"	0	1	1	0
To "Mcpty. of St. James"	1	0	1	0
To "Deer Lodge Hospital"	7	0	7	0
To "Police"	1	0	1	4
Eloped	0	0	0	1
Deaths:	6	3	9	8
Percent deaths of total admissions			3.09	2.55
Percent deaths of total under treatment			2.76	2.25
Percent discharged of number under treatment (bettered by treatment)			40.92	40.50
Percent discharged of number admitted (bettered by treatment)			45.70	45.86
Remaining in hospital December 31st, 1942	15	14	29	34

ADMISSIONS

There were 291 admissions during the year, 139 men and 152 women. This was 25 fewer than in the year preceding. First admissions accounted for 223, and Re-admissions for 68. One interesting feature is that the discrepancy is to a large extent accounted for by there being 21 less re-admitted during the year.

The large waiting list recorded at the beginning of the year momentarily disappeared, or, at least dwindled, until there are now only half a dozen cases seeking admission, and these not in the 'urgent' class. It is difficult to determine the cause of this, and one cannot predict that such a happy situation will long exist when one considers the heavy demands for admission over many years. Perhaps one of the reasons is the bettering of the Unemployment situation due to war conditions.

The average daily population was 32.44%, slightly below the 1941 figure of 33.05%. The average stay in hospital was 36.43%, which was higher than last year by 3.38% days.

DISCHARGES

There were 296 discharges, 15 less than last year. 40.92% showed improvement on discharge which was practically the same as the figure 40.50% for the year 1941. The figures for recovery and improvement shown in the table should be scrutinized with the caution, that, because of the pressure for admissions, cases have to be discharged without ample convalescence to make one confident that full recovery has been reached, and one errs on the conservative side in offering too hopeful a prognosis. In the larger mental institutions it is usually possible, as well as advisable, to postpone discharge for two weeks, sometimes longer, after the newer forms of Shock Therapy have been discontinued to assure the physician that improvement is likely to be maintained. This practice naturally makes classification on discharge of more value statistically, and provides a safe guide to discharge and parole.

Transfers to Brandon, Selkirk and the Manitoba School were 120, which were 16 fewer than in 1941. Relatives took custody of 124 patients with the approval of the Staff and 15 against the advice of medical staff. 9 were released to their own control, and 19 to various nursing homes, other hospitals than mental, and the Police.

Deaths: There were 9 deaths as against 8 for 1941. Unfortunately one of these

was by suicide; one from exhaustion due to acute excitement; one from Status Epilepticus; while the remaining 6 were from major, and in most cases, advanced organic disease.

CLASSIFICATION

The percentage of patients admitted from Urban homes rose sharply from 65% to 73.5% with a corresponding decrease in admission of rural residents.

Age incidence figures show that 28.37% were over 50 years of age, 6.76% were under 20 years as compared with 6.4% last year. The largest single group was in the third decade, 22.63%. No pertinent conclusions can be drawn from these figures because of the small numbers. It is increasingly difficult to care for aged persons in the home during war time; owing to crowded housing conditions, coupled with the removal from civilian life of many younger persons into the armed forces and war industry, with, in many instances, the disruption of the home life. Two instances have come to our attention within the past week where admission of an aged person was requested specifically in order to release a young woman to industry, and a young man to military service.

It is inevitable that an increasing demand will be made for admission for soldier patients. Permanent residence will be the unfortunate lot of many of these, although out of 15 admitted this year, 11 have been discharged to the community. Four were sent to one or other of our mental hospitals for further treatment.

Diagnostic classification showed a rise in the Schizophrenic group from 40% in 1940, to 48.10%. Only 8 cases or 2.7% were admitted suffering from Syphilis.

CLINICAL SERVICES

The resignation of Doctor A. T. Mathers took place May 31st, 1942. Doctor Mathers was director of this hospital and Provincial Psychiatrist for over twenty-four years, during which time many changes took place: indeed, it may be said that the whole program of the care of mental patients was revolutionized, and to him, more than to any other single person, belongs the credit. The change in name from 'Asylum' to 'Hospital' was accompanied by the erection of modern buildings for the diagnosis and treatment of mental disease, and the organization of schools for nursing and the teaching of students in medicine, indicative of a change in attitude as well as name. Doctor Mathers has been, and still is, recognized as one of the outstanding Psychiatrists on this Continent. In recording our appreciation of his invaluable services in the past, we extend our good wishes to him for the future, and feel confident that his knowledge and long experience will be equally valuable in the very important posts he now occupies as Dean of the Medical Faculty and Consulting Neuropsychiatrist of the Deer Lodge Military Hospital. This is fortunate and especially so during the war period, and in anticipation of the post-war problems of military psychiatry.

Doctor G. M. Stephens, who occupied the position of part time Assistant Director, on Doctor Mathers resignation became Acting Director, resigned August 31, 1942, to join the R.C.A.F. and we note with satisfaction that his services are being engaged largely in active psychiatric practice.

These resignations were followed by the appointment of Doctor Brian Bird of the Brandon Hospital for Mental Diseases as Acting Assistant Director on June 22nd, 1942, and of myself as Acting Director on August 1st, 1942.

In spite of these disturbing interruptions the work has been carried on sometimes under difficulties, without, we trust, too much inconvenience to the patient and the public.

The practice of the year preceding, of having student internes spend a month on the psychiatric service has continued and it is planned to appoint a resident Senior interne for eight months, beginning April 1st, 1943. His time will be spent in Psychiatry and with the Neurological and Head Injury Service of the Winnipeg General Hospital. This ought to prove a happy arrangement.

Electric Shock Therapy was begun in July 1942, replacing Metrazol Shock. We believe that many cases have been benefited by this measure. It is particularly applicable to the Depressive states found in Manic Depressive Psychosis, the Reactive Depressions, and Involutional Melancholia. This method has not many of the disadvantages of Metrazol Shock Therapy and can be administered to visiting Out Patients, some of whom have been saved the ordeal of hospitalization.

Doctor Bird has carried on the Out Patient work in an able manner and the following Table will give some idea of the increasing scope of this work and the many social agencies now seeking psychiatric advice.

OUT PATIENT DEPARTMENT: January 1st to December 31st, 1942

New patients examined	Children	212
	Adults	248
	Total	460

Referred by:

Winnipeg General Hospital	80
St. Boniface Hospital	21
Children's Hospital	42
Juvenile Court	45
Children's Aid Society	56
Private Physicians	80
Child Welfare Division	41
City of Winnipeg Schools	
Health	
Welfare	
Police	26
Suburban Municipalities	9
Ex-Patients	14
Children's Bureau	5
Family Bureau	7
Jewish Agencies	3
Miscellaneous	31

Other statistics include:

Repeat interviews	781
Prescriptions	596
Intelligence tests	217
Relatives interviewed	322
Case discussions	303
Reports sent	407

NURSING SERVICE

69 student nurses received training here. There are increasing evidences that practical experience in Psychiatric nursing will shortly become a compulsory requirement for qualified nurses.

We lost the valuable services of Miss V. Crombie, December 20th, 1942. She had been head Supervisor and Instructress in Psychiatry to nurses for approximately eight years.

SOCIAL SERVICE

During the year a total of 307 interviews, home visits, and investigations were carried out. There is a great need here for an additional trained Psychiatric Social Worker, who will act as a liaison officer between the home and hospital. The Out Patient Department is increasing in scope and it is necessary to have available a worker whose duties would be to follow up "discharge patients", advise as to improvement in environmental conditions, and help generally in the rehabilitation of the patient in the community. It was the practice in this hospital for many years to have two such workers, and, if the emphasis is to be placed where it belongs, viz., on prevention, through child guidance and amelioration of causative factors in the environment, the addition of another worker is an essential step to this end.

OCCUPATIONAL THERAPY

This department cared for 151 patients — 66 men and 85 women, which was a decrease over the previous year. Some 90 articles were completed. An attempt is being made to increase the number of patients assigned to work by keeping in mind the therapeutic values and by providing additional space and work facilities for which plans have already been drawn up by the Provincial Architect. Shortage of nursing personnel to assist the occupational therapist has tended to increase the risk and limited numbers of patients assigned. This can to some extent be remedied when the renovations now contemplated, are completed.

EDUCATIONAL WORK

Clinical clerkships to fourth year medical students, instruction to student nurses of six city hospitals, and discussion classes to University students majoring in Sociology and Psychology, have been the chief methods used, and one is gratified to note the response and growing interest in Psychiatric problems.

GENERAL

Repairs are in progress and several needed renovations are at present under advisement which will provide increased office space, store room facilities, library accommodation, improved lighting and plumbing, etc. Our thanks are extended to the Superintendent of Public Buildings for his interest and efforts to meet our needs.

Please accept my thanks for your cooperation and advice generously given at all times, and I should be obliged if you will convey to the Honorable, the Minister, our appreciation of his efforts at all times to meet and understand our many requests.

I commend to your attention, all members of the staff for their efficiency and loyalty.

I have the honor to be Sir,

Your obedient servant,

T. A. PINCOCK,

A/Director, Psychopathic Hospital.

Brandon Hospital for Mental Diseases

T. A. Pincock, M.D.,
Provincial Psychiatrist,
Winnipeg, Man.

Sir:—

I have the honor to submit the Annual Report of the Brandon Hospital for Mental Diseases for the calendar year of 1942.

Movement of Patients.

On December 31, 1941, there were 1538 patients in residence, and 77 on parole. The year ended with 1543 in residence and 57 on parole, an increase of 5 in residence.

There were 215 admissions, being a decrease of 51 from the previous year. This may be explained partly on the grounds that room was not available, and so admission was deferred in some cases, especially in the senile group. There were 133 first admissions, 48 readmissions, 33 by transfer from the Psychopathic Hospital, and one by transfer from the Manitoba School, Portage la Prairie.

Age distribution.

Under 15 yrs.	0	40 to 49 yrs.	27
15 to 19 yrs.	16	50 to 59 yrs.	25
20 to 29 yrs.	54	60 to 69 yrs.	25
30 to 39 yrs.	39	70 and over	29

Nativity of all admissions

Canada	72.55%
United Kingdom and Eire	14.42
United States	1.39
Poland	5.57
Miscellaneous, chiefly European	6.07

Average daily patient population, 1932-1942.

1932-33	1190			1938	1467	increase 34
1933-34	1220	increase 30		1939	1461	decrease 6
1934-35	1278	increase 58		1940	1473	increase 12
1935-36	1313	increase 35		1941	1514	increase 41
1936-37	1384	increase 71		1942	1542	increase 28
1937	1433	increase 49	(8 mos.)			

Diagnoses of First Admissions and Discharges.

	Admissions	Discharges
Without psychosis	13.53%	11.97%
Psychoneurosis	6.02%	4.23%
Mental deficiency with psychosis	3.76%	2.11%
Manic-depressive psychosis	6.77%	21.83%

Schizophrenia	32.34%	33.80%
Paranoid conditions	3.76%	3.53%
Cerebral arteriosclerosis	9.78%	2.11%
Senile psychosis	15.97%	4.93%
Others	13.01%	15.50%

Discharges.

142 patients were discharged.

Condition on discharge:

Recovered	50	35.21%
Much improved	32	22.53%
Improved	29	20.43%
Unimproved	14	9.86%
Not psychotic	17	11.97%

Deaths.

The death rate based upon the number of patients coming under treatment was approximately 4.7%. The 86 deaths included 6 from pulmonary tuberculosis, 7 from malignant disease, and 2 from suicide. One patient died from gunshot wounds and the other as a result of cutting his throat, both injuries being inflicted prior to admission. There were no successful suicidal attempts in the hospital proper.

Nembutal intramuscularly controlled cases of status epilepticus, and despite the large number of epileptics, there was only one death.

The sulfa drugs were used in many types of infection, especially those involving the respiratory tract.

Accidents.

Accidents among disturbed and debilitated patients are liable to happen in any hospital. The liability to accidents shows a marked increase when a hospital becomes staffed with willing but untrained personnel. Last year there were six serious accidents, this year there were 24, and these figures confirm the above statement. All accidents were fractures, 11 on the male wards and 13 on the female wards. In most cases there was full restoration of function.

General Health.

A mild epidemic of scarlet fever appeared, and involved seven members of the nursing staff and one female patient. In most of the cases the nurses were Dick negative and consequently had received no protective serum. All made an uneventful recovery. This epidemic further aggravated the shortage of nurses available for duty in the hospital.

Personnel.

Dr. T. A. Pincock, appointed Provincial Psychiatrist, Aug. 1, 1942, replacing Dr. A. T. Mathers who resigned.

Dr. Brian Bird, appointed Acting Asst. Director, Psychopathic Hospital, Winnipeg, June 22, 1942.

Dr. Wm. Glassco, graduate of McGill University, appointed Assistant Physician, June 15, 1942.

Dr. Jos. Graf, graduate of Modena University, Italy, appointed Assistant Physician October 1, 1942.

Dr. Elca Graf, graduate of Modena University, Italy, appointed Junior Assistant Physician, October 26, 1942.

Miss Edith Kemp, R.N., appointed Asst. Supt. of Nurses, July 1, 1942.

Miss Elva Cranna, R.N., appointed Unit Supervisor, August 24, 1942.

Miss Carolyn Wedderburn, R.N., appointed Unit Supervisor, August 24, 1942.

Since the outbreak of war, there has been a progressive depletion of trained staff to the armed forces, munition plants and railroads. While realizing that the winning of the war must remain our first and foremost endeavour, any further loss of staff may precipitate serious and even dangerous situations. The table below shows that trained nursing personnel has been replaced by untrained nurse-attendants, whose tenure of service here has varied from three days to six months, the average time being two months. These untrained girls, though conscientious and willing, find it difficult to deal with disturbed patients and carry out special nursing procedures.

	Establishment	Present Staff	
Graduate nurses	43	26	decrease 17
Student nurses	66	36	decrease 30
Nurse-attendants	7	37	increase 30

On the male wards the trained attendant is replaced by an untrained man and a similar situation results.

Nurses' Training School.

This school was organized in 1921 by the late Dr. C. A. Baragar, and provided at first a two year course, and later a three year course in mental nursing for nurses. This school played an important part in the changing of an institution giving custodial care into the modern psychiatric hospital of today. In the period 1923-1942, 219 nurses received their diplomas in mental nursing and made their contribution in the service of the mentally ill. Several of these girls entered General Hospitals and received their Registered Nurses diplomas.

Both former superintendents of this hospital had as their objective affiliation with the general hospital with a view to a combined course. Affiliation with the School of Nursing of the Winnipeg General Hospital was finally consummated in 1942. Let me quote from a report from Mrs. Burn, Instructor of the School of Nursing.

"In May, 1942, at the request of the administrative staff of this hospital, a meeting was held at the Winnipeg General Hospital and as a result of this meeting, the administrators of the Winnipeg General Hospital agreed to accept our students for a two year period of affiliation.

"The plan, as worked out, is to give our students two years in this school of nursing, followed by two years in the Winnipeg General Hospital. At the end of this

time, they will be given a diploma in Psychiatric and General Nursing, and will be eligible to write the Registered Nurses' examinations for this province.

"The scheme was then presented to the Board of the Manitoba Association of Registered Nurses and approved by that body.

"In July, Miss Gertrude Hall, Executive Secretary of the M.A.R.N. and School of Nursing Adviser, paid us a visit and inspected our hospital and school with a view to suggesting changes and improvements which would aid us in our new project. Miss Hall's visit was of very great value to us, although we have not yet been able to carry out all her suggestions.

"Miss Edith Kemp, who last spring completed post-graduate work in School of Nursing Administration at McGill University, was engaged in the role of Asst. Superintendent of Nurses. The position of Mrs. Burn was changed from Asst. Superintendent of Nurses to full-time classroom instructor. The work of this instructor has been much too heavy for one person to carry and it is hoped that another qualified instructor may soon be found to assist with the teaching load.

"In order to make known to the public our new plans, a series of four radio addresses was given in August over the local Broadcasting station. These proved of value in bringing in new students to our school and it is recommended that the same procedure be repeated in the spring or summer of 1943.

"Lectures and classes began on Aug. 31st with an enrollment of sixteen students in the second year of the affiliating course and fourteen in the first year. Our second year student group is made up of girls who were already in the school taking the three year course in mental nursing. In view of their previous experience, the Winnipeg General Hospital agreed to accept them at the end of one year instead of two. Such an agreement holds only for this first group of experienced students.

"Because of the rather hurried manner in which the affiliation plan was conceived and put into effect, and because of the shortage of staff, it was not possible to withhold the first year students from the wards for a preliminary period of classroom instruction and general orientation. Comments from the students indicate that the mixed load of ward service and classroom study has been extremely heavy and it is hoped that before the next class is taken in, some scheme may be formulated whereby these young girls may be more gently and carefully introduced to nursing. The logical approach is through the classroom to the ward.

"As to the three year course in mental nursing, it was thought wise to continue with this for the present at least. Some of the students already in the school did not wish to enter upon affiliation and others were not eligible. Only three first year students enrolled and this number has since diminished to two. It is thought that much valuable time has been lost by giving these two students separate instructions and it would seem wiser another year to include them in the more comprehensive lectures given to the affiliating students. Moreover, in view of the acute shortage of graduate nurses, it is deemed advisable to present these students for graduation in mental nursing at the end of two years, instead of spreading their classroom instruction over a three year period.

"Although our experience with the new affiliation course has been of short duration, we have already become aware of certain needs, the fulfilment of which would greatly improve the theoretical and clinical education of your students, and the general level of nursing in our hospital. These needs are set forth here:

"1. It is essential that better correlation of courses be arranged in accordance with teaching principles. As it was necessary to have the lectures in Nutrition given by the dietitian of the Brandon General Hospital, these had to be given at a time suitable to that institution, with the result that the Nutrition course was completed before the students had been taught the anatomy and physiology of the digestive system. It is therefore recommended that a dietitian qualified to teach be engaged to carry on this very essential service of teaching, and to increase the scope of diet-therapy in the hospital.

"2. It is recommended that certain teaching aids be purchased to assist in the study of sciences. These are:

i. Audio-visual machine. A number of very instructive films are available dealing with many different subjects. This method of teaching is now being used in a number of progressive schools and has proved highly effective.

ii. Normal tissue slides and slides of bacteria to be used in the projectoscope for the teaching of Anatomy and Physiology and for Pathology.

"3. It is recommended that a sum in the neighborhood of $300.00 be set aside for the purchase of reference books and professional magazines for the year 1943."

Clinical Work.

Insulin and Convulsive Shock Therapy:

Our experience compels us to regard this form of therapy as an essential part of psychiatric care. Doctor Little has presented a survey of results obtained.

"We have completed treatment on our fourth group of one hundred patients and have commenced our fifth group. In accordance with our policy of analyzing our results in groups of one hundred we are now able to present a survey of the results of treatment on four hundred patients. Results of this survey are shown in the following tables:

Insulin alone

	Treatment	Discharges
Male	134	97
Female	112	76
	246	173

Insulin and convulsive shock therapy

Male	46	22
Female	46	24
	92	46

Convulsive Shock alone

Male	32	23
Female	30	22
	62	45

Returned

First hundred	17
Second hundred	14
Third hundred	10
Fourth hundred	11
Total	52

Died

First hundred	1
Second hundred	3
Third hundred	1
Fourth hundred	0
Total	5

"Two of these deaths were not directly attributable to the Shock Therapy.
"Summarizing the results in four hundred cases then, we find:

Total number treated	400
Discharged	264
Died	5
Readmitted	52
Total still out	212

"A more detailed analysis of these figures shows that we are continuing to obtain favorable results as expressed in terms of recovery and discharge. Indeed it is gratifying to note that results in the fourth group of one hundred patients show a slight but appreciable increase in number of patients discharged as compared to the three previous groups, and the readmission rate is the second lowest of the four groups. It is gratifying also to note that no fatal complications occurred in the fourth hundred, confirming our impression as mentioned in last year's report, that we have achieved our aim of reducing complications by certain modifications in treatment.

"Of chief interest during the year insofar as Shock Therapy is concerned, was the introduction of Electric Shock to replace Metrazol in the Convulsive Shock Therapy field, plus the use of the hyperextension method for reduction of traumatic complications. A Rahm machine ordered in October 1941 arrived early in January 1942 and was promptly put into operation. After twelve months' experience with this new method of Convulsive Shock Therapy all members of the staff are thoroughly satisfied of its many advantages over the Metrazol method. Some of the principal advantages of the electrical method are: (1) Economy and simplicity of operation; (2) Absence of fear reaction, a marked disadvantage with the Metrazol method; (3) Reduction of post-seizure symptoms, notably gastric upset and mental confusion; (4) Reduction of traumatic complications. The hyper-extension method may be largely responsible here.

"During the past year papers on Shock Therapy were given to the Brandon District Medical Association, the Brandon Graduate Nurses' Association, and the Winnipeg Medical Society."

Main Building

In the Main Building, the clinical work on the chronic male and female services was carried on to a large extent by Dr. Kenneth Clark whose report I submit:

"The female service includes the Women's Pavilion and the Main Building. The daily average of patients was 639. During the year 300 patients were admitted to the hospital ward where we have a bed capacity of 63 and an average of 60 patients a day. Only two minor surgical operations took place during the year, and there were no elopements.

"The male chronic service includes the Colony and the Main Building, with a daily average of 773 patients. Five hundred and thirty-five patients were admitted to the hospital ward for treatment. The hospital ward has a capacity of 72 beds with an average of 68 patients per day in hospital. Ten major surgical operations and six minor surgical operations were performed. One elopement occurred."

Adult Out-Patient Clinic

There has been a marked increase in the service rendered by this clinic to the military forces and local community. Dr. Little's report is quoted in part as follows:

"A total of one hundred and nine cases were seen during the past year. This compares with a total of 77 new cases seen in 1941 and 43 new cases in 1939, the year in which reorganization of the Clinic took place. Repeat visits and other contacts totalled 144, as compared with 78 repeat visits in 1941. The total number of interviews therefore was 253 as compared with 155 in the preceding year.

"Twenty-four cases were admitted to hospital for further observation and treatment. Of these, 14 were discharged, nine as recovered and five as improved.

"In addition to those admitted to hospital, three cases received Electric Shock Therapy on an out-patient basis. Two of these cases made satisfactory recoveries, the third left the city before treatment could be completed.

"In November 1942 instructions were received from the Provincial Psychiatrist to the effect that in future fees could be accepted for examinations and treatment. A schedule of fees was suggested and the necessary organization for the collection of same has been set up. The money obtained from this source is to go into a hospital fund for buying medical books and to defray the expenses of medical men to various medical meetings.

"As will be evident from the figures previously mentioned there has been a greatly increased volume of work in the past year and this has made itself most noticeable. Indeed there have been times when medical resources of the hospital have been taxed to the utmost. Out-patient work is most stimulating to the hospital physician and the public demand for such service is definitely growing.

"I wish to express my appreciation to yourself and all members of the medical and stenographic staff for the co-operation I have received in the organization and management of this Clinic. Fundamental to our policy in the past has been the principal of giving complete service to the public and the general practitioner. We shall continue to adhere to this principle in the future operation of the Clinic."

Child Guidance Clinic

The work of the Clinic was handicapped by shortage of medical and nursing staff. It was found necessary to discontinue the Travelling Clinic for the year, and for the first time in ten years no outside towns were visited. However, contact was maintained with many of these centres, the children being brought to the Clinic proper in Brandon. We are hoping to carry on the Travelling Clinic in the near future.

During the year there were some changes in personnel. Dr. Brian Bird, Assistant Director, was replaced by Dr. Kenneth Clark. Miss Nancy James, who showed a special aptitude for this work, resigned in September to be married. Mrs. Christina Storey, B.A., R.N., was appointed in October.

The work in the Brandon Schools received the endorsation of the School Board, the City Supervisor, and the teachers. All children beginning school were given the Binet-Simon Test, and any other children suggested by the teacher. In all 366 psychometric examinations were carried out. In some cases other tests were added in confirmation.

The Clinic proper was held Monday afternoon at the Court House in Brandon. In all, 99 cases were seen: 60 new and 39 old cases.

SUMMARY

Behaviour problems	42
Mentally retarded	25
Mental defectives	13
Mongolian Idiots	5
Epileptics	4
Speech defects	5
Schizophrenia	3
Miscellaneous	2
Total	99

Sixty-five psychometric examinations were taken at the Clinic.

In the conduct of the clinic, more time was spent in interviewing the parents with a view to ascertaining the economic, educational and emotional background of the child. Good counsel was also received from teachers, and the officers of the Juvenile Court and the Children's Aid Society.

All members of the Clinic personnel worked in harmony, the clerical work being done in a capable manner by the secretary, Miss Metson.

Occupational and Recreational Activities

The final aim of this department is to aid the psychotic patient to regain his physical and mental vigor, with a view to becoming a useful and happy member of society. If this goal is beyond his powers of achievement, then it is essential for his welfare and happiness to provide work to make him a useful member of the hospital community. In time of war it is difficult to expand facilities to provide work for patients under suitable supervision, but the effort to do so must be carefully considered and continuous. In listing the number of articles made or sold, one provides a yardstick to measure therapeutic activity much beyond the number of dollars involved. Along with other therapeutic measures, through supervised activity the fumbling fingers of the mentally ill become the fingers of co-ordinated effort in the creation of an article of market value. The patient has taken one more step on the highway to health.

Class A

This year new type was purchased, with a further improvement in the quality of work performed. The printing output which in 1938 numbered 94,000 forms, has now risen to 324,000 this year. Apart from routine forms, a Manual for nurses is being

printed this year. Cash sales were $582.00, an increase of $198.00. As this class is serving the acutely ill, this is an excellent record.

Class B.

This class is composed of female patients recently admitted. Despite concentration difficulties experienced by these patients, the needlework was of high quality, and was successful in winning several prizes at the Provincial Exhibition. Cash sales were $542.000, an increase of $47.00.

Class C.

This class was short of help during part of the year, but lately a nurse-attendant was attached permanently to help the instructor who was finding the load very heavy. Chronic female patients compose this class and make several thousand articles yearly for use in the hospital. Apart from this, cash sales registered $591.00, an increase of $187.00.

Class F.

During the year 1763 articles were made in the tailor shop, about 1000 of these being overalls. White coats and trousers are also made for the male staff of the hospital.

Class G.

There was a shortage of lumber during the summer months and this class was engaged in cement work on the grounds. However, there was a big demand for toys, and sales for the year were $2,352.00, an increase of $550.00.

Patient shops

One patient working independently repaired 2,099 pairs of shoes. Another two patients in the toy paint shop painted 925 articles. In this latter case the patients are permitted to paint the toys any color they wish. Both patients are somewhat difficult, but they derive much enjoyment from this work.

May we acknowledge to Selkirk Hospital for Mental Diseases our appreciation of their patronage.

Divine service was held each Sunday afternoon by protestant denominations in rotation and special Masses were conducted on special feasts. The usual program of dances, concert parties, picnic parties, picture shows, were carried on and were much appreciated. The summer Fair outing continues to be a great attraction to hundreds of the older patients. Our thanks are tendered to the Brandon Fair Board and the MacArthur Transportation Company for their generosity in making this annual outing possible. For the Christmas concert the "Star of Bethlehem" pageant was revived, and was very much enjoyed by the patients.

Dietary and Housekeeping Department

There has been a large turnover of kitchen staff, only four members of fourteen who were here a year ago. The new staff, mostly untrained, are willing but time is required to train them. As regards rationing, I wish to quote Miss Thomson, dietitian-housekeeper, who reports:

"There were some slight difficulties when rationing of sugar, tea, coffee and butter was introduced, but both patients and staff soon adjusted themselves to the rationed issues. The rationing made a difference of 2,000 lbs. sugar, 180 lbs. of tea, 160 lbs. of coffee and 850 lbs. of butter per month. Then of course there are fewer cereals and dried fruits and canned goods on the market, and menus have had to be adjusted to meet these shortages and to keep the diets nutritionally sound. So far we have been fortunate in being able to get supplies of honey, molasses and corn syrup, of which the general public are short.

"In common with everyone else, we have experienced difficulty in getting linen supplies, but our seamstresses prolong the life of the various articles as long as possible by repairs, and replace articles only when utterly worn out. Our big difficulty here is the hard water used in the laundry and a very considerable saving could be made by introducing a water softening apparatus."

The surgical department reports among other procedures, the following activity:

Anaesthetics. General	16	Intramuscular injections	349
Local	67	Lumbar punctures	33
Spinal	3	Mantoux tests	407
Intravenous	6	Major surgery	14
Aspirations	9	Minor surgery	13
Blood Wassermanns	8	Physical examinations	120
Casts (Plaster of Paris)	16	Pneumothorax	214
Casts, removal of	16	Pelvic examinations	36
Dick tests	148	Rectal examinations	2
Diphtheria toxoid	160	Scarlet fever toxin	94
Dressings	14	Schick tests	140
Ear treatments and examinations	8	Subcutaneous infusions	8
Encephalograms	15	Trays to wards	144
Intravenous infusions	122	Typhoid vaccine	3343
Intravenous injections	374	Vaccinations	98

Laboratory and X-Ray Division

Miss Reta McCulloch continues to direct this department as Senior Supervising Technician in the absence of a staff pathologist. Dr. S. J. S. Peirce, besides giving a lecture course in Bacteriology, was available as a consultant pathologist. A course of lectures and practical work was given by the senior technician.

The training of pupil technicians is an integral part of this department besides giving special instruction to members of His Majesty's Forces.

The Public Health work has been summarized in a report already submitted to Dr. F. Cadham, Provincial Bacteriologist, and will appear under the report of the Laboratory Division. I submit here, omitting minor tests, the usual summary of work done during the year.

Milk samples	938	Wassermann reaction, blood	390
Cultures	3930	Kahn	419
Water samples	776	Kline	417
Cultures	2594	C. S. F.	47
Ice samples	15	Blood Wr. to Dr. Cadham	306
Cultures	181	C. S. F. to Dr. Cadham	37

Sewage samples	10	Blood count	1054
Cultures	66	Complement Fixation for G. C.	19
Nose and throat swabs	1045	Dark field, S.P.	18
Cultures	1842	Fontana Silver Stain, S.P.	8
direct smears	500	Sputa for T.B.	435
Urinogenital smears	464	Cultures	62
Cultures	374	Smears	870
Dye Test Reaction (Oxydase)	374	Gastric analysis	52
Blood cultures	125	B. M. R.	21
Urine cultures	197	Agglutination Tests	252
Faeces cultures	688	Blood matching and grouping	20
Urinalysis	2001	Preparation of intravenous Solution	175175cc
Sulfa drugs estimation	102	X-Ray Plates	1828
Blood chemistry examinations	510	Autopsies	5
		Sections cut	36
		Surgical sections cut	267
		Surgical sections stained	108

Staff on Active Service

During the past year several of the staff entered the military services, and the majority of these are acting as non-commissioned officers in military hospitals and on board ships. This year many nurses joined the navy as sick berth attendants. We appreciate the service they are giving our country, and trust the time will not be too far distant before they return to us.

Expenditures

The daily average population for the fiscal year ending April 30, 1942, was 1,531 (last year 1,481). The daily per capita cost exclusive of operation of the farm was 86.14 cents (last year 87.10).

Construction, Alterations and Repairs

The maintenance staff of the hospital, under the direction of the Chief Engineer, Mr. Christie, have given excellent service. We are indebted to the Minister and Deputy Minister of Public Works, and the Building Superintendent, for fine co-operation and counsel.

The chief items completed are as follows:

Painting of roof and cupolas of the Main Building.

Installation of mechanical refrigeration storage of the walk-in type at the Receiving Unit.

Redecoration of kitchen, pantry and dining rooms at the Receiving Unit.

Concrete sidewalk between the Main Building and the Receiving Unit.

Erection of a rat-proof annex to the store building.

The pulling down of two verandahs at the staff cottages and replacement by enclosed verandahs.

Insulation of attic, reshingling of roof, repairs and redecoration of the Superintendent's residence.

Redecoration of rooms in the Nurses' Home.

Application of calcium chloride to the roads throughout the hospital grounds.

May I express my sincere appreciation of the loyalty of my staff, and acknowledge the high standard of work performed by them. To you personally, sir, I am indebted for counsel and advice at this critical time of hospital administration.

May we acknowledge the twelve years of conscientious service you have given this hospital and wish you well in the wider field of public service you have now entered.

Kindly convey to the Hon. Mr. McLenaghen, Minister of Health and Public Welfare, and to his Deputy, Doctor Jackson, my appreciation for consideration of our problems.

I have the honour to be, Sir,

Your obedient servant,

STUART SCHULTZ, M.D.,
Medical Superintendent.

THE MOVEMENT OF PATIENTS

BRANDON HOSPITAL FOR MENTAL DISEASES

From Jan. 1, 1942 to Dec. 31, 1942.

	Male	Female	Total
REMAINING UNDER TREATMENT AT DEC. 31, 1941	835	703	1538
ON PAROLE OR OTHERWISE ABSENT	43	34	77
TOTAL	878	737	1615

FIRST ADMISSIONS:—

	Male	Female	Total			
General admissions	48	40	88			
Voluntary admissions	3	2	5			
Other sources	31	9	40			
READMISSIONS:—						
General admissions	14	15	29			
Voluntary admissions	2	0	2			
Other sources	7	10	17			
(from probation, 15 males, 8 females)						
TRANSFERRED:—						
From Psychopathic Hospital, Winnipeg	9	24	33			
From Manitoba School, Portage	0	1	1			
	114	101	215	114	101	215
TOTAL NUMBER TREATED				992	838	1830
DISCHARGED:—						
As recovered	27	23	50			
As much improved	17	15	32			
As improved	15	14	29			
As unimproved	7	7	14			
As not psychotic	9	8	17			
	75	67	142	75	67	142
TRANSFERRED:—						
To Manitoba School, Portage	0	2	2	0	2	2
DIED				51	35	86
TOTAL NUMBER DISCHARGED, TRANSFERRED AND DIED DURING THE YEAR				126	104	230
REMAINING UNDER TREATMENT DEC. 31, 1942				836	707	1543
ON PAROLE OR OTHERWISE ABSENT				30	27	57
TOTAL				866	734	1600

Selkirk Hospital for Mental Diseases

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

Sir:—

I have the honor to submit the report of the Hospital for Mental Diseases, Selkirk, for the year ending December 31st, 1942.

MOVEMENT OF POPULATION

The year opened with a resident population of 527 males and 353 females (total 880) and 18 males and 22 females (total 40) on probation. The year closed with a resident population of 531 males and 360 females (total 891), and 29 males and 21 females (total 50) on probation. The net residential increase was 11, and the probation increase 10. The total number under treatment during the year was 1050, an increase of 25 over the prior year. The lowest number in residence was 874 and the highest number 904. The daily average (excluding probations) was 890.03 as compared with 866.33 for 1941,—an increase of 23.7.

Admissions—

First Admissions numbered 43 males and 23 females (total 66), of which 10 males and 4 females (total 14) were admitted direct to the Hospital, and 33 males and 19 females (total 52) were transferred from the Psychopathic Hospital.

Readmissions numbered 28 males and 36 females (total 64), of which 15 males and 16 females (total 31) were admitted direct to the Hospital, and 13 males and 20 females (total 33) were transferred from the Psychopathic Hospital, Winnipeg.

These readmissions had prior admission to a Mental Hospital, 35 of whom, 54.7%, were diagnosed as Schizophrenia, and 12, 18.74% as Manic Depressive. The respective percentages for 1941 and 1942 were 58.57% and 18.57%.

Discharges

Discharges totalled 62,—equally divided between the sexes.

The condition on discharge was as follows:

	1942	1941
Recovered	12(19.35%)	11(19.30%)
Much Improved	11(17.75%)	4(7.00%)
Improved	33(53.24%)	30(52.63%)
Unimproved	5(8.06%)	10(17.50%)
Not Insane	1(1.60%)	2(3.50%)

In considering the above figures it is to be remembered that this is the condition on leaving Hospital, carefully and conservatively assessed by the physicians. It is reasonably certain that cases recorded as "Much Improved" will, in most instances, be "Recovered" in a short period of time. The same may be said of a relatively less number of those recorded as "Improved". Not a few cases are deliberately discharged

before full recovery, experience having shown that progress will be more rapid and satisfactory under home supervision and normal activities.

Transfers, Elopements and Deportations

One female patient was transferred to the Psychopathic Hospital, Winnipeg, for special surgical treatment, later being returned to this Hospital.

One male patient eloped and has not been recovered.

There were no Deportations during the year.

Deaths—

There were 45 deaths during the year, 24 males and 21 females. The mortality rate, based on the total number under treatment, was 4.28% as compared with 4.75% in 1941.

Seven patients were 70 years and over—15.5%. If we include all patients 65 years and over the number is 13 and the percentage 28.8.

Five patients had been in Hospital for 23 years and a varying number of months. One had been in residence for 30 years. Three had been under care for slightly less than 20 years.

Respiratory Diseases caused 17 deaths (37.7%) and of these 8 died from Tuberculosis of the Lungs — 17.7%.

Cardiovascular Disease accounted for 11 deaths (24.4%) as against 23% for 1941.

One female patient succumbed to Hypoglycaemia while undergoing Insulin Shock Therapy.

One female patient died of 'shock', consequent upon an attack by another patient. She did not suffer any physical injury sufficient to cause death.

GENERAL HEALTH

The general health of patients and staff has been good. No epidemic has occurred. The tuberculosis situation in the Hospital steadily improves. No new discoveries were made. Two active cases were admitted. Though space for isolation of cases is limited all active cases are so cared for and a constant watch kept on suspects by regular X-Ray and Laboratory examinations. All new staff are X-rayed as soon as possible after employment and regularly thereafter, as is the entire patient population.

ACCIDENTS

Three male patients suffered from fractures:—one of the arm, one of the hand and one two ribs. All made uneventful recoveries.

A female patient died suddenly as a result of fright and 'shock' caused by a physical attack by another patient. A complete autopsy failed to reveal any physical injury to cause death. The patient was in a deteriorated and much reduced physical state. The coroner investigated the circumstances and certified to the cause of death.

MEDICAL WORK

The absolutely essential medical needs of the patients have been met despite a shortage of one Physician throughout the year. The work of the Physicians has been definitely hampered by reason of the continued shortage of adequate nursing and attendant service. Pharmocological Shock Therapy has been curtailed to no small extent owing to the lack of the experienced nurses indispensable in this particular form of treatment. Shock treatment must now be confined only to patients reasonably certain to benefit therefrom, and must be discontinued at an early stage if favourable results are not in evidence.

At the date of this report preparations are under way to introduce Electric Shock Therapy, the necessary equipment having been recently secured.

DENTAL SERVICE

The Provincial Hospital Dentist, Dr. Trotter, continued his service until the end of August when he was granted Leave of Absence to serve in the Armed Forces.

His report in brief is as follows:—972 patients were examined and all but 35, who were resistive or refused treatment, were given necessary care. He gave 53½ days to this Hospital.

X-RAY SERVICE

The Technician reports 674 Radiographic examinations made up as follows:

Chest	644	Head	3
Extremities	14	Pelvis	2
Spine	1	Dental	10

LABORATORY REPORT

The Technician reports the following work done:—

Blood Counts	564	
Blood Sedimentation	629	
Blood Chemistry	51	
Blood Matching and Grouping	29	
Urinalyses	273	
Sputum examinations for T. B.	26	
Cultures	84	
Cerebrospinal fluid (all examinations and tests)	30	
Preparations for Intra-venous use	c.c.	18550

Autopsy Specimens:

Blocks embedded	22
Sections stained	56

Surgical:

Blocks embedded	1
Sections stained	6

Teeth:

Blocks embedded	28
Sections stained	235
Vaccine prepared	6

The Provincial Laboratory continued, as in the past, to do our Wassermann Tests. Blood Wassermanns numbered 130,—118 negative, 7 positive, 1 anticomplimentary and 4 doubtful. Cerebro Spinal Fluid Wassermann 9,—2 negative, 5 positive, 2 doubtful.

INOCULATIONS

(Patients and Staff)

Typhoid Vaccine	103
Smallpox Vaccine	111
Diphtheria Toxoid	62
Schick Test	107

62 positive
45 negative

SCHOOL OF NURSING

Nurses in Training number 24, — 3rd year 8, 2nd year 6, 1st year 12. Nurse Attendants number 7.

The Senior Staff at the date of this report is 18.

The difficulty in maintaining an adequate nursing and attendant staff, male and female, has increased during the year, with the inevitable result that full service to the patients has not been possible. It may, I think, be fairly said that, as yet, absolutely essential care and treatment are not lacking, but this is far from the standard formerly adhered to.

Five nurses completed their three years of training and were awarded diplomas in mental nursing.

OCCUPATIONAL THERAPY

In March our Occupational Therapist, Miss Jean Billington, resigned with the intention of engaging in some form of war service. It has not been possible to replace her, nor is it likely that the vacancy can be filled until the end of hostilities. However, as many patients as possible are given employment in the various departments of the Hospital.

RELIGIOUS SERVICES AND ENTERTAINMENT

The Clergymen of Selkirk have attended in turn for Divine Service each Sunday. Pastoral visits have been made on request.

Recreation and diversion for patients have been supplied as far as our limited facilities permit. Occasional concerts have been provided by outside parties and weekly dances have been held during the fall and winter months.

It would add much to the enjoyment and well-being of the patients if it were pos-

sible to provide good screen entertainment. The time is not opportune to urge this, but it should be borne in mind and supplied at the end of the War.

STAFF CHANGES

Many changes have taken place during the year, the majority of these being in the Nursing and Attendant staff. Two senior attendants and one ward supervisor of the permanent staff and three temporary attendants joined the Armed Forces, as did also one office clerk. Two of our Domestic Staff joined the Canadian Women's Army Corps.

Of senior staff we suffered the following losses:

Miss Jean Billington, Occupational Therapist, resigned March 31st.

Miss Laura Thordarson, Surgical Nurse, resigned April 30th.

Mr. John Grant, Ward Supervisor, retired March 31st, after thirty-one years of service.

Miss Marjorie Copeland, Senior Stenographer, resigned May 31st, to be married.

Mr. August Nordal, Chief Engineer, (Public Works) was transferred to the post of Chief Engineer at the Central Power House, Winnipeg, on December 1st after twenty-seven years service here.

Mr. Ernest Eldred, Assistant Dairyman, was transferred to the position of Dairyman at the Manitoba School, Portage la Prairie, on August 1st.

INCREASE OF BED ACCOMMODATIONS

During the year 29 beds have been added. This was accomplished by (1) taking over a Billiard-Sitting Room on Ward II (Male) of the Main Building for Dormitory use, providing space for ten beds, (2) incorporating three rooms, (originally designed for Laboratory purposes but actually used for accommodation of medical and interne staff for some years) as part of Ward B (male) of the Reception Unit, providing space for eleven beds, and (3) adding 8 beds to present Dormitories in the Reception Unit. Thus at the end of 1942 our total bed accommodation was 912.

Early in 1943 space now occupied by a physician will be released in the Residential building which will accommodate 13 beds for female patients, bringing the total to 925.

With this point reached it can be definitely stated that each and every unit has reached the limit.

CONSTRUCTION, ALTERATIONS, AND REPAIRS

1. In August the erection of two residences for physicians was begun and these should be ready for occupation in the not distant future. This is a forward step and will afford the married medical staff suitable living accommodation for themselves and their families.

2. Further outside painting has been done by the Department of Public Works.

3. The general repairs have been carried out by our own staff, as also have been minor alterations.

RECOMMENDATIONS

1. Present conditions make it extremely unlikely that the often recommended enlargement and modernizing of toilet rooms and equipment of the Main Building can be undertaken. This need is however very pressing and should not be lost sight of and should have attention as soon as materials and fixtures can be made available.

2. The demand for patient accommodation continues unabated and the difficulty in meeting it proportionately increases. The real solution is, of course, the provision of a new unit for not less than two hundred patients, which would at least eliminate the present indefensible overcrowding, which is 37% at present. This may not be possible under war conditions.

THE HOSPITAL FARM

The report of this department will be made direct to the Department by the Farm Manager.

The staffs of the farm and the Hospital proper continue to operate in the closest harmony, especially in the placing in suitable employment of as many patients as possible. The farm staff is fully seized of the great benefit of work in the improvement and recovery of the mental health of the patients assigned to their care and supervision. It is a pleasure to testify as to the tactful and kindly manner exercised by them in their relations with the patients.

The farm has been highly productive this year and I am sure that Mr. Crawford will present a very gratifying report.

CONCLUSION

In concluding this report I would take the opportunity to extend my thanks and appreciation to all members of the staff for their devotion to duty and unfailing cooperation. To the Nursing Staff, Male and Female, a special mark of commendation is due, for its members have carried a heavy burden owing to an undue and persistent shortage of numbers.

To you, Sir, and all Department Officials, I am grateful for assistance and counsel in dealing with the problems of administration of the Hospital.

I have the honour to be, Sir,

Your obedient servant,

E. C. BARNES, M.D.,

Medical Superintendent.

STATISTICAL SUMMARY

SELKIRK HOSPITAL FOR MENTAL DISEASES

1. Movement of Patient Population

	M.	F.	T.
Remaining in Hospital December 31st, 1941	527	353	880
On parole or otherwise absent December 31st, 1941	18	22	40
Total patients on Register December 31st, 1941	545	375	920

First Admissions for year ending December 31st, 1942.

	M.	F.	T.			
General Admissions	---	---	---			
Voluntary Admissions	1	1	2			
By Commitment	9	3	12			
Transfers from other Mental Institutions	33	19	52	43	23	66

Readmissions for year ending December 31st, 1942.

General Admissions	---	---	---			
Voluntary Admissions	1	2	3			
By Commitment	14	14	28			
Transfers from other Mental Institutions	13	20	33	28	36	64
Total Admissions for year ending December 31st, 1942				71	59	130
Total under treatment during the year				616	434	1050

Discharges for year ending December 31st, 1942.

Recovered	6	6	12			
Much Improved	9	2	11			
Improved	13	20	33			
Unimproved	2	3	5			
Not Insane	1	---	1			
Deportations	---	---	---			
Elopements	1	---	1			
Transfers to other Mental Hospitals	---	1	1			
Deaths	24	21	45			
Total Discharged, Not Insane, Deportations, Elopements, Transferred, and Died				56	53	109
Remaining in Hospital December 31st, 1942				531	360	891
On parole or otherwise absent December 31st, 1942				29	21	50
Total on Register December 31st, 1942				560	381	941

2. Additional Data

1.	Average Daily Population (Excluding Probations)	890.03
2.	Rated Capacity	650.00
3.	Percent over rated capacity	37.00%
4.	" deaths of average daily population	5.05%
5.	" deaths of number under treatment	4.28%
6.	" discharged of number under treatment	5.8 %
7.	" discharged of number admitted	46.92%
8.	" recoveries of number admitted	9.23%

9. Returned from probation—Males 10—Females 8.

Manitoba School for Mentally Defective Persons

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

Sir:—

I have the honor of presenting to you the Annual Report of the Manitoba School for Mentally Defective Persons for the Calendar Year 1942.

During the year the Medical Superintendent, Dr. H. S. Atkinson, has been absent on leave from the Institution, while on duty with the R.C.A.M.C. In the past year four men have enlisted in His Majesty's Forces from this Department, and as at Dec. 31, 1942 a total of thirty-three men have enlisted from the Dept. of Health & Public Welfare of the Institution, eleven of these being from the temporary staff. One enlisted man from the permanent staff was discharged from the Army as medically unfit during the year, and has returned to duty at the institution. So far as I know there has occurred no loss of life amongst the men who have enlisted, and it is our earnest prayer that it will be possible to record the same statement a year from this time.

There have also been enlistments from the female staff. Miss D. J. MacKay, R.N., Supt. of Nurses, was attested on Jan. 31, 1942, joining the R.C.A.M.C. as a Nursing-Sister, and is on leave of absence. Miss G. A. Torrie, B.Sc., H.E. Dietitian and Housekeeper, enlisted in the R.C.A.F. on Sept. 2, 1942, and is on leave of absence. Other enlistments have also occurred.

As at Dec. 31, 1942, the following members of the staff of this Department joined His Majesty's Forces during the calendar year:—

Miss Yvonne Lapointe
Miss Lillian Lynn
Miss May Denser
Miss Gertrude Embury

Mr. Alex T. Craig
Mr. Harvey Ackerman
Mr. Gordon O. Williams
Mr. Clement A. Ferris

Christmas remembrances and wishes were sent to all enlisted staff by the Welfare Club of the Institution.

A resume of the movement of patient population follows. At the beginning of the year there were 470 patients in residence, 195 males and 275 females. The total under treatment during the year was 505, 218 males and 287 females. The lowest number in residence was 467 (Jan. 3, 1942), and the highest number was 487 (Nov. 21, 1942). The total average for the period was 482.11.

Admissions:—Admissions totalled 35 patients, 23 males and 12 females. Of this number 32 were **First Admissions**, 22 being males and 10 females; there were no **Re-Admissions**; and 3 were **Admissions by Transfer** from other institutions, 1 male being transferred from the Psychopathic Hospital, and 2 females from the Brandon Mental Hospital. Of the first admissions 25.72% or 9 patients were classified as Idiots, 37.14% or 13 patients as Imbeciles, and 37.14% or 13 as Morons.

The **Racial Origin** showed the following classification in order of frequency:—

Slavonic 8, Irish 6, French 5, Scotch 4, German 4, English 3, Scandinavian 2, Dutch 1, Belgian 1, American Indian 1.

Ages as shown by the table are:—3 (Under 5 yrs.);

5(5- 9 yrs.);	6(10-14 yrs.);	9(15-19 yrs.);	6(20-24 yrs.);
1(25-29 yrs.);	2(30-34 yrs.);	1(35-39 yrs.);	2(40-44 yrs.);

Marital Status shows 3 first admissions to be married and 32 to be single.

Economic Status is as follows:—Dependent 19, Marginal 15, and Comfortable 1.

The **Environment Table** shows that 11 were urban dwellers, and 24 rural.

The **Degree of Education** attained was 23 illiterate and 12 read and write.

Nativity of Admissions: Canada 97.14%; U.S.A. 2.86%.

Discharges occurred to a total of 4,—2 females whose condition was improved, and 1 male and 1 female whose condition was unimproved.

Deaths totalled 10, 6 males and 4 females. The death rate based on the total under treatment during the year was 1.98%.

MEDICAL DEPARTMENT

There has been a medical staff of two persons for most of the year. Dr. Eunice Leitch resigned from the Service on August 31, 1942, to obtain further post-graduate training and experience in the United States. She gave excellent service to the institution. Assistance was given by Dr. E. Lindenfeld, an experienced Vienese psychiatrist, for about three months.

The general health of the patients and staff has been good. One new case of tuberculosis has been discovered in the patients. One nurse on the staff has a minimal pulmonary lesion, which was present prior to her entering the Service, and has shown improvement during her service here. There has been discovered no new disease in staff otherwise. During the year there were 28 cases of Measles, 20 amongst patients and 8 among staff. There were 6 cases of Erysipelas.

There were three fractures, all accidentally sustained. One male patient with congenital chorea slipped on a bathroom floor and sustained a fractured right radius; one male patient dropped a piece of wood on his foot while assisting in repair construction work, and sustained a fracture of a phalangeal bone; and an elderly female patient slipped on the floor and suffered fracture of the anatomical neck of the left humerus.

There were altogether ten deaths of patients during the year, as follows: three pulmonary Tuberculosis, one Tuberculous Pericarditis with effusion, one Bronchopneumonia, one apneumatosis following lobar pneumonia, two heart disease, one pyonephrosis due to calculus, one Status Epilepticus.

The regular work of all the medical departments, namely Laboratory, Dental, X-Ray and Surgical, has been continued. The Laboratory and X-Ray Departments have done a considerable amount of work for the Armed Services, and the X-Ray Technician has given regular technical service at the monthly Tuberculosis Clinics in Portage. Dental work was curtailed by the enlistment of Dr. Harold Trotter in the Army Dental Corps in September 1942. The Laboratory has continued to provide service to

the Venereal Disease Clinic at the Portage Gaol, and the Surgical Nurse continues to give regular half-time assistance at this Clinic.

During the year four patients required five outside major surgical procedures for disease states, after arrangements made with and instructions received from the Provincial Psychiatrist. A fatal outcome was the termination of one case. One female patient was sent to Winnipeg for a check examination following treatment of a malignant pelvic condition in 1941. One patient, pregnant on admission, was delivered in an outside hospital.

The Nurses' Training School continues to operate satisfactorily. It was necessary to depart from the policy of having all incoming junior nurses enter the training school as pupil nurses, owing to scarcity of suitable applicants. As at Dec. 31, 1942 approximately 25% of the undergraduate nursing body are nurse attendants. Again it has been found impracticable to give lectures to the male nursing staff. However we believe this should be resumed as soon as possible.

The fourth annual Nurses' Graduation Exercises at the Institution were held on May 15, 1942, six young women receiving a Diploma in Mental Nursing. The gratitude of the Institution is due to all who assisted in the success of this function. Continued assistance in the Lecture Courses has been given by Dr. G. H. Hamlin. During the fall term and because of shortage of medical staff, the services of Mrs. Bristow (Dr. Mary McKenzie) were enlisted. To both, grateful acknowledgment for valued help is given.

There follow tables showing some of the details of the work done in the individual departments. The detailed reports of the Dentist and the Laboratory are being made directly to the Executive Offices and the Provincial Bacteriologist respectively.

TABLE No. 1.

SUMMARY OF WORK DONE BY PORTABLE X-RAY UNIT OF DEPT. OF HEALTH AND PUBLIC WELFARE DURING 1942.

Radiographic Examinations	Jan.	Feb.	Mar.	Apr.	May	June	July	Sept.	Oct.	Nov.	Dec.
Chest	190	93	60	178	54	8	81	43	53	16	24
Extremities	11	14	16	24	15		7	4	8	8	3
Spine	....	1	2	2	1	....	....	....	....	....	2
Head	....	3	2	....	....	....	....	3	....	....	2
Dental	16	....	4	7	....	....	2	1	....	....	10
Pelvis	2	1	3	1	1	1	4	....	....	1	....
Miscellaneous	....	....	....	....	....	....	....	....	....	3	....
Bariums	....	7	....	1	....	....	4	6	....	....	....
Silicosis survey	....	....	....	....	....	....	714 plus 100	....	....	....	....
Selkirk Hosp. for Mental Diseases	....	....	168	....	124	....	....	197	....	....	187
100th Basic Training Centre (Army)	109	116	29	75	43	....	24	28	25	....	....
Travelling Clinics, Portage	23	15	27	18	40 (For San. on survey)	20	23	....	22	17	21

No. 14 E.F.T. School, R.C.A.F.	—	—	—	—	11	—	—	—	—	—	—
No. 3 B. & G. School, R.C.A.F.	—	—	—	—	—	—	12	3	12	—	—
No. 7 A.O.S. (R.C.A.F.)	—	—	—	—	31	—	4	—	47	—	—
TOTAL	351	250	311	306	320	843	161	285	167	35	249

Grand Total:—3288 (Technician's Holidays in August)
69 different set-ups were used.
208 Photographs of miners were taken.

TABLE No. 2

SUMMARY OF WORK DONE AT VENEREAL DISEASE CLINIC AT PORTAGE PROVINCIAL GAOL

Smears for Gonorrhea	706
Wassermann Blood Tests	230
Spinal Punctures	13
Cultures for Gonorrhea	314
Arsenical Treatments	319
Bismuthic Treatments	365
Gonorrhea Treatments	2617

TABLE No. 3

SUMMARY OF WORK DONE IN SURGERY

Ultra-Violet Lamp Treatments	379
General Procedures	2745
Minor Operations	70
Major Operations	0
General Anaesthetics	6
Local Anaesthetics	45
Spinal Punctures	9
Subcutaneous (5% Glucose)	1

TABLE No. 4

SUMMARY OF WORK DONE IN BIOLOGICS

Scarlet Fever Inoculations	78
Dick Tests	149
Typhoid Fever Inoculations	512
Tetanus Antitoxin	8
Mantoux Tuberculin Tests	60
Total Number of Prescriptions filled in Dispensary	255

LAUNDRY

No substantial change has been made in this department. There is still the imminent need of a new washing machine.

STORES

There has been no essential change in the operation of this department. There are tentative plans for the greater centralization of the various sub-departments, and as soon as practicable these will be put into effect.

DIETETICS AND HOUSEKEEPING

This department, since the enlistment of Miss G. A. Torrie, has been under the direction of Mrs. O. M. Cheater, Housekeeper. The department is operating satisfactorily. There is a certain amount of difficulty in procuring staple supplies.

FINANCE

The fundamental reasons for the comparatively high per capita cost remain as stated in previous reports. In addition, because of higher prices due to War conditions, the administration and subsistence expenditures for the Calendar Year were somewhat higher. During 1942 the average daily patient population was 482.1, as compared with 455.3 for the Calendar Year 1941. As a result of this there has been a slight drop from the 1941 per capita cost of $1.09 to $1.079 for the Calendar Year 1942.

PATIENT PROGRAM

For much of the year there has been a definite shortage of nursing personnel, and in so far as numbers are concerned there has been a 100% turnover in the nursing service during the Calendar Year. The situation, particularly at times, has been decidedly worrying due to inability to secure adequate numbers of nurses. In addition to the shortage, there has been a rather high proportion of inexperienced nurses, but in spite of these difficulties one feels justified in recording that the service to the patient has been maintained satisfactorily. The number of minor injuries, such as scratches, bites, etc., particularly in the female epileptic population, has been comparatively high; whereas the number of serious injuries such as fractures has been comparatively low.

Because of shortage of nursing personnel it has been found difficult to arrange for adequate outdoor exercise for the female patient group. So far there does not seem to have been any serious deterioration in the physical health of the patients.

The formal school-room continues to operate to the benefit of the institution and the patients. It is unnecessary to reiterate the definite advantages, from the various points of view, in the continuation of this activity. The school teacher for the year, Miss Eileen Sinclair, M.A., resigned as at Dec. 31, 1942, to go to the United States for further post-graduate education.

The other occupational centres of the institution continue to function smoothly. Because of illness of the instructor and the pressure of other necessary work, there has been a temporary curtailment of work in the male occupational shop. This will be resumed as soon as practicable. Again it is unnecessary to stress the value of all occupational work, as it forms much of the positive good which is done with and for the patients.

The recreational activities, as a whole, are unchanged. The patients enjoy concerts and entertainments, picture shows, radio, and outdoor activities, such as soft-

ball and skating. I wish to acknowledge thanks to all of the staff who have assisted in providing recreation and entertainment for the patients. Religious services are held by the local ministers in rotation each Sunday, except during the summer vacation period.

The advantages of proper segregation of patients according to age, mental level, personality type, and physical status are unquestionable. I believe it is accurate to say that there are greater difficulties in this regard on the female wards, and in this group there is seen evidence daily of greater personality conflicts and resulting behaviour disorders than on the male side. Of assistance here would be the closing by suitable partitions of the stairways between the wards in the East wing of the Main Building. There is need for more suitable space for play activities for both small boys and small girls. Up to the present it has not been possible to provide this in full, owing to the almost complete utilization of available space for other necessary purposes. One recognizes the difficulty, if not the impossibility, of obtaining these facilities in the near future. Full use is made of the facilities available.

One continues to be keenly aware of the desirability of an increased scope in the psychopathic work of the institution. An increased range of experience and contacts would, I believe, be of distinct benefit and value both to the participating staff and to the community. It would seem desirable to conceive of such a service as not merely labelling machinery, but as an increasingly potent tool to be used in the early recognition and treatment of disorders, with a resulting maximum of opportunity in doing preventive work. In this regard the memorandum as prepared by yourself is distinctly encouraging. One recognizes the difficulty of making these plans and desires, operating realities at the present time.

CONSTRUCTION, IMPROVEMENTS AND ALTERATIONS

During the year there has continued to be urgent necessity for additional patient beds. As a step towards obtaining approximately 30 beds for female patients, it was decided to transfer the domestic staff quarters to the present Residence No. 2. In order to make this possible, construction of a new Physician's Residence was started on institutional grounds on August 6th. As at the end of the Calendar Year this residence is nearly completed, and will probably be occupied in the first month of 1943. Plans are under way to convert Residence No. 2 into a Domestic Staff Residence to contain approximately 16 beds. Following utilization of Residence No. 2 for this purpose, it is planned to alter the present Domestic Staff Quarters on the main floor of the new wing, to provide 30 new patient beds.

The construction of the new Physician's Residence was done on the authority of the Building Superintendent. The work was done under the supervision of Mr. G. H. Shead, Chief Engineer, and the full time foremanship of Mr. Alex Anderson, Temporary Carpenter.

ACKNOWLEDGMENTS

I wish to express appreciation of much assistance received from many persons.

Dr. D. L. Scott and staff of the Central Tuberculosis Clinic have given us valued advice in Tuberculosis problems.

Mr. W. R. Leslie, Superintendent of the Experimental Station at Morden, supplied over two hundred fruit trees such as apple, plum, etc., for planting in the institutional gardens.

To the Portage la Prairie Graphic, I am indebted for publication of an accurate and encouraging description of the Nurses' Graduation Exercises.

The Welfare Club of the institution has shown continued interest in the welfare and happiness of the patients, in the sponsoring of pleasures and entertainments.

Again I wish to record my sincere appreciation to the heads of departments and staff of the institution, who by their sustained interest and energy in carrying on the work of the institution, have in large part made possible the satisfactory care of the patients.

To you, Sir, as Chief Psychiatrist, and to the officers of the Department of Health and Public Welfare, I wish to acknowledge my indebtedness for steady and kindly support and encouragement.

I have the honour to be, Sir,

Your obedient servant,

M. E. BRISTOW, M.D.,

Acting Medical Superintendent.

MOVEMENT OF PATIENT POPULATION

MANITOBA SCHOOL FOR MENTALLY DEFECTIVE PERSONS

	Male	Female	Total
Remaining under Treatment January 1, 1942 (Including Patients still on Probation)	195	275	470
First Admissions for Year ending December 31, 1942:			
1. From Municipalities	15	10	25
2. Government Patients	7	----	7
3. Private Patients	----	----	----
	22	10	32
Admissions by Transfer from other Institutions for year ending December 31, 1942:			
1. From Municipalities	1	2	3
2. Government Patients	----	----	----
3. Private Patients	----	----	----
	1	2	3
Re-admissions for Year ending December 31, 1942: (Exclusive of Re-admissions from Probation)			
1. From Municipalities	----	----	----
2. Government Patients	----	----	----
3. Private Patients	----	----	----
	----	----	----
Total Admissions for Year ending December 31, 1942	23	12	35
Total Under Treatment during the year	218	287	505

Discharges during the Year:

	Male	Female	Total			
(a) Recovered	...	...	...			
(b) Much Improved	...	...	...			
(c) Improved	...	2	2			
(d) Unimproved	1	1	2	1	3	4
Transferred Out	...	1	1	...	1	1
Deaths	7	3	10	7	3	10
Total Discharged, Transferred or Died				8	7	15
Total on Institutional Register as at December 31, 1942 (Including Patients still on Probation)				210	280	490

Total Patients taken out on Probation and returned during the year:

Male	Female	Total
3	6	9

Total Patients still on Probation as at December 31, 1942:

Male	Female	Total
4	3	7

WELFARE

WELFARE SUPERVISION BOARD

Grants to Charitable Institutions

CHILD WELFARE BOARD

SECTION OF PUBLIC WELFARE

Social Assistance in Unorganized Territory

Child Welfare—

Mothers' Allowance

Child Care and Protection

Legal Supervision

Welfare Supervision Board

The Honourable James McLenaghen,
Minister of Health and Public Welfare,
Legislative Building,
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, 1942. 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 statute provides for nine members of the Board, but an appointment to fill the vacancy left by the resignation of Dr. G. F. Stephens in 1940 was not made until 1942. In this year Mr. William Whyte was added to the Board and the full membership was as follows:

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

Following the recommendation in Dr. Buck's survey of Public Health in Winnipeg, a request was made to the Board to increase the grant to the Victorian Order of Nurses to $2,000.00, so that the Order might take over the work of free bedside nursing in Greater Winnipeg. This work was formerly carried on by the Margaret Scott Nursing Mission. The Board's study of the question was begun in 1941 and the recommendation approving of the proposal went forward to the Minister of Health and Public Welfare early in 1942. The recommendation was that the grant to the Victorian Order of Nurses be increased to $2,000.00 and that the grant to the Margaret Scott Mission be discontinued.

At the request of the Welfare Supervision Board the Nursing Division of the Department of Health and Public Welfare visited and reported on the Nursing Stations conducted by the Red Cross at East Braintree, Rorketon and Alonsa. These stations were without professional supervision and the amount and type of work done did not warrant the cost of operation. As a result the Red Cross has decided to withdraw from this work at the end of this fiscal year. The Provincial Government will provide whatever service is deemed advisable in these districts and the grant to the Red Cross will no longer be paid.

The Board has again made recommendations to the Minister with respect to grants in aid of charitable organizations and has visited some of the organizations concerned.

Interest has been continued in the Manitoba School for Girls, of which a study was made in 1941. The Board is of the opinion that the importance of the work assigned to the school cannot be over-estimated and urges the government to give every assistance to make it effective.

Consideration was also given to the Manitoba School for Boys and a visit was made to Carman where the school is situated. Here, again, the work is carried on without sufficient support from the government.

GRANTS TO CHARITABLE INSTITUTIONS, 1942-1943

The Welfare Supervision Board recommended that the following grants be made for the Fiscal Year ending April 30, 1943, and these grants were subsequently paid by the Provincial Government.

Children's Aid Society of St. Adelard, 703 Great West Perm. Bldg.	$ 675.00
Children's Aid Society of Winnipeg, 184 Academy Road	2,700.00
Children's Aid Society of Dauphin, Dauphin	1,800.00
Children's Aid Society of Brandon, Brandon	1,800.00
Children's Aid Society of Central Manitoba, Portage la Prairie	1,800.00
Children's Home of Winnipeg, Academy Road	3,600.00
Knowles Home for Boys, Lot 41, East Kildonan	1,670.00
Asile Ritchot Infants' Home, St. Norbert	1,150.00
St. Joseph's Vocational School, Portage Ave.	1,760.00
Jewish Orphanage and C.A.S. of Western Canada, 123 Matheson Ave.	500.00
St. Agnes Priory, West Kildonan	900.00
St. Benedict's Orphanage, Arborg	360.00
Old Folks' Home, Winkler	50.00
Old Folks' Home, Gimli	50.00
Canadian National Institute for the Blind	6,300.00
Salvation Army, Phoenix Block	900.00
The Last Post Fund, (Wing Com. A. J. Taunton, Hon. Sec. Treas., 930 Somerset Ave.)	360.00
Canadian Foundation for Preventive Dentistry, Man. Division, 403 Medical Arts Bldg.	500.00
Sir Hugh John Macdonald Memorial Hostel, Mayfair Ave., Winnipeg	500.00
Victorian Order of Nurses	2,000.00
Canadian Red Cross Society (Manitoba Division)	2,160.00
	$31,535.00

The Welfare Supervision Board has been requested by the Honourable Minister of Health and Public Welfare to make a study of hospitals in Manitoba, pursuant to the recommendations made by Dr. Buck in his report on Public Welfare activities in Manitoba. An advisory committee has been set up, to which the following organizations have been invited to send representatives:

The Department of Health and Public Welfare
The Union of Municipalities
The Manitoba Hospital Service Association
The Manitoba Medical Society
The Manitoba Dental Association
The Manitoba Hospital Association
The Manitoba Registered Nurses' Association.

In addition the W. K. Kellogg Foundation at Battle Creek, Michigan, has very graciously arranged for the Board to have the benefit of the advice of Mr. Graham L. Davis, who is their Hospital Consultant. He has had wide experience with problems very similar to those to be considered in the survey.

The assistance of Dr. Williamson, of the American College of Surgeons, has also been arranged and he is expected to visit Manitoba early in the new year.

Meanwhile, a Field Secretary has been appointed and a questionnaire has been prepared and sent out to the hospitals. When the data has been collected it is hoped that the plans which may be formulated will have a far-reaching and lasting benefit.

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

Respectfully submitted,

E. S. MOORHEAD, M.D.,
Chairman.

NELLIE McNICHOL SANDERS,
Secretary.

Child Welfare Board

The Honourable James McLenaghen, K.C.,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith the Report of the Child Welfare Board for the year 1942.

The Child Welfare Act provides for the appointment of a Board. Its duties include the enrolment of applicants for allowances, setting the amount of the allowance and altering same from time to time as incomes increase or decrease. Increases as children pass from one schedule to another are automatic.

During 1942 a monthly meeting was held and 140 applications considered, 25 applications were considered ineligible; adjustments were made in 1,032 cases. The members spent an evening with the Social Workers to discuss problems of interest to all.

The recommendation of the Board for an increase in the allowance for food and clothing in accordance with the increased cost of living was approved and was included in the cheques commencing with September. This increase with the 10% increase for food which came into effect in January, 1940, makes an increase of 20% in food and 10% in clothing over the previous schedule.

One of the members attended the National Conference for Social Work held in New Orleans and brought to the other members a report on subjects of interest to all.

Mrs. S. Gee-Curtis of Neepawa who had been a member of the Board since April, 1929, and who brought to the Board the viewpoint of the people in rural Manitoba, resigned suggesting that her place might be filled by some one younger. During the thirteen years she served she rarely missed a meeting. She was able to interpret the work of the Child Welfare Division to her community in her other welfare activities.

Respectfully submitted,

HARLEY M. HUGHES,
Chairman.

GERTRUDE CHILDS,
Secretary.

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, 1942.

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 Unmarried mothers;

vi Old people under seventy years of age, and those over seventy who are not naturalized, or who have not been long enough in this country, or who are unable to submit proof of age.

vii Cases of total and permanent disability and mental defectives, who are being kept in private homes because of lack of room and facilities in the Home at Portage la Prairie.

These cases come to our notice in various ways. Some of them apply direct to this office. Others are referred by neighbors, doctors, clergymen, nurses, police, etc.

The Tax Collectors in Unorganized Territory act as our investigators in some instances:

A. Dubois, Hadashville,
C. Sicotte, Fraserwood,
Geo. LaFortune, Vassar,
R. M. Snider, Inwood,
J. R. Armit, Alonsa,
Wm. Hryciuk, Chatfield.

Investigations in Northern Manitoba are looked after by Mr. M. Flattery, Provincial Sanitary Inspector of The Pas.

In districts where the distance is too far for an Inspector to make a call, we have a working arrangement with a local man to act as our investigator. These men are usually recommended by some reputable citizen of the district, and are absolutely impartial.

When an investigator sends his report on the form provided by the office, which

shows assets and liabilities of the family, the relief is placed according to the assets. Most of these people, especially of the Slavonic Race have a cow and a garden, and even those who are quite crippled will make a garden each year, the seeds being provided by this Division. To a certain extent we guide ourselves by the budget of the Welfare Department of the City of Winnipeg. The list of groceries which appears on the reverse side of our order form was made by the dietitian of the Manitoba Agricultural College, and is as follows:

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

When an order is placed, we do not insert the name of the storekeeper. The family is allowed to deal with any storekeeper in the district. Our experience in the past indicated that the storekeepers were jealous, and we were accused of showing partiality to some storekeepers. The storekeeper must send us his account in triplicate with the recipient's signature affixed thereto. These accounts are checked in the office, and articles purchased, which are not on the list, and are considered non-essentials, are deleted from the bill. Some of the cases are receiving relief in cash (by cheque). These are cases where we are certain they know how to handle money, and it is to their advantage to have cash.

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 a 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 Birch River, (which was supervised by Dr. Boon until his departure, but since he left the district there is no supervision of this home by a medical man), and Norway House Hospital, which is operated by the Dominion Government. 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 confinements 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.

The following figures will give you information as to the number of cases each year and expenditures:

Year	Cases	Expenditures
1937	507	$61,041.35
1938	589	76,458.06
1939	645	77,999.23
1940	612	83,823.46
1941	635	89,093.09
1942	619	96,214.82

You will notice that this year we spent over Seven Thousand Dollars more than last year for the reason that the allowances had to be increased in many cases. We also had thriteen more cases in the Tuberculosis Group, and five more cases in the Widows' Group. Of all the closed cases we had only seven closed for the reason that the son of the family enlisted and assigned a portion of his pay to his parents.

We particularly wish to express our appreciation to the Manitoba Division of the Canadian Red Cross Society for their splendid co-operation, and to the Imperial Order of the 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 its loyalty and co-operation.

All of which is respectfully submitted,

I have the honour to be, Sir,

Your obedient servant,

B. ZEGLINSKI,

Supervisor, Social Assistance, Unorganized Territory.

TABLE 1.

SOCIAL ASSISTANCE IN UNORGANIZED TERRITORY

NUMBER OF CASES RECEIVING RELIEF, JANUARY 1st, 1942 TO DECEMBER 31st, 1942.

	British	French	H. Breed	Ukrainian	Polish	Americans	O. Nats.	Total
Number of cases with dependents	37	33	93	118	19	10	22	332
Number of cases without dependents	40	26	36	125	22	4	34	287
Number of dependents under sixteen	81	66	229	234	22	26	23	681
Number of dependents over sixteen	8	2	31	41	10	2	6	100

Number of cases on Relief, January 1st, 1942	490
Number of new cases, January 1st, 1942 to December 31st, 1942	129
Number of cases on Relief, January 1st, 1942 to December 31st, 1942	619
Number of cases discontinued, January 1st, 1942 to December 31st, 1942	151
Number of cases carried over to 1943	468

The 151 cases discontinued during year were as follows:

21 Cases transferred to Old Age Pension Board
15 Cases transfered to Child Welfare Division
10 Cases died
107 Cases Closed.

The following nationalities are represented in the column above, listed as "Other Nationalities":

Swedish	7	Hungarian	4	German	12
Icelandic	1	Belgian	1	Lithuanian	2
Czechoslovakian	4	Norwegian	8	Finnish	2
Danish	1	Russian	10	Dutch	1
Italian	1	Serbs	2		

Child Welfare Division

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

Sir:

I have the honour to submit herewith the report of the Division of Child Welfare for the calendar year 1942.

ALLOWANCES TO MOTHERS UNDER PART III OF THE CHILD WELFARE ACT

It might be interesting at this time to review the provision made for Bereaved and Dependent children in Manitoba from the passing of the Mothers' Allowance Act on March 10th, 1916, to now.

Under Order-in-Council 25961, dated April 18th, 1916, a Commission of five members, two women and three men, was appointed. The report for the year 1916-1917 explains the first steps in administration.

As neither the Act nor Order-in-Council appointing the Commission set forth the details of administration and it was left to the commissioners to recommend the essential regulations, an Order-in-Council, 26015, was passed on May 4th, 1916, and amendments have been made by Order-in-Council from time to time based on changed conditions and needs.

The first year's requirements were estimated at $30,000.00, of which $15,000.00 was to be obtained by municipal levy. The Mothers' Allowance Act provided for allowances to bereaved and dependent children who were likely to suffer from lack of means to supply their needs. Bereaved children were those whose fathers were dead, confined to mental hospitals, totally and permanently disabled, or in gaol, who were fourteen years of age or under, or between fifteen and eighteen and because of physical or mental defect incapable of self-support. Residential qualifications of two years previous to death or disability and naturalization of the father were required. The mother was expected to be mentally and morally fit to bring up her children as good citizens. No appropriation of funds was ever made for children whose fathers were in gaol, and it wasn't until 1927 that funds were provided for children of physically disabled fathers. It was clearly indicated that the allowance was to supplement family resources, never to replace them.

The first applications received through the municipal committees set up were granted for June, 1916. During the year, 167 applications were received and 28 of these were refused. The number of applications increased yearly until 1936 when 1,141 mothers and 3,271 children benefited. The peak year of expenditure was 1929 when 1,062 families benefited at a cost of $557,621.00. There has been a gradual decrease in applications since 1937 with a corresponding decrease in expenditure. There will no doubt be an increase again when the sons return from overseas and their contributions decrease as they establish homes of their own.

Manitoba's allowance has been based on the cost of living and is on a budget basis, and the food and clothing allowance is adjusted according to the changes in cost of necessities. A further increase was granted in September, 1942, of 10% in food and 10% in clothing. The Manitoba allowance has been more adequate than that of the other provinces whose allowance is on the basis of a set sum for mother and each child, no provision being made for winter fuel in any other province. All provinces agree in the principle of each family using its own resources and those resources being supplemented when inadequate. Perhaps the outstanding feature of the Manitoba administration on a budget basis is that where a definite maximum is provided for housing, food and clothing, it is possible to see that these are secured by the family and one is not sacrificed to the other.

It must always be remembered that a normal family consists of a father and mother and children and that money alone cannot replace the father's contribution to family life. Where the father is disabled and in the home, many more difficult situations need adjustment.

Many mothers express in writing their appreciation of the services of the staff when the time comes that they no longer require the allowance.

USING RESOURCES

We would like to express our appreciation of the co-operation of many families with our request made in the Spring that each family do its utmost to provide vegetables for winter as well as summer and to take advantage of the plentiful supply of wild fruit in many parts of the province. These mothers made an indirect contribution to the war effort as well as providing nutritional requirements of their children. As an example, a mother with a disabled husband and two children canned 55 quarts of vegetables, 200 quarts of fruit, 50 quarts of pickles, and had 16 bags of potatoes, 2 bags carrots, 2 bags turnips, one of parsnips and half a bag of beets. Another had 90 quarts of fruit, 40 quarts pickles, 25 bags potatoes, enough other vegetables for the year, and milk and butter for family use. Another had two hundred pounds of honey from two hives of bees. Most of the fruit canned is wild fruit; strawberries, raspberries, saskatoons, blueberries, plums, cranberries and the quantities canned represent many hours of picking and the satisfaction of achievement.

Many of the mothers have sons and daughters in the Armed Forces and are deprived of the companionship of these older children and have the added anxiety of their danger.

The Assigned Pay and Dependents' Allowance granted to mothers has made it possible for some mothers to be self-supporting.

Allowances cancelled because of sufficient resources number 60 in 1942 as compared with 26 in 1941.

RE-MARRIAGE

More resources for suitable employment of men has also resulted in marriage and 38 mothers re-married as compared with 24 in 1941. While re-marriage and the re-establishment of the normal family home would appear to be ideal, one rather wonders as to the problems for Social Workers in the years to come when a mother of forty-two with eight children between the ages of twenty-two and four marries a man of twenty-four who has shown little indication of accepting responsibility up to now.

Tuberculosis as a cause of disability continues as usual with 54 as compared with 52 cases in 1941.

Mental Diseases accounts for 38 of a total of 219 disability cases.

Accidents accounts for 76 deaths. In some of these cases, at least some provision would have been made if drivers of trucks and cars were compelled to carry accident insurance.

873 families with 2,644 children benefited during the year as compared with 946 families with 2,816 children in 1941.

STAFF

The requirements of war offices and the much higher salaries offered by the Dominion Government as well as the recognition of the Government of the value of trained Social Workers and the limited number of graduates from Schools of Social Science, has made it impossible to have an adequate staff. The staff we have been able to retain have cheerfully accepted additional work and responsibility and we hope that in the near future more Workers will be available.

DEPENDENTS' ALLOWANCES

By arrangement with the Dependents' Allowance Board at Ottawa, the Social Workers of the Division give their services in securing information as to families receiving Dependents' Allowances, problems of children born out of wedlock, administration of allowance when it is proven that the dependent is incapable, and any requests under the Supplementary Grant Provisions in districts where there is no Children's Aid Society. This may well be classed as protection work.

Workers in Branch Offices have additional responsibilities and the Brandon and Dauphin districts have much too heavy a case load to give adequate service to all. In one of these districts the Worker has 100 Mothers' Allowance families, 61 Child Care and Protection families, 16 Wards of the Director, 39 unmarried mothers, 24 applicants for adoption of children, a total of 240, and had each month a number of investigations for the Dependents' Allowance Board.

CHILD WELFARE AS WAR CONTINUES

The 1941 Report outlined some of the changes in Child Welfare work in war-time.

As war continues the problems continue to increase. More fathers, sons and daughters are in the Armed Forces and more children are being employed in war industries.

Children between fifteen and eighteen years of age are earning up to $130.00 per month and it is to be expected that they will spend unwisely at least part of their earnings, and that they may be resentful of parental control while economically independent. Young girls away from home for the first time may make unwise and unsafe friendships. Parents are worried as to the welfare of their children away from home as well as anxious as to the welfare of the members of the family in the Armed Forces.

The acceptance of securing information as to alleged misconduct of wives of enlisted men in districts not served by a Children's Aid Society has added to the work of the Division.

DEPENDENTS' ALLOWANCE BOARD INVESTIGATIONS

In January, 1942, Miss Lawson, Supervisor of Child Care and Protection and Assistant Director, was granted leave of absence for the duration of the war. She is at present Chief Reviewer of the Dependents' Allowance Board at Ottawa.

While the Dependents' Allowance Board may be primarily interested in having the enlisted men satisfied as to the welfare of their wives and children, the Division is also interested in prevention of neglect of the children and protection of the moral standards of the wives to whom many husbands will return.

The securing of information on which to make a recommendation for the Supplementary Grants is also an additional responsibility. Particularly in the winter months some places are inaccessible and only first-hand information is of value. Letters of complaint to the Dependents' Allowance Board are in many instances based on jealousy of the larger income. More still to be criticized are those who write direct to the husband who is then mentally disturbed until he is either reassured or satisfied that every effort is being made here to adjust the difficulty.

The housing shortage in the City has been increased by the moving in of families from country points. The families have found the crowded conditions conducive to the seeking of entertainment out of the home and children have been left alone until the early hours of the morning.

In many instances the additional income has resulted in improved home conditions, the purchase of furniture and household equipment badly needed. Anything that can be done to assist in improving home conditions for children will contribute to the welfare of the future and is time well spent.

We should also be planning for post-war adjustments in family home life. Many young mothers will have more responsibilities and less freedom and will need advice. Fathers will not be satisfied with anything short of employment with adequate wages for the support of the family.

The Children's Aid Society of St. Adelard took over the work of Child Care and Protection as outlined in Part IV of the Act and the adoption work in the section of the province east of the Red River and is to become a non-denominational Society, instead of dealing only with Roman Catholics as previously. The Society is in the process of re-organization and will require professional trained staff to carry out its functions.

INTAKE FOR 1942

During the year 785 new cases were dealt with and 304 re-opened, making a total of 1,089 cases in addition to those carried over from the previous year.

Some idea of the volume of work coming into the Division may be derived from the fact that Supervisors and Workers had 3,607 interviews with clients in the Central Office.

CHILD WELFARE ACT—PART III.

For Year Ending December 31st, 1942

Month		Applications Received	Applications Granted	Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families Under Allce.
Deferred from previous year		38					
Jan.—	New	13	7	4	36	2,241	758
	Re-applications	3	3	....	....	.....	.....
Feb.—	New	13	4	1	4	2,223	758
	Re-applications	....	....	....	....	.....	.....
Mar.—	New	8	7	....	7	2,220	758
	Re-applications	....	....	....	....	.....	.....
April—	New	10	20	3	22	2,217	757
	Re-applications	1	1	1	....	.....	.....
May—	New	15	8	2	8	2,215	757
	Re-applications	....	....	....	....	.....	.....
June—	New	12	8	1	14	2,215	752
	Re-applications	1	1	....	....	.....	.....
July—	New	12	9	5	20	2,188	743
	Re-applications	1	2	....	....	.....	.....
Aug.—	New	17	16	2	19	2,195	741
	Re-applications	....	1	....	....	.....	.....
Sept.—	New	4	6	1	21	2,155	726
	Re-applications	....	....	....	....	.....	.....
Oct.—	New	14	14	2	16	2,157	724
	Re-applications	1	....	....	....	.....	.....
Nov.—	New	8	7	2	21	2,121	710
	Re-applications	2	....	1	....	.....	.....
Dec.—	New	3	11	5	18	2,091	704
	Re-applications	2	1	....	....	.....	.....
		140	126	30	206	.....	.....
Applications carried over to next year		23	....	....	....	.....	.....

Families under allowance during year 873
Number of children assisted during year 2,644

CAUSES OF REFUSAL

(a) Resources sufficient	13
(b) Only one child under fifteen	3
(c) Only one child	1
(d) Father not totally and permanently incapacitated	....
(e) Residence qualifications not fulfilled	1
(f) Non-compliance with regulations	2
(g) Mother immoral	1
(h) Unsatisfactory home conditions	2
(i) Mother not naturalized and children not born in Canada	1
(j) Desertion	....

(k) Father not in an institution	1
(l) No children under fifteen	—
(m) Cause of death or disability arose out of Province	—
	25
Applications withdrawn	5
TOTAL	30

DISTRIBUTION OF FAMILIES

Cities

	Families	Children
Brandon	17	47
Portage la Prairie	8	20
St. Boniface	21	64
Winnipeg	172	454
20 Towns	62	176
13 Villages	28	86
100 Rural Municipalities	455	1,430
Unorganized Territory	110	367
	873	2,644

CAUSES OF CANCELLATION

(a) Resources sufficient	60
(b) Only one child under fifteen	59
(c) No children under fifteen	7
(d) Only one child—Mother regained health	6
(e) Father not totally and permanently incapacitated	9
(f) Father not in an institution	2
(g) Mother remarried	38
(h) Non-compliance with regulations	12
(i) Mother immoral	4
(j) Received allowance from other funds	2
(k) Left the Province	5
(l) Mother died — only one dependent child	—
(m) Unsatisfactory home conditions	2
Total	206

CAUSES OF DEATH

1. Infectious Diseases:

(a) Tuberculosis	65	
(b) Venereal Disease	3	
(c) Influenza	2	
(d) Typhoid Fever	7	
(e) Erysipelas	—	
(f) Other Causes	4	81

2. Diseases of Nervous System:		
(a) Cerebral Hemorrhage	19	
(b) Meningitis	10	
(c) Apoplexy	1	
(d) Tumor or Abscess of Brain	12	
(e) Other causes	16	58
3. Diseases of Respiratory System:		
(a) Pneumonia	42	
(b) Bronchitis	3	
(c) Pleurisy	—	
(d) Asthma	2	
(e) Other causes	22	69
4. Diseases of Digestive System:		
(a) Appendicitis	9	
(b) Peritonitis	17	
(c) Ulcers of Stomach and Duodenum	11	
(d) Disease of Liver	6	
(e) Other Causes	15	58
5. Diseases of Circulatory System		140
6. Diseases of Blood		10
7. Diseases of Kidney, Bladder and Urinary Passages		20
8. Diseases of Skin		—
9. Diseases of Bones and Joints		1
10. Cancer		79
11. External Causes:		
(a) Accident	76	
(b) Suicide	25	
(c) Murder	2	
(d) Other sudden deaths	8	111
12. Other Causes		27
13. Presumed Dead		—
TOTAL		654

CAUSES OF DISABILITY

1. Infectious Diseases:		
(a) Tuberculosis	54	
(b) Venereal Disease	4	58
2. Diseases of Nervous System:		
(a) Paralysis	10	
(b) Sleeping Sickness	3	
(c) Multiple Sclerosis	3	
(d) Other Causes	25	41

3. Diseases of Respiratory System:		
(a) Chronic Bronchitis	2	
(b) Asthma	6	
(c) Other Causes	2	10
4. Diseases of Digestive System		1
5. Diseases of Circulatory System		44
6. Diseases of Blood		2
7. Diseases of Kidney, Bladder and Urinary Passages		3
8. Diseases of Skin		1
9. Diseases of Bones and Joints		21
10. Mental Diseases—in Hospital		38
TOTAL		219

OVERSEAS CHILDREN

This is the second full year that the children who came from Great Britain under the Children's Overseas Reception Board have made their home with us. The foster parents of two children left the province to reside elsewhere, taking the children with them, and two have come to us from other provinces. In addition, one of the boys has enlisted in the R.C.A.F., thus leaving a total number of 164 children under our care in Manitoba.

There have been some alterations in the plans for the children. For example, it has been arranged that the parents in the United Kingdom contribute twenty-six shillings each month to the Children's Overseas Reception Board, so that the sum of $5.76 per month is available for the use of the foster parents of each child. In addition, a further thirty-four shillings per month may be sent for each child but this is not compulsory. Many of the parents send some or all of this amount but a good many, as would be expected, are unable to do so.

It has also been made possible for boys between the ages of 15 years, 8 months and 16 years, 6 months, to enlist as Boy Seamen in the Royal Navy but to do this they must sign an engagement for continuous and general service with the Royal Navy until they are 30 years of age. One boy from Manitoba has been accepted and hopes to go to England for training early in the new year.

Opportunity has been provided for application to enter the Royal Air Force as aircraft apprentices. The educational standards in this service are very high. One boy has made application but it is not yet known whether he will be accepted.

The Children's Overseas Reception Board is emphasizing the importance of national service in Great Britain and makes it quite clear to the children that they are expected, when they are old enough, to join one of the armed forces in Canada or to return to the United Kingdom in time to register with their age group. For boys, the age is 17½ years and for girls, 20. In order for them to return to Great Britain, however, it is necessary for the children to have the consent of their parents. So far, none of the C.O.R.B. children from this province have returned home.

Problems are developing with regard to the older children who are not yet old enough to enlist or to return home. Many of them wish to stop school and several are already working. One has been trained under the Dominion-Provincial Youth Training

Plan and another is attending Business College, where the fees have been reduced to half the regular amount.

The question of what should be done in these cases will need to be faced very soon. It would appear at present that some arrangement will have to be made to pay for the higher education of these children. Those who are able to provide a home for them should not be asked to pay for their education in addition, where it involves an actual outlay of money. There is a fund which was raised by a committee of the Council of Social Agencies, but it is not sufficient to meet all the demands which are anticipated. In many cases, the requirements of these older children for clothing and other things are so expensive that foster parents cannot afford to undertake to keep the children without remuneration. Perhaps the Federal Government could provide for this.

Those replacements which have been necessary still fall into one or more of four categories—(1) Problems within the child which make adjustment to the home impossible; (2) A home satisfactory within itself but which is inadequate to the needs of the particular child; (3) Illness in the home, particularly of the foster mother; (4) Changes in circumstances—financial, housing, position, etc. We would like to emphasize the fact that failure to adjust in one home does not mean that the child is likely to be difficult but simply that for one of the above reasons the change must be made.

The free exchange of cables each month between parents and children has been continued and this is much appreciated by all.

It was with regret that information was received of the resignation of Mr. Geoffrey Shakespeare, M.P., who sponsored the whole C.O.R.B. plan and who visited Canada last year. Changes in the Government of the United Kingdom made this necessary. Also, Mrs. Snow who was the representative in Canada of the C.O.R.B., left to join her husband in the diplomatic service in South America.

Mrs. Snow has been replaced by Mrs. D. S. Archdale who paid a visit to Winnipeg in October. A reception was held for her at the Legislative Building when she talked with each child and his foster parents. It was her intention to write to the parents at home telling them about the children. We hope to have her visit us each year.

The appreciation of the parents and of the Government of the United Kingdom is deeply felt and frequently expressed for the splendid work which is being done by the foster parents. The great assistance of the Children's Aid Societies is also gratefully acknowledged.

PART IV—CHILD WELFARE ACT—Neglected Children

During the year 474 families involving 1185 children were dealt with under this part of the Act. Our policy continues to be to develop the stability and healthy resources of the family and to apprehend children and assume wardship only as a last resort.

In 9 families involving 15 children, it was necessary to apply to the court for guardianship. Six were committed temporarily and nine permanently to the Director of Child Welfare. The major cause of removal in each of these families was as follows:

Case No. 1—Death of both parents; child in need of guardian.

Case No. 2—Death of both parents; children in need of guardian.

Case No. 3—Mother deceased; father in armed forces; boy physically handicapped.

Case No. 4—Domestic difficulty.
Case No. 5—Child born out of wedlock to mentally defective mother.
Case No. 6—Child born out of wedlock to mentally defective mother.
Case No. 7—Child born out of wedlock and mother unable to support.
Case. No. 8—Child born out of wedlock and mother unable to support.
Case No. 9—Father deceased; mother unfit guardian.

The residence of these committed children was as follows: Rockwood, South Norfolk and unorganized territory.

At the opening of the year, the Division had 240 wards under care, 38 who had been committed temporarily and 202 permanently. With the additional 15 received during the year, it made a total of 255 wards to be dealt with. During the year, however, 11 temporary wards were discharged to their parents, the home conditions having convinced the court that this action was justifiable; 13 became of age, 6 girls and 1 boy were married, 2 were absolutely adopted, 1 died, 1 was committed as a mentally defective and 12 were transferred by Order-in-Council to the Children's Aid Society of Central Manitoba, leaving 208 wards under care as at December 31st, 1942—20 temporary and 188 permanent.

Many of our boys are on active military service, having joined up voluntarily, as well as a large number of our former wards. Only a small percentage have been rejected on account of physical unfitness. Some have become prisoners of war and others have made the supreme sacrifice.

There has been a definite improvement in the employment situation during the past year. This has resulted in a decrease of behavior problems, due to the fact that the wards have been able to find work that is both congenial and profitable.

As may be expected, some new problems have arisen in connection with the supervision of wards. Girls who were formerly employed at housework have found new fields of employment in factories and restaurants. As a result, they now have their living quarters in rooming houses where adequate supervision is impossible. Respective Hostels for such boys and girls, where some supervision could be exercised, would fill a great need. Such accommodation is particularly needed since the usual community resources, such as the Y.M.C.A. and Y.W.C.A., are taxed to capacity in serving the armed forces.

So far as the male wards are concerned, remunerative positions are easily obtained and the tendency is for the boys to leave school before they have adequate educational standing. The war has also accentuated the trend of youth citywards, which presents problems for those who are seeking their first employment. Scarcity of boarding homes for children and problem adolescents has added materially to the problems of the ward worker.

PART V CHILD WELFARE ACT—Children of Unmarried Parents

The record of children born out of wedlock in Manitoba during the calendar year of 1942 stands at 540, as compared with 499 for the year 1941.

Of the 535 mothers concerned, 28 are married women where there is presumption of illegitimacy.

23 were referred as married women but the investigation is incomplete to establish legitimacy or otherwise.

20% were 18 years of age or under.

Nationalities of the mothers

Austrian	4	Indian	20
Belgian	2	Irish	51
Bohemian	1	Italian	1
Chinese	1	Jewish	1
Czecho-Slovak	2	Mulatto	1
Danish	4	Norwegian	8
Dutch	10	Polish	38
English	98	Russian	6
Finnish	3	Scandinavian	1
French	59	Scottish	73
German	29	Swedish	8
Greek	1	Ukrainian	70
Half-breed	22	Welsh	2
Hungarian	1	Unknown	11
Icelandic	7		

Record of Orders of Filiation and Maintenance Agreements obtained during the year and Children involved in Cases referred during the year:

	Children	Cases	Filiation Orders	Maintenance Agreements
Winnipeg Children's Aid Society	328	325	18	27
Western Manitoba Children's Aid Society	77	77	1	7
Dauphin Children's' Aid Society	31	31	2	1
Central Manitoba Children's Aid Society	49	48	—	6
Eastern Manitoba Children's Aid Society	24	22	3	—
Residue of territory covered by Child Welfare Division	120	118	5	7
	629	621	29	48

Receipts from Filiation Orders and Maintenance Agreements collected by the Division during the year amounted to $12,668.89.

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

To Mothers	$ 7,100.30
To Maternal Grandmothers	1,184.85
To Boarding Homes	537.20
To Lying-in-Expenses	786.21
To Costs	88.70
To Institutions	598.76
To Children's Aid Societies (Transfer of funds)	197.10
To Municipal Relief Departments	328.27
To Miscellaneous	297.60
	$11,118.99

PART VIII CHILD WELFARE ACT — Adoptions

Number of applications of children for adoption received	304

220 of these applications concern children already in the home of the applicants, the majority being children born out of wedlock to the wife prior to her marriage. The adoption of children in so-called "irregular families" has been brought to the surface by the requirements of enlistment and the Dependents' Allowance Board. The work involved by these pseudo adoptions is taxing the time of the adoption workers to the detriment of legitimate adoption work and home finding.

Number of applications from foster homes received	365
Number of contracts approved	290
Number of adoption decrees obtained	212
Number of visits made in Greater Winnipeg	383
Number of visits made in Rural Manitoba	342

There is an increase in the adoption work done by the Child Welfare Division despite the fact that the Children's Aid Societies of Central Manitoba and Eastern Manitoba assumed responsibility for all adoption work in their territories from March 1st, 1942, and June 1st, 1942 respectively.

A nominal fee is charged for legal services in connection with adoptions and fees received from this source totalled $822.00.

(These figures do not include any adoption work of Children's Aid Societies).

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.

DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Annual Reports, 1941 and 1942

(Calendar Years)

INDEX

	1941	1942
	Page	
Acute Communicable Diseases	44	291
Aged and Infirm Care	182	356
Administrative Offices	5	213
Administration of Estates of Mentally Incompetent Persons	13	223
Board of Health, Provincial	32	263
Board, Child Welfare	194	404
Board, Welfare Supervision	187	401
Brandon Hospital for Mental Diseases	135	371
Communicable Diseases	44	291
Central Tuberculosis Registry	59	300
Child Welfare Board	194	404
Child Welfare Division	196	409
Child and Maternal Hygiene	117	314
Clinics—Dental	79	321
" Institutions	29	.....
" Statistical Charts	425	426
" Venereal Disease	68	311
Disease Prevention	39	265
Disease Prevention—Medical Officer's Report	39	265
Detention Institutions and Venereal Disease Control	68	311
Dental Clinics	79	321
" " —Institutions	29	.....
" " —Statistical Charts	425	426
Environmental Sanitation	93	265
Executive Officer	7	215
Farms Manager	23	234
Fiscal Supervision of Public Institutions	19	231
Food and Milk Control	100	285
Grants to Charitable Institutions	188	402
Health	31	261
Health and Welfare Education	105	253
Health and Welfare Library	112	258
Hospitalization	163	338
Hospitals, Private	180	358

	1941	1942
		Page
Hospitals, Care of Aged and Infirm Persons	182	356
Hospital for Mental Diseases, Brandon	135	371
Hospital for Mental Diseases, Selkirk	146	384
Industrial Hygiene	114	279
Library, Health and Welfare	112	258
Laboratories—Director	119	246
" —at Brandon Hospital for Mental Diseases	121	248
" —at Manitoba School for Mentally Defective Persons, Portage la Prairie	124	251
Maternal and Child Health	117	314
Manitoba School for Mentally Defective Persons	152	391
Preventive Medical Service	39	265
Private Hospitals	180	358
Provincial Board of Health	32	263
Psychiatry—Provincial Psychiatrist	127	360
" —Psychopathic Hospital	130	365
" —Brandon Hospital for Mental Diseases	135	371
" —Selkirk Hospital for Mental Diseases	146	384
" —Manitoba School for Mentally Defective Persons	152	391
Public Health Engineering		270
Public Health Nursing Service	71	316
Public Welfare	185	399
Sanitation	93	
Selkirk Hospital for Mental Diseases	146	384
Silicosis Hazard		277
Social Assistance in Unorganized Territory	189	405
Statistics	34	240
Unorganized Territory—Social Assistance	189	405
Venereal Disease Control	62	303
Venereal Disease Clinics—Detention Institutions	68	311
Vital Statistics	34	240
Welfare and Health Library	112	258
Welfare Supervision Board	187	401
Welfare	185	399
Welfare Supervision Board, Grants to Charitable Institutions	188	402

Canadian Foundation for Preventive Dentistry
Manitoba Division

Clinic Report
for
1941

CLINICS

Number of operating days	186½
Number of Clinicians	18
Number of Schools represented	75
Number of Clinics held	45
Sponsored by School Boards, Teachers or Trustees	33
Sponsored by Women's Institutes, Manitoba Farmers' Association, and other Ladies' Aids	12
Total number of Patients	3,459
Operated on	2,843
Passed "O.K."	597
Total number of Operations	7,368
Extractions—temporary teeth	2,239
Extractions—permanent teeth	610
Fillings	3,965
Treatments	506
Prophylaxis	48
Special Cases referred	3

SURVEY

Number examined	226
Number Requiring Dentistry	205

TOWN OR DISTRICT WHERE CLINIC HELD	No. of Schools	No. Operating Days	No. Children Examined	No. Children Operated on	Extractions: Temporary Teeth	Extractions: Permanent Teeth	FILLINGS: Amalgam	FILLINGS: Copper Amalgam	FILLINGS: Copper Cement	FILLINGS: Cement	FILLINGS: Cement Base	FILLINGS: Synthetic Porcelain	FILLINGS: Silver Nitrate Treatments	FILLINGS: All Other Treatments	Prophylaxis	Referred for Special Treatment	CLINIC QUARTERS	CLINICIANS DOCTOR	SPONSORS	REMARKS
Arden	14	15½	341	195	108	12	233	...	11	...	1	23	12	5	4	...	Nurse's Office	W. R. Morrison Paul Cleave	School Board, W. Inst.—Dept. of Health	Clinic for Lansdown Municipal Schools.
Ayr S.D.	1	½	8	5	8	...	5	...	...	...	...	...	...	...	...	...	School Room	C. T. Boyd	School Board—Dept. of Health	
Bellsite	1	1	21	20	19	8	16	...	...	...	...	2	...	...	...	...	School Room	J. W. Pickard	School Board—Dept. of Health	
Big Island S.D.	1	5	53	53	63	43	30	...	...	2	13	...	2	...	...	...	School Room	A. B. Ingimundson	School Board—Dept. of Health	
Birch River	1	2	57	41	14	24	25	...	...	5	...	5	1	...	...	...	Community Hall	J. W. Pickard	Women's Inst.—Dept. of Health	
Brodie S.D.	1	2	49	34	26	15	33	...	1	1	1	...	1	...	...	...	School Room	W. R. Morrison	School Bd., Red Cross—Dept. of Health	
Brooklands	2	6	152	109	44	9	70	...	7	3	3	...	4	2	1	...	School Room	W. R. Morrison	School Bd., Red Cross—Dept. of Health	
Chatfield	3	2	75	65	56	6	36	...	...	...	6	1	1	...	1	...	Hotel Room	H. A. Towe	Women's Inst.—Dept. of Health	
Christiana S.D.	1	1	26	23	55	4	30	...	...	...	...	...	...	...	...	2	School Room	F. R. King	School Board—Dept. of Health	
Cornorant Lake	1	5½	54	49	107	17	113	...	...	...	...	2	...	2	9	...	School Room	R. G. Musgrove	School Board—Dept. of Health	
Decker	1	2	58	38	29	1	44	...	...	...	...	...	44	...	1	...	School Room	R. L. Miles	Women's Inst.—Dept. of Health	
Dehowa S.D.	1	4	72	66	54	12	78	...	...	...	18	1	30	2	...	...	School Room	H. A. Towe	School Bd., Red Cross—Dept. of Health	
Erickson	1	4	56	50	60	3	116	...	...	6	5	...	...	3	6	...	Municipal Hall	A. R. Hurst and F. S. Spiers	School Board, Women's Inst.—Dept. of Health	
Erickson	1	2½	35	35	...	9	57	...	11	...	...	2	...	4	...	...	Dental Office	E. H. Clarke	School Bd., Women's Inst.—Dept. of Health	High School pupils' clinic.
Fisher Branch	1	8	126	110	119	14	189	...	...	6	26	...	19	6	...	...	School Room	H. A. Towe	School Board—Dept. of Health	
Grand Marias	1	2	53	32	39	2	27	...	3	1	3	...	3	...	...	...	School Room	W. R. Morrison	School Board—Dept. of Health	
Gull Lake	1	1	38	29	27	9	25	...	...	...	2	1	1	...	...	...	School Room	W. R. Morrison	School Board—Dept. of Health	
Harlington	1	1	29	21	5	1	21	...	...	...	...	3	...	...	1	...	School Room	J. W. Pickard	Women's Inst.—Dept. of Health	
Herb Lake	1	3½	51	48	109	29	133	...	...	...	...	6	4	4	...	...	School Room	R. G. Musgrove	School Board—Dept. of Health	
Husavick	2	4	65	57	31	3	70	...	...	9	3	11	2	3	...	...	Dental Office	A. B. Ingimundson	Ladies' Aid—Dept. of Health	Minerva and Kjarna Schools.
Keyes	2	1	30	13	8	2	16	...	...	...	1	4	...	...	...	...	School Room	C. T. Boyd	School Board—Dept. of Health	
Leeland S.D.	1	3	54	44	39	8	66	...	...	...	7	10	12	2	...	...	School Room	H. A. Towe	Teachers, Red Cross—Dept. of Health	
Manson	1	3	62	44	40	3	54	...	...	...	30	...	54	...	5	...	School Room	R. L. Miles	M.F.A. (Ladies' Sec.),—Dept. of Health	
Mayfair S.D.	1	2	37	36	55	16	42	...	...	...	8	4	...	...	...	...	School Room	H. A. Towe	School Board—Dept. of Health	
Meleb	1	5	72	63	41	62	96	...	...	1	3	3	1	...	1	...	School Room	A. B. Ingimundson	School Board—Dept. of Health	
McKinley	1	1	34	24	12	7	12	...	...	...	...	6	...	...	...	...	School Room	J. W. Pickard	School Board—Dept. of Health	
Newdale	2	6	67	53	72	10	115	2	5	5	16	...	...	...	...	...	Office Bldg.	A. R. Hurst E. H. Clarke and S. R. Dickinson	School Board—Dept. of Health	
North Thalberg	1	2	50	40	32	8	47	...	...	...	...	...	4	...	...	...	School Room	W. R. Morrison	School Board, Red Cross—Dept. of Health	
Otter Lake	1	1	19	15	1	1	12	...	...	1	...	...	9	...	...	...	School Room	E. H. Clark	School Board—Dept. of Health	
Pawlyk S.D.	1	1	15	14	25	3	22	...	...	...	2	4	4	...	...	...	School Room	H. A. Towe	School Board—Dept. of Health	
Piney	3	4	116	84	54	6	90	...	15	...	...	12	5	...	...	...	Community Hall	W. R. Morrison	Women's Inst.—Dept. of Health	
Plainview S.D.	1	1	21	12	9	1	14	...	...	3	...	...	3	...	...	1	School Room	S. J. Walker	School Board—Dept. of Health	
Ridgeland S.D.	1	2	23	21	45	16	82	...	...	...	...	...	...	...	...	...	School Room	D. Black	Comm. Club, Red Cross—Dept. of Health	
Ridgeville	1	2	51	38	22	...	52	...	...	1	...	4	10	...	...	...	School Room	W. R. Morrison	School Board—Dept. of Health	
Riverland S.D.	1	1	26	24	35	3	22	...	...	4	...	...	...	...	1	...	School Room	B. L. Kushnerow	Ladies' Club—Dept. of Health	
Rondeau	1	1	19	17	22	1	24	...	...	...	1	1	26	...	1	...	School Room	H. A. Towe	School Board—Dept. of Health	
Rorketon District	6	8	144	111	109	45	131	...	3	10	1	1	15	...	...	...	Nursing Stn.—School	W. R. Morrison	School Bd., Red Cross—Dept. of Health	
Sidney	1	3	60	38	38	3	44	...	...	6	...	3	...	...	2	...	School Room	A. L. Church	School Bd., W. I.—Dept. of Health	
Solsgirth	1	2	42	33	13	3	44	...	...	...	5	...	44	...	8	...	Rest Room	R. L. Miles	Women's Inst.—Dept. of Health	
Sprague	1	6	80	66	57	23	75	...	3	8	2	1	26	...	1	...	Beauty Parlor	W. R. Morrison	Women's Inst., Red Cross—Dept. of Health	
Two Creeks	1	2	30	21	2	1	39	...	...	1	2	...	...	...	4	...	School Room	A. R. Hurst and S. R. Dickinson	Women's Inst.—Dept. of Health	
Victoria Beach	1	5	73	67	39	18	112	5	16	11	2	10	9	...	...	...	School Room	W. R. Morrison	Ladies' Aux., School Bd.—Dept. of Health	
Vita	1	5	87	68	36	8	115	5	...	...	...	5	6	...	...	...	School Room	W. R. Morrison	Women's Inst., School Bd.—Dept. of Health	
West Kildonan	3	42	733	733	400	125	693	...	...	21	22	...	...	114	2	...	School Clinic Rm.	J. A. Christie	W.Kild. Dental Clinic Bd., Red Cross—Dept. of Health	275 completed cases.
Woodridge	3	5	95	84	60	16	113	...	11	9	...	...	7	...	...	...	Parish Hall	W. R. Morrison	Local—Official Trustee—Dept. of Health	

SURVEY—WINNIPEG NORMAL SCHOOL STUDENTS:

Number examined	226
Number with teeth good—mouth clean	21
Number requiring prophylaxis only	35
Number requiring prophylaxis and 1 filling or 1 extraction	64
Number requiring 2 fillings or extractions	39
Number requiring 3 or more fillings or extractions	67

A. E. PROCTOR, D.D.S.,
Chairman, Clinic Committee.

The Royal Sanitary Institute
Library.